

**Integrated Managed Care Communication Workgroup**  
**September 11, 2018**  
**11:00 AM to 12:00 PM**  
**Meeting Minutes**

1. Attendees: Cheri Snowwhite - Amerigroup, Joey Charlton – Coordinated Care, Karla Carlisle – Northwest Justice Project, Katie Sears - TCCH, Pat Flores- Serenity Point, Jesse Flores- Serenity Point, Brisa Guajarelo-CHPW, Corrie Blythe – SE WA ALTC, Angelina Thomas- YVFWC, Jackie Micucci, Jason Bergman- HCA, Jessica Diaz-HCA, Janis Luvaas-YVFWC, Shannon Mack-Amerigroup, Jennifer Vincenti-CHPW, Penny Bell-Ideal Balance, Pam Pruitt-NAMI, Karen Richardson-GCBHO, David Escame-Amerigroup, Sam Werdel-GCACH, Diane Halo-GCACH, Harry Kramer-Comprehensive Healthcare, Sara Clark-First Steps
2. Go over Final Documents- ¼ page head's up, ½ page client sheet; 2-page provider sheet - HCA

HCA will be sending out the 90-day letter we went over last meeting the last week in September. These documents are for the providers to have to answer any questions.

**¼ page head's up**



**Important news coming soon!**

Beginning **January 1, 2019** people with Washington Apple Health coverage in **your county** will have a managed care health plan that coordinates all of their care, including services for physical health, mental health, and drug and alcohol treatment.

The Health Care Authority, which administers Apple Health, will send a letter soon with more information.

**Watch your mail!**

HCA 19-0021 (9/18)

The only change that was made to this document was to say watch your mail instead of watch your mailbox. That way it could be shared electronically as well. This document will be mailed out by HCA. It can also be used for Health fairs or any other events. HCA will leave it up to the providers to distribute as you see fit. This document will be translated into Spanish.

½ page client sheet



**Things to know about changes to Washington Apple Health (Medicaid)**  
in Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties

**Changes are coming January 1, 2019 to Apple Health**

*This change will not reduce any benefits. Apple Health clients will continue to have access to all of the same services they currently do, but the state will pay for them differently.*

**What's changing**

Four Apple Health plans will be available in your county:

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

Clients that are already enrolled in one of these plans don't need to do anything.

These plans will also cover mental health and drug/alcohol treatment services.

One plan will not be available:

- United Healthcare of Washington

Clients enrolled in United Healthcare will be switched to one of the four available plans. The change will be automatic so that no one loses coverage.

You will get a letter in December with the name of the health plan that will cover your services beginning January 1. You will have the option to change plans. The letter will explain how to do this.



HCA 19-0005 (9/18)

This document is more client specific. Providers can have them available for their clients whether they want to make it available on their websites or printed out. We should give them to navigators or care coordinators to have available for clients when they have questions. This document will be translated into Spanish.

Some of the changes that we made based on the feedback was that we switched the last two sentences around in the first column. We also added the wording, "You will get a letter in December with the name of the health plan that will cover your services beginning January 1. You will have the option to change plans. The letter will explain how to do this."

On the first sentence the printed version it looks smashed together. Jessica will look into that.

**Changes are coming January 1, 2019 to Apple Health**

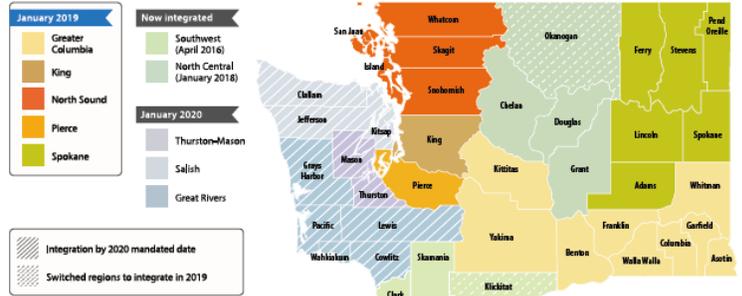
*This change will not reduce any benefits. Apple Health clients will continue to have access to all of the same services they currently do, but the state will pay for them differently.*

## 2-page provider sheet



The following map and table provides a brief overview you can use with your clients to explain which integrated managed care plans will be available starting January 2019.

### Integrated managed care regions



### Managed care organizations by region

Managed care region	Amerigroup	Community Health Plan	Coordinated Care	Molina Healthcare	United Healthcare
Greater Columbia	●	●	●	●	
King	●	●	●	●	●
North Central			●	●	
North Sound		●	●	●	●
Pierce	●		●	●	●
Spokane	●	●		●	
Southwest		●		●	

Note: Apple Health Foster Care is a statewide program, provided through Apple Health Core Connections (Coordinated Care of Washington).

HCA complies with all applicable federal and Washington state civil rights laws and is committed to providing equal access to our services. If you need an accommodation or require documents in another format or language, please call 1-800-562-3022 (TRS: 711).

[Spanish] Hay servicios de asistencia con idiomas, incluyendo intérpretes y traducción de materiales impresos, disponibles sin costo. Llame al 1-800-562-3022 (TRS: 711).

[Russian] Языковая поддержка, в том числе услуги переводчиков и перевод печатных материалов, доступна бесплатно. Позвоните по номеру 1-800-562-3022 (TRS: 711).

### We are making a shift to better care

Apple Health is shifting to whole-person care. This means care is coordinated so that people get the help they need, for physical and behavioral health (mental health and substance use disorder treatment).

As part of our commitment to deliver better care, managed care plans available in your county, may change beginning Jan. 1, 2019. We recognize change can be disruptive, but we have put in place resources so the transition is as smooth as possible. This change will not reduce any benefits. Apple Health clients will continue to receive all of the same services they currently receive.

### Available plans

In 2019, Apple Health managed care plans, including Apple Health Core Connections which covers the statewide foster care program, will start to cover behavioral health treatment services, along with physical health services.\*

Most clients will remain with the same health plan; however, there are a few places where plans will no longer be an available choice within a county (see the next page for more information). Clients will stay enrolled in their current plan, unless that plan will not be an option in 2019. In that case, HCA will auto-enroll clients to one of the offered plans.

\*This change applies to Apple Health managed care programs. This does not apply to individuals receiving Apple Health coverage without a managed care plan. These individuals will continue to receive physical health services as they do today. For more information about access to behavioral health services for these individuals, view the BHSO fact sheet at [www.hca.wa.gov/assets/program/bhso-fact-sheet.pdf](http://www.hca.wa.gov/assets/program/bhso-fact-sheet.pdf)

### We will keep you informed

We will share information with clients and the wider community so that people are prepared for the change and clients have time to choose another plan if they want to.

Here are some key dates for clients:

**October 1, 2018** – HCA sends a letter to Apple Health clients to summarize the changes to behavioral health services that start in January

**November 20, 2018** – HCA begins enrollment process for Jan. 1, 2019

**Late November, early December** – HCA sends a letter to clients with the name of their health plan, a link to their benefits booklet, and how to change their plan.

**December 1, 2018** – HCA's website and customer service phone lines will be available to assist clients

### How to contact us

Phone: 1-800-562-3022

Email: [askmedicaid@hca.wa.gov](mailto:askmedicaid@hca.wa.gov)



This flyer is geared towards the providers, so they have the information to help their clients that may have questions. Providers can print these out and give to the clients.

The main change we made on this one is to the dates on the right side. We wanted to make it clear that they can make changes to their plans.

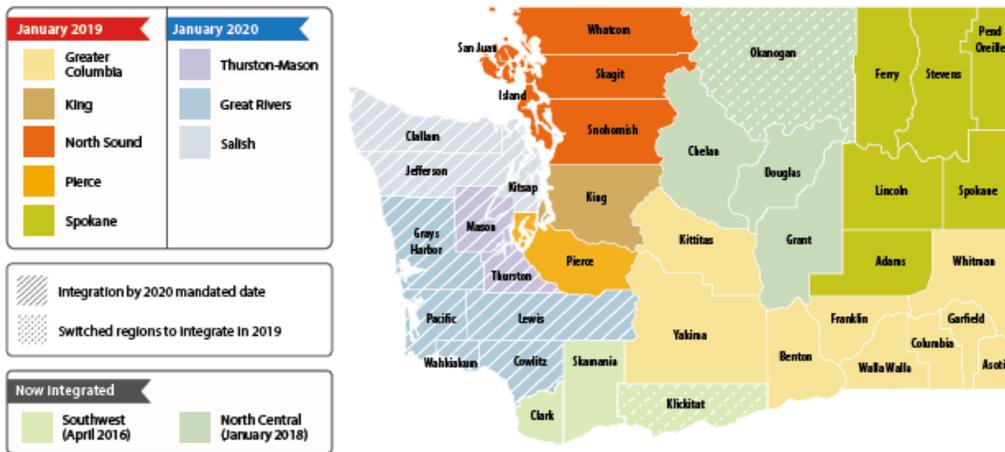
HCA also provided a condensed version of the map which is just a one pager.



## Changes coming to Washington Apple Health

Apple Health (Medicaid) is shifting to whole-person care. Apple Health managed care plans will start to cover behavioral health treatment services (mental health and substance use disorder treatment), along with physical health services. Most clients will remain with the same health plan; however, there are a few places where plans will no longer be an available choice within a county. Clients will stay enrolled in their current plan, unless that plan will not be an option in 2019 or 2020. In that case, HCA will auto-enroll clients to one of the offered plans.

The following map and table identifies which integrated managed care plans will be available within each region.



Managed care region	Amerigroup	Community Health Plan	Coordinated Care	Molina Healthcare	United Healthcare
<b>As of January 2019</b>					
Greater Columbia	●	●	●	●	
King	●	●	●	●	●
North Central	●		●	●	
North Sound	●	●	●	●	●
Pierce	●		●	●	●
Spokane	●	●		●	
Southwest	●	●		●	
<b>Coming January 2020</b>					
Thurston-Mason	●			●	●
Great Rivers	●			●	●
Sallish	●			●	●

Note: Apple Health Foster Care is a statewide program, provided through Apple Health Core Connections (Coordinated Care of Washington).

HCA 19-0025 (9/18)



3. Go over Q&A Document – HCA

As HCA was working on these other documents some of the other regions requested that we put together a Frequently Asked Questions sheet and provided a few questions. Some of the questions come from one group and then we added some other questions. Sometimes it's in 3<sup>rd</sup> person and others are in 1<sup>st</sup> person. They will go through the questions and make sure they all the same. This is going to be a statewide document.



## Integrated Managed Care

### Question and Answer for Transitioning Regions

**Q: What is changing?**

Behavioral health coverage will change for Apple Health (Medicaid) clients living in many parts of Washington State. Clients will still get the same behavioral health benefits they get today. We are only changing how we approve and pay for them.

**Q: Can clients choose what plan they are on?**

Yes. Most clients will remain with the same health plan; however, there are a few places where plans will no longer be an available choice within a county. Clients will stay enrolled in their current plan, unless that plan will not be an option in 2019. In that case, HCA will auto-enroll clients to one of the offered plans.

HCA will send clients a letter in December with the name of the health plan that will cover their behavioral health and psychical health services beginning January 1.

If the client prefers another health plan, the letter will explain how they can change plans. Clients can change plans at any time. However, plans cover clients for an entire month at a time, so it is not possible to change in the middle of a month. Any change will usually be effective the beginning of the next month.

**Q: Will there be a gap in coverage?**

No. The changes will not result in any gaps in coverage. All the same Medicaid services will continue to be covered.

**Q: What Communications will the client receive about the changes?**

A: HCA must send notices to clients 90 days prior to any changes in their coverage. By Oct. 1, 2018, clients will received a notice from HCA that tells clients the regional Behavioral Health Organization will no longer be responsible for authorizing and paying for behavioral health services to as of January 1, 2019.

A sample of the letter is embedded in the table below. Because IMC implementation in 2019 happens at the same time as Foster Care IMC implementation, we have included samples of both notices HCA will send clients below for reference.

LETTER	MAILING DATE	DESCRIPTION
 SAMPLE 19-0001 019 IMC BHO Disenroll	9/26-9/28 IMC	IMC BHO Disenrollment notice 19-0001



On the last answer instead of saying received it should say receive and in the last sentence take out the to before as of January 1, 2019.

Misspelling on the second question answer and the 1<sup>st</sup> sentence on the next page. Physical is spelled wrong.



 <small>SAMPLE 19-0012 9/10 Foster Care BHO</small>	<b>9/10 Foster Care</b>	<b>Foster Care IMC BHO disenrollment notice 19-0012</b>
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HCA will also send clients a letter in December with the name of the health plan that will cover their behavioral health and psychological health services beginning January 1.

**Q: How does a client verify their plan pays for a specific doctor or prescription drug?**

The client can contact their provider. If your provider does not know if services or prescriptions are covered, the client can contact their plan for assistance.

**Q: What happens if my doctor/prescriptions aren't covered under my assigned plan?**

HCA has specific contract language around coordinating care of clients for no less than 90 days after implementation. It includes specific language around preserving provider relationships through the transition and refilling prescriptions until the order expires or the person is reevaluated.

Additionally, if your plan does not cover your prescription drugs, you have the right to request an Exception to Rule. This allows providers to send information to the plans showing why the prescription is medically necessary.

**Q: Who should a client call with questions they have about their plan or services?**

A: If a client has specific questions for their health plan, they can contact their plan directly:

- 1-800-600-4441 Amerigroup (AMG)
- 1-800-440-1561 Community Health Plan of Washington (CHPW)
- 1-877-644-4613 Coordinated Care of Washington (CCW)
- 1-800-869-7165 Molina Healthcare of Washington, Inc. (MHW)
- 1-877-542-8997 United Healthcare Community Plan (UHC)

**Q: Does this effect folks on Medicare?**

Apple Health clients on Medicare are not enrolled in managed care plans for their physical health. This will not change.

Clients eligible for both Medicare and Medicaid clients will have access to behavioral health services through a health plan, through a benefit called "Behavioral Health Services Only (BHSO)"

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On the question about the plans in the regions, instead of listing them, we could embed the document with the map of the plans in each region.

Question: Instead of saying the client can you put you?

Answer: We are hoping to have this more for the providers to help the clients.

The last question on this page should be affect instead of effect.



**Q: I'm not in a managed care plan now, how does this change affect me?**

A: Each Integrated Managed Care plan will have Behavioral Health Services Only (BHSO) plans available for Apple Health clients who are not in managed care. You will be automatically assigned to one of these BHSO plans in December, and receive a plan announcement letter like the one we are sending to clients in managed care. The only difference is the BHSO will only cover behavioral health treatment. Your physical health care will be covered the same way it is today.



**Diaz, Jessica (HCA)**

Review this questions and either merge with above or clarify who else we mean here...

Can we add, Does this affect the client's renewal date?  
Jason will add the question and provide the answer.

Question: How are going to determine which plan the members will be auto enrolled in?

Answer: There are a couple different thing that we are trying to do. First is getting the letter out as to what plan they are on at the beginning of December. That way they have enough time to change plans before January 1, 2019. We also have some contract language that talks about during this transition period that plans are required to help coordinate care for at least 90 days. If a provider is not in their network then they need to extend a contract to that provider and try to get them into the network or have a plan getting the client switched over to a plan that the provider is covered. It's hard for HCA to know which provider, as far as how do they auto assign, because for one client it may be their PCP that their most concerned about and for another it could be a specialist. We can't determine which provider it is that is going to be the most important to each client. So that's why it's important to get the information out there in advanced so they know the can change plans if they need to. If they are already in a plan they will stay in that plan. For those that are displaced they will split them equally between the plans.

This Question and Answer sheet will not go out to the clients. It will be for the providers to help their clients when they have questions. The 90-day letter at the end of September and the enrollment letter in December with a link to their plan are what will go out to the clients. This is not something we could mail to them.

There will be a news release and also a Facebook message that can be shared on other websites.

4. Next Meeting October 9, 2018 at 11:00 am – 12:00 pm
5. Future meetings will be 2<sup>nd</sup> Tuesday of the month 11:00 am – 12:00 pm