

Apple Health (Medicaid) managed care changes in response to the COVID-19 pandemic

What are we doing?

The Health Care Authority (HCA) is taking several steps to help ensure Apple Health (Medicaid) clients have access to high-quality physical and behavioral health services during the COVID-19 pandemic and beyond.

The pandemic has caused unprecedented strain on the health care system. Cancelled and postponed visits and procedures have impacted provider revenue, and it is expected there will be increased behavioral health (mental health and substance use disorder) needs as a result of the pandemic.

The actions HCA is taking include:

- Eliminating some verification requirements so people already enrolled in Apple Health can stay on their coverage. (Individuals can go to <https://www.wahealthplanfinder.org/> to learn how to apply.)
- Quickly shifting to telehealth and bolstering primary care to adjust to the new COVID-19 realities of the need for greater self-care, prevention and use of technology. HCA now pays for telehealth services at the same amount as in-person services. HCA also has provided needed telehealth technology for providers and clients, including cell phones, laptops and telehealth licenses.
- Requiring the managed care plans to assist behavioral health providers who are in immediate danger of closing due to financial distress. This ensures provider viability now and into the future, especially as experts predict a considerable growth of people seeking behavioral health care later this year.
- Requiring managed care plans to take immediate action to pay claims in arrears and correct system errors causing delays in payment to behavioral health providers
- Issuing a request for proposals (RFP) to allow our state's current managed care plans to expand to areas of the state in which they are not currently active if they have demonstrated successful performance in other regions.
- Amending state rules on an emergency basis to:
 - Distribute new Apple Health managed care clients more evenly among the five plans in response to increased unemployment and need for health coverage. This includes discontinuing auto-assignment of new clients to any plan that has a statewide market share of greater than 40 percent, with clients still able to choose any plan they want in the region.
 - Provide the basis for the RFP and potential future action by clarifying when HCA can adjust the number of its managed care plans, either overall or region-by-region, chiefly based on performance.
- Focusing on a number of other short-term and long-term strategies to ensure MCOs perform well. These strategies include additional requirements related to provider network adequacy, monitoring of patient access to services, and use of contract incentives or penalties based on performance.

What providers and community partners need to know

- On 4/20/20, HCA will issue a Request for Proposals (RFP) for plans not in current regions. If successful in the RFP process, the additional plan or plans would be added to regions beginning January 2021.
- As a key part of the RFP process, managed care organizations will solicit letters of support and contracts from providers in regions they seek to serve. Letters of support and evidence of signed contracts will accompany proposals when they are due to HCA in early July.
- Providing such letters is voluntary. Providers are under no obligation to provide a letter of support.
- In determining whether to provide a letter of support, providers should assess whether the managed care plan's presence in the region would:
 - Improve patient access
 - Contribute to provider stability and/or financial viability
 - Be at the right time for your community/region

For more information

- For RFP questions, send by email to the RFP coordinator at HCAProcurements@hca.wa.gov
- Stay up to date on HCA's response to COVID-19: www.hca.wa.gov/coronavirus
- For managed care questions for HCA staff: hcamcprograms@hca.wa.gov