

Washington State
Health Care Authority

HCA Tribal Consultation



November 26, 2013

Agenda



Quick Updates

1. **Electronic Health Record Incentive Payments**
2. **HCA Tribal Affairs Website Reveal**

Consultation Topics

3. **State Health Care Innovation Plan** (draft plan released 10/31/13)
4. **Regional Support Networks (RSN) Corrective Action Plan**

Discussion Topics

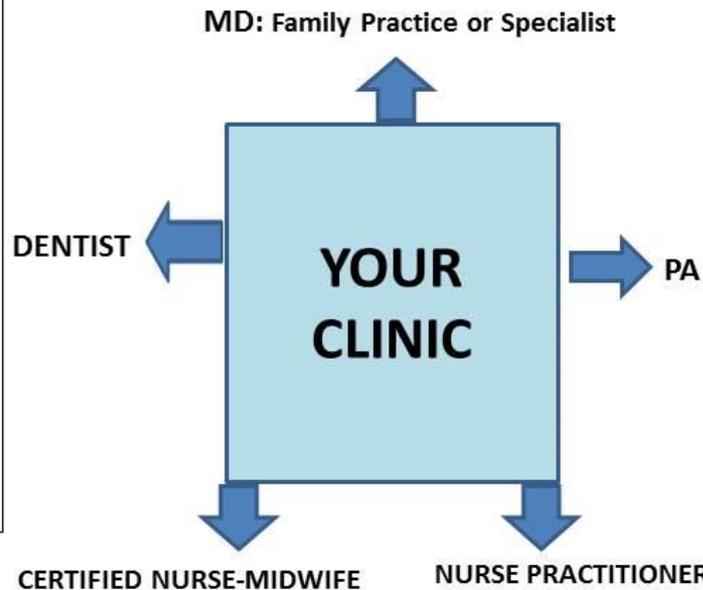
5. **Tribal Consultation Policy & Procedures Discussion**
6. **Alternative Benefit Package (ABP)**
7. **AIHC Request: Apply MAGI Related Exemptions to Classic Medicaid Eligibility Determinations**

Electronic Health Record Incentive Payments

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EXAMPLE CLINIC WITH MULTIPLE PROVIDERS:



Only 16 clinics have registered & received initial payments for their providers so far!
Only 2 of those 16 have attested for the next payment available & received payment so far !

- Eligible Providers:
- Physicians (doctors of medicine and doctors of osteopathy)
 - Physician Assistant working in a FQHC or Rural Health Clinic led by a Physician Assistant.
 - Dentist
 - Nurse Practitioner
 - Certified nurse-midwife

Incentive Payments:

\$21,250 per provider
(Initial-one time AIU pmt. X 5 providers)

\$ 8,500 per provider
(each year for 5 additional pmts. X 5 providers)

Total Initial AIU Incentive Pmts. For five providers= \$ 106,250.00

Total of 5 years additional pmts. X 5 providers= \$212,500.00

TOTAL POTENTIAL PMTS. FOR THIS CLINIC: \$ 318,750.00

For more information please email HealthIT@hca.wa.gov

HCA Tribal Affairs Website Reveal

The screenshot shows the Washington State Health Care Authority website. The browser address bar displays <http://www.hca.wa.gov/Pages/index.aspx>. The page features a navigation menu with categories like Health Benefits, Agency Programs, Health Care Reform, and Employment. A search bar is located at the top left. On the left side, there is a sidebar with various menu items, including 'Tribal Affairs' under the 'Projects and Initiatives' section. The main content area is titled 'HEALTH CARE AUTHORITY' and includes social media links, a search bar, and a list of services. A dropdown menu is open under 'Health Care Reform', highlighting 'American Indian/Alaska Natives'. Below this, there is a section for 'Medicaid Expansion' and 'Public Employees Benefits Board (PEBB)'. A video player is visible on the right side of the page, titled 'THE YOUTOONS GET READY FOR OBAMACARE'. At the bottom, there is a warning about scams related to Apple Health.

Previously:
Centennial Accord

Updated:
Tribal Affairs

- What can we help you with today?**
- American Indian/Alaska Natives (AI/AN)
 - Apple Health for Kids (free health care for children)
 - Basic Health
 - Benefit changes in 2014
 - Budget Information
 - Foster parent health coverage
 - Medicaid/Apple Health
 - Medicaid Expansion/Health care reform
 - Reduced-cost health care
 - Prescription drug assistance
 - Provider and client questions
 - Public Employees Benefits
 - Veterans benefits
 - Washington Wellness



Don't be fooled by scams! See tips on safety applying for Apple Health.

Reorganized Structure & Content

New Menu

The screenshot shows the Washington State Health Care Authority website's Tribal Affairs page. A new menu is highlighted on the left side of the page, containing the following items: Agency Information, Home, Health Care Options, Meetings and Centennial Accord, Training, Tribal Leader and Other Correspondence, Resources, and Contact Us. The main content area features a search bar, social media links, and a list of services provided by the Tribal Affairs office. The page also includes a footer with navigation links and logos for Access Washington and RESULTS.

Washington State Health Care Authority

Search this site...

TRIBAL AFFAIRS

Home Health Care Options Meetings and Centennial Accord Training Tribal Leader and Other Correspondence Resources Contact Us

Health Benefits Agency Programs Health Care Reform Employment

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Welcome to the Tribal Affairs website. The Office of Tribal Affairs is the primary point of contact for information on federal and state health program delivery and innovation for Tribes and tribal organizations residing within the boundaries of Washington State. The office:

- Serves as a liaison for the Tribes
- Provides technical assistance to HCA staff on government-to-government relations and cultural competency
- Meets and communicates regularly with Tribes and tribal-related organizations
- Responds to tribal-related questions and issues
- Facilitates meetings between HCA staff and Tribes
- Performs triage of individual tribal problems or issues of concern, and
- Facilitates HCA Tribal Consultations

The Tribal Affairs/Native Health Program Administrator is Karol Dixon. Karol is committed to open channels of communication with individuals representing and/or inquiring about tribal matters. Your inquiries are welcome.

A few highlights related to HCA and its work with health and tribal nations:

- All but one of the 29 Tribes located in Washington currently contract with the HCA-managed Medicaid program to provide medical or behavioral health care to their members and others.
- Three Tribes have federally-operated Indian Health Service (IHS) clinics and 25 Tribes operate their own programs under P.L. 93-638 contract or compact.
- In addition to medical services, 22 of the clinics offer dental care, 12 offer pharmacy services, 19 offer mental health services and 15 provide chemical dependency treatment.
- Two IHS-funded urban Indian health programs – one in Seattle and Spokane – provide medical care, dental care and behavioral health services. They are paid for services provided to Medicaid enrollees as Federally Qualified Health Centers (FQHCs).
- HCA, DSHS and various Tribes are working collaboratively on a report to the Legislature on Tribal Centric Behavioral Health. The collaborative effort is an important government-to-government initiative.

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Access Washington® RESULTS WASHINGTON

Meetings & Related Documents



Search this site...

- Agency Information
- Home
- Health Care Options
- Meetings and Centennial Accord
- Training
- Tribal Leader and Other Correspondence
- Resources
- Contact Us

MEETINGS AND CENTENNIAL ACCORD

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Centennial Accord

The HCA Centennial Accord Plan establishes the agency's policy and action plan to implement its state-tribal government-to-government relations. The plan includes an introduction to the agency, followed by descriptions of program and program support divisions, past accomplishments, and definitions. [Contact List](#) for information on contacting an HCA program directly.

Meetings and Webinars – Register for upcoming events

Use the links below to register for each of the listed meetings. The automated GoToWebinar system will send you instructions and reminders. If you'd prefer to attend in person, send an email to karol.dixon@hca.wa.gov.

- November 25, 1 p.m., HCA Tribal Monthly Meeting
- November 26, 1 p.m., HCA Tribal Consultation
- December 16, 1 p.m., HCA Tribal Monthly Meeting

Completed Meetings

Select the links below to retrieve information shared during past meetings.

2013

- October 7, HCA Tribal Affairs Monthly Meeting
- August 27, HCA Tribal Monthly Meeting
- July 23, HCA Tribal Monthly Meeting

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State Health Care Innovation Plan

SHCIP PROCESS:

- April/May Staffing
- May through December: Discovery, Analysis, Assessment & Feedback, Draft Plan, Final Plan
- Initial Documents Available:
 - *August 28: Draft Plan Outline*
<http://www.hca.wa.gov/shcip/Documents/outline.pdf>
 - *October 15: Executive Summary*
http://www.hca.wa.gov/shcip/Documents/executive_summary.pdf
 - *October 31: Draft Plan Available*
http://www.hca.wa.gov/shcip/Documents/shcip_draft_plan_for_public_review.pdf
- Comments encouraged and received throughout
- December: Revised plan to be submitted to CMMI

Existing Innovations

These seemingly independent projects have actually fed the development of the SHCIP:

- Uncompensated Care Waiver request
- Tribal Centric Behavioral Health Workgroup
- Tribal Affairs Monthly Meetings

Tribal Specific Communications

- May 23: Letter to Tribal Leaders from Dorothy Teeter
- May/June: Feedback Network outreach invitations
- June 18: Outreach to AIHC and NPAIHB, re: suggested site visit
- Tribal Affairs Monthly Meetings:
 - *May 28, June 25, July 23, August 27, October 7*
- September 9: AIHC Presentation (*Muckleshoot*)
- October 7: SHCIP Thought Leaders Meeting (*Olympia*)
- October 22: NPAIHB QBM Discussion (*Lummi*)
- October 28: Eastern Washington Discussion (*NATIVE Project*)
- November: NPAIHB, Suquamish, AIHC comments received

Regional Support Networks (RSN) Corrective Action Plan

See handouts:

(Webinar Attendees: Send karol.dixon@hca.wa.gov an email to receive packet)

1. RSN CAP email to Tribes from HCA/DSHS sent 11/06/2013
2. CMS Letter to HCA dated 07/05/2013
3. HCA/DSHS Letter to CMS dated 07/29/2013
4. CMS Letter to HCA/CMS dated 09/18/2013
5. HCA/DSHS Letter to CMS dated 10/31/2013

RSN Corrective Action Plan

Restrictions on Use of Medicaid Funds:

- Medicaid dollars (88% of RSN funding) must be used to provide covered services to persons eligible for Medicaid.
- Non-Medicaid dollars (12% of RSN funding) may be used flexibly to provide services that are not covered by Medicaid, or to provide covered services to persons who are not Medicaid-eligible
- According to federal law, some of the services that Medicaid funds may not be used for include costs for investigation, detention, or court hearings under the Involuntary Treatment Act, and direct housing costs for persons with mental illness.

RSN Corrective Action Plan

Background of CMS Letter

- On July 5, 2013, the Center for Medicaid and Medicare Services (CMS) sent a letter identifying concern over the nature of RSN contracts.
- The letter claims that Washington’s RSN contracts are not “validly procured contract[s],” and also do not follow federal rules applicable to intergovernmental grants.
- The letter offers two options:
- Convert the contracts into “validly procured contracts” by holding an open, competitive procurement in which private bidders are afforded the same terms as local government entities; or
- Change the payment methodology for mental health services to a cost reimbursement system, in which RSNs/providers would be paid only for services rendered, and does not use a capitated risk methodology.

RSN Corrective Action Plan

Background on CMS Letter *(continued)*:

- Washington was asked to submit a correction action plan (CAP) within 90 days.
- “If you do not agree with this analysis, please let me know.”
- This guidance appears to be based on a new interpretation or analysis by CMS. Washington’s procurement method has not substantially changed since at least 2005.
- The letter implies strongly that approval of 2013 contracts and rates will be withheld until a CAP is submitted.
- A reference is made to future deferrals or disallowances of federal financial participation for RSN contracts, if a mutually agreed CAP is entered and its timelines are not complied with.

RSN Corrective Action Plan

Further CMS Correspondence:

- Washington responded briefly to CMS in writing on July 29, asking clarifying questions and requesting additional time for review.
- CMS replied on September 18, providing short answers to the questions raised in the July 29 letter and granting Washington an additional 60 days (until December 2nd) to submit a CAP, or state its disagreement with CMS' analysis.
- Washington responded to CMS in writing again on October 31, asking additional questions, including a request for CMS to disclose the legal basis for its demands concerning RSN contracts.

Tribal Consultation Policy & Procedures

Discussion

The logo for the Washington State Health Care Authority features the text "Washington State Health Care Authority" in a dark blue, sans-serif font. A large, stylized red letter "A" is positioned between "Health Care" and "Authority", with a red swoosh that starts from the top of the "A" and curves over the top of the word "Authority".

Washington State
Health Care Authority

Medicaid's
Alternative Plan Benefit
Package
January 1, 2014

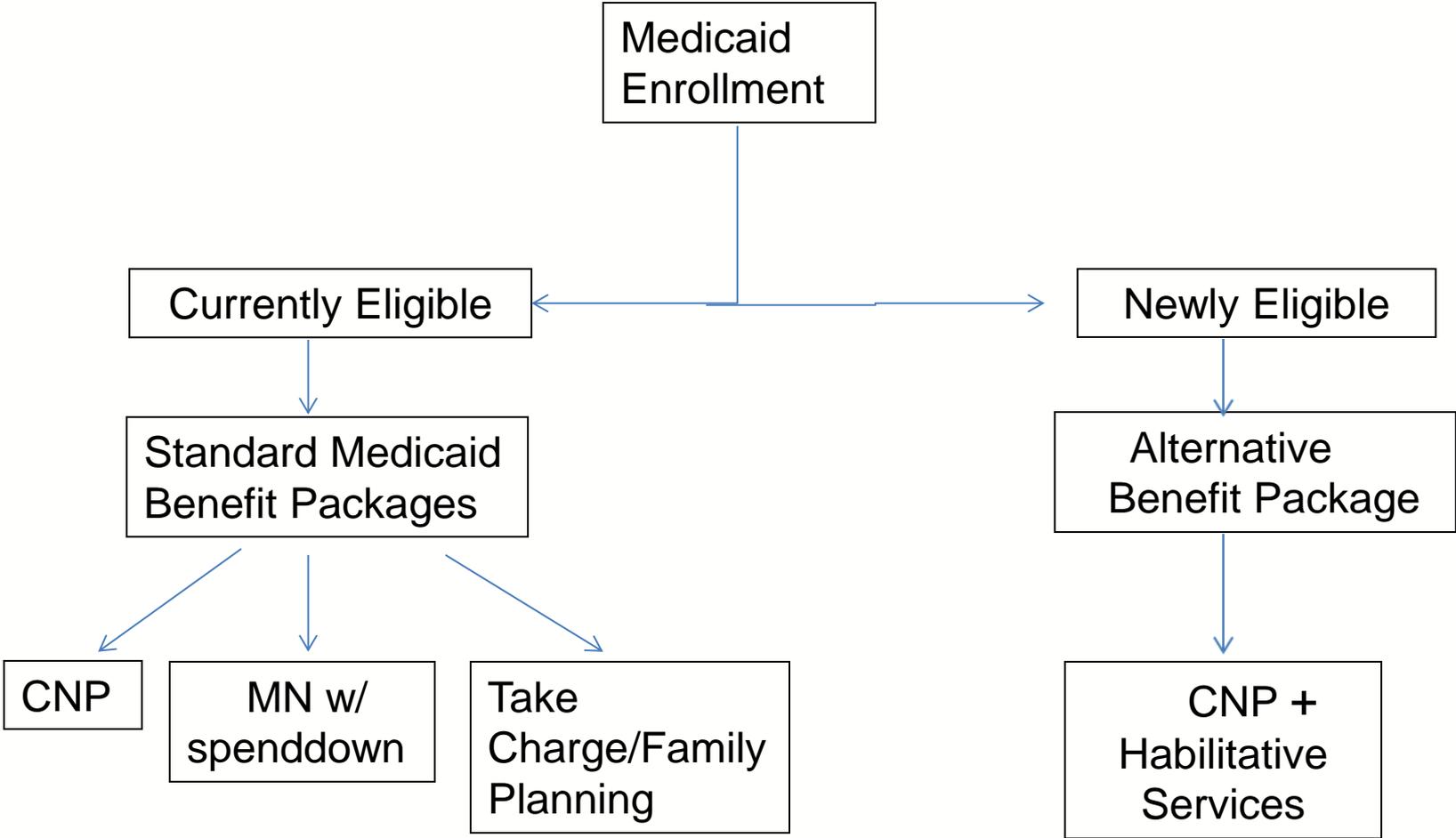
Gail Kreiger, BSN
Manager, Healthcare Benefits and Utilization Management
Health Care Services
November 2013

ABP Benefit Package

Drivers to Change:

- Implement the defined alternative benefit plan (ABP) for the newly eligible in the “expansion population”
- Offer an ABP that is the same as the benefit plan for current clients under Classic Medicaid
 - Change the benefits in Classic to meet our ABP as approved by the Legislature
- Make other changes mandated by Legislature, keeping Classic and ABP the same, except for Habilitative Services - per budget proviso for ABP only

ABP Benefit Package



ABP Benefit Package

When: January 1, 2014

What's Changing in the standard benefits for the classic CNP package?

1) Restoration of Dental Benefits for Adults (FFS) (BUD)

- ❖ Restorative
- ❖ Preventative
- ❖ Dentures

ABP Benefit Package

2) Preventive Care Changes

- ❖ Add shingles vaccination for clients over 60 years of age
(ACA)

- ❖ Add Naturopathic physicians to the list of eligible providers for primary care services for all clients (BUD)
 - No coverage for homeopathic interventions

ABP Benefit Package

- ❖ Add screenings of children for autism by primary care providers (BUD)
- ❖ Add screening, brief intervention and referral for treatment (SBIRT) by trained certified providers for clients known to be or at high risk for substance abuse, to include alcohol and drugs w/wo anxiety and depression (ACA)
- ❖ Add prescription fills of oral contraceptives for 12 months at a time for female clients (BUD)

ABP Benefit Package

3) Changes to Mental Health (MH) benefit -achieve MH Parity– (ACA)

- ❖ No limits on number of visits - all ages (12, 20)
- ❖ Expansion of eligible providers to provide mental health services for adults:
 - Licensed Psychologists
 - Licensed Advanced Registered Nurse Practitioners
 - Licensed Advanced Social Workers
 - Licensed Independent Social Workers
 - Licensed Mental Health Counselors
 - Licensed Marriage and Family Therapists

ABP Benefit Package

For Expansion population **ONLY** (ACA)

4) Habilitative services -

Are medically necessary services to assist the client in partially or fully attaining, learning, keeping, improving, or preventing deterioration of developmental-age appropriate skills that were not fully acquired as a result of a congenital, genetic, or an early acquired health condition, and are required to maximize, to the extent practical, the client's ability to function in their environment.

ABP Benefit Package

These services will be covered equivalent to the current outpatient rehabilitation services (6 visits each for physical, occupational and speech therapy) and subject to limitation extensions as determined medically necessary via prior authorization.

Devices provided for this purpose are covered under the DME benefit.

ABP Benefit Package

These services do not include:

Day habilitation services designed to provide training, structured activities and specialized services to adults.

Chore services to assist with basic needs.

Vocational services.

Custodial services.

Respite.

Recreational care.

Residential treatment.

Social services.

Educational services of any kind.

AIHC Request

Apply MAGI related AI/AN Income Rules to
Classic Medicaid Eligibility Determinations

AIHC Request & Discussion

See handouts:

(Webinar Attendees: Send karol.dixon@hca.wa.gov an email to receive packet.)

- AIHC Letter to HCA dated 10/08/2013
- HCA Letter to AIHC dated 10/29/2013
- AIHC Exhibit 1
- AIHC Exhibit 2
- AIHC Exhibit 3

Comments & Closing



For written comments, submit to:

Karol Dixon

Tribal Affairs Administrator

karol.dixon@hca.wa.gov

360-725-1649