



Position Paper: Preserve Patients' Ability to Maintain Their Provider or Clinic of Choice

To support whole person care and continuity of care, the Legislature should ensure that patients are able to maintain their provider or clinic of choice.

Patient Choice is Critical to Ensuring Continuity of Care

For Medicaid (Apple Health) patients, maintaining a relationship with their primary care provider or clinic in their own community is essential in promoting health and supporting a whole person approach to care. Without choice, patients' access to providers and critical health care services they need is disrupted.

What Happened to Patient Choice?

Washington State has committed to implementing Integrated Managed Care (IMC) by 2020. This involves coordinating physical health, mental health and substance use disorder treatment to provide whole person care under one contract. In the North Central region (Chelan, Douglas and Grant Counties), the Health Care Authority (HCA) re-bid of the Medicaid contract to transition to IMC in 2018 reduced the number of health plans from five to three. As a result, 17,000 enrollees (one in five patients) were assigned to a new health plan. Of these enrollees, approximately 2,600 patients have been incorrectly re-assigned to health plans based on system errors. This has resulted in patients receiving multiple enrollment letters and extra work for patients and providers to correct the problem.

Provider Relationships Matter

Eli is a 59-year-old mother of two and grandmother of 11. In addition to a physical disability from an injury to her left leg, she suffers from post-traumatic stress disorder (PTSD) and bipolar disorder. For 20 years of her adult life, she was barely making it on about \$300 a month. During those years, she considered suicide because she felt that there was no way out. Through visits with her community health center she was able to access counseling and talk therapy sessions to find the right balance of medications and techniques to overcome past traumas. This continuity of care has become the foundation of Eli's health and well-being.

What are the Risks to Patient Choice in Other Regions?

In February, the HCA is planning to re-bid the contract with health plans that serve over 90% (1.6 million) of Medicaid patients in eight regions that will transition to IMC in 2019 (5 regions) and 2020 (3 regions).¹ Depending on the results of the re-bid process across the regions, patients may be re-assigned to another health plan, creating instability with their established providers. According to the HCA enrollment data, Medicaid enrollees stay with the same health plan long term, with only 1 percent of enrollees changing their health plan.

Medicaid access for specialty care is very challenging and limiting health plans by region makes access more difficult. In fact, it is likely to create uncertainty about which patients can access particular specialists and impact provider willingness to serve the Medicaid population. Vulnerable patients that depend on access to specialty care (including patients with prior authorizations for surgeries or treatments) need the ability to maintain their provider or clinic of choice to ensure access to critical health services.

Legislative Action Needed

To ensure that patients can maintain their provider or clinic of choice, the Legislature should ensure that the existing five contracted health plans that meet certain minimum standards are able to continue serving patients in regions transitioning to IMC.

¹ Regions to implement IMC in 2019: North Sound, King, Pierce, Spokane, Greater Columbia; regions to implement IMC in 2020: Thurston Mason, Salish, Great Rivers