

# **Chemical Dependency Services in the New Medicaid and Insurance World**

Presented by Division of Behavioral Health and Recovery, in partnership with Health Care Authority, Health Benefit Exchange, and Office of the Insurance Commissioner.

April 28, 2014



# Welcome

- This first webinar will provide a general overview of Washington State's public and private coverage options - past and present - to address questions being raised by chemical dependency providers and review resources available to answer their questions.
- Webinar #2 (scheduled May 27, 2014 from 9:00am – 12:00pm) will address specific questions related to billing for chemical dependency services for Medicaid clients (through ProviderOne) or when private insurance is in effect.



# Panel Presenters

- Panel:
  - Michael Langer, Division of Behavioral Health and Recovery
  - Gail Kreiger, Health Care Authority
  - Alison Robbins, Health Care Authority
  - Emily Brice, Office of Insurance Commissioner
  - Michael Arnis, Health Benefit Exchange

- Participants

Providers

County Coordinators

Tribes

Court Systems

Regional Support Networks

Billing Staff



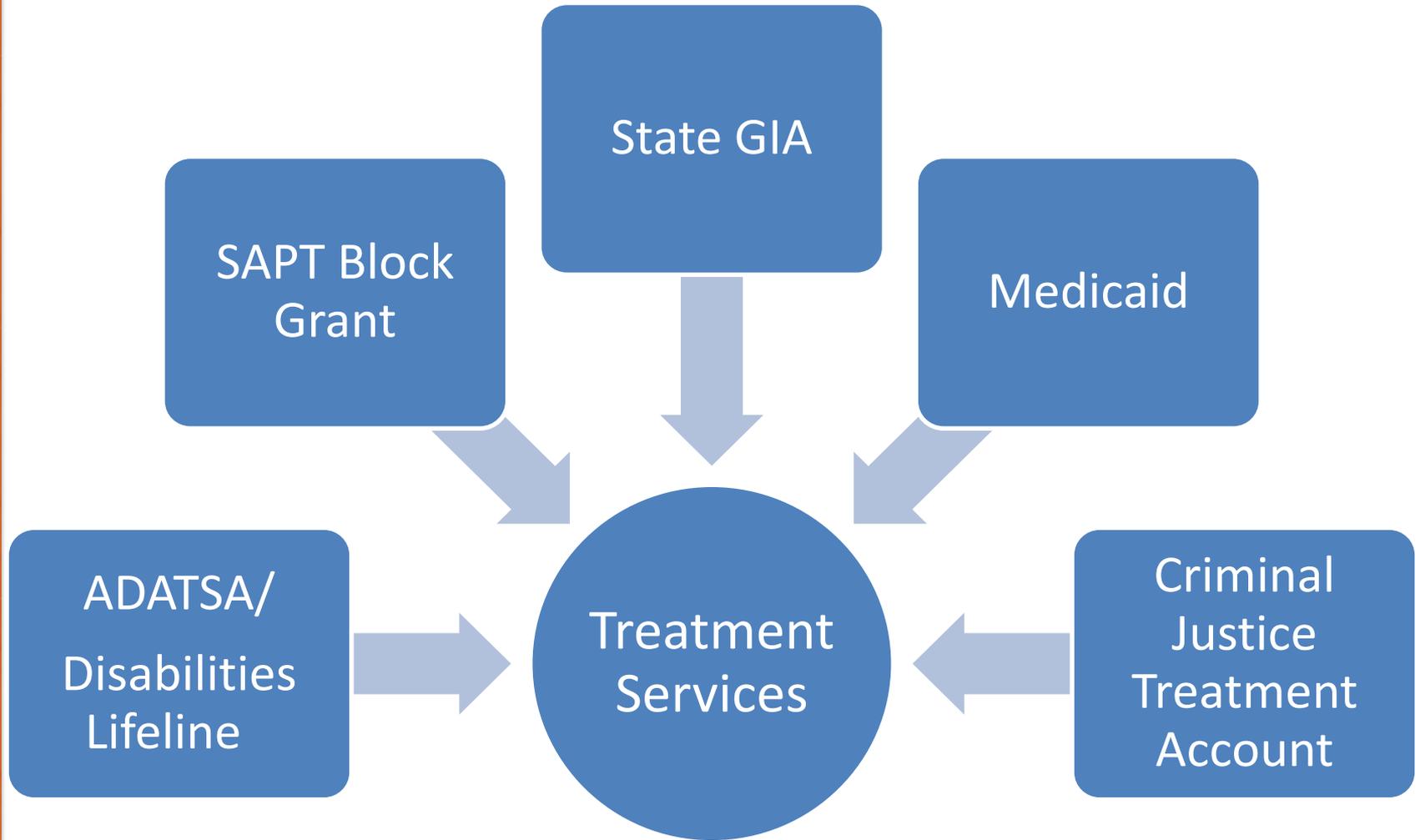
# Today's Topics

- Chemical Dependency Service Delivery Changes in Perspective...
- Pre-ACA; What's happening now
- Washington's 2014 Health Coverage Marketplace
  - Medicaid
  - Health Benefits Exchange/Commercial Insurance
- Challenges
- Resources



# Chemical Dependency Services

# CD Funding Types Before the ACA



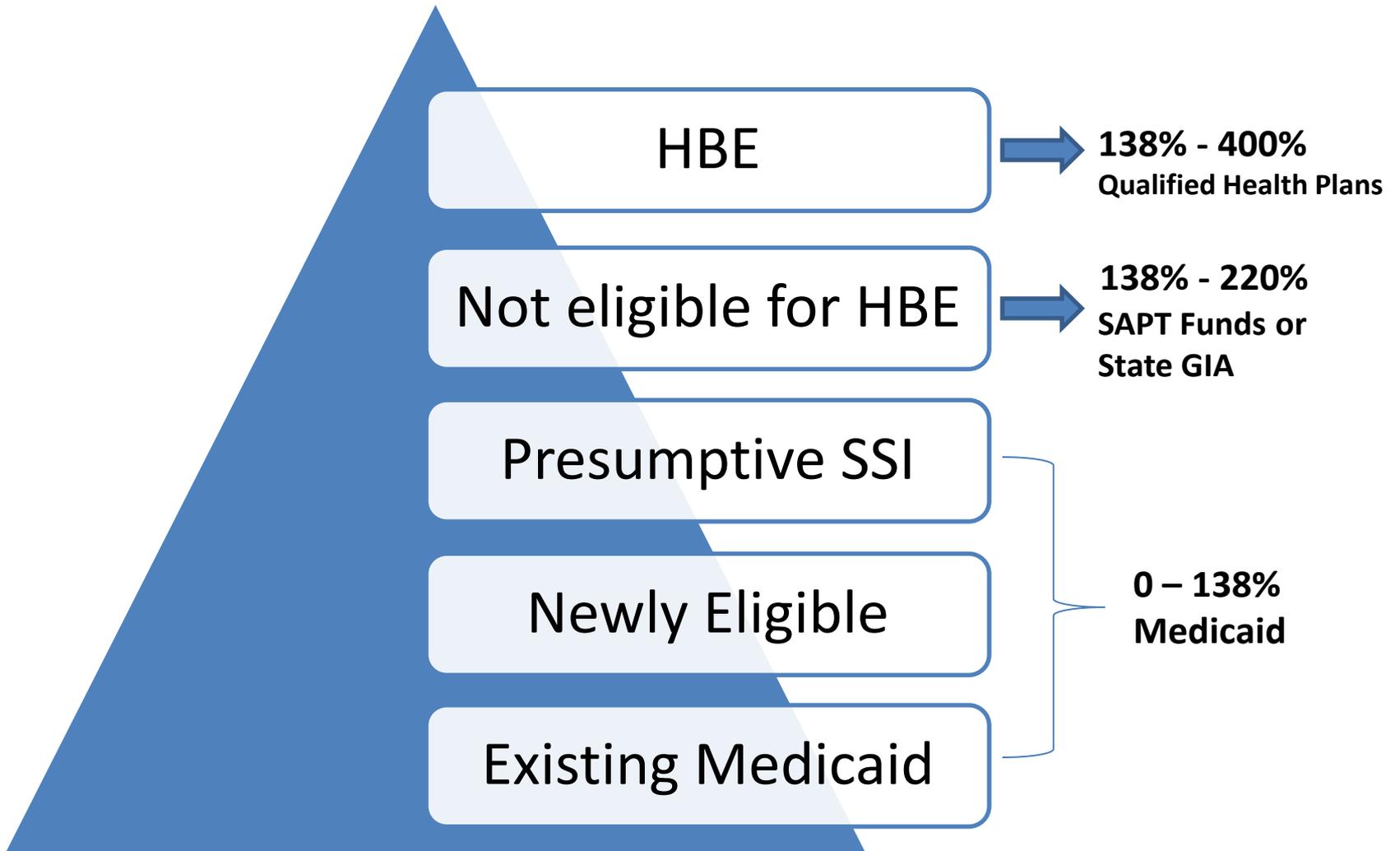
# Reminder of Pre-ACA Challenges

- Services not always comprehensive
- State funding limited
- 1 million uninsured residents = high use of emergency room and charity care
  - Costs spread to those with insurance (over \$1,000/year for each insured family)
  - Lower quality and less consistent services



# Current Structure

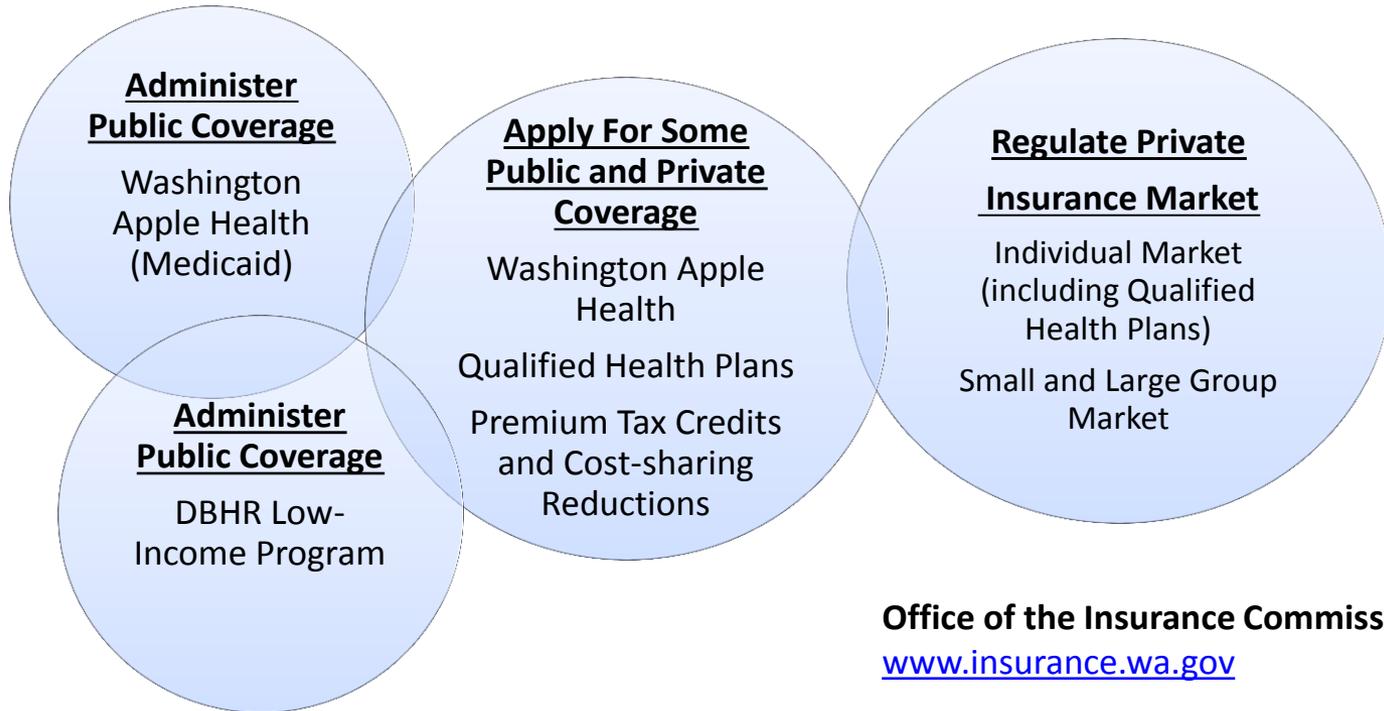
# CD Coverage Types after the ACA



# Key Players in New ACA Landscape

Health Care Authority  
[www.hca.wa.gov/](http://www.hca.wa.gov/)

Health Benefits Exchange <http://wahbexchange.org/>  
aka “WAHealthplanfinder” [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)

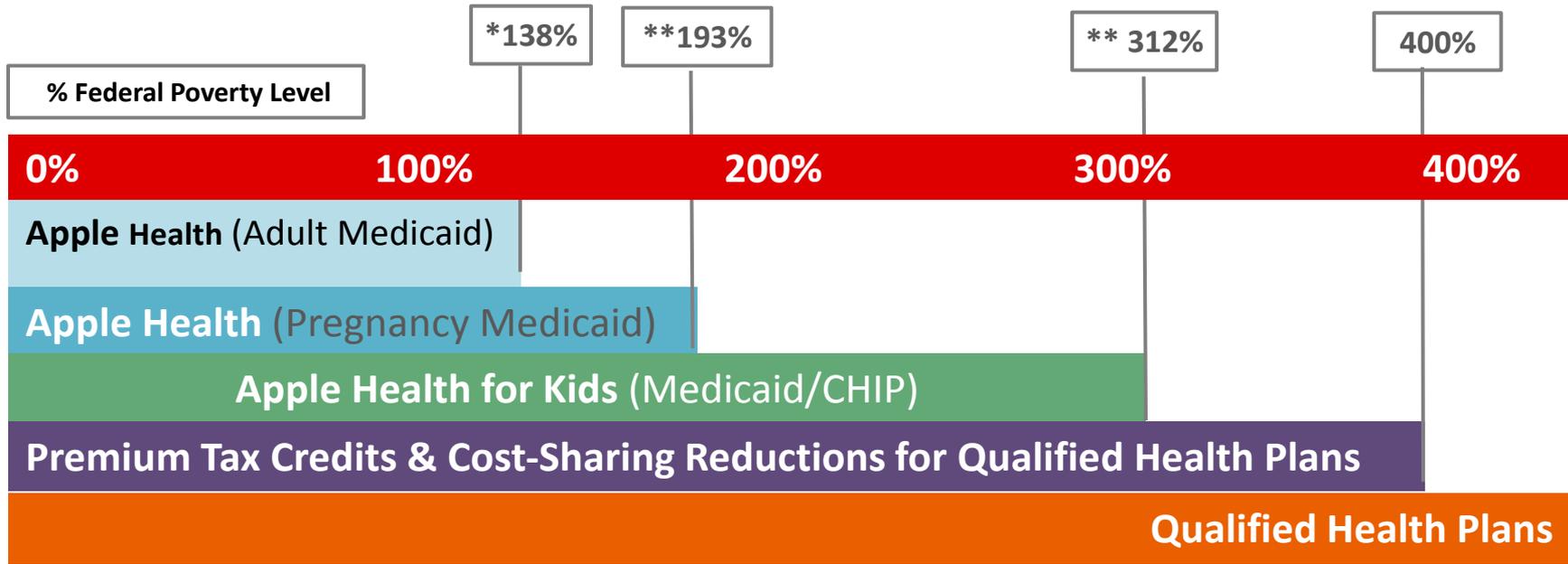


Department of Social and Health Services  
<http://www.dshs.wa.gov/dbhr/>

Office of the Insurance Commissioner  
[www.insurance.wa.gov](http://www.insurance.wa.gov)



# 2014 Continuum of Coverage



\* The ACA's "133% of the FPL" is effectively 138% of the FPL because of a 5% across-the-board income disregard

\*\* Based on a conversion of previous program eligibility standards converted to new MAGI income standards



# 2014 FPL Levels

Federal Poverty Level	Annual Income: Individual	Annual Income Level: Family of 3
100%	\$11,670	\$19,790
133%	\$15,521	\$26,320
138%	\$16,105	\$27,310
200%	\$23,340	\$39,580
300%	\$35,010	\$59,370
400%	\$46,680	\$79,160

**Source** <http://aspe.hhs.gov/poverty/14poverty.cfm>

Per HHS directive, after inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes.



# Medicaid (Washington Apple Health)



# Washington Apple Health: Overview

- New brand name
  - Capitalizing on the success of “Apple Health for Kids,” Medicaid now known as “Washington Apple Health” (WAH)
- WAH includes:
  - Classic Eligibles
  - Newly eligible under expansion for adults up to 138% FPL
- Some portions of WAH now administered in partnership with Health Benefit Exchange:
  - Applications, renewals, appeals
  - For family-related and newly eligible adult clients
- Other portions of WAH experience still administered in partnership with DSHS:
  - Applications, renewals, appeals
  - For long-term care and disability-related clients



# Who Does WAH Cover?

## Standard categories before the ACA

- Children
- Pregnant women
- Aged, blind, disabled
- Parents (less than ~40% of poverty)

## The ACA expanded Medicaid coverage to:

- Childless adults with incomes below 138% of the FPL\*
- Parents with incomes between ~40% and 138% of the FPL

### Who are:

- under 65 years old
- not pregnant
- not entitled to Medicare
- not in an existing Medicaid category

\* The ACA's "133% of the FPL" is effectively 138% of the FPL because of a 5% across-the-board income disregard



# Adult Medicaid Benefits - Jan 1, 2014

## What is covered?

### ■ For all:

- Past Medicaid benefits + some new services to equate to the essential benefit package (minus Habilitative svcs)
- Assuring parity in mental health and substance abuse services
- Adding Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Adding shingles vaccination for adults 60+
- Naturopaths Covered for all adults
- Dental benefit restored

### ■ For new Medicaid Adult Group covered by the Affordable Care Act:

- All services above, and
- Essential health benefits with Habilitative Services
- Early Periodic Screening, Diagnosis & Treatment for adults age 18-20
- Adult Dental

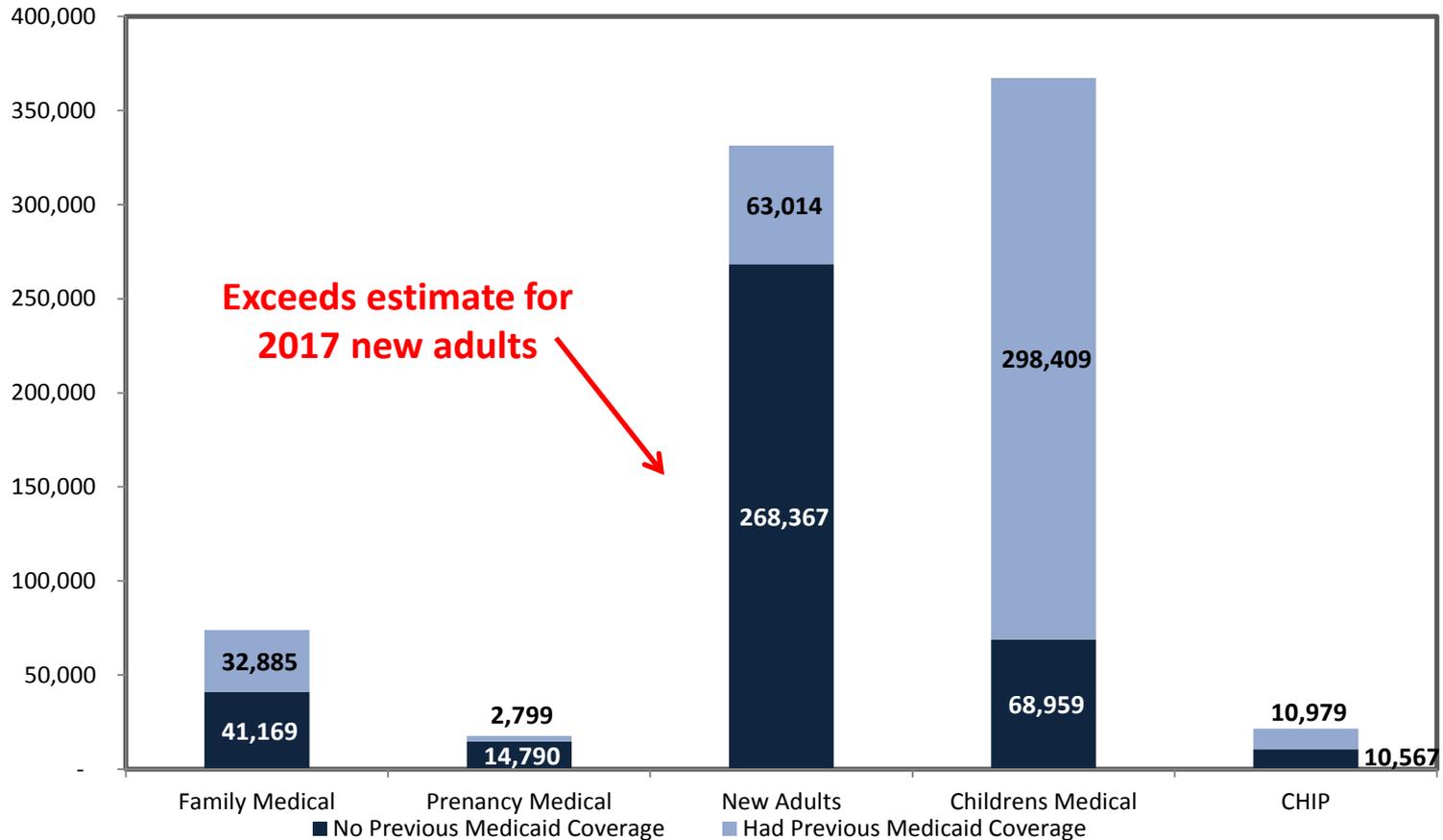
### Essential Health Benefits

1. Ambulatory services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care



# March 27, 2014 Enrollment Snapshot

Apple Health Enrollment October 1, 2013 - March 27, 2014\*



\* See News Releases at <http://www.hca.wa.gov/Pages/index.aspx> for regular updates.



# Qualified Health Plans



# Qualified Health Plans: Overview

- Hybrid of commercial insurance and public subsidies
- Available only through Health Benefit Exchange, aka “WA Healthplanfinder” ([www.wahealthplanfinder.org](http://www.wahealthplanfinder.org))
- Must meet standards for ACA commercial insurance reforms (also applies to outside market):
  - No pre-existing condition exclusions
  - No lifetime or annual dollar limits on benefits
  - Caps on maximum out-of-pocket cost-sharing
  - Plans organized by “metal levels” that show value
    - **Bronze** (plan pays 60% of costs on avg.)
    - **Silver** (70%)
    - **Gold** (80%)



# Qualified Health Plans: Overview

Two kinds of federal subsidies available for QHPs:

–Premium tax credits

- Households with income up to 400% FPL
- Choose any metal-level plan except catastrophic
- Possibility of reconciliation at tax time if choose to apply in advance

–Cost-sharing reductions

- Households with income up to 250% FPL
- Choose silver-level plans only



# Qualified Health Plans: Eligibility

- **To be eligible for QHP coverage, a person must:**
  - Be a resident of Washington State
  - Be a citizen or lawfully present
  - Not be incarcerated
  - Not be eligible for Medicare (some exceptions)
- **To be eligible for QHP subsidies, a person must also:**
  - Have household income under 400% FPL for premium tax credits, under 250% FPL for reduced cost-sharing
  - Not eligible for “comprehensive” coverage

**Remember:** individual “outside market” still available...



# Qualified Health Plans: What is Covered

- QHPs and *most* other individual and small group plans must cover the “Essential Health Benefits”

Ambulatory (Outpatient)	Rehabilitative & Habilitative
Emergency	Laboratory
Hospitalization	Preventive, Wellness & Chronic Disease Management
Maternity & Newborn	Pediatric (including oral & vision)
Prescription Drugs	<b>Mental Health &amp; Substance Use (including behavioral health)</b>

- QHPs and *most* other individual, small, and large group plans must cover specified **preventive services without cost-sharing**



# Qualified Health Plans: What Is Covered

- WAC 284-43-8678 list specifics of EHBs for CD-related services:
  - Alcohol misuse screening and counseling (a preventive service that must be provided without cost-sharing).
  - Chemical dependency detoxification (which may not be uniformly limited to a 30-day limit, but may be subject to utilization review).
  - Inpatient, residential, and outpatient substance use disorder services, including partial hospital programs or inpatient services, at parity as required under state and federal parity laws.
  - Prescription medication needed for substance use disorders, including those prescribed during an inpatient or residential course of treatment
  - Acupuncture treatment visits, without visit limits when provided for chemical dependency.
  - Treatment for CD services in “approved treatment programs” under Ch. 70.96A, per RCW 48.21.180, 48.44.240, 48.46.350 and CD definitions in RCW 48.44.245 and 48.46.355.
- Surrounding WACs explain other rules around cost-sharing, etc.
- See also filing “checklists” for simplified example of what OIC reviews:  
[www.insurance.wa.gov/for-insurers/filing-instructions/file-health-care-disability/checklists-for-analysts/](http://www.insurance.wa.gov/for-insurers/filing-instructions/file-health-care-disability/checklists-for-analysts/).



# What Is Covered: Substance Use Parity

## Regulatory standards are rapidly evolving. Ex: Substance Use Parity

- Before ACA, state law contained requirements for mental health parity and inclusion of CD services in approved treatment programs
- ACA amended federal Mental Health Parity and Addiction Equity Act, requiring parity between mental health/substance use benefits and medical/surgical benefits for:
  - Aggregate lifetime and annual dollar limits
  - Financial requirements and quantitative treatment limitations
  - Non-quantitative treatment limitations
- OIC starting process of harmonizing state and federal law on mental health and substance use parity. Sign up as stakeholder:  
[www.insurance.wa.gov/laws-rules/legislation-rules/](http://www.insurance.wa.gov/laws-rules/legislation-rules/)



# How and When to Enroll



# When Can People Enroll?

- Washington Apple Health: Continuous enrollment
- Qualified Health Plans (and Off-Exchange Individual Coverage)
  - Open enrollment period
    - For 2014, was October 1 – March 31
    - For 2015, will be November 15 – January 15
  - Help for those “in line” as of March 31
  - Rolling enrollment for member of tribes
  - Special enrollment triggering events: [www.insurance.wa.gov/your-insurance/health-insurance/individuals-families/special-enrollment-periods/](http://www.insurance.wa.gov/your-insurance/health-insurance/individuals-families/special-enrollment-periods/)



# How Can People Enroll?

## Medicaid Managed Care



- Start with Washington Healthplanfinder:  
[www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)
- Check box on Healthplanfinder application for additional WAH programs through DSHS:
  - ✓ Long-term care
  - ✓ Disability-related
- Can also apply for insurance “off Exchange” by contacting insurer or broker



## Qualified Health Plans



**3 health insurers offer coverage in the Exchange and in Medicaid**



# Challenges



# Challenges come with change

- Medicaid Expansion Volume – Transition of ADATSA, DL, DLx to Newly Eligible ABP and additional Newly Eligible impacts to provider payment/capacity
- Low Income Gap - Expanded volume of clients with coverage –the 138-220% FPL “gap”
- Understanding QHP Coverage – Newly insured vs off-Exchange insurance
- Coverage Transitions - “overlapping” coverage (who pays?); transitions (churn) between Medicaid & QHPs; grace period for enrollment in QHPs
- Out of Pocket Costs - co-pays and deductibles for enrollees in QHPs; parity implications; coordination of benefits; Medicaid spend-down
- Uninsured Groups Remain –



# Challenge: Medicaid Expansion Volume

- There are a limited number of residential treatment and detox beds that are available for Medicaid eligible individuals making placement challenging
- Medicaid Reimbursement rates for ABP are lower than the low income rates for reimbursement for the ADATSA/DL/DLX clients making it difficult for providers to draw down enough funds even with an increase in numbers of clients being treated.
- Ability of network to meet new demand



# Low Income Gap

- Prior to January 2014 State Grant in Aid Funds were able to cover the cost of CD Treatment for individuals who were not eligible for Medicaid if their income fell between 138-220%.
- Individuals within this income level are now eligible for subsidized health care through the QHP's and may no longer be eligible for services under this low-income category.
- An individual in this gap who is covered by a QHP with a cost sharing responsibility may still find that they are not able to “afford” treatment.
- A solution to this challenge has not yet been identified



# Challenge: Understanding Coverage

- Newly insured in QHPs or off-Exchange insurance may not expect details of:
  - Cost-sharing, including deductibles
  - Provider networks, especially if narrow network
  - Benefits, especially prescription drug costs
- Need for care at purchase:
  - OIC working on provider network transparency and HBE working on design improvements to Healthplanfinder.
  - But best practice: confirm with health plan.



# Example: Understanding Coverage

Coverage Summary	Having a Baby	Managing Type 2 Diabetes	
	<p><b>BridgeSpan Exchange Bronze HSA</b></p>  <p>Remove from Comparison ✕</p> <p><a href="#">Apply</a></p>	<p><b>Group Health - Core Silver</b></p>  <p>Remove from Comparison ✕</p> <p><a href="#">Apply</a></p>	<p><b>Molina Marketplace Gold Plan</b></p>  <p>Remove from Comparison ✕</p> <p><a href="#">Apply</a></p>
<b>Quick Glance</b>			
<b>Estimated Monthly Premium</b>	<b>\$208.12</b>	<b>\$245.76</b>	<b>\$311.49</b>
<b>Your Estimated Cost</b>	<b>\$71.87</b>	<b>\$109.51</b>	<b>\$175.24</b>
<b>Your Health Care Provider/Hospital</b>	Not Applicable	Not Applicable	Not Applicable
<b>Out of Pocket Costs</b>			
<b>Annual Deductible</b>	\$5,000 Individual / \$10,000 Family	\$200 Individual / \$400 Family	\$200 Individual / \$400 Family
<b>Annual Out of Pocket Maximum</b>	\$6,250 Individual / \$12,500 Family	\$2,250 Individual / \$4,500 Family	\$6,350 Individual / \$12,700 Family
<b>Office Visit for Primary Care</b>	\$0 Copay; 30% Coinsurance after deductible	\$10 Copay after deductible; 0% Coinsurance	\$15 Copay; 0% Coinsurance
<b>Office Visit for Specialist</b>	\$0 Copay; 30% Coinsurance after deductible	\$15 Copay after deductible; 0% Coinsurance	\$45 Copay; 0% Coinsurance
<b>Prescription Drug Deductible</b>	Included in Annual Deductible	Included in Annual Deductible	\$40 Individual / \$80 Family
<b>Emergency Room</b>	\$0 Copay; 30% Coinsurance after deductible	\$150 Copay after deductible; 10% Coinsurance after deductible	\$250 Copay; 0% Coinsurance
<b>Out Patient Lab/X-ray</b>	\$0 Copay; 30% Coinsurance after deductible	\$0 Copay; 10% Coinsurance after deductible	\$15 Copay; 0% Coinsurance
<b>Out Patient Surgery</b>	\$0 Copay; 30% Coinsurance after deductible	\$0 Copay; 10% Coinsurance after deductible	\$0 Copay; 20% Coinsurance
<b>Hospitalization</b>	\$0 Copay per Day; 30% Coinsurance after deductible	\$0 Copay per Day; 10% Coinsurance after deductible	\$0 Copay per Day; 20% Coinsurance
<b>Health Savings Account Eligible</b>	YES	NO	NO



# Challenge: Coverage Transitions

Enrollees will “churn” back and forth between WAH and QHPs (or off-Exchange insurance) due to changing life circumstances.

CD providers may be impacted by coverage transitions:

–General issues:

- Different benefits
- Disruption in continuity of care
- Administrative burden

–Other issues, such as 3-month “grace period” if QHP enrollee does not pay premiums – during which claims may be suspended after first month



# Challenge: Out-of-Pocket Costs

For commercial health plans, including QHPs:

- Some plans have significant deductibles
- Need for care at purchase about:
  - Costs of key benefits, such as prescription drug coverage
  - Network of providers and health plan's standards for seeking out-of-network care
- Best practice: confirm with health plan



# Challenge: Uninsured Groups Remain

- ACA requires most people to have health coverage starting in 2014.
- But some uninsured groups will remain, including:
  - Undocumented immigrants
  - Those exempt from requirement to get insurance (e.g., income so low not required to file taxes)
  - Those subject to requirement to get insurance who choose not to enroll (will pay penalty with 2015 taxes)
- Uninsured can apply for exemption from penalty here: [www.healthcare.gov/what-if-i-dont-have-health-coverage/](http://www.healthcare.gov/what-if-i-dont-have-health-coverage/)



# Outreach & Resources

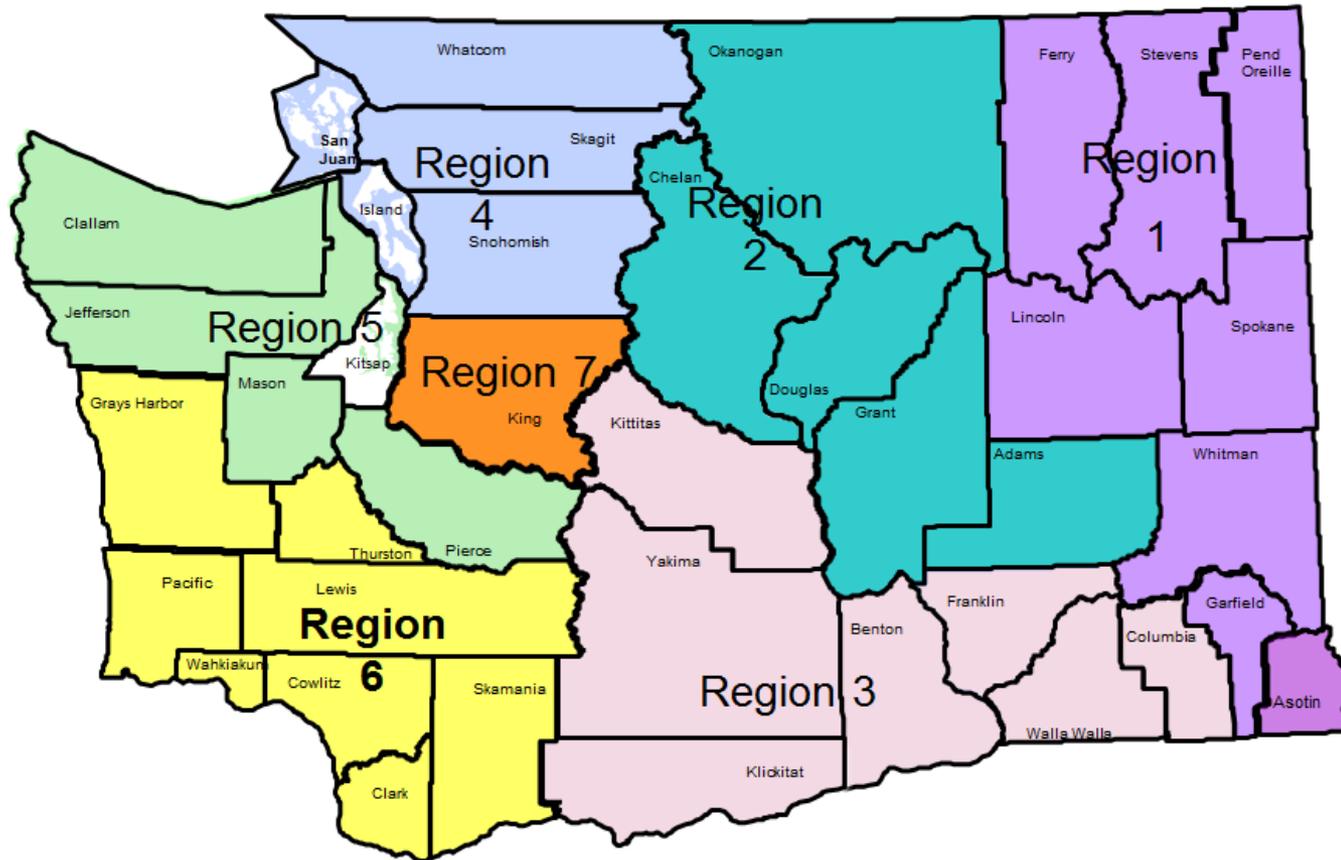


# Outreach - Many Avenues for Assistance

- HCA Medical Assistance Specialists stationed in each county to help with questions about:
  - Renewing current Medicaid assistance
  - The Healthplanfinder application process Modified Adjusted Gross Income (MAGI) rules
  - The status of applications
  - Application closures or denials
  - Letters mailed from WAHealthplanfinder
  - Investigating error codes for applicants and In-Person Assistors (IPAs)
  - Providing guidance on how to change managed care plans
- Other community assistance available -  
[http://www.hca.wa.gov/hcr/me/Documents/assisters\\_fact\\_sheet.pdf](http://www.hca.wa.gov/hcr/me/Documents/assisters_fact_sheet.pdf)
- Reminder – individuals can apply:
  - Online – see Washington Healthplanfinder
  - By calling **1-855-923-4633** - HBE customer service
  - By completing a paper application.



# Managed Care Plans



**Region 1 – East**

**Region 2 - North Central**

**Region 3 South Central**

**Region 4 – North West**

**Region 5 – Central West**

**Region 6 – South West**

**Region 7 - King**



# Qualified Health Plans

- Select a region from the map <http://www.insurance.wa.gov/your-insurance/health-insurance/individuals-families/health-plans-rates/>



# Resources

- HCA Medicaid Expansion 2014: [www.hca.wa.gov/hcr/me](http://www.hca.wa.gov/hcr/me)
  - Contact Us: [medicaidexpansion2014@hca.wa.gov](mailto:medicaidexpansion2014@hca.wa.gov)
- First-timers' Guide to Washington Apple Health (Medicaid)  
[http://www.hca.wa.gov/Documents/First Timers Guide to Apple Health.pdf](http://www.hca.wa.gov/Documents/First%20Timers%20Guide%20to%20Apple%20Health.pdf)
- WA Health Benefit Exchange: [www.wahbexchange.org](http://www.wahbexchange.org)  
Contact Us: [info@wahbexchange.org](mailto:info@wahbexchange.org)



# Health Plan Contact Information



Customer Services: 1-800-600-4441  
Website: [www.amerigroup.com](http://www.amerigroup.com)  
Provider line - 1-800-454-3730  
Website: <http://washington.joinaap.com>



Customer Service: 1-800-440-1561  
Website: [www.chpw.org](http://www.chpw.org)  
Provider line - 1-800-440-1561  
Website: <http://www.chpw.org/for-providers/>



Customer Service: 1-877-644-4613  
Website: [www.coordinatedcarehealth.com](http://www.coordinatedcarehealth.com)  
Provider line - 1-877-644-4613  
Website: <http://www.coordinatedcarehealth.com/for-providers/become-a-provider/>



Customer Service: 1-800-869-7165  
Website: [www.molinahealthcare.com](http://www.molinahealthcare.com)  
Provider line - Phone: 1-800-869-7175  
Website: <http://www.molinahealthcare.com/medical/providers/wa/Pages/home.aspx>



Customer Service: 1-877-542-8967  
Website: [www.uhccommunityplan.com](http://www.uhccommunityplan.com)  
Provider Line - 1-877-542-9231  
Website: <http://www.uhccommunityplan.com/health-professionals>

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# Thank you for joining in on this Webinar

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Next Webinar: May 27, 2014 9:00 a.m. – 12:00 p.m.  
Registration will go out in the next couple of weeks.

