

# The ACA & Medicaid Expansion: 2014 Progress

**House Appropriations Committee**

*June 18, 2014*

**MaryAnne Lindeblad, Medicaid Director, Health Care Authority**

# Overview of Today's Topics



- Quick review of Washington's Medicaid expansion
- Medicaid enrollment – Where are we now?
- What's next for Medicaid?

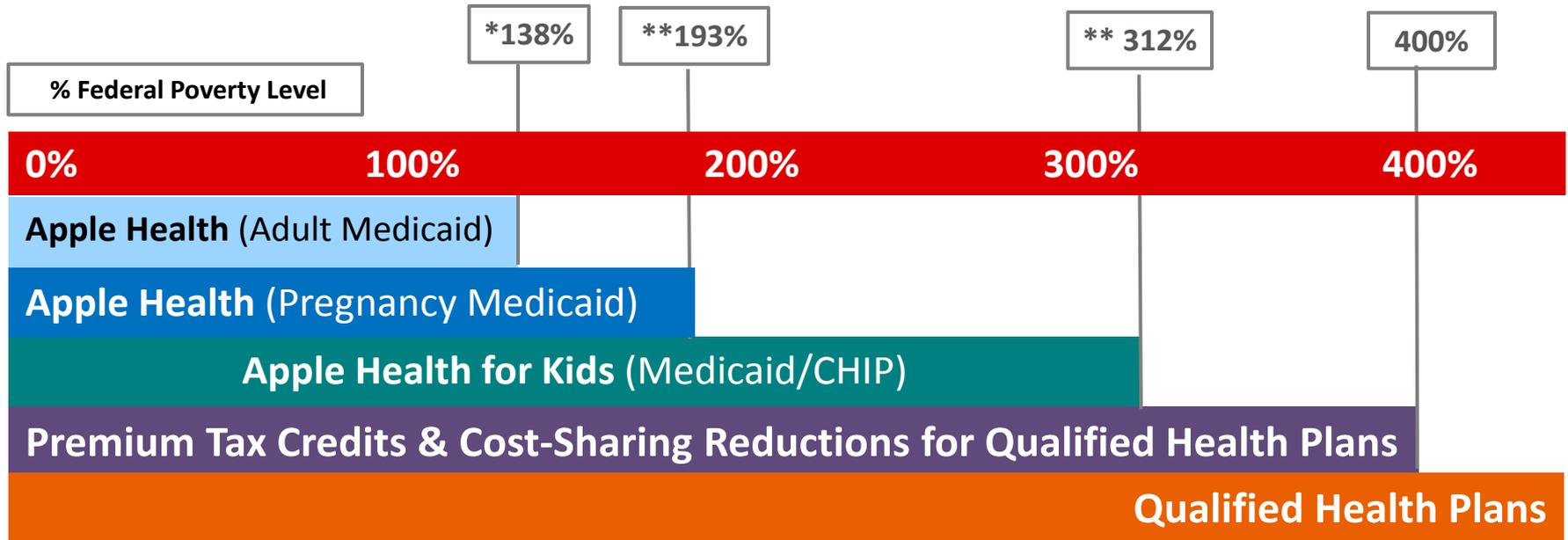
# Medicaid Expansion Review



# Washington's Medicaid Expansion Goals

- **Streamline administrative processes** to capitalize on opportunities
- **Leverage new federal financing opportunities** to ensure the Medicaid expansion resulting from ACA is sustainable
- **Maximize use of technology** to create consumer-friendly application/enrollment/renewal experience
- **Maximize continuity of coverage & care** as individuals move between subsidized coverage options
- **Reform the WASHINGTON WAY**—comply with, or seek waiver from, specific ACA requirements related to coverage and eligibility, as needs are identified

# Apple Health – Foundation of the 2014 Coverage Continuum



\* The ACA's "133% of the FPL" is effectively 138% of the FPL because of a 5% across-the-board income disregard

\*\* Based on a conversion of previous program eligibility standards converted to new MAGI income standards

# Medicaid Eligibility Overview

- **“New Eligibles”** - Medicaid expansion to 138% of the FPL for adults under age 65 not receiving Medicare\*
  - **Modified Adjusted Gross Income (MAGI) methodology** defines how income is counted, and how household composition and family size are determined
  - **MAGI** will determine eligibility for children, pregnant women, parents and all adults in the new adult category
- **Washington’s new Medicaid adult group** includes:
  - **Childless adults** with incomes below 138% of the FPL
  - **Parents** with incomes between ~54% and 138% of the FPL (based on MAGI)
- **Medicaid eligibility standards** did not change for aged, blind, disabled, SSI, and foster children

\* The ACA’s “133% of the FPL” is effectively 138% of the FPL because of a 5% across-the-board income disregard

# No Wrong Door to Coverage

<http://www.wahealthplanfinder.org/>

HOME | SIGN IN | ESPAÑOL | CUSTOMER SUPPORT



## Find Health Coverage that is Right for You

Welcome to Washington Healthplanfinder, a new way to help you find, compare and select a quality health insurance plan that is right for you, your family and your budget.

[Find and Compare Health Plans](#)

[Apply for Coverage](#)

### Small Business Options

If you are a small business owner with up to 50 employees in Washington, you can provide health insurance through Healthplanfinder and you may be eligible for tax credits.

If your employer has signed up for coverage through Washington Healthplanfinder, you will receive instructions and log-in information directly from your employer.

[Cover Your Employees](#)

### Click.Compare.Covered

More people than ever before are now eligible for low-cost or free health insurance. Middle-income and low-income individuals and families generally qualify. Healthplanfinder is the only way you can access these savings.

[Learn More >](#)

[Renew my Washington Apple Health >](#)

WASHINGTON HEALTHPLANFINDER-APPROVED PLANS:

**PREMERA** | 

### Sign In

USERNAME

PASSWORD

Remember Me

[Sign In](#)

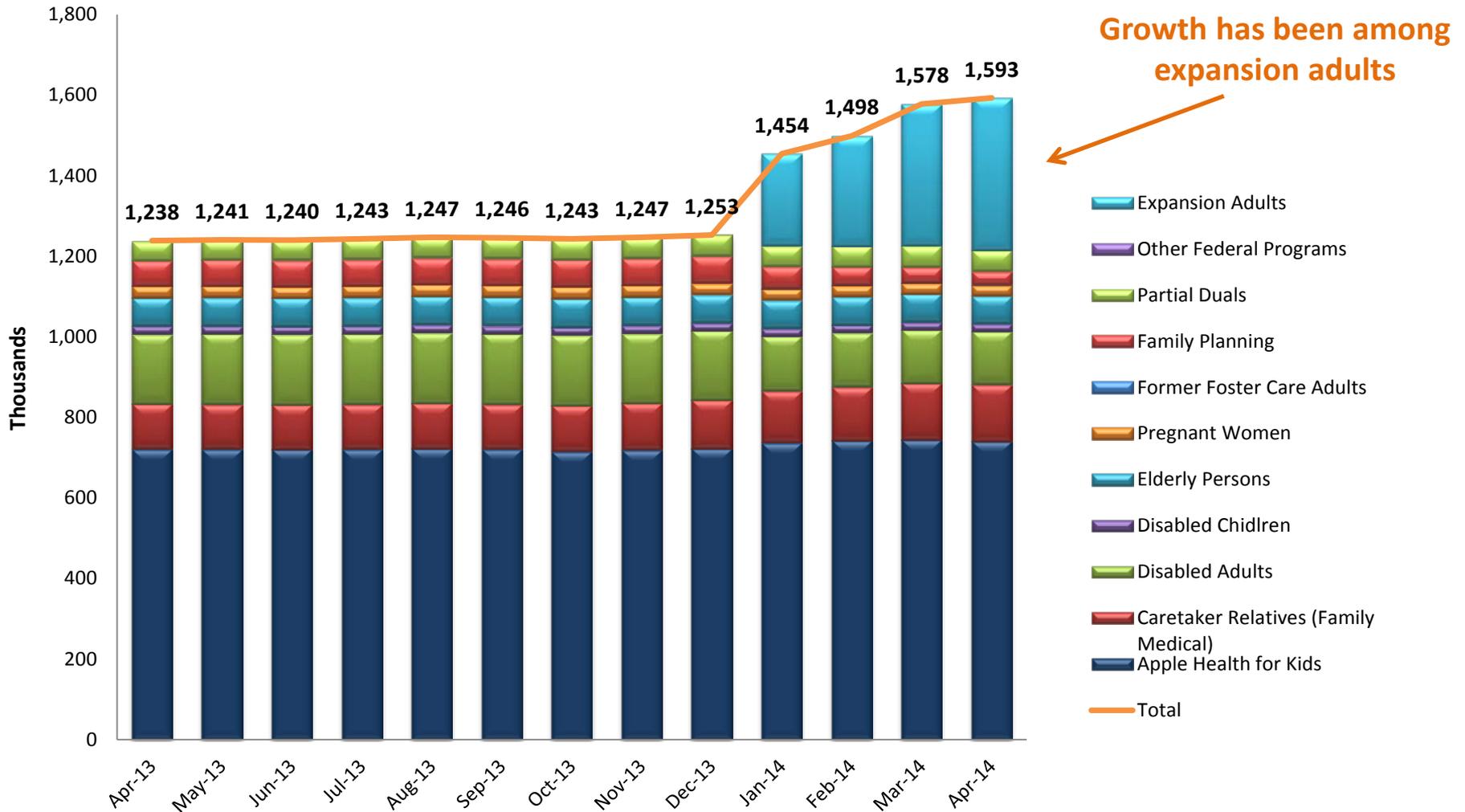
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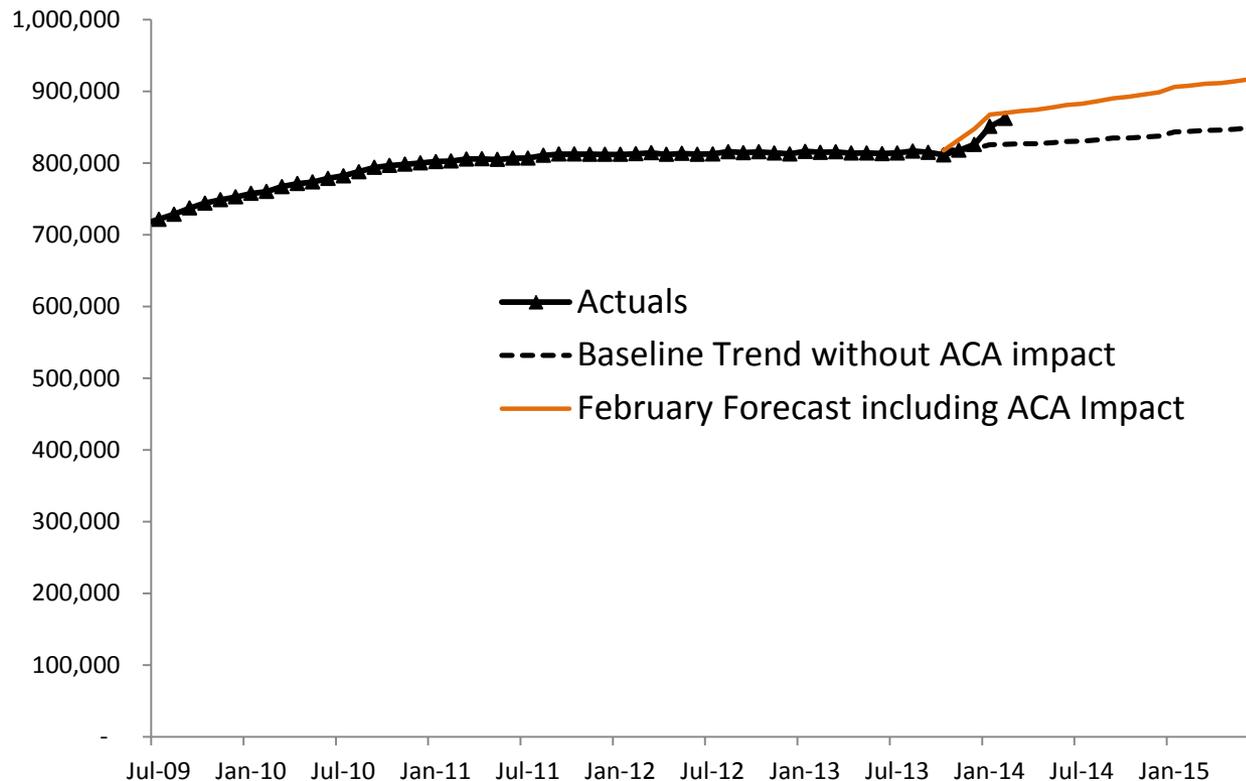
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# Medicaid Enrollment – Where are we now?

# Non-Lagged Medical Programs Enrollment April 2013-April 2014



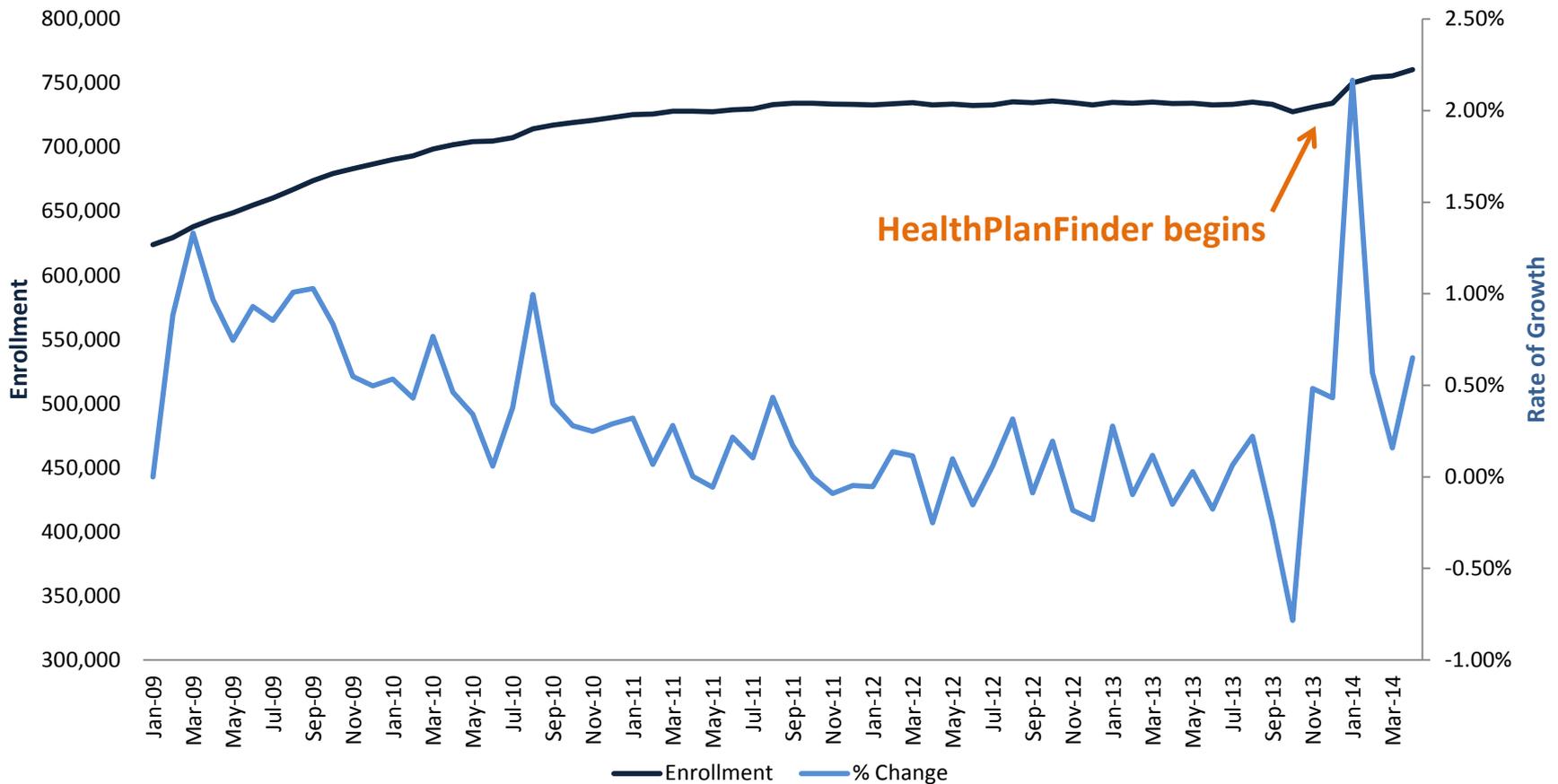
# “Welcome Mat” in Line with Projections\*



\* The “welcome mat” includes adults and children who would have been eligible for Medicaid based on standards before the ACA implementation, but they never enrolled at that time. It specifically reflects caseload growth resulting from ACA implementation that is beyond historical growth averages. For further details on the welcome mat impact see June Caseload Forecast Council update June 18, 2014.

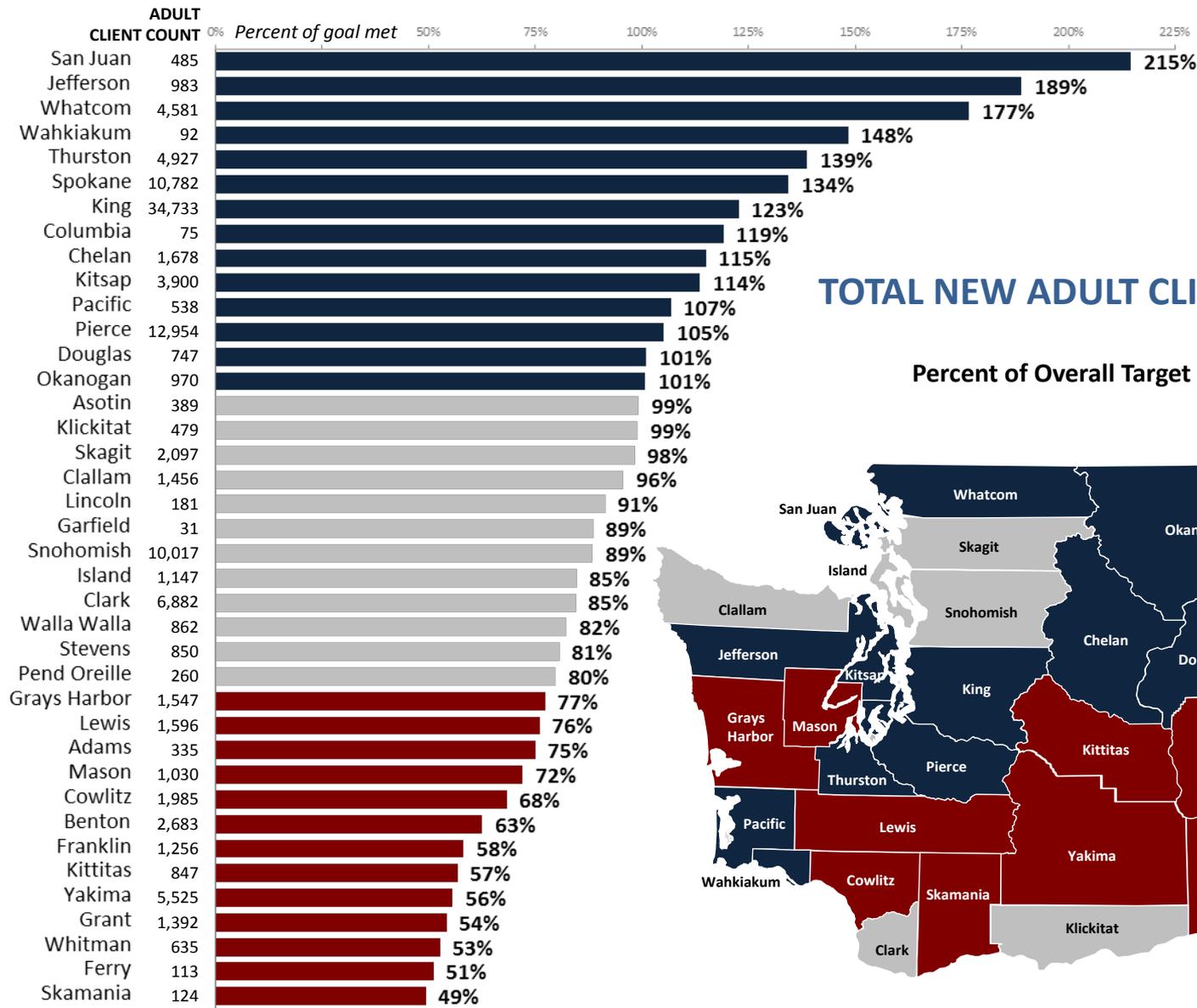
# Static 4-year Trend for Children Interrupted

Apple Heath for Kids  
 Monthly Enrollment and Rate of Growth (Jan '09 - Mar '14)



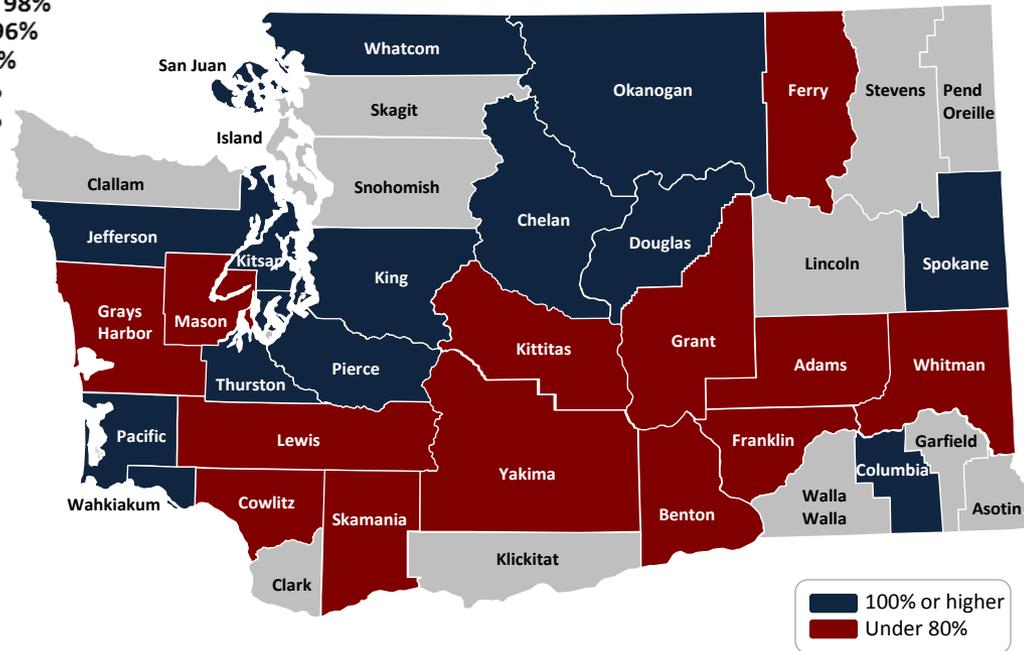
# Chronology of Progress: Medicaid Expansion Reached January 2014 Goal

ON TRACK  
↑  
OFF PACE  
↓



**TOTAL NEW ADULT CLIENTS = 121,164\***

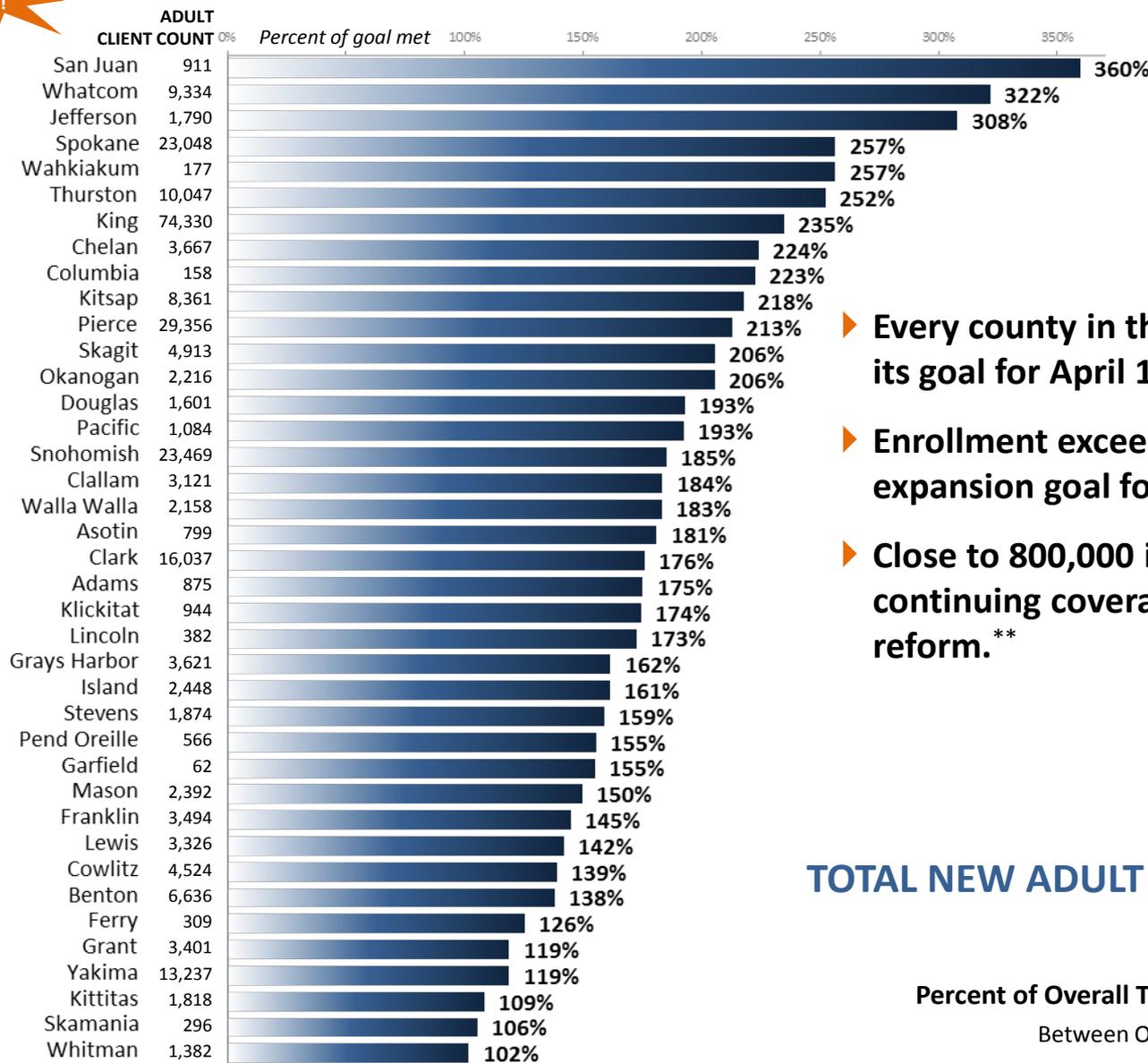
**Percent of Overall Target Met Statewide = 99.5%**  
As of January 2, 2014



\*94 additional clients do not map to Washington counties.



# Chronology of Progress: Medicaid Expansion Goal Doubled by April 2014



- ▶ Every county in the state met or exceeded its goal for April 1, 2014.
- ▶ Enrollment exceeded the overall Medicaid expansion goal for January 1, 2018.
- ▶ Close to 800,000 individuals in new or continuing coverage thanks to “health care reform.”\*\*

**TOTAL NEW ADULT CLIENTS = 268,164\***

Target for April 1, 2014 = 136,220

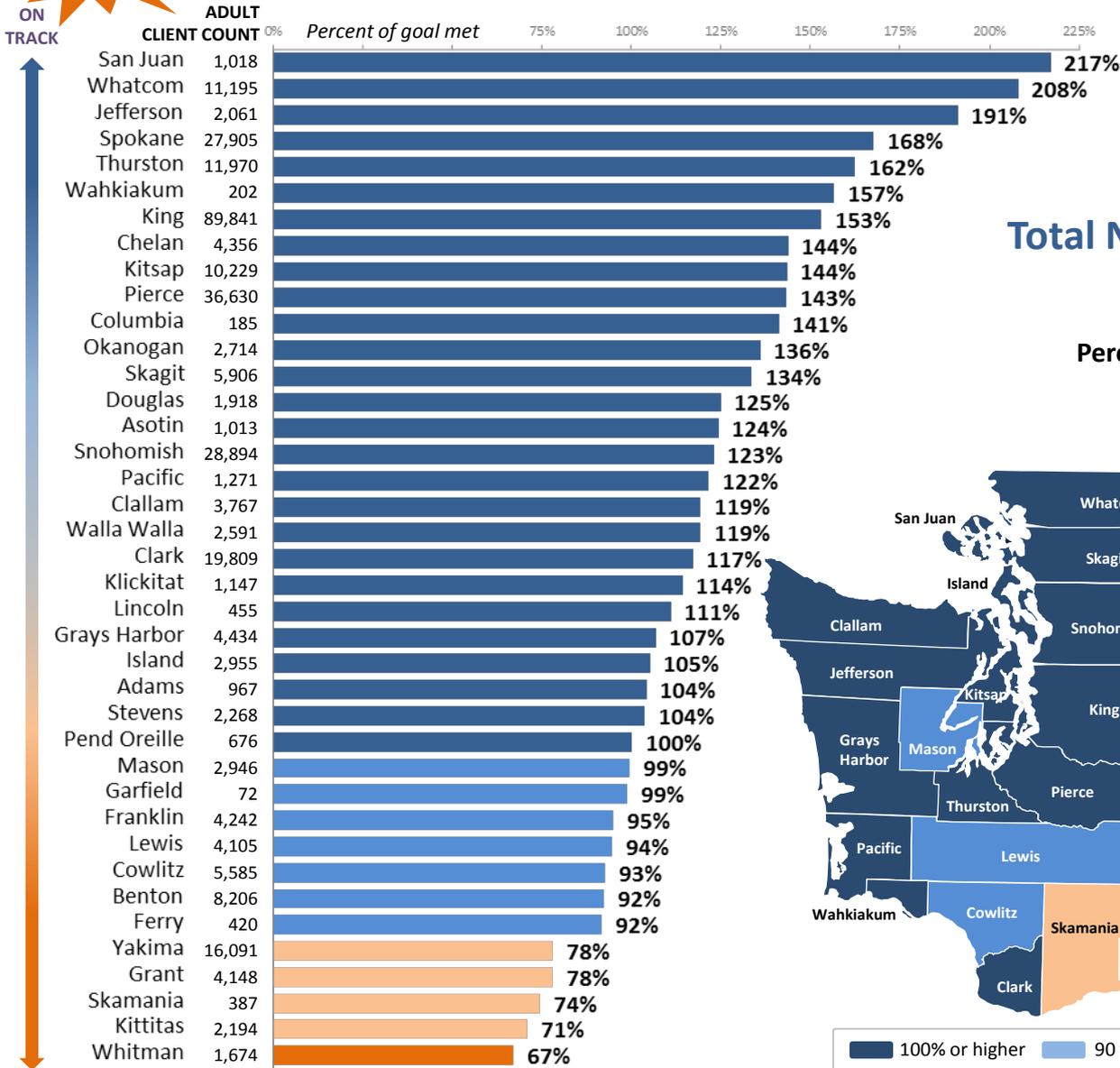
**Percent of Overall Target Met Statewide = 197%**

Between October 1, 2013 and March 27, 2014

\*203 additional clients do not map to Washington counties. \*\*Includes 408,806 Apple Health (Medicaid) applications and recertifications as well as new clients.



# Chronology of Progress: Medicaid Expansion Surpassed 2018 Goal

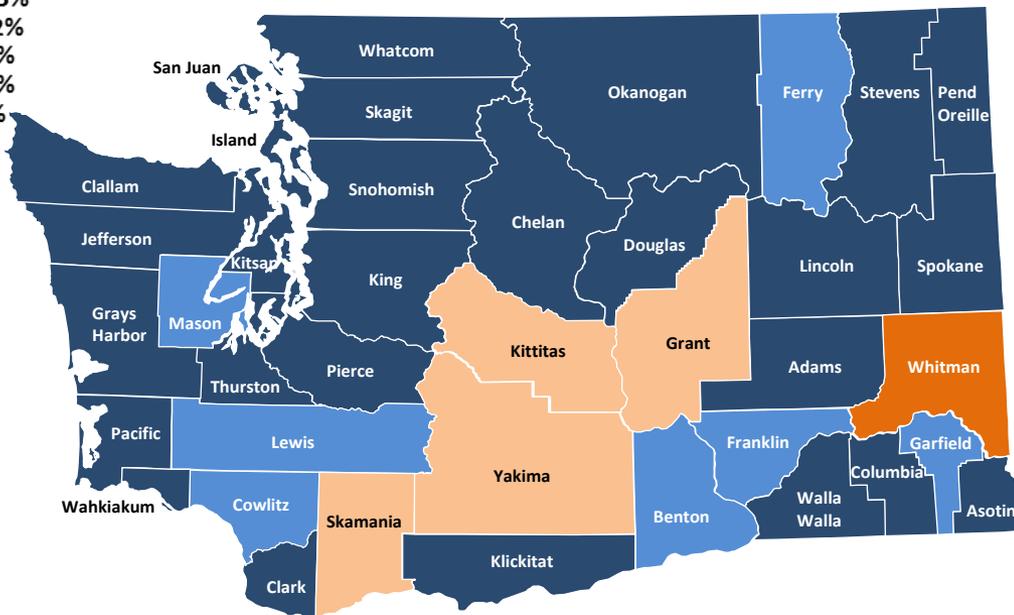


**Total New Adult Clients = 326,447\***

Target for January 1, 2018 = 252,576

**Percent of 2018 Target Met Statewide = 129%**

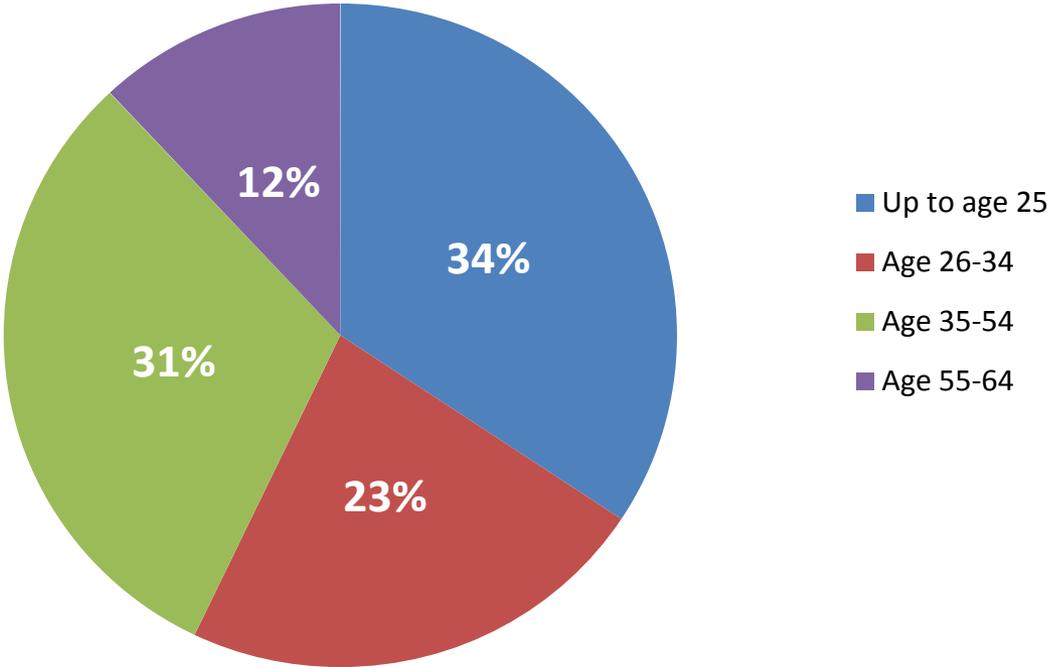
Between October 1, 2013 and June 5, 2014



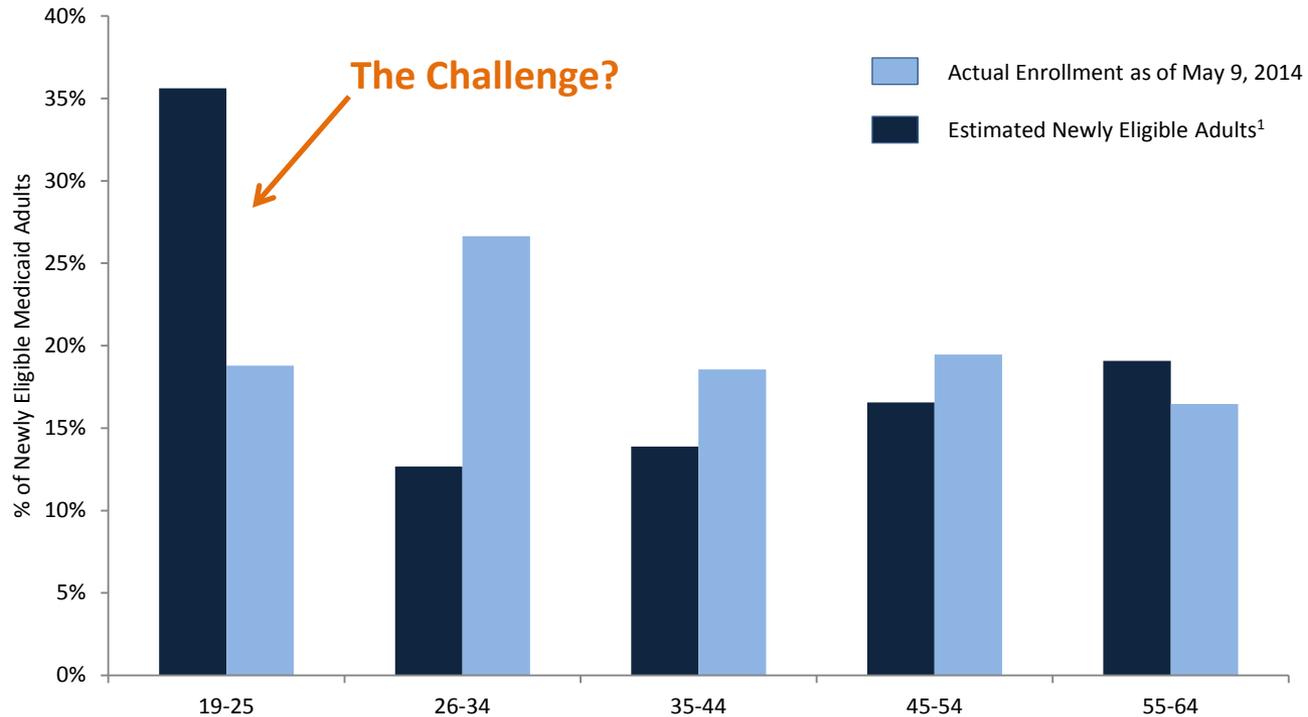
\*109 additional clients do not map to Washington counties.

# Nearly 60% of Newly Eligible Adults Under Age 35

Distribution of Newly Eligible Medicaid Adults by Age  
(May 2014)

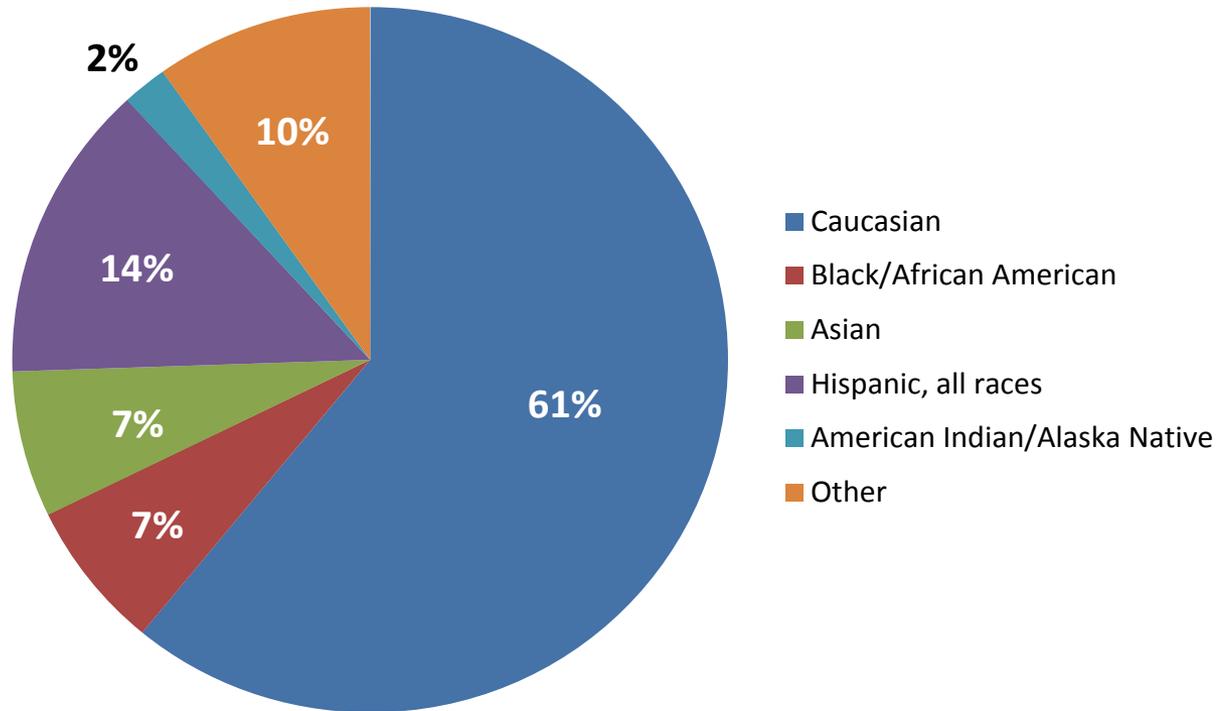


# Apple Health New Adults Enrollment by Age (May 2014)



<sup>1</sup> Source: Urban Institute estimates assuming full take up rate and the Medicaid expansion in effect in 2011  
([http://www.hca.wa.gov/hcr/me/documents/ACA\\_Medicaid\\_Expansion\\_WA\\_State.pdf](http://www.hca.wa.gov/hcr/me/documents/ACA_Medicaid_Expansion_WA_State.pdf))

# Apple Health New Adults Enrollment by Race/Ethnicity (May 2014)



\* The Hispanic category includes all enrollees who indicated they are of Hispanic origin regardless of their race.

# Medicaid Services Delivered through Managed Care

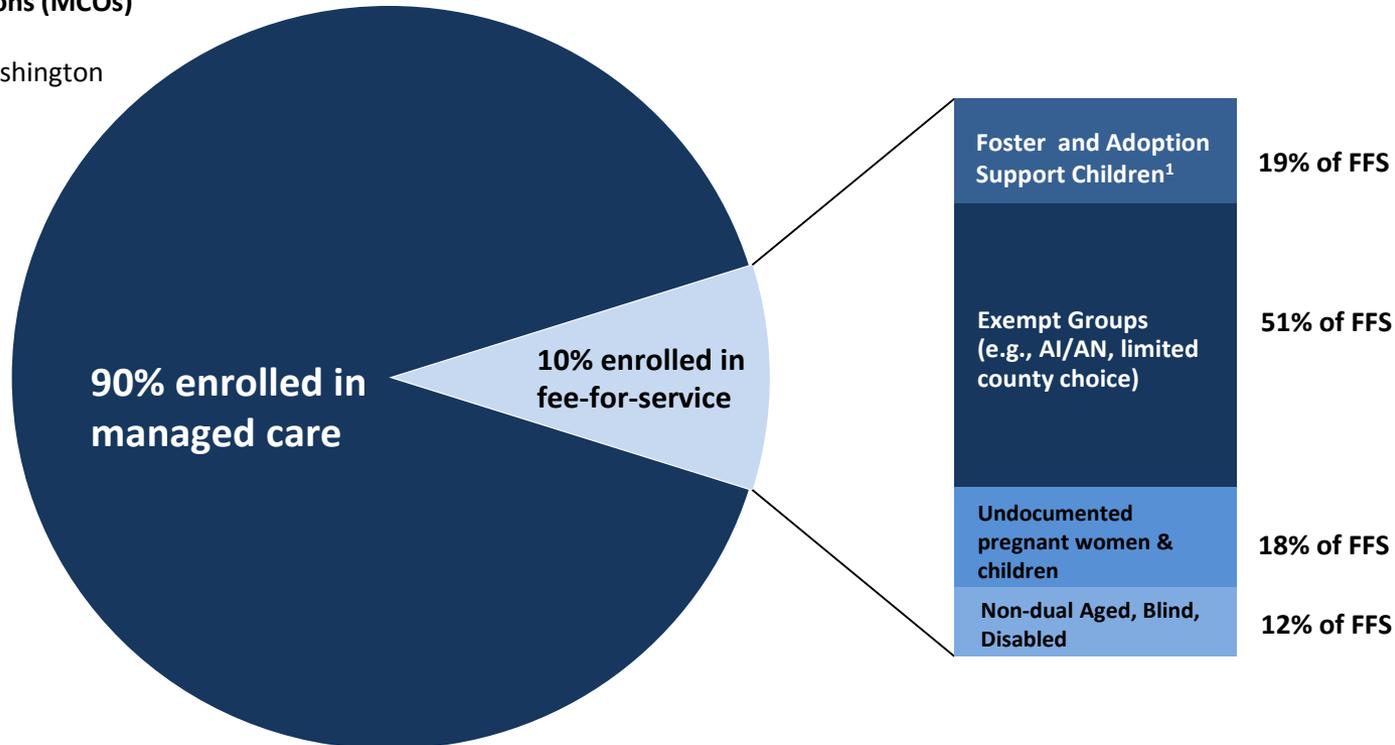
**Approx. 1.4 million individuals receive their full health benefits coverage from Medicaid/CHIP**  
*(excludes duals, partial duals, family planning-only and alien emergency medical.)*

## 2014 – 5 managed care organizations (MCOs)

- ❖ Amerigroup
- ❖ Community Health Plan of Washington
- ❖ Coordinated Care
- ❖ Molina Healthcare
- ❖ UnitedHealth

### Key:

- ❖ Offers QHPs in 2014 Exchange
- ❖ Proposed 2015 QHPs



<sup>1</sup> Currently planned to move to managed care in 2015  
 Source: HCA Quarterly Enrollment Reports

# Why has Medicaid enrollment been so successful?



## HCA Training & Education Resources

Website: [http://www.hca.wa.gov/hcr/me/Pages/training\\_education.aspx](http://www.hca.wa.gov/hcr/me/Pages/training_education.aspx)

### HCA Community-Based Training

Check here to see how HCA community partners can apply to receive enhanced access in the Healthplanfinder web portal. This option is provided through a short online training program and application for enhanced access to Healthplanfinder.

### Resources

This section provides current handouts for processing Medicaid, helpful tips in navigating the Healthplanfinder web portal, how to locate assistance in your local area and past training and educational webinars and presentations.

This includes the following:

#### Medicaid Enrollment

- Adding a Newborn in Healthplanfinder
- AEM Process
- Homeless Teen Process
- KO1 Application Process
- Managed Care Workaround

#### Reference

- Customer Support Center – Referrals
- First-timers' Guide to Washington Apple Health
- HCA Area Representatives
- HCA Community-Based Specialists
- Medical Income and Resource Standards – April 2014

#### HCA Medicaid Update Webinars

Located here are the HCA bi-weekly webinars which began in February 2014. Topics include general Medicaid updates, AEM, MAGI Income, Newborns, Retroactive Coverage Requests and Classic Medicaid. Future webinars will be scheduled based on demand on a monthly or bi-monthly schedule. Join the HCA Area email distribution list in your area by contacting your representative to be sure to receive an invitation.

#### Outreach Toolkit

Here you'll find links to HCA Publications for Washington Apple Health, many revised in May 2014. These tools will assist with informing your clients and new applicants about Washington Apple Health and the new Healthplanfinder web portal.

## Outreach, marketing, education & collaboration

- Healthplanfinder online portal
- Community-based volunteers & partners
- Community-based specialists in every county (~50)
- Specialized HCA regional representatives
- Resources
  - *Training modules*
  - *Enrollment process descriptions*
  - *Customer support referral guides*
  - *General webinars & training*
  - *Outreach toolkit*
  - *Guide to Apple Health coverage*

[http://www.hca.wa.gov/hcr/me/Pages/training\\_education.aspx](http://www.hca.wa.gov/hcr/me/Pages/training_education.aspx)

# April 2014 Survey of Apple Health for Kids Clients

Of 251 households surveyed who had a February renewal date but did not renew:

- 74% were aware that their child/children had a renewal due in February
- 67% were aware that their children no longer had Apple Health coverage - 15% had other coverage, 18% didn't know
- 38% had attempted renewal / 62% had made no attempt
  - *Of the 38% who attempted renewal:*

Question	Online	Paper	Telephone
<b>How did you try to complete your renewal?</b>	49%	36%	15%
<b>Did someone help you?</b>	23%	35%	100%
<b>Did you have problems filling out the renewal</b>	62%	24%	43%

- 42% did not wish to continue coverage with Apple Health
- Of those still wishing to renew, 84% requested follow up from HCA (and those families are being contacted)

# What's next for Medicaid?

# Goal for Health Care Transformation



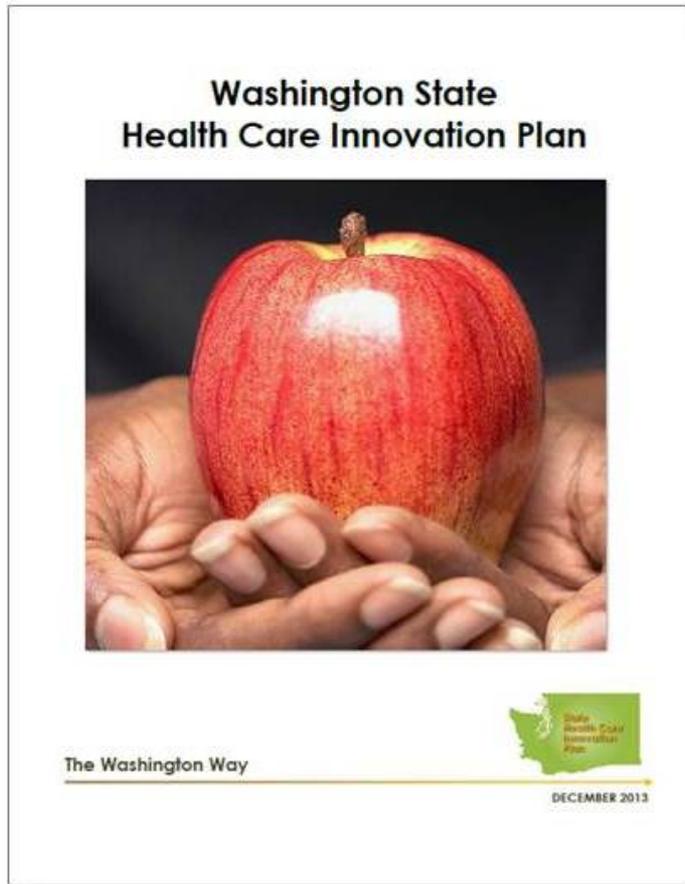
**State Goal:**  
A healthier Washington  
achieved through the  
Triple Aim

## National Triple Aim:

- Better Health
- Better Care
- Lower Cost



# State Health Care Innovation Plan - Transformation by 2020



## Goal - **A Healthier Washington**

- **Pay for value and outcomes** instead of volume of services
- **Empower communities** to improve health and better link with health delivery
- **Integrate physical and behavioral health** to address the needs of the whole person

## Critical **Legislation Enacted in 2014**

- **E2SHB 2572** – Purchasing reform, greater transparency, empowered communities
- **E2SSB 6312** – Integrated whole-person care; purchasing and delivery system reform

## Potential for **Additional SIM Grant**

*Federal Announcement:*

<http://www.hhs.gov/news/press/2014pres/05/20140522a.html>

# The Innovation Plan's Three Core Strategies

Supported by  
Washington State  
2014 Legislative Action

**HB 2572**  
and  
**SB 6312**

- **Build healthy communities and people** through prevention and early mitigation of disease throughout the life course
- **Drive value-based purchasing** across the community, starting with the State as “first mover”
- **Improve chronic illness care** through better integration of care and social supports, particularly for individuals with physical and behavioral health co-morbidities

# The Innovation Plan's Seven Building Blocks

## *Keys to Success*

1. Regional transformation
2. Accountable Communities of Health (ACHs)
3. Regional health data mapping / hot-spotting
4. Practice transformation support
5. Workforce capacity and flexibility
6. Quality and price transparency
7. Person and family engagement



# Medicaid's Reform Transition = Aligned Strategies

*Evolution toward value-based payment that supports delivery system transformation*

**Phased Staging of Integrated Purchasing through Managed Care**

*Beginning with fully integrated purchasing of physical and behavioral health in early adopter regions*

*State, Community (ACH) and delivery system infrastructure*

**SIM (CMMI) Round 2, other grants, State funds, philanthropic and local support**

**Revised federal authority - potential opportunities for waivers or SPAs**

*e.g., Flexibility to derive savings and re-invest in implementing delivery system transformation*

*Business enterprise development, capacity building, and ongoing support.*

**Integrated Health Delivery System**

*Payment reform to support increased accountability for health outcomes*

# Contacts for More Information

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