

## Integrated Managed Care Communication Workgroup

### October 9, 2018

### 11:00 AM to 12:00 PM

### Meeting Minutes

1. Attendees: Jesse Flores – Serenity Point, Jennifer Flores – Serenity Point, Katie Sears-TCCH, Drew Crandall-GCBHO, Cody Nesbit – GCBHO, Cheri Snowwhite- Amerigroup, Harry Kramer-Comprehensive, Carol Moser-GCACH, Diane Halo- GCACH, Sam Werdel -GCACH, Jenna Shelton -GCACH, Martin Sanchez-GCACH, Brisa Guajardo-CHPW, Pam Pruitt-NAMI, Penny Bell – Ideal Balance, Dimita Warren-Blue Mountain Counseling, Jason Bergman-HCA, Jessica Diaz-HCA, Brian Briggs
  
2. Go over Final Document- Q &A - Finalized version.



### Integrated Managed Care

Question and Answer for Transitioning Regions

**Q: What is changing?**

A: Effective January 1, 2019, behavioral health coverage will change for Apple Health (Medicaid) clients living in many parts of Washington State. With Integrated Managed Care, coverage for behavioral health services will be coordinated through the same Apple Health plans currently providing physical health services. Clients will still get the same behavioral health benefits they get today. This change only affects how HCA approves and pays for them.

**Q: What communication will clients receive about the changes?**

A: Clients will receive a notice from HCA, around October 1, 2018, telling clients their regional Behavioral Health Organization will no longer be responsible for authorizing and paying for behavioral health services as of January 1, 2019. HCA will also send clients a letter in late November/early December with the name of the health plan that will cover their behavioral health and physical health services beginning January 1.

A sample of the October Notification letter can be viewed here:  
[https://www.hca.wa.gov/assets/free-or-low-cost/19-0001\\_sample.pdf](https://www.hca.wa.gov/assets/free-or-low-cost/19-0001_sample.pdf)

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

A: No, these changes will result in no gap in coverage. All the same Medicaid services will continue to be covered.

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

A: Yes. Most 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 into one of the offered plans.

A map and table identifying which managed care plans will be available in each region can be viewed here: <https://www.hca.wa.gov/assets/free-or-low-cost/19-0025.pdf>

HCA will send clients a letter in late November/early December with the name of the health plan that will cover their physical health and behavioral health services beginning January 1. If the client prefers another health plan, the letter will explain how they can change plans.

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

A: The client can contact their provider or their plan directly. If a provider does not know if they are contracted with a particular plan, or does not know whether a service or prescription is covered, the provider should contact the plan for assistance.

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

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

1-800-600-4441	Amerigroup Washington (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: What happens if my doctor/prescriptions aren't covered under my assigned plan?**

A: HCA has specific contract language around coordinating care of clients for at least 90 days after implementation. It includes specific language around preserving client-provider relationships through the transition and refilling prescriptions until current orders expire or a client is re-evaluated.

Additionally, if a client's new plan does not cover their prescription drugs, they have the right to request an Exception to Rule (ETR). This allows providers to send information to the plans showing why the prescription is medically necessary.

**Q: Does this affect individuals on Medicare or those not enrolled in a managed care plan?**

A: Each Integrated Managed Care plan will also offer a Behavioral Health Services Only (BHSO) benefit available to Apple Health clients who are not in managed care for their physical health (for instance, those with Medicare coverage).

The BHSO benefit will only cover behavioral health services. These client's physical health care will continue to be covered the same way it is today.

HCA will automatically assign clients to an Apple Health plan for their BHSO benefit. They will receive a letter in late November/early December with the name of the health plan that will cover BHSO benefit beginning January 1. If the client prefers another health plan, the letter will explain how they can change plans.

**Q: Will this change impact a client's renewal date for Apple Health coverage?**

A: No. This change does not affect a client's coverage renewal date. Clients will continue to apply for and renew their Apple Health (Medicaid) coverage on the same timeline they do today.



3. Go over strategies to distribute the documents

- Navigators
- Community Agencies
- BHO
- TCCH/Yakima Neighborhood Health
- Medical Providers
- Behavioral Health Providers
- Community Based Organizations
- Press Release – Mid-December
- News Papers – Mid-December
- Facebook/Social Media – November/December
- Public Service Announcements in Spanish

The first letter has been sent out. Some clients have read it wrong. Many clients interpret things different, so there may be questions. This is why it is good to have all these documents to answer questions.

Question: What did the other regions do to get the communication out?

Answer: Pushing it out to the provider network, HCA call center, Community Forum groups, Behavioral Health council meetings, ombudsman in the regions, system partners, Care coordinators, and anyone who our clients would go to for questions.

Question: Was there something that North Central did in their region that we should do?

Answer: We took the lessons learned and created some different material for this time. We learned the more you can communicate and the earlier you can communicate the better.

The documents are available now and we need to get them out to the navigators. Diane to set up an appointment to meet with Martin from TCCH and get the documents to them. Diane to reach out to Yakima Neighborhood Health. There is a Navigator meeting. Get the documents to all the navigators at once. Diane to reach out to Martin at TCCH.

The documents have been sent out to all the providers, Diane will send out a reminder to the providers.

The MCOs have created a Q&A for their call centers. They also have provided these documents to their call centers for questions.

Most questions will come after the next letter is sent out the end of November. This is why getting this information out is very important. This gives providers and other agencies information that way they can answer questions as they come.

4. Next Meeting November 13, 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