

Managed Care in Washington

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

Washington has been operating physical health managed care since 1987. Currently, physical health managed care, called **Apple Health**, is operating under Section 1932(a) authority through five statewide managed care organizations. The mandatory program covers most pregnant women, children, and parents and provides the full range of physical health services, as well as most non-acute behavioral health services. Since 2012, the state has mandatorily enrolled the blind and disabled populations into **Apple Health** through a Section 1915(b) waiver and the state has elected to enroll the childless adult expansion population through Section 1932(a) authority.

In 1993, the state started operating a mandatory managed care behavioral health program under Section 1915(b) waiver authority with services delivered through eleven county-based **Regional Support Networks (RSNs)** operating as prepaid health plans. The RSNs initially covered only outpatient mental health services, but services expanded over time to include inpatient mental health services and supports.

The state also operates a single **Program of All-Inclusive Care for the Elderly (PACE)** in King County to provide all Medicare and Medicaid services to individuals over age 55 who require a nursing home level of care and it operates a voluntary Primary Care Case Management (PCCM) program through fifteen Tribal Clinics and Urban Indian Centers, also under Section 1932(a) authority.

Participating Plans, Plan Selection, and Rate Setting

The state's Apple Health program contracts with **four national, for-profit plans** (Amerigroup, Coordinated Care Corporation, Molina Healthcare of Washington, and UnitedHealthcare Community Plan), and **one local, non-profit plan** (Community Health Plan of Washington) to manage care for beneficiaries. The state also contracts with eleven county-based Regional Support Networks to manage behavioral health care through the Integrated Community Mental Health Program. The state selects plans through a competitive procurement process and sets rates through an administrative process using actuarial analysis.

Quality and Performance Incentives

The state requires plans to submit HEDIS and other state-defined quality measures. Plans must also develop and implement performance improvement projects that focus on clinical and non-clinical areas. In the past, the state has provided incentive payments for improvements on certain measures; however, the incentive program was recently eliminated due to budget constraints.

Table: Managed Care Program Features, as of July 2011

Program Name	Regional Support Network Services (Integrated Mental Health Services)	Healthy Options	Program for the All-Inclusive Care for the Elderly (PACE)	Medicaid Integration Partnership (WMIP)	Chronic Care Management Program (CCMP)		Washington Basic Health (Transitional Bridge Demonstration)	Medical Care Services (Transitional Bridge Demonstration)
Program Type	PIHP	MCO	PACE	MCO	Disease Management PAHP	Chronic Care Management	MCO	MCO
Program Start Date	July 1993	July 2002	November 2002	January 2005	January 2007	April 2010	January 2011	
Statutory Authorities	1915(b)	1932(a)	PACE	1932(a)	1932(a)	1937	1115(a)	
Geographic Reach of Program	Select Counties	Statewide	Single Region	Single County (Snohomish)	Select Counties (excludes King County)	Statewide	Statewide	
Populations Enrolled (Exceptions may apply for certain individuals in each group)								
<i>Aged</i>	X		X	X	X			
<i>Disabled Children & Adults</i>	X		X (age 55+)	X	X	X		
<i>Children</i>	X	X						
<i>Low-Income Adults</i>	X	X					X (<133% FPL and not Medicaid-eligible)	X (<133% FPL and not Medicaid-eligible)
<i>Medicare-Medicaid Eligibles ("duals")</i>	X		X (age 55+)	X (excludes partial duals)				
<i>Foster Care Children</i>	X							
<i>American Indians/ Alaska Natives</i>	*							X
Mandatory or Voluntary enrollment?	Mandatory	Varies	Voluntary	Voluntary	Voluntary	Voluntary	Mandatory	Mandatory
Medicaid Services Covered in Capitation (Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.)								
<i>Inpatient Hospital</i>		X	X	X			X	
<i>Primary Care and Outpatient services</i>		X	X	X	X (disease management only)	X (chronic care and disease management only)	X	X
<i>Pharmacy</i>		X	X	X			X	X
<i>Institutional LTC</i>				X				
<i>Personal Care/ HCBS</i>		X (home health only)	X	X			X (home health only)	X (home health only)
<i>Inpatient Behavioral Health Services</i>	X		X	X			X	
<i>Outpatient Behavioral</i>	X		X	X			X	X

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Health Services								
Dental			X					
Transportation			X					X
Participating Plans or Organizations	**See notes for plans or organizations participating in each program							
Uses HEDIS Measures or Similar		X	NA	X			X	X
Uses CAHPS Measures or Similar			NA					
State requires MCOs to submit HEDIS or CAHPS data to NCQA	NA	X	NA	X	NA	NA	X	X
State Requires MCOs Accreditation	NA		NA		NA	NA		
External Quality Review Organization	Acumentra Health							
State Publicly Releases Quality Reports	Yes							

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS); Federal Poverty Level (FPL).
Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).
External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.
* The 2011 National Summary of State Medicaid Managed Care Programs does not list American Indians/Alaska Natives as either an included or excluded population. Similarly, the 1915(b) waiver authorizing the program does not explicate exclude American Indians/Alaska Natives, though Indian Health Services providers are excluded from the program. See <http://www.dshs.wa.gov/pdf/dbhr/mh/2009-11%20Federal%20Capitated%20Waiver%20Renewal.pdf>.

** Participating plans and organizations are as follows:

- Regional Support Network services (Integrated Mental Health Services): Regional Support Networks
- Healthy Options: Amerigroup; Community Health Plan; Coordinated Care Corporation (Centene); Molina Healthcare; UnitedHealthcare Community Plan (plans current as of July 2012)
- Program for the All-Inclusive Care for the Elderly (PACE): Providence Elderplace - Seattle
- Medicaid Integration Partnership (WMIP): Molina Healthcare
- Chronic Care Management Program (CCMP): City of Seattle Human Services (King County Care Partners); Americhoice
- Washington Basic Health (Transitional Bridge Demonstration): Amerigroup; Community Health Plan of Washington; Coordinated Care Corporation (Centene); Molina Healthcare; UnitedHealthcare Community Plan (plans current as of July 2012)
- Medical Care Services (Transitional Bridge Demonstration): Community Health Plan