Agenda

- Introductions 8:30 – 8:40
- Feedback from January meeting 8:40 – 8:50
- Eligibility and benefit alignment 8:50 – 10:10
- Break 10:10 – 10:25
- Next steps 10:25 – 11:10
- Public comment 11:10 – 11:25
- Wrap up 11:25 – 11:30
## Renewal Waiver
### Areas of Focus

- Refine care coordination
- Address social determinants of health
- Opportunities to enhance long-term services and supports (LTSS)
- Continue efforts for BH and PH integration
- Expand value-based purchasing
- Member engagement and personal responsibility
- Benefit & eligibility alignment
Benefit & Eligibility Alignment
### Benefit & Eligibility Alignment

#### Streamlining Eligibility

<table>
<thead>
<tr>
<th>Justice Involved Individuals</th>
<th>HSD has worked to develop policies, processes and IT infrastructure to streamline Medicaid eligibility for individuals involved in the justice system</th>
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<tbody>
<tr>
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<td>Goal is to close the gaps for individuals through:</td>
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<td>- Timely and automated eligibility reactivations</td>
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<tr>
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<td>- Earlier start date for eligibility (while incarcerated)</td>
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<table>
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<tr>
<th>Family Planning Program</th>
<th>In 2016 72,000 people were covered and 91% of the members did NOT use services through the program</th>
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<tbody>
<tr>
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<td>Administratively burdensome and costly to HSD for renewal processing (approximately 6,000 cases per month)</td>
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<td>Coverage overlaps with other insurance coverage</td>
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<td>Considerations aim to reduce administrative costs while maintaining services for individuals who use them:</td>
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<tr>
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<td>- Narrow coverage for certain age groups</td>
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<tr>
<td></td>
<td>- Narrow coverage for populations who do not have other health insurance coverage</td>
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</tbody>
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## Benefit & Eligibility Alignment

### Streamlining Eligibility

| Simplify Eligibility Processes | ◦ HSD has developed real-time eligibility for initial and renewal determinations (roll-out Spring 2017)  
| | ◦ Federal eligibility rules are difficult to navigate, are structurally complicated and costly  
| | ◦ Considerations include:  
| | ◦ Waive 3 month retro-active eligibility for initial applicants  
| | ◦ Extending continuous eligibility to adults to reduce administrative workload associated with mid-year redeterminations resulting from reported income changes |

| Shorten time period for transitional Medicaid | ◦ Transitional Medical Assistance (TMA), predates the ACA and was intended to provide expiring coverage for parent/caretaker adults whose income increases above the eligibility threshold for the group for up to 12 months  
| | ◦ Considerations include:  
| | ◦ Request more frequent reporting of income (i.e., quarterly)  
| | ◦ Shorten period of TMA to 30 – 90 days  
| | ◦ Eliminate coverage |
Currently parent/caretaker adults receive a different benefit than Medicaid expansion members:
- Parents/caretaker adults = “Standard Medicaid”
- Alternative Benefit Plan (ABP) = “essential health benefits”; modeled on commercial health plan benefit design (approximately 260,000 Expansion adults)
- ABP Exempt = “Standard Medicaid” for Medically Frail Expansion adults (approximately 3,500 members)
- Expansion adults between the ages of 19–20 also receive EPSDT benefits

Considerations include:
- Align benefit packages for parent/caretaker adults and Medicaid expansion population
- Allow the same option for members to opt-into ABP exempt (if qualified)
- Request waiver to exclude EPSDT coverage requirement for Expansion members between ages 19–20
Benefits options

- Increase availability of long acting reversible contraceptives (LARC) through increased FMAP (90%) to maintain inventory for providers (i.e., School Based Health Centers, etc.)
- Allow cost-effective non-covered service alternative to opioids for pain management such as acupuncture or chiropractic services
- Explore affordable alternatives to full dental and vision coverage in the form of riders similar to the design available to state employees, if necessary due to cost containment
### Benefit & Eligibility Alignment

**Beginning the Discussion**

<table>
<thead>
<tr>
<th>Needs</th>
<th>Concepts</th>
<th>Further Discussion</th>
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</table>
| ➢ Close gaps in eligibility for justice-involved individuals  
➢ Achieve administrative cost savings  
➢ Simplify eligibility processes  
➢ Shorten time period for transitional Medicaid  
➢ Uniform benefit package for most adults  
➢ Benefit options  
➢ Consider alternatives to service reductions | ➢ Earlier start date or reactivation of eligibility (i.e., 30 days prior to release)  
➢ Changes to eligibility and recertification for certain programs and policies to save administrative expenditures  
➢ Align benefit packages, where appropriate to simplify operations  
➢ Increase the availability of certain services  
➢ Maintaining access to services that may be reduced due to cost containment | 1. Are there other areas that eligibility can be streamlined to positively impact treatment for health conditions or reduce administrative burdens?  
2. Are there other benefit packages or service availability that HSD should consider? |
Next Steps
Next Steps
Summary of Process

1. Consolidate recommendations from today’s subcommittee meeting (due 2/17/2017)
2. Consolidate and publish subcommittee and public feedback (2/24/2017)
3. HSD will develop and publish draft concept paper (4/7/2017)
4. Conduct concept paper stakeholder (public and Tribal) meetings (4/24-5/12/2017)
5. Aggregate feedback and develop 1115 Waiver Renewal application (5/17-9/1/2017)
6. Publish 1115 Waiver Renewal application and conduct stakeholder (public and Tribal meetings) (9/1/17-10/31/2017)
Next Steps
Waiver vs. Non–Waiver Topics

**Waiver**
- System Transformation: Items that require waiver authority to implement
- Eligibility changes or expansions
- Benefit packages
- Financing

**Non–Waiver**
- Policy or implementation issues
- New contract terms, process, or tools
- Modification of provider qualifications
- Implementation of quality strategy and monitoring approaches
Subcommittee Meetings
Timeframe for Discussion

October 14, 2016
• Goals & objectives
• Waiver background
• Care coordination

December 16, 2016
• BH–PH integration
• Long-term services and supports

February 10, 2017
• Benefit and eligibility review

October 2016
November 2016
December 2016
January 2017
February 2017

November 18, 2016
• Care coordination
• Population health

January 13, 2017
• Value-based purchasing
• Member engagement and personal responsibility
1115 Waiver Renewal
Updated Timeframe

Subcommittee meeting dates:
• 10/14/16
• 11/18/16
• 12/16/16
• 1/13/17
• 2/10/17

Concept paper draft release (4/7/17)

Begin waiver application (5/17)

Tribal consultation 60 days (9/1/17)

Public comment 30 days (10/1/17)

Submit waiver renewal (11/17/17)

Tribal consultation and public comment (9/17–10/17)

Prepare final Application (10/17–11/16/17)

Waiver Effective Date (1/1/2019)

Concept paper draft
(Tribal consultation and public comment) (4/24–5/12)

Develop waiver application (5/17–9/17)
Thank you for:

- Your Time
- Recommendations
- Positive Feedback