

CENTENNIAL CARE NEXT PHASE

1115 Waiver Renewal Subcommittee February 10, 2017

Agenda

Introductions	8:30 - 8:40
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- 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





Benefit & Eligibility Alignment



Benefit & Eligibility Alignment Streamlining Eligibility

Justice Involved Individuals

- HSD has worked to develop policies, processes and IT infrastructure to streamline Medicaid eligibility for individuals involved in the justice system
- > Goal is to close the gaps for individuals through:
 - > Timely and automated eligibility reactivations
 - > Earlier start date for eligibility (while incarcerated)

Family Planning Program

- In 2016 72,000 people were covered and 91% of the members did NOT use services through the program
- Administratively burdensome and costly to HSD for renewal processing (approximately 6,000 cases per month)
- > Coverage overlaps with other insurance coverage
- Considerations aim to reduce administrative costs while maintaining services for individuals who use them:
 - Narrow coverage for certain age groups
 - Narrow coverage for populations who do not have other health insurance coverage



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



Benefit & Eligibility Alignment Benefit Design

Uniform Benefit
Package for Parent
/Caretaker adults
and Medicaid
Expansion

- 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



Benefit & Eligibility Alignment Benefit Design

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

Needs	5	Concepts	Further Discussion
 Clo for ind Ach cos Sim pro Sho trar Uni for Ben Cor 	ese gaps in eligibility justice-involved ividuals nieve administrative et savings nplify eligibility ocesses orten time period for nsitional Medicaid form benefit package most adults nefit options nsider alternatives to vice 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 	 Are there other areas that eligibility can be streamlined to positively impact treatment for health conditions or reduce administrative burdens? Are there other benefit packages or service availability that HSD should consider?



Next Steps



Next StepsSummary of Process

Consolidate recommendations from today's subcommittee meeting (due 2/17/2017)

Consolidate and publish subcommittee and public feedback (2/24/2017)

HSD will develop and publish draft concept paper (4/7/2017)

Conduct concept paper stakeholder (public and Tribal) meetings (4/24-5/12/2017)

Aggregate feedback and develop 1115 Waiver Renewal application (5/17-9/1/2017)

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

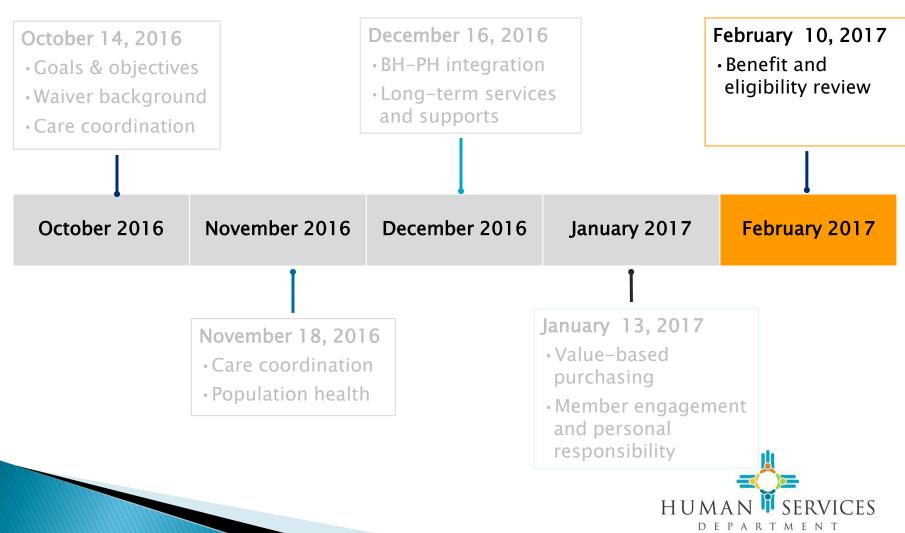
New contract terms, process, or tools

Modification of provider qualifications

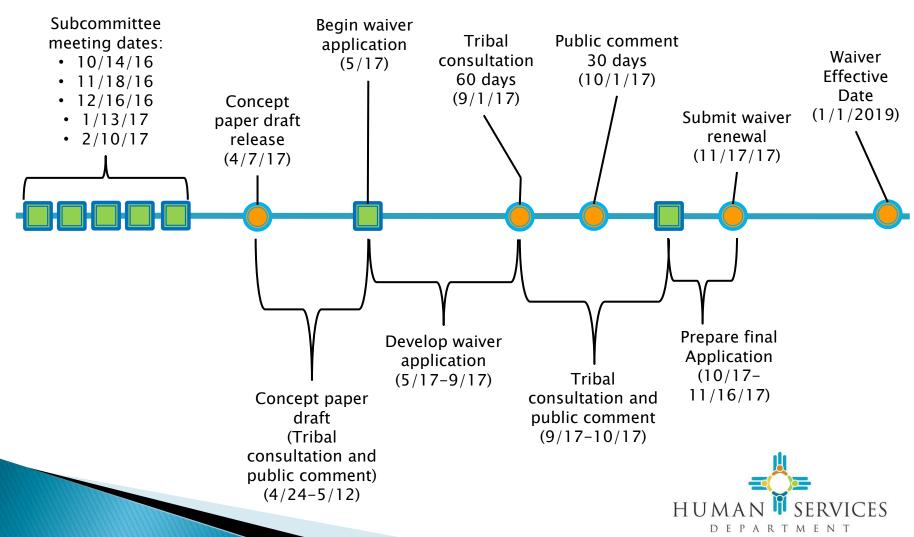
Implementation of quality strategy and monitoring approaches



Subcommittee Meetings Timeframe for Discussion



1115 Waiver Renewal Updated Timeframe



Thank you for:

- Your Time
- Recommendations
- Positive Feedback

