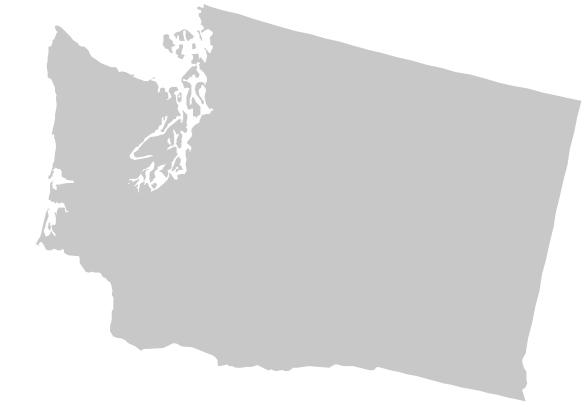




OPEN MINDS

Washington Health & Human Services Market Profile: 2025



Health & Human Services Market Profile Overview

A. Executive Summary

1. Health Care Coverage by Payer
2. Medicaid Care Coordination Initiatives
3. Behavioral Health Safety-Net System Overview

B. Health Financing System Overview

1. Population Demographics
2. Population Centers
3. Population Distribution By Payer
4. Largest Health Plans
5. Health Insurance Marketplace
6. Accountable Care Organizations (ACOs)

C. Medicaid Administration, Governance & Operations

1. Medicaid Governance
2. Medicaid Program Spending
3. Medicaid Expansion Status
4. Medicaid Program Benefits

D. Medicaid Financing & Service Delivery System

1. Medicaid Financing & Service Delivery System
2. Medicaid FFS Program
3. Medicaid Managed Care Program
4. Medicaid Program: Care Coordination Initiatives
5. Medicaid Program Waivers
6. Medicaid Program: New Initiatives

E. Medicare Financing & Service Delivery System

1. Medicare Financing & Service Delivery System
2. Medicare System: Overview
3. Medicare ACOs
4. Medicare System: New Initiatives

F. Dual Eligible Financing & Service Delivery System

1. Dual Eligible Medicaid Financing & Service Delivery System
2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment
3. Dual Eligible Medicaid Financing & Delivery System: Overview
4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

G. Long-Term Services & Supports Financing & Service Delivery System

1. LTSS Financing & Service Delivery System
2. Largest LTSS Health Plans By Estimated SMI Enrollment
3. Medicaid LTSS Program: Health Plan Characteristics
4. Medicaid LTSS Program: Health Benefits
5. Medicaid LTSS Program: New Initiatives

H. State Behavioral Health Administration & Finance System

1. Public Behavioral Health System Governance
2. Public Behavioral Health System Spending
3. State Psychiatric Institution
4. Behavioral Health Safety-Net Delivery System
5. Behavioral Health System: New Initiatives

I. Appendices

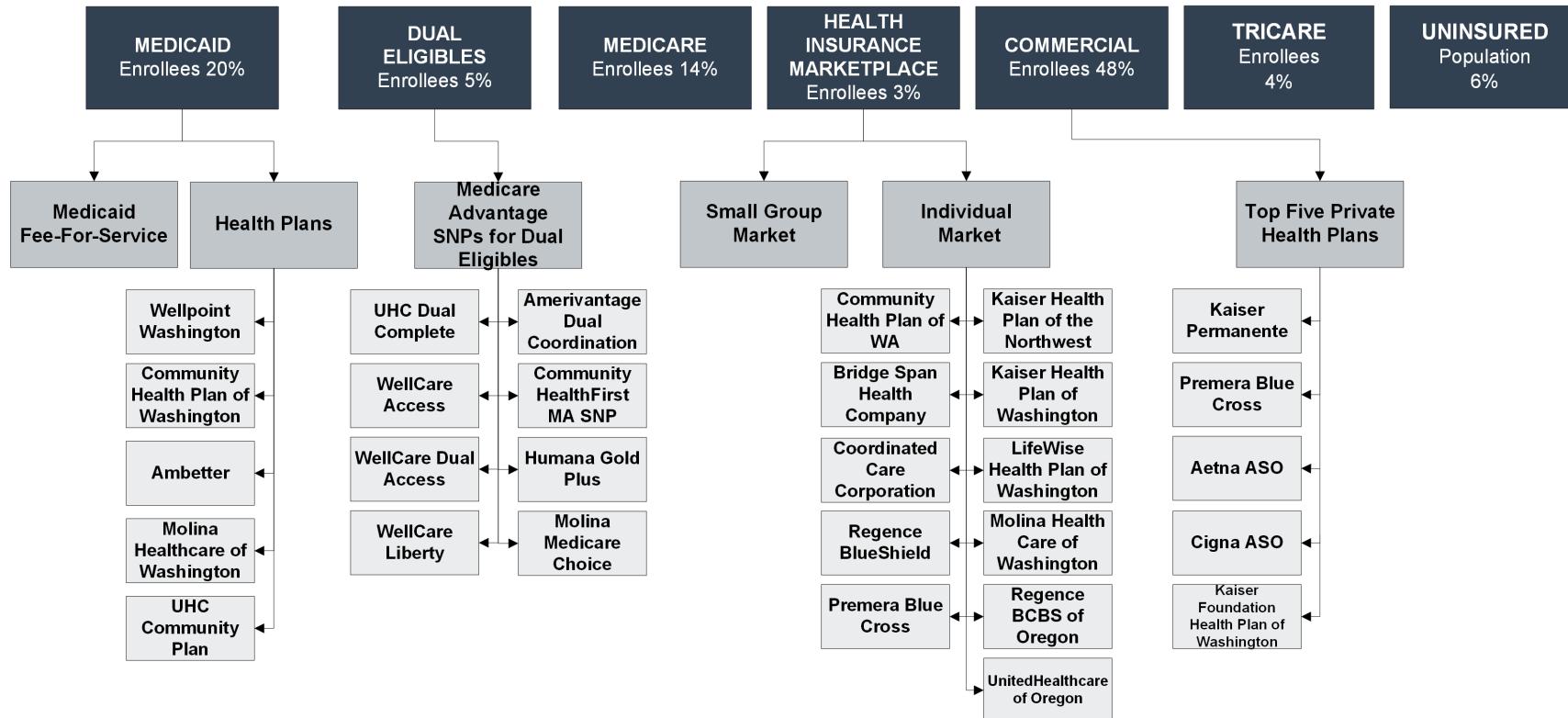
1. OPEN MINDS Estimates For The Share Of SMI Consumers By Payer/Plan
2. Glossary Of Terms
3. Sources

A. Executive Summary

A.1. Washington Physical Health Care Coverage by Payer

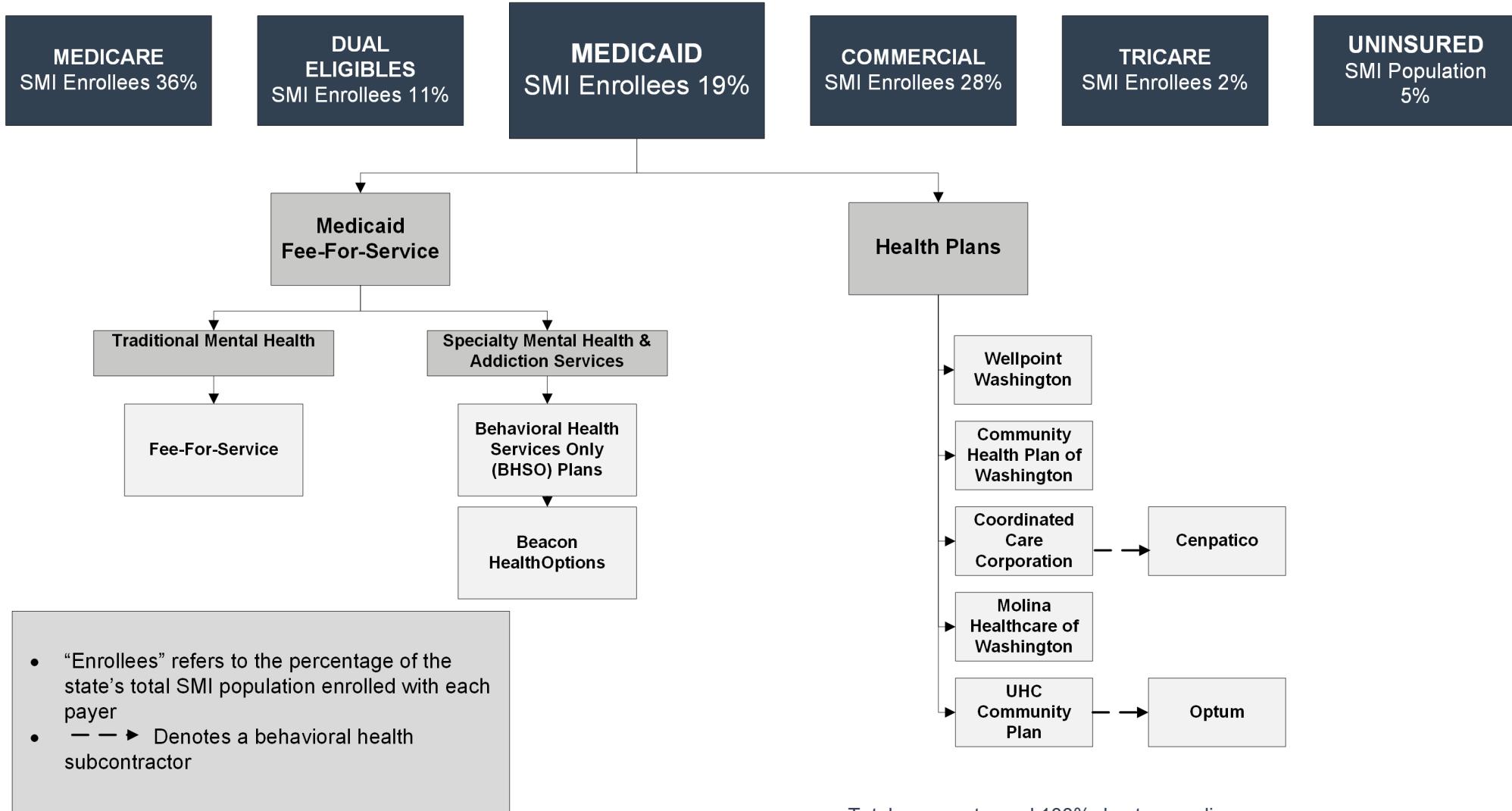
Total Washington Population- 7,812,880

Estimated SMI Population- 625,030



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. Washington Behavioral Health Care Coverage by Payer



A.2. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	Members of the Native Alaska/American Indian populations have the option to enroll in a tribal-operated PCCM.
Accountable Care Organization (ACO) Program		The state is considering extending the state employee ACO program to other payers.
Affordable Care Act (ACA) Model Health Home	✓	The state operates health homes for individuals with one chronic condition, including individuals with SMI, and at-risk for another chronic condition.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	The state operates a FFS dual demonstration using health homes.
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state has awarded grants to twelve organizations.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Primary Care Office within the Department of Health is responsible for providing physical health services to the uninsured population.

Mental Health Services

- The behavioral health administrative service organization (BH-ASO) provides mental health safety-net services, depending on the region. The oversight of the BHOs and BH-ASOs was transferred from the Department of Social and Health Services to the Washington Health Care Authority.

Addiction Treatment Services

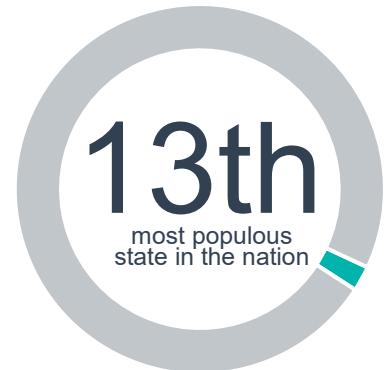
- The BH-ASO provides addiction treatment safety-net services, depending on the region. The oversight of the BHOs and BH-ASOs was transferred from the Department of Social and Health Services to the Washington Health Care Authority.

B. Washington Health Financing System Overview

B.1. Population Demographics

Total Washington Population- 7,812,880

Estimated SMI Population- 625,030



2% of the
U.S. population

Population Distribution By Age



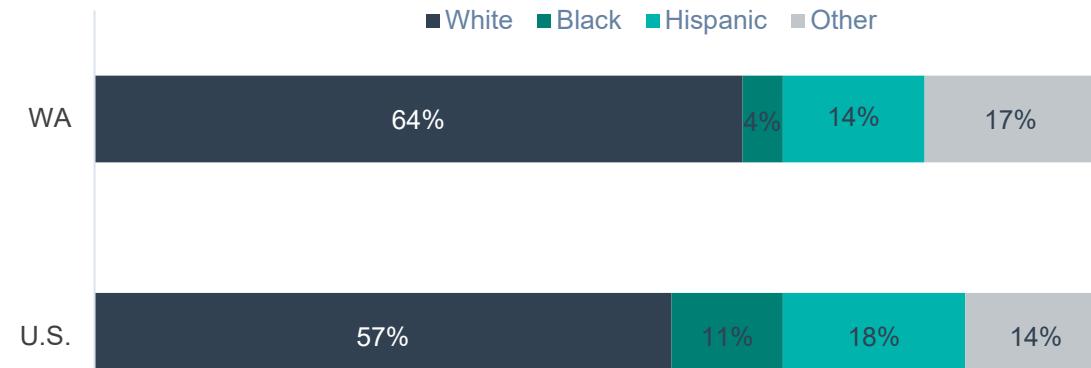
Based on 2023 data.

Population Distribution By Income To Poverty Threshold Ratio



Median Household Income
Washington \$94,605
U.S. \$77,719

Washington & U.S. Racial Composition



Totals may not equal 100% due to rounding.

B.2. Population Centers

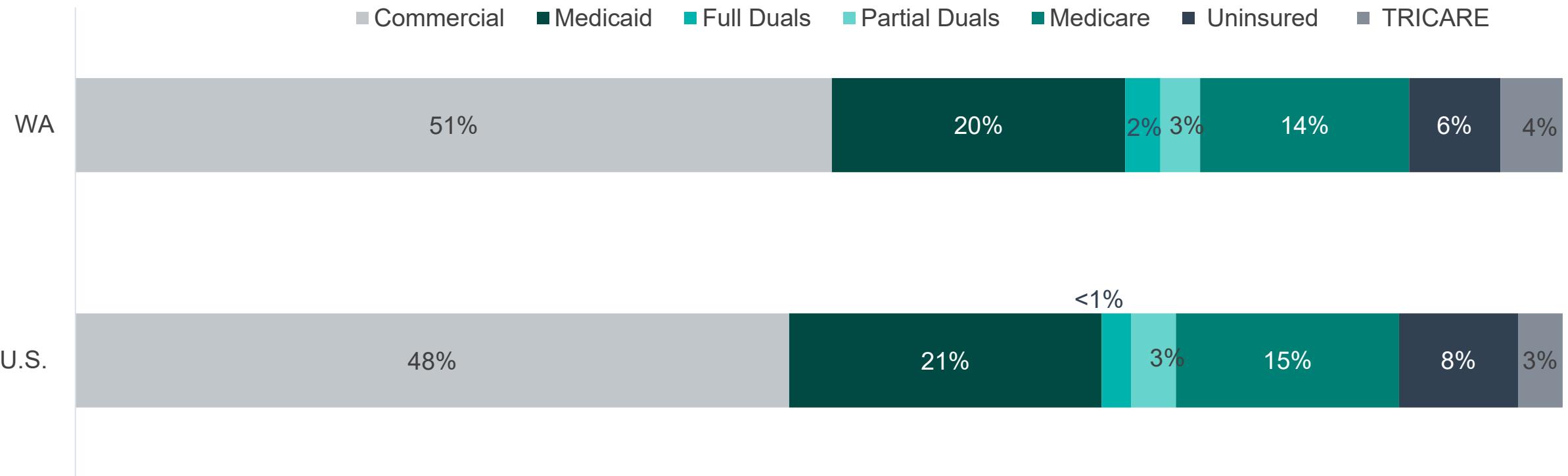
■ MSA



Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent Of Population
Total MSA Population	9,027,250	N/A
Seattle-Tacoma-Bellevue, WA	4,044,837	52%
Portland-Vancouver-Hillsboro, OR-WA	2,508,050	32%
Spokane-Spokane Valley, WA	600,292	8%
Kennewick-Richland, WA	314,253	4%
Olympia-Lacey-Turnwater, WA	299,003	4%
Bremerton-Silverdale-Port Orchard, WA	277,658	4%
Yakima, WA	256,643	3%
Bellingham, WA	231,919	3%
Mount Vernon-Anacortes, WA	131,417	2%
Wenatchee, WA	124,118	2%
Longview, WA	111,956	1%
Lewiston, ID-WA	65,536	1%
Walla Walla, WA	61,568	1%

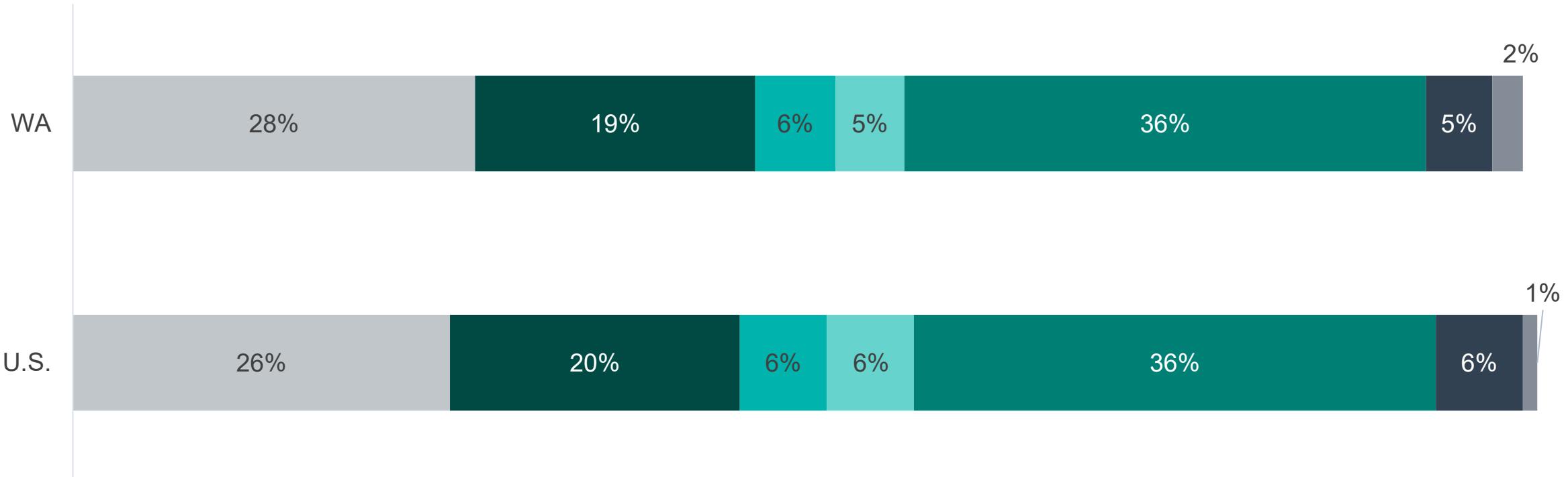
Total exceeds state population due to MSA crossing state lines.

B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State

■ Commercial ■ Medicaid ■ Full Duals ■ Partial Duals ■ Medicare ■ Uninsured ■ TRICARE



Totals may not equal 100% due to rounding.

B.4. Largest Washington Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Premera Blue Cross	Commercial administrative services only (ASO)	2,375,827
Regence BlueShield	Commercial ASO	1,400,000
Molina Healthcare	Medicaid managed care	832,664
Medicare fee-for-service (FFS)	Medicare	777,036
Kaiser Permanente	Commercial ASO	587,196
Kaiser Foundation Health Plan of Washington	Commercial	390,566
TRICARE	Other public	328,896
Aetna ASO	Commercial ASO	307,899
Community Health Plan of Washington	Medicaid managed care	258,653
UnitedHealthcare Community Plan	Medicaid managed care	197,913

* Medicaid enrollment as of December 2024; TRICARE as of December 2024; Commercial as of October 2023; Medicare enrollment as of April 2024

B.4. Largest Washington Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	777,036	176,387
Premera Blue Cross	Commercial ASO	2,375,827	116,416
Molina Healthcare	Medicaid managed care	832,664	73,274
Kaiser Permanente	Commercial ASO	587,196	28,773
AARP MedicareComplete	Medicare Advantage	101,375	23,012
Community Health Plan of Washington	Medicaid managed care	258,653	22,761
Kaiser Permanente Senior Advantage	Medicare Advantage	98,656	22,395
TRICARE	Other public	328,896	22,036
Kaiser Foundation Health Plan of Washington	Commercial	390,566	19,138
UnitedHealthcare Benefits of Texas, Inc	Medicare Advantage	84,225	19,119

* Medicaid enrollment as of December 2024; TRICARE as of December 2024; Commercial as of October 2023; Medicare enrollment as of April 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace		2025 Individual Market Health Plans
Health Plan Marketplace Percentage	3%	
Type of Marketplace	State	
Individual Enrollment Contact	https://www.wahealthplanfinder.org/ 1-855-923-4633 1-855-WAFINDER	<ol style="list-style-type: none">1. BridgeSpan Health Company2. Community Health Plan of Washington3. Coordinated Care Corporation4. Kaiser Foundation Health Plan of the Northwest5. Kaiser Foundation Health Plan of Washington6. LifeWise Health Plan of Washington7. Molina Healthcare of Washington8. Premera Blue Cross9. Regence BlueCross BlueShield of Oregon10. Regence BlueShield11. UnitedHealthcare of Oregon
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier, or through an insurance broker.	
2025 Small Group Market Health Plans		None

B.6. Accountable Care Organizations

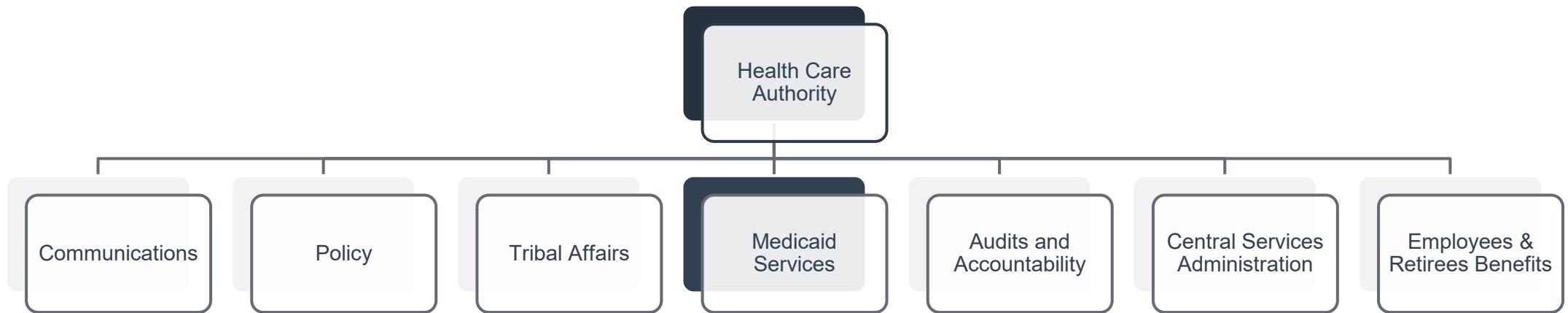
Commercial ACOs	
ACO	Commercial Insurer
Evergreen Health Partners CCC	Cigna
MultiCare Connected Care, LLC	First Choice Health
Northwest Physician's Network	Cigna, Humana, Optum
Providence-Swedish Health Alliance	Cigna
The Everett Clinic	Optum

B.6. Accountable Care Organizations

Medicare Shared Savings ACOs	
1. Health Connect Partners, LLC 2. Caravan Health ACO 50 LLC 3. Aledade 149 Regional MSSP 4. KPC Exel 5. Aledade 60 CA MSSP Enhanced 6. Sound Physicians Long Term Care Management, LLC 7. Team ACO 8. Caravan Health ACO 43 LLC 9. USMM Accountable Care Partners, LLC 10. AdvantagePoint Health Alliance – Northwest, LLC 11. Community Health Center Network of Idaho, LLC 12. PraxisCare 2 13. Kootenai Accountable Care, LLC 14. MultiCare Connected Care, LLC 15. Valley Medicare Group- Renton	15. Stratum Med ACO 16. Privia Quality Network Gulf Coast II, LLC 17. Pacific Northwest MSSP Enhanced 18. PraxisCare 3 19. The Polyclinic 20. Tuality Health Plan Services 21. Cascadia Care Network LLC 22. Eastside ACO, LLC 23. Jefferson Accountable Care, LLC 24. PSW ACO 1, LLC 25. PSW ACO 2, LLC 26. Rainer Health Network 27. UW Medicine Choice Care LLC

C. Medicaid Administration, Governance & Operations

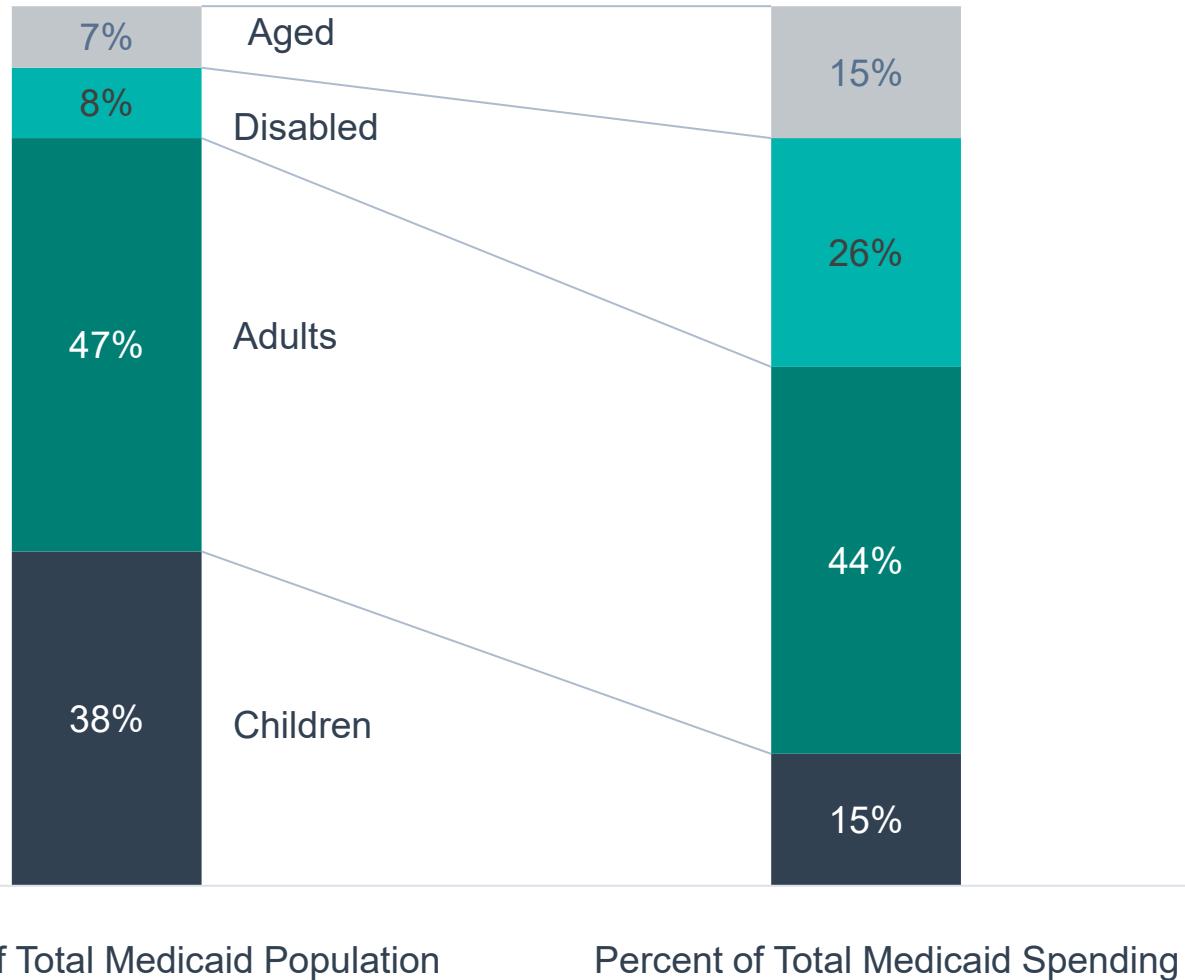
C.1. Medicaid Governance: Organizational Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
MaryAnne Lindeblad	Interim Director	Washington State Health Care Authority (HCA)	maryanne.lindeblad@hca.wa.gov
Louis McDermott	Deputy Director	HCA	lou.mcdermott@hca.wa.gov
Charissa Fotinos	State Medicaid and Behavioral Health Medical Director	HCA	charissa.fotinos@hca.wa.gov
Michael Arnis	Deputy Policy Director	HCA	michael.arnis@hca.wa.gov
Judy Zerzan, M.D.	Chief Medical Officer	HCA	judy.zerzan@hca.wa.gov
Mich'l Needham	Chief Policy Officer	HCA	mic'h'l.needham@hca.wa.gov
Jody Costello	Administration Services Director	HCA	jody.costello@hca.wa.gov
Aren Sparck	Tribal Affairs Administrator	HCA	aren.sparck@hca.wa.gov

C.2. Medicaid Program Spending By Eligibility Group

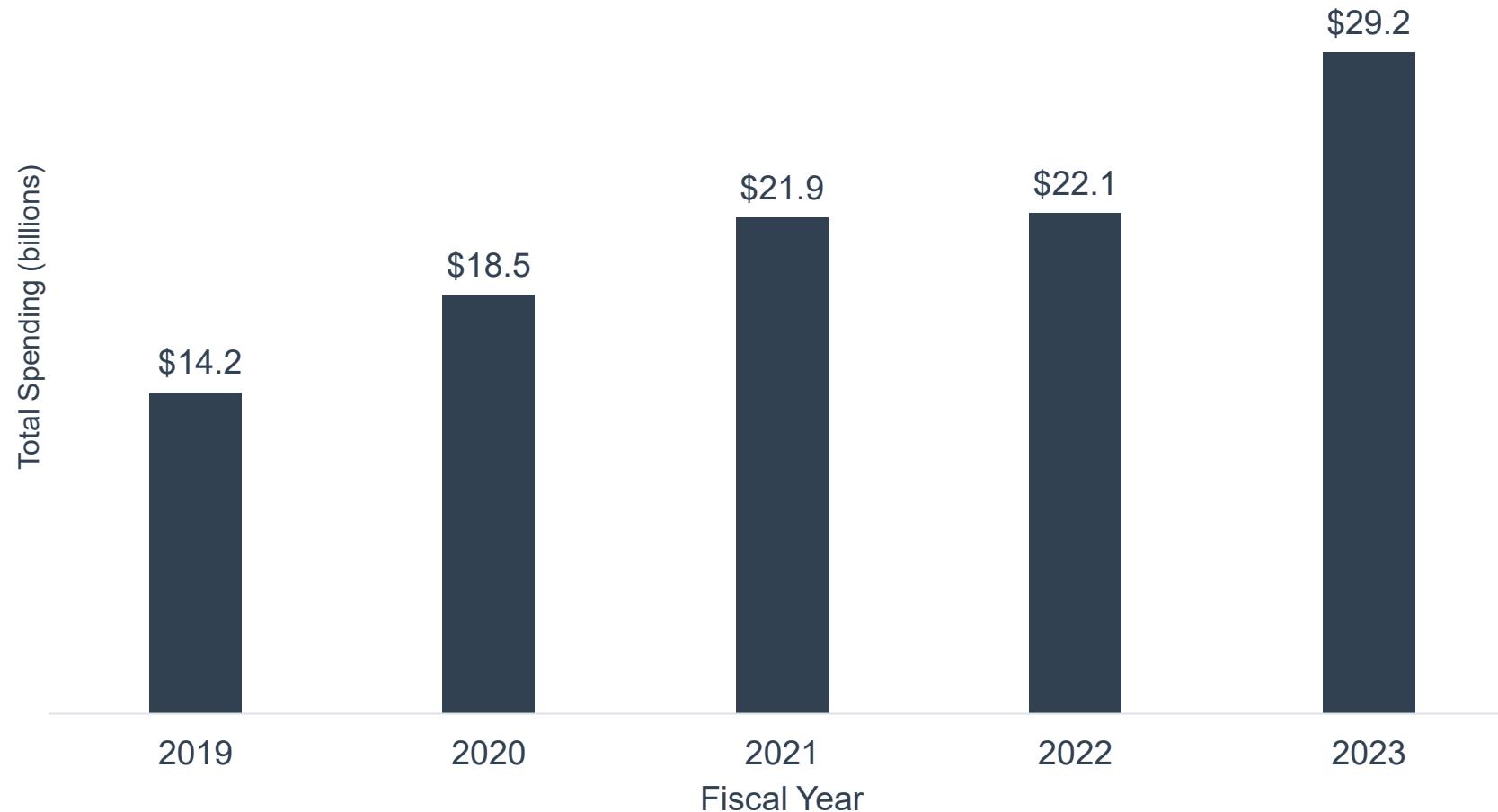


Based on FY 2022 data

C.2. Medicaid Program Spending: Budget

Budget Item	SFY23 Spending	Percent Of Budget	Federal & County Financial Participation
Managed care and premium assistance	\$19,012,000,000	65%	FY 2025 Federal Medical Assistance Percentage (FMAP) 50.0%
Home- and community-based LTSS	\$4,765,000,000	16%	CY 2025 Newly Eligible FMAP (expansion population) 88%
Clinic and health center	\$1,369,000,000	5%	
Institutional LTSS	\$1,174,000,000	4%	
Other acute services	\$1,031,000,000	4%	
Hospital	\$829,000,000	3%	
Medicare premiums and coinsurance	\$582,000,000	2%	
Dental	\$261,000,000	1%	
Physician	\$210,000,000	1%	
Other practitioner	\$13,000,000	<1%	Counties contribute to state Medicaid share No
Total Spending: \$29,246,000,000			

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility
Legislation Used To Expand Medicaid	Senate Bill 26, 98th General Assembly
Number Of Individuals Enrolled In The Expansion Group (June 2024)	625,573
Number Of Enrollees Newly Eligible Due To Expansion	603,543
Benefits Plan For Expansion Population	The alternative benefit plan offers all state plan benefits, plus additional habilitation benefits.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Emergency services
3. Outpatient hospital services
4. Rural Health Clinic services
5. Federally Qualified Health Center (FQHC) services
6. Laboratory and x-ray services
7. Nursing facilities for individuals 21 and over
8. Early and Periodic Screening and Diagnosis and Treatment (EPSDT) for individuals under 21
9. Family planning services and supplies
10. Free standing birth centers
11. Pregnancy-related and postpartum services
12. Nurse midwife services
13. Hospice Care
14. Tobacco cessation programs for pregnant women
15. Physician services
16. Medical and surgical services of a dentist
17. Home health services
18. Nurse practitioner services
19. Non-emergency transportation to medical care

Washington's Optional Benefits

1. Case management services
2. Other practitioners' services
3. Clinic services
4. Dental services
5. Preventive and rehabilitative services
6. Optometry services
7. Inpatient psychiatric services for individuals 21 and under
8. Intermediate care facility services for individuals with intellectual disabilities
9. Nursing facility services for individuals under 21 years old
10. Physical and occupational therapy
11. Speech, hearing, and language therapy services
12. Podiatry services
13. Prescribed drugs
14. Prosthetic devices, dentures, and eyeglasses
15. Transplant services
16. Personal care services
17. Private duty nursing
18. Services for individuals ages 65 and over in IMDs
19. Respiratory care services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (December 2024)	34,352	1,658,738
SMI Enrollment	<ul style="list-style-type: none">Washington does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care.Estimated 2% of SMI population in FFS; 98% in managed care	
Management	<ul style="list-style-type: none">Physical and traditional behavioral health: Health Care AuthoritySpecialty behavioral health: Behavioral Health Services Only (BHSO) plans	Five health plans
Payment Model	<ul style="list-style-type: none">Physical and traditional behavioral health: FFSSpecialty behavioral health: Capitated rate	Capitated rate
Geographic Service Area	<ul style="list-style-type: none">Physical Health: StatewideSpecialty Behavioral Health: BHSOs available by county/region	Statewide

Total Medicaid: 1,691,948 | Total Medicaid With SMI: 148,891

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution		<ul style="list-style-type: none">As of December 2024: 2% in fee-for-service (FFS); 98% in managed care
SMI population inclusion in managed care		<ul style="list-style-type: none">Washington does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care.Estimated 2% of population in FFS; 98% in managed care
Dual eligible population inclusion in managed care		<ul style="list-style-type: none">FFS is mandatory for dual eligibles; however, a small number of adults are in managed care. Individuals have an option to enroll in a D-SNP.Estimated 99% of population in FFS; <1% in managed care
Long-term services and supports inclusion in managed care		<ul style="list-style-type: none">FFS is mandatory for all individuals in need of LTSS, managed care is not included.
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty behavioral health	At-risk payment to the behavioral health services only (BHSO) plans	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	Members of the Alaska/American Indian populations have the option to enroll in a tribal-operated PCCM.
Accountable Care Organization (ACO) Program		The state is considering extending the state employee ACO program to other payers.
Affordable Care Act (ACA) Model Health Home	✓	The state operates health homes for individuals with one chronic condition, including individuals with SMI, and at-risk for another chronic condition.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	The state operates a FFS dual demonstration using health homes. The demonstration was set to expire in December 2020; however, the state's contract is still awaiting renewed approval from CMS.
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state has awarded grants to twelve organizations.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			✓
Children			✓
Blind and disabled individuals			✓
Aged individuals			✓
Dual eligibles			✓
Medicaid expansion			✓
Individuals residing in nursing homes			✓(depending on where they reside)
Individuals residing in ICF/IDD			✓(depending on where they reside)
Individuals in foster care			✓
Other populations	<ul style="list-style-type: none"> Medically needy individuals Individuals that have met spenddown requirements Breast and cervical cancer Enrolled in another managed care program Eligibility less than 3 months 	<ul style="list-style-type: none"> American Indian/Alaskan Natives Children receiving SSI under the age of 19 Children with special health care needs receiving grant funding from other government programs Former foster care youth up to age 26 	<ul style="list-style-type: none"> Individuals receiving Medicaid under Social Security Act provisions Pregnant women

D.2. Medicaid FFS Program: Overview

- Washington's FFS enrollment as of December 2024 was 34,352.
- Washington calls its Medicaid program Apple Health.
- Washington operates a small primary care case management program for the American Indian/Native Alaskan population.
 - As of December 2024, enrollment in PCCM was 508 individuals.
 - Under the PCCM program, tribes may elect to provide case management services to eligible individuals.

D.2. Medicaid FFS Program: Behavioral Health Benefits

- Washington currently operates a carve-in model that integrates physical health and behavioral health financing under the health plans. The state refers to the new delivery system as Integrated Managed Care (IMC).
- Medicaid FFS beneficiaries, such as dual eligible or medically needy beneficiaries, receive behavioral health services through one of the BHSO plans.
 - The BHSO plans are operated by the integrated health plans serving the managed care population in the region. Enrollees may choose their BHSO plan.
 - The BHSOs are responsible for crisis services but must subcontract with the behavioral health administrative services organization (BH-ASO) for these services. The BH-ASO provides crisis services to both Medicaid and non-Medicaid individuals.
- Pharmacy services, including behavioral health and addiction treatment drugs, are provided FFS by the state.
- American Indians/Alaskan Natives have the option to receive behavioral health services through a BH-ASO, BHSO, or the FFS system.

D.2. Medicaid FFS Program Behavioral Health Benefits

- The BHSO plans are operated by the integrated health plans serving the managed care population in the region. FFS enrollees may choose their BHSO plan. If they do not, they will be automatically assigned to a plan.
- The BHSO plans must subcontract with the state BH-ASO for the delivery of crisis services. Beacon Health Options was awarded the BH-ASO contract.

FFS Mental Health Treatment Benefits Provided By BHSO Plans

1. Intake, evaluation, and community treatment
2. Individual, group, and family treatment
3. Medication management
4. Medication monitoring
5. Peer support
6. Brief intervention and treatment
7. High intensity treatment
8. Therapeutic psychoeducation
9. Day support
10. Stabilization services
11. Rehabilitation case management
12. Residential services
13. Evaluations for special populations
14. Psychological assessment
15. Bio-feedback therapy
16. Inpatient psychiatric evaluation and treatment
17. Freestanding evaluation and treatment services
18. WISe Wraparound services (children under age 21)
19. Crisis services

FFS Addiction Treatment Benefits Provided By BHSO Plans

1. Assessment
2. Residential treatment
3. Inpatient withdrawal and detoxification
4. Opiate substitution treatment services
5. Group and individual therapy
6. Case management
7. Brief intervention and treatment

D.2. Medicaid FFS Program: SMI Population

- The SMI population is mandatorily enrolled in managed care unless they meet other FFS criteria for exemption.
- As of December 2024, *OPEN MINDS* estimates that 2% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Washington FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants, anxiolytics, anticonvulsants, and atypical antipsychotics are included in the general pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid antagonists, alcohol deterrents, and partial antagonists are included on the general pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Yes, antipsychotic injectable medications are covered as a pharmacy benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none">An individual must have tried and failed—or be intolerant to—at least two or more preferred drugs within the drug class, unless contraindicated, not clinically appropriate, or only one drug is preferred.Prior authorization, safety edits, and limits based on age, gender, dose, or quantity may be in place for some drugs.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, the Patient Review and Coordination Program identifies individuals with excessive utilization, individuals visiting multiple clinical professionals for similar services, or with at-risk usage. For at least two years, individuals are assigned to one primary care provider, one pharmacy and one prescriber for controlled substances, and one hospital for non-emergent care.

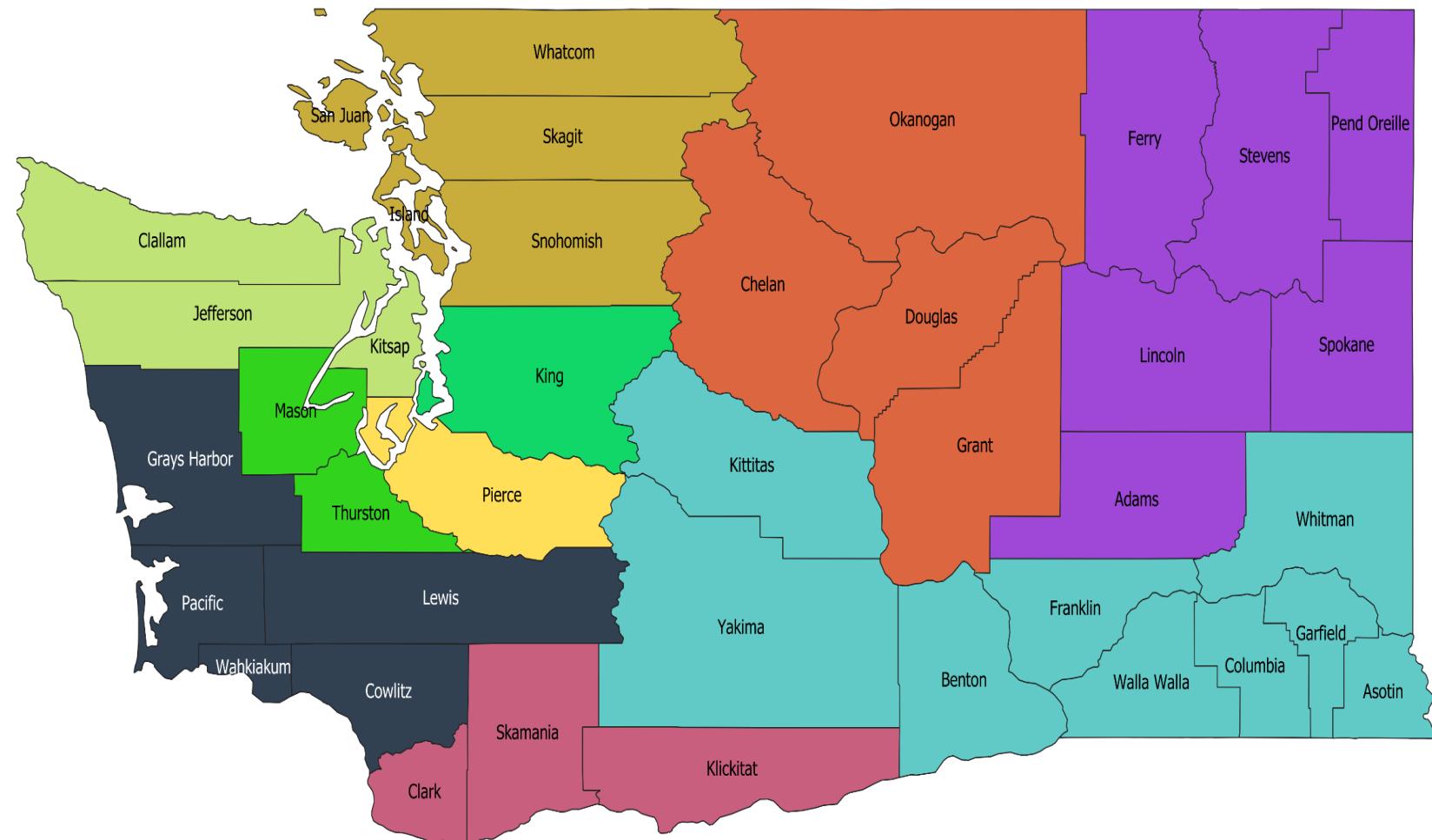
D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of December 2024 was 1,658,738.
- There are currently five health plans that are at full-risk for physical health benefits and some—or all—behavioral health benefits.
 - While Washington is divided into ten service areas, health plans are available on a county basis. Enrollees select from among available health plans in their county.
 - Additionally, Centene-WellCare (i.e., Coordinated Care of Washington) operates a statewide health plan called Apple Health Core Connection for children enrolled in foster care
- Washington operates a new integrated system where physical health and behavioral health financing are integrated under health plans. The Integrated Managed Care (IMC) model is available statewide.
- As part of the state initiative to move 90% of state financed services to value-based arrangements, the health plans are required to enter in value-based arrangements.
 - To earn back the withhold, the MCO must meet the value-based purchasing goal (worth 12.5% of withhold), make payments to provider organizations tied to quality and cost (worth 12.5% of withhold), and demonstrate quality improvement and attainment on HEDIS performance measures (worth 75% of withhold).

D.3. Medicaid Managed Care Program: Regions

Regional Service Areas

- Greater Columbia
- King
- North Central
- North Sound
- Peninsula
- Pierce
- Spokane
- Southwest Washington
- Thurston-Mason
- Greater Rivers



D.3. Medicaid Managed Care Program: Health Plan Characteristics

Wellpoint Washington (formerly Amerigroup)	Community Health Plan Of Washington	UnitedHealthcare Community Plan
<ul style="list-style-type: none">1. Profit status: For-profit2. Parent company: Anthem3. Behavioral health subcontractor: None4. Pharmacy benefits manager: CarelonRx5. Managed care programs: Apple Health Managed Care6. Enrollment share: 9%	<ul style="list-style-type: none">1. Profit status: Non-profit2. Parent company: None3. Behavioral health subcontractor: None4. Pharmacy benefits manager: Express Scripts5. Managed care programs: Apple Health Managed Care6. Enrollment share: 15%	<ul style="list-style-type: none">1. Profit status: For-profit2. Parent company: United Healthcare3. Behavioral health subcontractor: Optum4. Pharmacy benefits manager: OptumRx5. Managed care programs: Apple Health Managed Care6. Enrollment share: 12%

Molina Healthcare Of Washington	Coordinated Care Of Washington
<ul style="list-style-type: none">1. Profit status: For-Profit2. Parent company: Molina Healthcare3. Behavioral health subcontractor: None4. Pharmacy benefits manager: CVS/Caremark5. Managed care programs: Apple Health Managed Care6. Enrollment share: 50%	<ul style="list-style-type: none">1. Profit status: For-profit2. Parent company: Centene-WellCare3. Behavioral health subcontractor: Cenpatico4. Pharmacy benefits manager: Express Scripts5. Managed care programs: Apple Health Managed Care, Apple Health Core Connections (foster care children)6. Enrollment share: 13%

D.3. Medicaid Managed Care Program: Health Plan Service Areas

Health Plans Available By Region					
Region	Wellpoint	Community Health Plan	Coordinated Care	Molina Healthcare	United Healthcare
Greater Columbia	X	X	X	X	
King	X	X	X	X	X
North Central	X		X	X	
Pierce	X		X	X	X
Spokane	X	X		X	
Southwest	X	X		X	
North Sound	X	X	X	X	X
Thurston-Mason	X			X	X
Great Rivers	X			X	X
Salish	X			X	X

D.3. Medicaid Managed Care Program: Behavioral Health Services

- The health plans must subcontract with the state BH-ASO for the delivery of crisis services. There are currently nine BH-ASOs, with Beacon Health Options operating in two regions.
- Health plans may provide services in an institution of mental disease (IMD) in lieu of state plan services.

Mental Health Treatment Benefits Provided By Health Plans	Addiction Treatment Benefits Provided By Health Plans	Behavioral Health Benefits Provided FFS By The State
<ol style="list-style-type: none">1. Intake evaluation2. Individual, group, and family treatment3. Medication management4. Medication monitoring5. Peer support6. Brief intervention treatment7. High intensity treatment8. Therapeutic psychoeducation9. Day support10. Stabilization services11. Rehabilitation case management12. Residential services13. Evaluations for special populations14. Psychological assessment15. Inpatient psychiatric evaluation and treatment16. Evaluation and treatment services17. WISe Wraparound services (children under age 21)18. Crisis services	<ol style="list-style-type: none">1. Residential treatment2. Inpatient withdrawal, detoxification, and treatment3. Opiate substitution treatment services4. Outpatient services5. Intensive outpatient treatment6. Case management7. Screening, Brief Intervention, Referral, and Treatment (SBIRT)	<ul style="list-style-type: none">• Behavioral services for American Indians/Alaska Natives who elect to receive them FFS.• Beneficiaries, such as dual eligibles, that are not eligible for managed care can receive behavioral health services through the Behavioral Health Services Organizations (BHSOs).

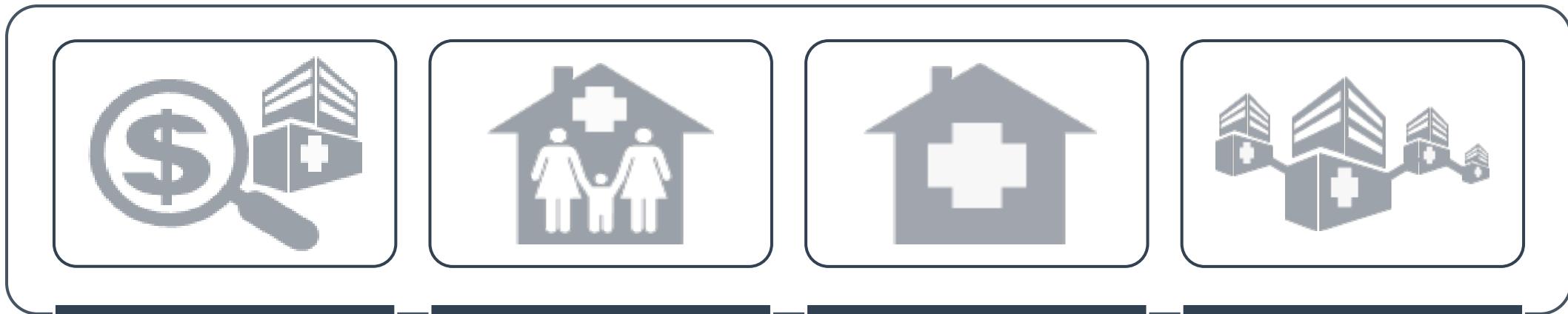
D.3. Medicaid Managed Care Program: SMI Population

- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.
- As of December 2024, *OPEN MINDS* estimates that 98% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Washington Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Medicaid health plan
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	<ul style="list-style-type: none">Washington operates a unified PDL for the Washington Medicaid health plans and the FFS program.The FFS PDL includes mental health and addiction treatment drugs.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	<p>The health plan must use the authorization criteria, limits, and restrictions used by the FFS pharmacy program. This includes:</p> <ul style="list-style-type: none">Must have tried and failed—or is intolerant to—at least two or more preferred drugs within the drug class unless contraindicated, not clinically appropriate, or only one drug is preferred.Safety edits and limits based on age, gender, dose, or quantity may be in place for some drugs.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Health plans are required to operate a Patient Review and Coordination (PRC) program. If enrolled in the PRC program, individuals are assigned to one primary care provider, one pharmacy and one prescriber for controlled substances, and one hospital for non-emergent care for 12 months. Enrollees who are enrolled in the PRC may not change their health plan for 12 months.

D.4. Medicaid Program: Care Coordination Initiatives



Accountable Care Organization (ACO) Program

The state has ACOs for its school and public employee and retirees benefit plan and may expand this option to other payers.

Affordable Care Act Health Home

The state implemented health homes for individuals with one chronic condition who are at-risk for another chronic condition. Behavioral health conditions are eligible conditions.

Patient-Centered Medical Home (PCMH)

None

Other Care Coordination Initiatives

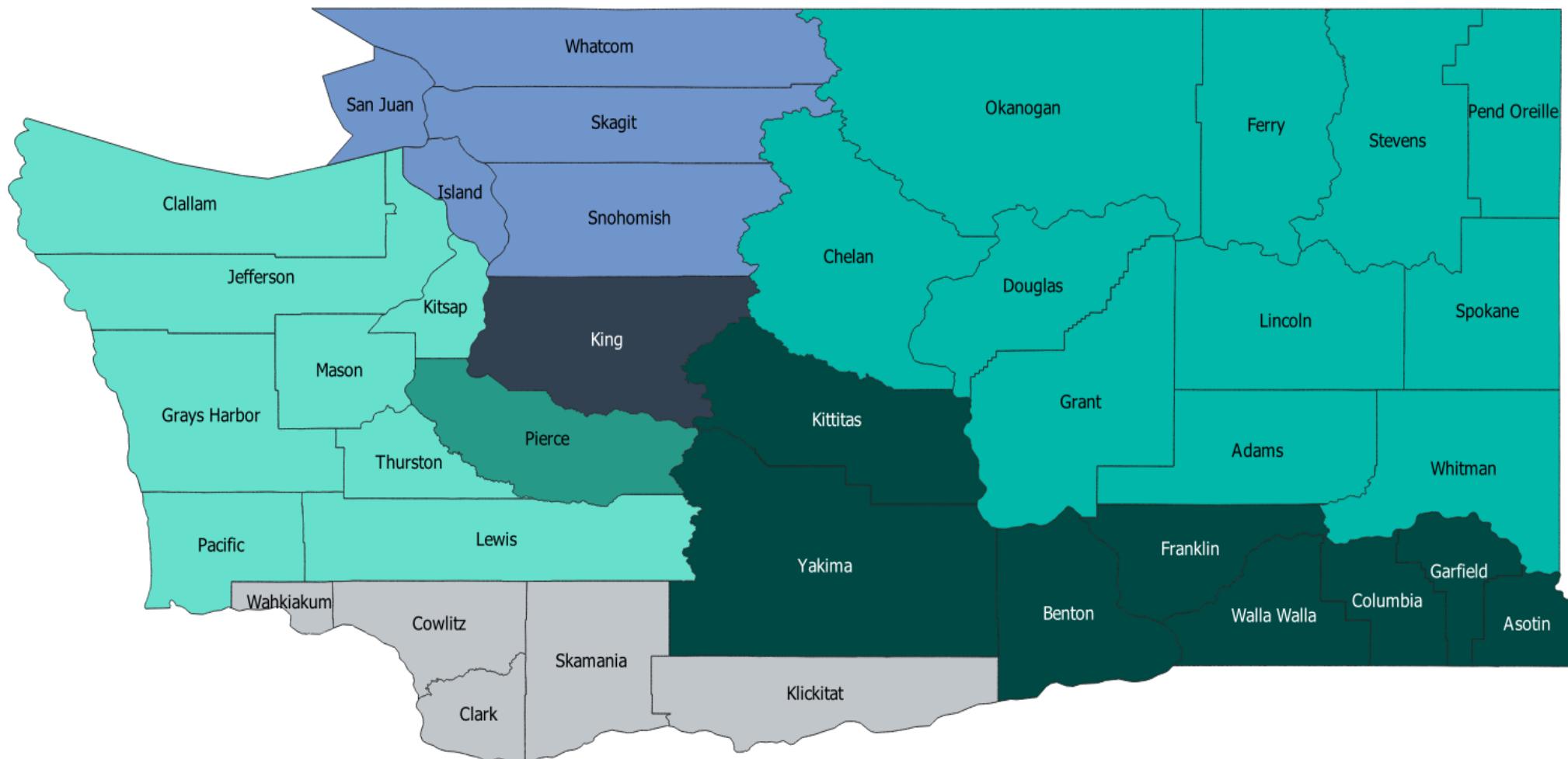
None

D.4. State Medicaid Health Home Characteristics

Washington Health Home Program Overview	
Target Population	<ul style="list-style-type: none">Individuals with one chronic condition, including SMI and addiction disorder, and at-risk for another chronic conditionWashington uses its health home model for its dual eligible demonstration.As of September 2021, 11,591 beneficiaries are enrolled in the health home program.
Enrollment Model	Automatic assignment with ability to opt-out
Geographic Service Area	Statewide divided into seven different regions
Care Delivery Model	<ul style="list-style-type: none">The health plans and other qualified provider organizations act as lead entities that contract health home agencies to serve the health home population through seven different regions across the state.Care Coordination Organizations (CCOs) provide actual health home services to enrollees. CCOs can be both behavioral health and physical health provider organizations.Every health home enrollee must have a health action plan.
Payment Model (July 2024)	<p>FFS:</p> <ul style="list-style-type: none">Tier 1: \$884.89 for one-time initial outreach, engagement, and health action plan feeTier 2: \$319.92 for intensive level of care coordinationTier 3: \$204.29 for low level of care coordination.The lead entity may retain 8.5% for administrative costs. <p>For health plan:</p> <ul style="list-style-type: none">PMPM is included in capitation rate, and the health plan sets the rate
Practice Performance & Improvement	Hospital, ER, and SNF admission rate

D.4. State Medicaid Health Home Service Areas

Health Home Regions Region 1 Region 2 Region 3 Region 4 Region 5 Region 6 Region 7



D.4. State Medicaid Health Home Service Areas & Lead Entities

Service Area	Lead Organizations Serving The FFS Population	Lead Organizations Serving The Managed Care Population	Counties
1	Olympic AAA (OAAA), UnitedHealthcare (UHC)	Wellpoint (WP), Molina Health Care (MHC), UHC	Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Thurston
2	Community Health Plan of Washington (CHPW), North West Regional Council (NWRC)*, UHC	WP, CHPW, Coordinated Care of Washington (CCW), MHC, UHC	Island, San Juan, Skagit, Snohomish, Whatcom
3	CHPW, Full Life Care (FLC), MHC, UHC	WP, CHPW, CCW, MHC, UHC	King
4	Elevate Health (PC ACH), MHC, Pierce County Health Services (PCHS), UHC	WP, CCW, MHC, UHC	Pierce
5	Area Agency on Aging & Disabilities of SW Washington (AAADSW)*, CHPW**, MHC, UHC**	WP, CHPW**, MHC, UHC**	Clark, Cowlitz, Klickitat, Skamania, Wahkiakum
6	Community Choice Action Health Partners (CC-AHP), CHPW**, CCW**, MHC	WP, CHPW**, CCW**, MHC	Adams, Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Whitman
7	CHPW, MHC, South East Washington Aging & Long Term Care United*	WP, CHPW, CCW, MHC	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Yakima

*Not a managed care plan

**Not an available health plan in all counties in the Coverage Area

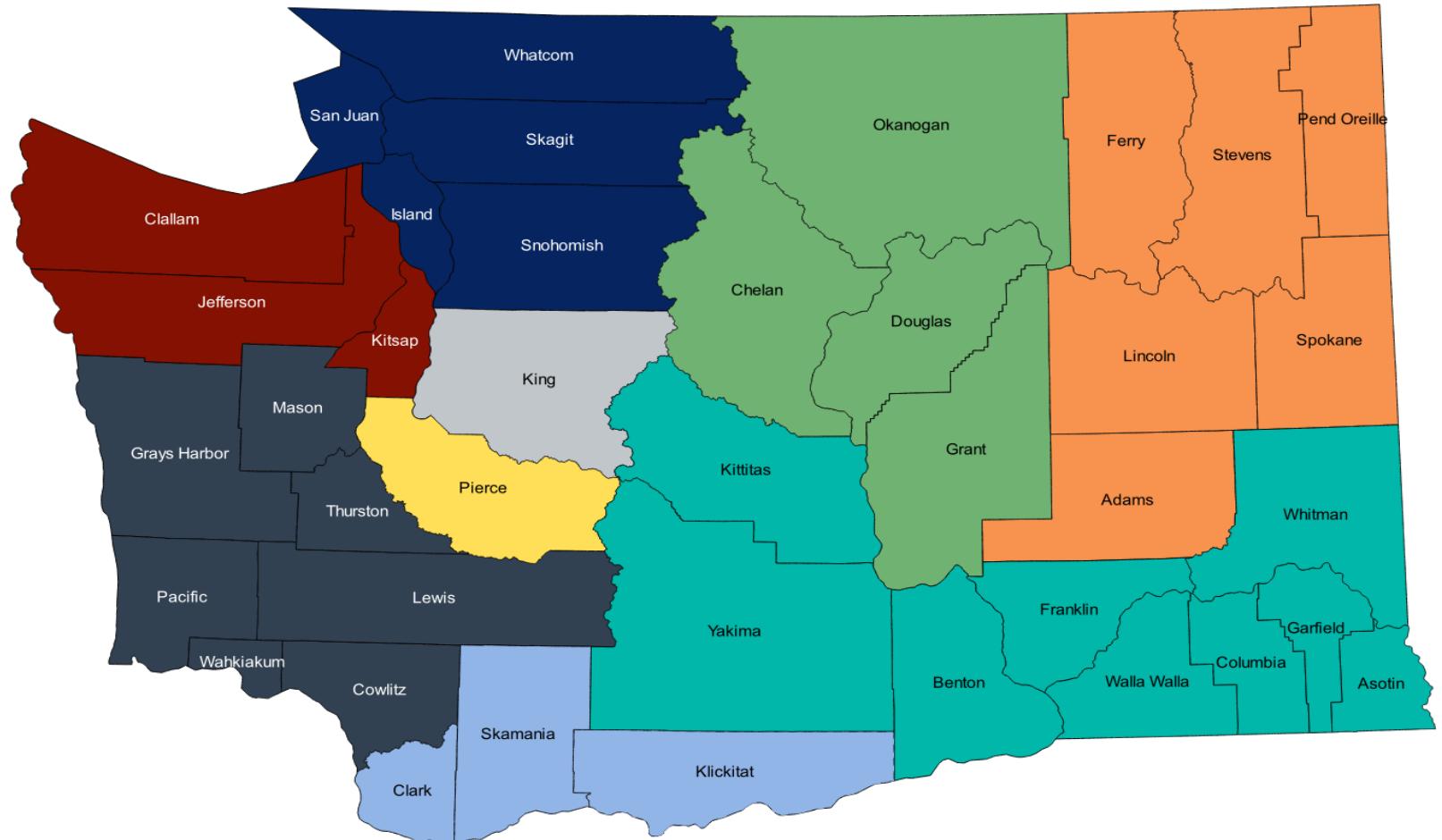
D.4. Medicaid Program: Accountable Communities Of Health

- ACHs are independent, regional organizations. They work with their communities on specific health care and social needs-related projects and activities. ACHs play an integral role in Washington's Medicaid Transformation Project (MTP) efforts. Although MTP is Medicaid-focused, ACHs are working in many ways to improve the health of their communities as a whole.
- ACHs were designed to be a neutral convener, coordinating body, investor, and connection point between the health care delivery system and local communities. The ACH network was formally created in 2015, with funding through a State Innovation Models Round 2 test grant and supportive state legislation in the 2014 session.
- Each ACH serves a specific region of the state. Although each ACH is unique, they share a common approach to improving the health of their communities and changing health care delivery.
- ACHs promote health equity and address and coordinate around social determinants of health. They also respond to regional needs and issues, including COVID-19 response and coordination. ACHs, in partnership with health care providers, local health jurisdictions, community-based organizations, and many others, are working to:
 - Align resources and activities that improve whole-person health and wellness by bringing people and organizations together across sectors for discussion, training, and strategic planning.
 - Support efforts that improve the Medicaid health care delivery system, such as workforce development and value-based purchasing.
 - Support the integration of physical and behavioral health care, known as managed care.
 - Connect people to care and help coordinate care between providers and organizations.
 - Address the opioid use public health crisis.
 - Invest in community infrastructure, like electronic health records.

D.4. Medicaid Program: Accountable Communities Of Health

Accountable Communities Of Health

- Choice
- HealthierHere
- North Central ACH
- North Sound ACH
- Olympic Community of Health
- Elevate Health
- Better Health Together
- Southwest Washington Regional Health Alliance
- Greater Health Now



D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Family Planning Only Program	Authorizes family planning services to uninsured men and women capable of producing children; women losing Medicaid coverage 60 days postpartum; and adolescents or domestic violence victims in need of confidential services at or below the 260% FPL	1115	None	07/01/2001	06/30/2025
Medicaid Transformation Project	Authorizes the state's DSRIP program, alternative LTSS programs, and addiction treatment demonstration.	1115	None	01/09/2017	06/30/2028
Washington Consumer Director Employer Program (WA-15)	The program will transfer the administrative functions and responsibilities of personal care and respite Individual Provider (IP) management from DSHS and Area Agency on Aging (AAA) staff to a contracted CDE vendor, the Consumer Direct Care Washington, LLC.	1915 (b)	None	10/01/2021	09/30/2026
Washington COVID-19 Public Health Emergency (PHE)	In response to the novel coronavirus (COVID-19), CMS authorized the state to modify the eligibility groups, coverage options, and service delivery of Medicaid to services to provide adequate health care coverage to beneficiaries during the public health emergency.	1115	None	03/01/2020	Pending*
Behavioral Health Services Only (WA-0008)	Authorizes mandatory enrollment into the BHSO of enrollees who are not mandatorily enrolled in the FIMC through the State Plan.	1915 (b)	None	01/01/2024	06/30/2028

*Note. The Washington COVID-19 Public Health Emergency waiver does not have a set expiration date.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
WA COPES (0049.R09.00)	Individuals who are physically disabled or disabled (other) ages 18 to 64, or individuals aged 65 and above	59,476	Department of Social and Health Services/Aging and Long-Term Support Administration (ALTSA)	None
WA Basic Plus Waiver (0409.R04.00)	Individuals with a developmental disability any age	12,000	Department of Social and Health Services/Developmental Disabilities Administration	None
WA Individual and Family Services (1186.R01.00)	Individuals with a developmental disability ages 3+	9,000	Department of Social and Health Services/Developmental Disabilities Administration	None
WA Core Waiver (0410.R04.00)	Individuals with a developmental disability any age	6,000	Department of Social and Health Services/Developmental Disabilities Administration	None
WA Residential Support Waiver (1086.R02.00)	Individuals who are physically disabled or disabled (other) ages 18 to 64, or individuals aged 65 and above	4,880	DSHS/Aging and Long-Term Support Administration (ALTSA)	None
WA New Freedom (0443.R04.00)	Individuals who are physically disabled or disabled (other) ages 18 to 64, or individuals aged 65 and above	675	Aging and Long-Term Support Administration (ALTSA)	None
WA Community Protection Waiver (0411.R04.00)	Individuals with autism and/or I/DD ages 18+	504	Department of Social and Health Services/Developmental Disabilities Administration	None
WA Children's Intensive In-Home Behavioral Support (40669.R03.00)	Individuals with autism and/or I/DD ages 8 to 20	231	Department of Social and Health Services/Developmental Disabilities Administration	None

D.6. Medicaid Program: New Initiatives

- There are no new or pending initiatives currently.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (September 2024)	777,036	730,864
SMI Enrollment	<ul style="list-style-type: none">OPEN MINDS estimates 48% of the population in Medicare Advantage, 52% in Traditional Medicare.	
Management	<ul style="list-style-type: none">Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health carePart B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	<ul style="list-style-type: none">Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	<ul style="list-style-type: none">Part A & B cover up to 80%, remaining costs can be paid out of pocket	<ul style="list-style-type: none">Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 1,507,900 | Total Medicare With SMI: 342,293

E.2. Medicare System: Overview

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of September 2024: 52% in traditional Medicare, 48% in Medicare Advantage.
SMI population inclusion in managed care	<ul style="list-style-type: none">Estimated 52% of population in traditional Medicare, 48% in Medicare Advantage.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	<ul style="list-style-type: none">Estimated that less than 1% of population is enrolled in a C-SNP plan.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	<ul style="list-style-type: none">Estimated that around 2% of population is enrolled in a I-SNP plan.

E.2. Medicare System: Overview

- Medicare enrollment as of September 2024 was 1,507,900.
- As of January 2025, about 14% of the state's total population was enrolled in a Medicare plan.
- In Washington, about 10% of Medicare beneficiaries are eligible due to disability rather than age and are under the age of 65.
- As of September 2024, about 48% of the states Medicare enrollees were enrolled in a Medicare Advantage.
- There are around 20 insurers that offer Medigap plans in Washington for 2025, although some of them have a service area that does not include the whole state.
- There were 21 stand-alone Medicare Part D prescription drug plans available in Washington in 2024, with monthly premiums starting at \$0 per month.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs	
1. Health Connect Partners, LLC 2. Caravan Health ACO 50 LLC 3. Aledade 149 Regional MSSP 4. KPC Exel 5. Aledade 60 CA MSSP Enhanced 6. Sound Physicians Long Term Care Management, LLC 7. Team ACO 8. Caravan Health ACO 43 LLC 9. USMM Accountable Care Partners, LLC 10. AdvantagePoint Health Alliance – Northwest, LLC 11. Community Health Center Network of Idaho, LLC 12. PraxisCare 2 13. Kootenai Accountable Care, LLC 14. MultiCare Connected Care, LLC 15. Valley Medicare Group- Renton	15. Stratum Med ACO 16. Privia Quality Network Gulf Coast II, LLC 17. Pacific Northwest MSSP Enhanced 18. PraxisCare 3 19. The Polyclinic 20. Tuality Health Plan Services 21. Cascadia Care Network LLC 22. Eastside ACO, LLC 23. Jefferson Accountable Care, LLC 24. PSW ACO 1, LLC 25. PSW ACO 2, LLC 26. Rainer Health Network 27. UW Medicine Choice Care LLC

E.4. Medicare System: New Initiatives

- There are currently no new Medicare initiatives for the state of Washington.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics			
Characteristics	Medicaid Fee-For-Service (FFS)	Managed FFS Dual Demonstration	PACE
Enrollment (March 2024)	179,388	10,215	1,650
Estimated SMI Enrollment	37,671	2,145	346
Management	<ul style="list-style-type: none"> Physical & Traditional Behavioral Health: Health Care Authority Specialty Behavioral Health: Behavioral Health Services Only (BHSOs) plans and Behavioral Health Administrative Services Only (BH-ASOs) plans 	<ul style="list-style-type: none"> Physical & Traditional Behavioral Health: Health Care Authority Specialty Behavioral Health: <ul style="list-style-type: none"> Transitional Counties: Behavioral health organizations (BHOs) IMC Counties: Behavioral health services only plans (BHSOs) Health Home: Lead entity 	One non-profit organization
Payment Model	<ul style="list-style-type: none"> Physical & Traditional Behavioral Health: FFS Specialty Behavioral Health: Capitated rate 	<ul style="list-style-type: none"> Physical & Traditional Behavioral Health: FFS Specialty Behavioral Health: Capitated rate Health Home: Per member per month for care coordination 	Blended capitated rate
Geographic Service Area	<ul style="list-style-type: none"> Physical Health: Statewide Specialty Behavioral Health: BHSOs & BH-ASOs available by county/region 	<ul style="list-style-type: none"> Physical Health: Statewide Specialty Behavioral Health: BHOs & BHSOs available by county/region Health Homes: Available statewide 	Selected ZIP codes including Seattle, Kent, Spokane, and Redmond

Total Dual Eligible Enrollment: 191,253 | Total Dual Eligible Enrollment With SMI: 40,163

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	December 2024 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	62,500	13,125
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	23,537	4,943
Molina Medicare Options Plus	Molina Healthcare of Washington	Medicare Advantage D-SNP	14,751	3,098
Community HealthFirst Medicare Advantage SNP	Community Health Plan of Washington	Medicare Advantage D-SNP	9,177	1,927
Amerivantage Dual Coordination	Amerigroup Washington	Medicare Advantage D-SNP	1,861	391
Providence ElderPlace PACE	Providence Health and Services	PACE	1,339	281
WellCare Liberty	WellCare Health Plans, Inc	Medicare Advantage D-SNP	1,220	256
WellCare Dual Access	WellCare Health Plans, Inc	Medicare Advantage D-SNP	574	121
WellCare Access	WellCare Health Plans, Inc	Medicare Advantage D-SNP	270	57
PNW Pace Partners, LLC	MultiCare	PACE	181	38

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of March 2024 was 191,253.
- Medicare covers most acute services (which may include psychiatric care); while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles are excluded from Medicaid managed care and are enrolled in the FFS delivery system. For individuals enrolled in FFS, including dual eligibles, behavioral health services are delivered through the behavioral health administrative service organizations (BH-ASOs), which are administered by the health plans.
- D-SNP enrollment as of December 2024 was 113,982, SMI enrollment for D-SNP was 23,936.
- CMS and Washington executed the Final Demonstration Agreement for the Managed FFS model, extending the demonstration through December 31, 2025.

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

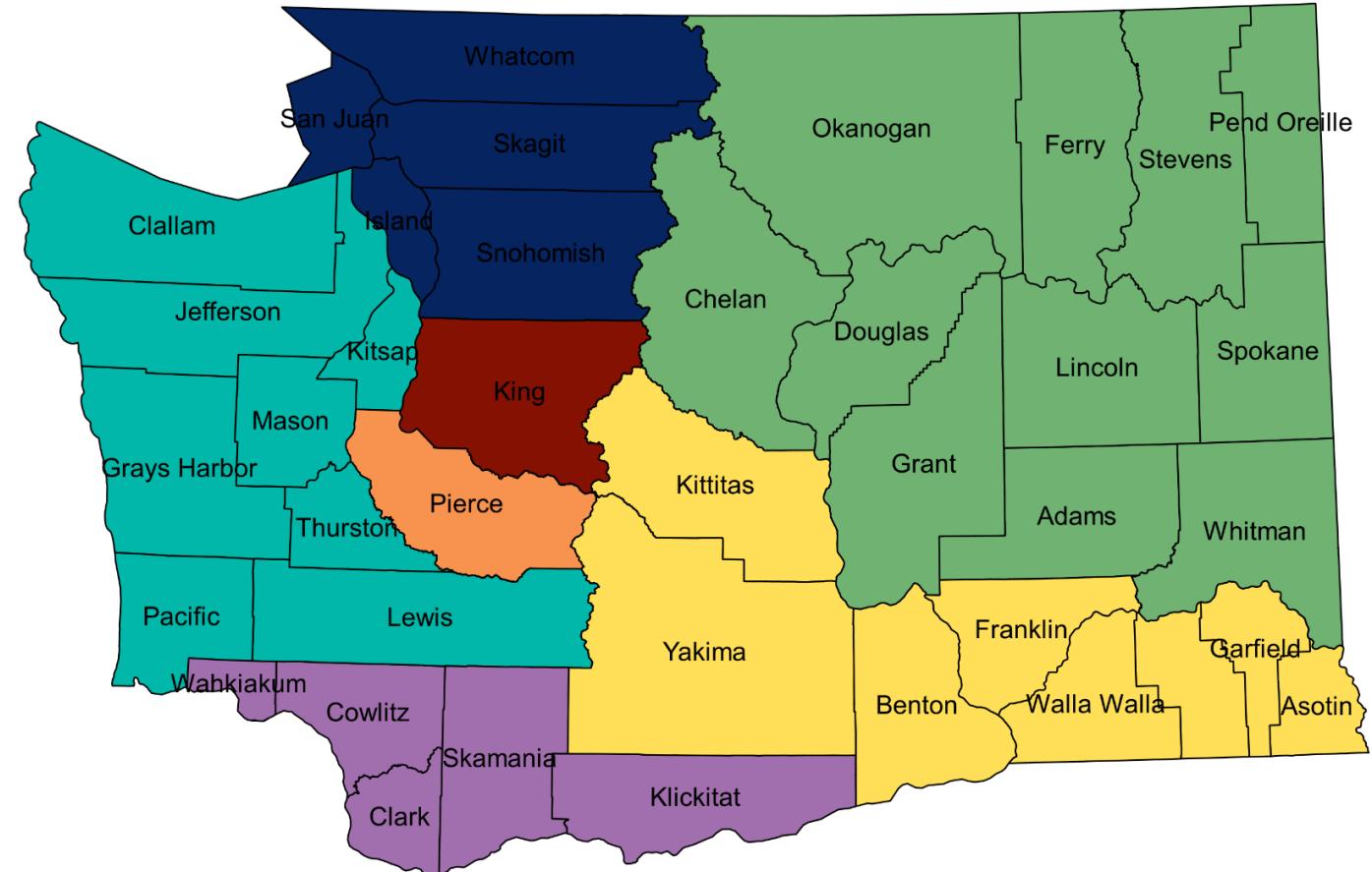
Washington Managed FFS Dual Demonstration Overview	
Target Population	<ul style="list-style-type: none">• Full benefit dual eligibles• As of March 2024, 10,215 eligible beneficiaries were enrolled• Must have one chronic condition and be at-risk for another• Excludes<ul style="list-style-type: none">◦ Individuals enrolled in PACE or a Medicare Advantage Plan◦ Individuals receiving hospice services
Geographic Service Area	Statewide
Enrollment Model	<ul style="list-style-type: none">• Eligible beneficiaries are identified by the state and will be automatically enrolled in a health home network. The beneficiary can then elect to receive services through the health home.• Beneficiaries can unenroll or change health homes at any time.
Care Delivery Model	<ul style="list-style-type: none">• Care coordination provided via the health home model• Care Coordination Organizations (CCOs) provide the six core health home functions• Lead entities manage health home services for enrollees at the population level• Creation of a Health Action Plan (HAP) to improve the consumer's health• Use of the state's web-based clinical support system to share and coordinate data
Benefits	<ul style="list-style-type: none">• Benefits are provided through the current Medicare and Medicaid FFS delivery system• Specialty behavioral health services will continue to be provided by the BHSOs or BH-ASOs• There are no changes to the benefits provided to individuals other than integrated care

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

Washington Managed FFS Dual Demonstration Overview	
Payment Model	<ul style="list-style-type: none">Fee-for-service (FFS) payments from Medicare for Medicare-covered servicesPayments from Medicaid for Medicaid services according to the state planPMPM rate as of July 2024, from the state for providing health home services:<ol style="list-style-type: none">1. Tier 1: \$884.89 for one-time initial outreach, engagement, and health action plan fee2. Tier 2: \$319.92 for intensive level of care coordination3. Tier 3: \$204.29 for low level of care coordination.4. The lead entity may retain 8.5% for administrative costs.The state will receive a retrospective performance payment, ranging from 65%-100%, if the program measures 13 benchmarks and meets at least seven of those benchmarks.
Practice Performance & Improvement	<ul style="list-style-type: none">State- and CMS-specific benchmarks to measure quality of careIndependent evaluator
Program Evaluation	<ul style="list-style-type: none">Total Medicare savings in Demonstration Year 7 were calculated as \$33.7 million or 6.8% of target expenditures.Preliminary total Medicare savings (without attributed savings) in Demonstration Year 8 were calculated as \$17.2 million or 3.8%.

F.4. Dual Eligible Medicaid Financing & Delivery System: Washington Managed FFS Enrollment & Service Areas

Lead Entity	March 2024 Dual Eligible Enrollment	1	2	3	4	5	6	7
Community Choice	788						X	
Community Health Plan of Washington	73	X	X	X		X	X	X
Olympic AAA	348	X						
Northwest Regional Council	1237		X					
Pierce County AAA	212				X			
SE WA Aging and LTC	435							X
Southwest AAA	415					X		
UnitedHealthcare Community Plan	250	X	X	X	X	X	X	X
Molina	43		X	X	X	X	X	X
Full Life	851		X	X				
Coordinated Care	0						X	



Health Home Regions Region 1 Region 2 Region 3 Region 4 Region 5 Region 6 Region 7

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- There are no new or pending initiatives currently.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

- The state excludes individuals in need of Long-term Services and Supports (LTSS) from enrolling in managed care. Therefore, beneficiaries are enrolled in FFS.

LTSS* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2023)	N/A
Estimated SMI Enrollment	N/A
Management	<ul style="list-style-type: none">Physical health: FFSBehavioral health: Behavioral Health Services Only (BHSOs) and Behavioral Health Administrative Service Organizations (BH-ASOs)
Payment Model	<ul style="list-style-type: none">Physical health: Capitated rateBehavioral health: Behavioral Health Services Only (BHSOs) and Behavioral Health Administrative Service Organizations (BH-ASOs)
Geographic Service Area	Statewide

*Long-Term Services & Supports

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

- The state excludes most individuals in need of Long-term Services and Supports (LTSS) from enrolling in managed care. Therefore, most beneficiaries are enrolled in FFS.

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			✓*
Disabled children			✓*
Blind individuals	✓		
Aged individuals	✓		
Dual eligibles	✓		
Individuals with I/DD	✓		
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Other HCBS Recipients	✓		
Other populations			

*Note. Disabled adults and children are enrolled in managed care only if they do not require long-term facility or institutionalized care.

G.2. LTSS Medicaid Financing & Delivery System: Overview

- In Washington, LTSS beneficiaries are excluded from the state's managed care program.
- Apple Health LTSS is a government health insurance program that pays for long-term services and supports for people who have very limited income and resources.
- Apple Health LTSS covers a majority of health care services that can be provided at home, in an alternative living facility (community residential care facility, assisted living facility, or adult family home), or a nursing facility. These services include:
 - Doctor visits, hospitalizations, pharmaceuticals, immunizations, dental treatments, vision exams, behavioral health services, medical transportation, and Medicare cost-sharing.
- Medicaid beneficiaries in need of LTSS receive additional support through Washington's Department of Social and Health Services.
 - The state's LTSS programs are tailored to an individual's needs in home- and community-based settings through services such as the Developmental Disabilities Administration (DDA) waivers or the Community First Choice (CFC) waiver.

G.3. Medicaid LTSS Program: Health Plan Characteristics

- In the state, Medicaid LTSS beneficiaries are excluded from managed care and receive services FFS.
- Dually eligible beneficiaries in need of LTSS receive some services through one of the state's D-SNPs.

Health Plans	Parent Company	Plan Type	December 2024 Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	62,500
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	23,537
Molina Medicare Options Plus	Molina Healthcare of Washington	Medicare Advantage D-SNP	14,751
Community HealthFirst Medicare Advantage SNP	Community Health Plan of Washington	Medicare Advantage D-SNP	9,177
Amerivantage Dual Coordination	Amerigroup Washington	Medicare Advantage D-SNP	1,861
WellCare Liberty	WellCare Health Plans, Inc	Medicare Advantage D-SNP	1,220
WellCare Dual Access	WellCare Health Plans, Inc	Medicare Advantage D-SNP	574
WellCare Access	WellCare Health Plans, Inc	Medicare Advantage D-SNP	270
International Community Health Services	International Community Health Services	Medicare Advantage D-SNP	92

G.4. Medicaid LTSS Program: Health Benefits

- Physical health, behavioral health, and addiction treatment services for the LTSS population are financed through the state's FFS program.

LTSS Mental Health & Addiction Treatment Benefits		LTSS Specialty Care Benefits
1. Intake, evaluation, and community treatment	13. Evaluations for special populations	1. Adult Day Services
2. Individual, group, and family treatment	14. Psychological assessment	2. Assistive Technology
3. Medication management	15. Bio-feedback therapy	3. Environmental Modifications
4. Medication monitoring	16. Inpatient psychiatric evaluation and treatment	4. Supportive Housing
5. Peer support	17. Freestanding evaluation and treatment services	5. Supportive Employment
6. Brief intervention and treatment	18. WISe Wraparound services (children under age 21)	6. Home Delivered Meals
7. High intensity treatment	19. Crisis services	7. Individualized Training
8. Therapeutic psychoeducation		8. Specialized Medical Equipment and Supplies
9. Day support		9. Personal Emergency Response System (PERS)
10. Stabilization services		10. Transportation
11. Rehabilitation case management		11. Skills Acquisition Training
12. Residential services		12. Caregiver Management Training

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Washington has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

H. Washington Behavioral Health Administration & Finance System

H.1. Washington Behavioral Health: Organization Chart



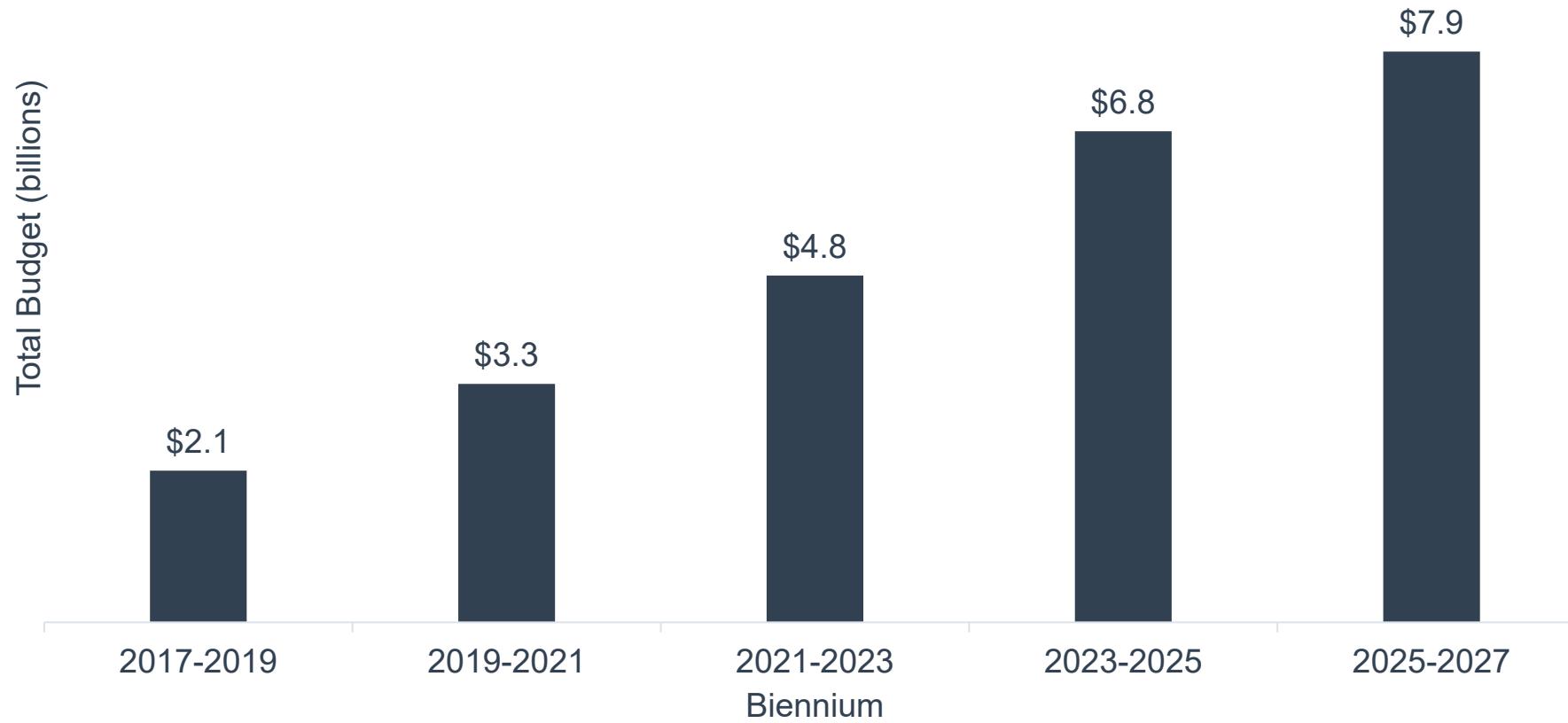
H.1. Washington Behavioral Health: Executive Leadership

Name	Position	Department	Email
Cheryl Strange	Acting Secretary	Department of Social & Health Services	cheryl.strange@dshs.wa.gov
Kevin Bovenkamp	Assistant Secretary, Behavioral Health	DSHS	kevin.bovenkamp@dshs.wa.gov
Brian Waiblinger, M.D.	Medical Director	DSHS, Behavioral Health Administration	brian.waiblinger@dshs.wa.gov
Sjan Talbot	Deputy Assistant Secretary	BHA	sjan.talbot@hca.wa.gov
Charles Southerland	CEO	BHA, Western State Hospital (Civil)	Not available
G. Eric Carpenter	CEO	BHA, Eastern State Hospital	eric.carpenter@dshs.wa.gov
Mark Thompson	CEO	BHA, Western State Hospital (Gage)	mark.thompson@dshs.wa.gov

H.2. Health Care Authority: Behavioral Health Budget

Budget Item	SFY 2025-2027 Requested	Percent Of Budget
Developmental Disabilities	\$6,158,386,000	77%
Mental health	\$1,824,920,000	23%
Total Budget: \$7,983,306,000		

H.2. Health Care Authority: Behavioral Health Budget Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	Location	Beds
Eastern State Hospital	Medical Lake	375
Western State Hospital	Lakewood	800
Total		1,175

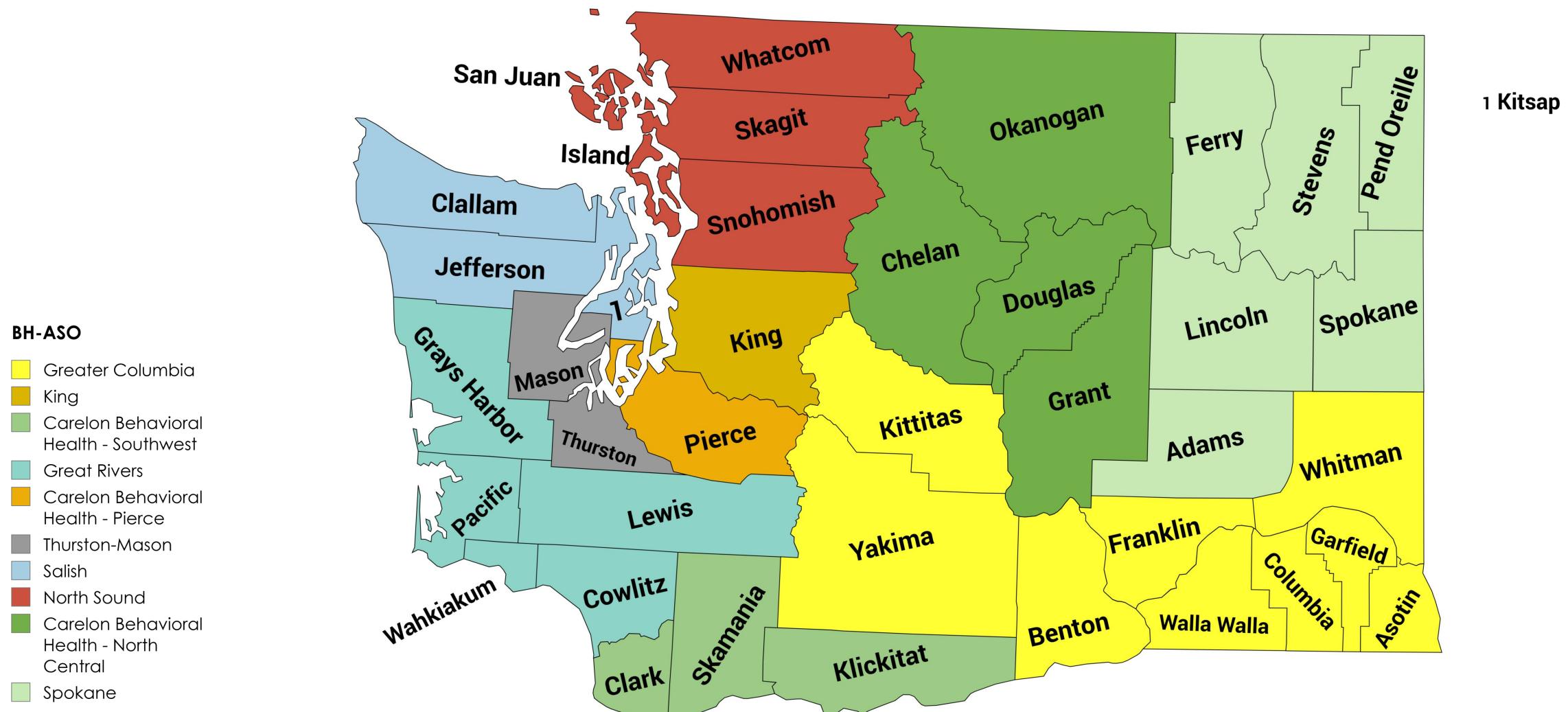
H.4. Behavioral Health Safety-Net Delivery System

- The state contracts with a behavioral health administrative services organization (BH-ASO) to manage services for the uninsured population, as well as crisis services for all populations (Medicaid and non-Medicaid).
 - Services provided to the uninsured population include mental health treatment and evaluation for individuals who are involuntarily or voluntarily detained, residential addiction treatment services for individuals who are involuntarily detained, outpatient mental health and addiction treatment services in accordance with less restrictive alternative court order, and additional mental health and addiction treatment services if resources are available.
- BH-ASOs are funded through state and federal block grant funding.
- Within the region, the BH-ASO may:
 - Provide a behavioral health ombudsman to assist individuals with grievances and appeals.
 - Manage the block grants based on locally approved block grant plans.
 - Manage Criminal Justice Treatment Account funds and Juvenile Drug Court funds.
 - Oversee committees formerly led by the regional behavioral health organization, such as the Behavioral Health Advisory Board, Wraparound with Intensive Services, Children's Long-term Inpatient Program, and Family Youth System Partner Round Table.
- There are currently ten regional BH-ASOs. See [slide 79](#) for more information.

H.4. Behavioral Health Safety-Net Delivery System: BH-ASO

Region	Organization	Counties
Greater Columbia	BHO-ASO	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima
King	BHO-ASO	King
Beacon Health Options - North Central	BHO-ASO	Chelan, Douglas, Grant, Okanogan
North Sound	BHO-ASO	Island, San Juan, Skagit, Snohomish, Whatcom
Pierce	BHO-ASO	Pierce
Salish	BHO-ASO	Clallam, Jefferson, Kitsap
Spokane	BHO-ASO	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens
Beacon Health Options - Southwest	BHO-ASO	Clark, Klickitat, Skamania
Thurston-Mason	BHO-ASO	Mason, Thurston
Great Rivers	BHO-ASO	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum

H.4. Behavioral Health Safety-Net Delivery System: BH-ASO



H.5. Behavioral Health System: New Initiatives

- There are no new or pending initiatives currently.

I. Appendices

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSection6pe2021.htm#tab6.8a
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSection6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/276294#~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2023). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2023. Retrieved March 2023 from https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetabSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(1) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is \$15,060 for an individual and \$31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants; but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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