

# 2014 Legislative Summary

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## Medicaid Plan Choice Secured for 2015

Leading up to the 2014 Legislative Session, community health centers (CHCs) in Washington State were fully engaged in enrolling Washingtonians in new Medicaid coverage. The lack of plan choice for Medicaid enrollees in the new *Healthplanfinder* system created challenges in allowing them to maintain their relationships with clinics and providers. While a manual workaround process was developed, it did not provide Medicaid consumers the same “shopping experience” as higher income individuals purchasing Qualified Health Plan (QHP) coverage. A technology fix could be primarily financed by the federal government, costing the state less than \$400,000.

Flat economic forecasts gave some budget assurance, but a constitutional obligation to increase education funding and delayed marijuana tax revenue tempered any budget relief. The Governor’s focus on education and the State Health Care Innovation Plan (SHCIP) and a continued power shift in the Senate put other health care improvements at risk.

In the end, the CHC system was able to secure funding for Medicaid plan choice. We helped ensure the continued success of the Medicaid expansion by allowing patients to maintain continuity of care beginning in 2015. CHCs will continue to reach out to current patients and work within their local communities to ensure that people take advantage of the Medicaid expansion and have the opportunity to choose the best plan for their needs.

## Legislative Champions Fight for Health Care Improvements

Within the tight timeline of a short legislative session, the CHC system leveraged grassroots, media and lobbying work to reinforce our House and Senate legislative champions and recognize the positive impacts of last year’s decision to expand Medicaid. With this support, Medicaid plan choice was secured for 2015, and the state took the first steps towards behavioral health integration. While health care safety net programs such as Medicaid and Maternity Support Services have been in question during prior years, there were no significant threats in this supplemental budget year.

The CHC system was able to secure and preserve funding for most of its legislative priorities in the final operating budget. With a relatively flat revenue projection for the budget and priorities requiring minimal funding, the CHCs were successful in securing Medicaid plan choice for all managed care Medicaid enrollees, ensuring the state took the initial steps towards integration of behavioral health in primary care, and keeping the health care safety net intact. Funding was provided for the Medicaid plan choice fix with a modest state investment of \$390,000, while behavioral health redesign required passage of ambitious legislation (SB 6312) and additional state investments of nearly \$2 million.

We congratulate our state leaders for having the foresight to build on a successful health care system for low-income and other special populations, ensuring that all Washingtonians, regardless of income can choose their health care coverage and integrate care for both their mind and body.

## Unprecedented Enrollment in Coverage

Thanks to the 2013 Legislature supporting the Medicaid expansion, over 130,000 Washingtonians below 138% of federal poverty (\$32,913 per year for a family of four) were newly covered at the beginning of 2014. Advocates were concerned that ongoing specialized outreach would be needed for this low-income population. While the Exchange has an open enrollment period that lasts until March 31<sup>st</sup>, Medicaid enrollment is year-round. Without

*Healthplanfinder* advertising outside of the Exchange enrollment period, hard-to-reach populations may be unaware they may be eligible for health care coverage. However the enrollment updates in February made it clear the state had already exceeded their target of over 136,000 newly eligible adults by April 1, 2014, so funding was determined unnecessary. CHCs will continue to be active partners in enrollment for the communities they serve.

Although many eligible residents signed up for Medicaid coverage in early 2014, some Washingtonians still fall through the cracks. For low-income Washingtonians, tax subsidies in the Exchange may not be enough to purchase adequate health care coverage. Advocates pushed for the analysis and design of a Federal Basic Health Option (FBHO) that would provide more affordable premiums with less cost-sharing than what is offered in the Exchange. In the end, we were not successful in securing \$500,000 in the budget for an econometric analysis and policy design of the FBHO. The FBHO is smart spending for Washington, and the CHC system will continue to push for affordable and adequate coverage for all of our residents.

## Legislative Session Brings Other Health Care Changes

Staff and lobbyists worked closely with legislative staff and community stakeholders to leverage opportunities and neutralize threats during the legislative session through testimony, legislative contact, and coalition work. When the dust settled, the 2014 Legislative Session provided several key opportunities for Washington and the CHC system.

- *Concerning the effectiveness of health care purchasing and transforming the health care delivery system (HB 2572)*: As part of a Center for Medicare and Medicaid Innovation planning grant, Washington developed a State Health Care Innovation Plan (SHCIP) proposing to transform the health care delivery system through payment reform, develop a comprehensive prevention framework, and better integrate care for persons with chronic diseases. HB 2572 adopts portions of the SHCIP and establishes two demonstration projects, called Communities of Health, which will work regionally to address the social determinants of health. It also creates an All Payer Claims Database for Medicaid and Public Employees Benefit Board claims data. A stakeholder committee will develop a statewide set of quality performance measures related to prevention, health outcomes, and care coordination to better inform health care purchasing and track costs and improvements in health outcomes. The CHC system will work within their local communities and with the stakeholder committee to ensure that the cost savings and benefits of care at CHCs are reflected in the performance measures and regional care coordination agendas.
- *Behavioral health purchasing (SB 6312)*: Leading up to the legislative session, pressure from the federal government led legislators, agencies, and stakeholders to evaluate behavioral health integration for Medicaid enrollees. The final legislation starts with the integration of mental health and chemical dependency services within Behavioral Health Organizations (BHOs) and promises full integration of behavioral health and medical services by 2020, with the opportunity for early innovator regions. The legislation also authorizes the dually licensed chemical dependency professionals to practice in non-chemical dependency settings. The CHC system will engage with the *Adult Behavioral Health System Task Force* to help shape the strategies needed to achieve full integration, work with BHOs to ensure better integration of behavioral care in the primary care setting, work to include dually licensed chemical dependency professionals in their clinics, and work within their local regions to pursue early innovator opportunities.

Legislative session also ended with a few challenges that CHCs will closely monitor moving forward.

*In-Person assisters and patient information (ESSB 6265)*: This legislation requires in-person assisters (referred to as navigators) to only ask for patient health care information relating to enrollment. This can potentially constrain in-person assisters who also work in other roles requiring patient health care information. Policy staff and lobbyists worked to exempt in-person assisters that are otherwise subject to the federal *Health Insurance Portability and Accountability Act*. Despite legislator support for this amendment, the language did not get included in the final bill. During the next legislative session, we will work to get a technical amendment exempting CHCs from this provision.

- *Managed Medicaid rate hold*: Medicaid premiums to managed care organizations for Apple Health Family and Apple Health Blind and Disabled enrollees will be held at existing levels for 2015. Given forecasted historical and projected growth rate costs, the rate stagnation will only compound the increase in costs. Covering the costs of care for the most vulnerable enrollees will have to be addressed in next year's budget.

## Grassroots Advocacy: Save Health Care in Washington & Legislative Visits

Through direct contact with legislators, the grassroots advocacy program *Save Health Care in Washington* thanked policy makers for their decisions to support health care reform, while pushing for improvements. This year:

- Nearly 17,000 people sent postcards to Olympia telling legislators and the Governor that the Medicaid expansion is working, and that CHCs are critical to its success.
- Legislators received over 2,900 emails into their offices at pivotal decision-making points.
- We organized participation at targeted town halls, focusing on influencing key legislative decision-makers.

On February 4, over 70 CHC representatives ventured to Olympia to advocate for Medicaid plan choice and outreach, keeping the safety net secure, and promoting behavioral health integration. Representatives from 21 CHCs met with 115 legislators. The Legislature heard loud and clear that the Medicaid expansion is working and positively impacting their communities.

These in-person discussions with legislators were further supported by communications strategies throughout the session. CHCs were actively engaged in submitting letters to the editor and guest-columns and influencing editorial boards and news stories in important districts to reinforce the message that Medicaid expansion is working in Washington State and key investments and adjustments will continue the positive progress of health care reform.

## Innovation: Advocates Give Thanks for Medicaid Expansion

On January 29, members of the *Healthy Washington Coalition* came together to thank Governor Inslee and legislators for supporting the expansion of Medicaid in Washington. Over 100 advocates gathered in front of the Legislative Building to listen to patients and providers speak about how the Medicaid expansion is helping them. They heard from patients like John Tianio, a father of three and CHC patient. John was grateful his new Medicaid coverage finally allowed him to treat his depression and high blood pressure. Governor Inslee, Senator Karen Keiser (D-33), and Representative Eileen Cody (D-34) expressed their appreciation to advocates for their hard work in making the Medicaid expansion a reality and spoke about the need to continue to improve Washington's health care system through implementing Medicaid plan choice and the FBHO. Advocates presented the lawmakers with a signed thank you card as a symbol of their gratitude for their support of coverage for low-income populations.



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