

July 23, 2021 | 8:30am - 11:30am

Zoom meeting link: <https://zoom.us/j/99825969009>

Call-in option: 253-215-8782

Meeting ID: 998 2596 9009

Closed Captioning provided during Zoom meeting

Title XIX Advisory Committee

Committee Members:


<input checked="" type="checkbox"/>	CHAIR: Marsalli, Bob (WACH)	<input checked="" type="checkbox"/>	Ewart, Hugh (SEA Children's)	<input checked="" type="checkbox"/>	Madigan, Richelle (NEW)
<input checked="" type="checkbox"/>	EXEC SPONSOR: Lindeblad, MaryAnne	<input type="checkbox"/>	Graham, Alec (DSHS)	<input checked="" type="checkbox"/>	Safford, Caitlin (Amerigroup)
<input checked="" type="checkbox"/>	Burke, Monica (DOH)	<input checked="" type="checkbox"/>	Herrin, Bradley (Pediatrician, Swedish)	<input checked="" type="checkbox"/>	Sawyckyj, Kristina (Consumer Advocate)
<input checked="" type="checkbox"/>	Busz, Andrew (WSHA)	<input checked="" type="checkbox"/>	Johnson, Laura (UnitedHealthcare)	<input type="checkbox"/>	Shepard, Jeb (WSMA)
<input checked="" type="checkbox"/>	Carpeneti, Lia (CHNWA)	<input checked="" type="checkbox"/>	Linares, Adriana (Physician, Peacehealth SW)	<input checked="" type="checkbox"/>	Van Pelt, Theresa (Parent Advocate)
<input type="checkbox"/>	Christian, Ann (WA Council for BH)	<input checked="" type="checkbox"/>	Lovell, Emily (WSDA)	<input type="checkbox"/>	

Stakeholders, HCA Staff & Guests:

<input checked="" type="checkbox"/>	Campbell, Kodi (HCA, notes)	<input checked="" type="checkbox"/>	Pedersen, Amber	<input checked="" type="checkbox"/>	Gellermann, AnnaLisa (HCA) <i>Guest</i>
<input checked="" type="checkbox"/>	Chen, Christopher (HCA)	<input checked="" type="checkbox"/>	Kinnaman, Cathy	<input checked="" type="checkbox"/>	Jones, Colette (HCA) <i>Guest</i>
<input checked="" type="checkbox"/>	Kramer, Karin (HCA)	<input checked="" type="checkbox"/>	Clawson, Kimberly	<input checked="" type="checkbox"/>	Dole, Glory (HCA) <i>Guest</i>
<input type="checkbox"/>	Linke, Taylor (HCA)	<input checked="" type="checkbox"/>	Yorioka, Jerry	<input checked="" type="checkbox"/>	Wallace, Carey (HCA) <i>Guest</i>
<input checked="" type="checkbox"/>	McGill, Jason (HCA)	<input checked="" type="checkbox"/>	Aby, Martha	<input checked="" type="checkbox"/>	Bichler, Penny (HCA) <i>Guest</i>
<input type="checkbox"/>	Miller, Joan (WA Council for BH)	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Dobbins, Amy (HCA) <i>Guest</i>
<input checked="" type="checkbox"/>	Huynh, Quyen (HCA)	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Arnis, Michael (HCA) <i>Guest</i>


#	Agenda Items	Time	Lead	Notes/Handouts
1.	Roll call and welcome	8:30 am (5 min)	Bob Marsalli, Chair	Welcome new member: Richelle Madigan, replacing Janice Tufte
2.	Approval of Minutes	8:35 am (5 min)	Bob Marsalli	
Approved				
3.	Legislative Implementation Update	8:40 am (10 min)	Jason McGill	
<ul style="list-style-type: none"> 988 crisis line. Blake criminal justice system – low misdemeanor amounts related to drug possession. Statutory committee will be formed for reentry work – ensure that when released they have Medicaid coverage (getting them enrolled, qualified, meds on day one, connection to primary care, etc.). We may ask CMS for help with the 24-hour coverage gap issue we're trying to resolve. Looking at potentially adding some of this work as part of our 1115 renewal discussions. 				




<ul style="list-style-type: none"> • Use of force bill that was passed limits when we want police to accompany/help with mental crisis situation – fine line of when someone thinks they need backup, people interpreting differently, transport occurs into ambulance or into ER, etc. Jurisdictions are interpreting bill differently which is causing concern. • Director Birch sent an email asking for applications for the re-entry work group. First committee meeting will be early August. • CLIP-like facility for children, new beds coming online, team is underway for getting that work together. 				
4.	Update: difficult to discharge children	8:50 am (20 min)	Jason McGill, Colette Jones	
<ul style="list-style-type: none"> • Earlier this year we had an increasing escalation of very difficult to discharge cases, particularly in the foster care system. • We formed a cross-agency team to work difficult cases. Colette’s team at HCA, DYCF & DSHS are working together and looking at a cross-system perspective. • Working on getting kids, youth and children into locations that best serve their needs/better placement. The CYS was using their office locations and hotels because there were no places to house these kids. The Federal District Court ruled they can no longer use those locations. • We have identified barriers and are working on decision packages. • We need to get support to parents that need it. • We need to connect the system partners, especially if we have specific kids that we know about early. • Looking at kids who have behavioral health needs and how to support them with the level of care they need. • Opportunities to streamline, having good conversations about what to escalate. • CLIP system – discussing if we need more beds. • Barrier: People not understanding boundaries of law & policy. • Richelle Madigan happy to help serve on committee or provide feedback. • These are snowflakes, not a one size fits all. • Some kids do get referred out of state, which can be challenging for families and especially for younger kids. Would be best to find solutions in our state. • Expand crisis system, working from a HI model, state run or contracted facility to help children, or can we amend CLIP slightly to qualify more children – there’s a long waiting list for a clip facility. 				
5.	Quality Rating System Reporting proposal	9:10 am (20 min)	Glory Dole, Colette Jones, Carey Wallace, Penny Bichler	 5. Quality Rating System Proposal XIX
<ul style="list-style-type: none"> • Propose to use STAR report for Quality Rating System (QRS). • Problem: each state contracting with an MCA, PIHP or PAHP furnishing services to Medicaid beneficiaries must adopt the Medicaid managed care quality rating system developed by CMS OR adopt an alternative rating system. • Federal guidance not yet available. • HCA plans to submit our STAR rating as an alternative QRS rating system. • To request CMS approval, the state must include the alternative quality rating system, public comment period and approval of the Title XIX Advisory Committee. • Most recent STAR Report Card (2020) was posted online: WA Healthplanfinder, Welcome to Washington Apple Health Managed Care, and EQR Technical Report. • Background: introduced in 2015, produced annually by our contracted EQRO, used to provide information regarding quality to those selecting an Apple Health Plan. • 3 stars = above average, 2 stars = average, 1 star = below average. • Preliminary motion to proceed with requirement with caveat - Glory/staff returns to our September committee meeting after final public comment period to report back. Caitlin and Leah abstaining. Motion passed. ACTION: Kodi will schedule Glory and team to attend the September meeting. Do not need to deliver full presentation again, simply update committee on outcome of public comment period. 				
6.	COFA Update	9:30 am (30 min)	Amy Dobbins	



- In 2018, WA passed legislation to provide financial sponsorship and qualified health plans in support for the Islanders in Washington.
- In 2019, legislation also passed the dental benefit to that program. HCA pays for the monthly premiums for individuals enrolled in the silver level qualified health plan or a qualified dental plan exchange, and some have both.
- Members also receive a debit card with funds to help them pay for out-of-pocket costs, co-pays, deductibles – either at time of service or afterward.
- COFA = Compact of Free Association with people from the Republic of the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau. More info can be found here: [COFA Islander programs | Washington State Health Care Authority](#). People coming from these islands can come and go freely without any additional immigration status requirement, many of them pay taxes.
- Income standards for COFA and Medicaid is very close.
- HCA enrolled the islanders into Apple Health when they were no longer eligible for the COFA Islander program. As of the end of June, 90% of the caseload (2,027) transitioned either automatically or through manual assistance into Apple Health. The remaining 10% could be folks that had to verify income.
- People under 65 without Medicare transition automatically July 1. Those over 65, or have Medicare, need to apply through Washington but we're helping them with the process.
- We're hosting many Facebook live events with Q&A time and these events have been successful.
- Some considerations when working with COFA and Apple Health coverage is remembering that people are transitioning to Medicaid and may be in the middle of a treatment plan. We see this a lot around cancer, dialysis, transplant, SUD, etc. Continuity of care is critical, which is why we're implementing so much person-to-person connection.
- We have translation services available to help guide our customers as well.
- Questions? COFAQuestions@hca.wa.gov

7.	Medicaid Transformation Project (MTP) Update	10:00 am (20 min)	Michael Arnis	 7. MTP Renewal - Title XIX 7.23.21.pptb
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- MTP is a section 1115 waiver agreement between HCA and CMS.
- Allows for flexibilities and funding to come from CMS to transform Medicaid in ways that save money and improve health and health care for Medicaid clients.
- Five-year waiver (1/2017 – 12/2021).
- Current initiatives: 1) Accountable Communities of Health (ACHs) and Indian Health Care Providers (IHCPs) are implementing projects that change the way people receive health care in their region; 2) Long-term services and supports (LTSS) supports Washington's aging population and family caregivers who provide care for their loved ones; 3) Foundational Community Supports (FCS) helps vulnerable adults obtain and keep stable housing and employment; 4) Substance Use Disorder (SUD) IMD relaxes restrictions on the use of federal funds to pay for people receiving SUD treatment in a mental health or SUD facility; and 5) Mental Health IMD allows our state to purchase acute inpatient services for Medicaid clients between the ages of 21-65 who reside in a dedicated, large psychiatric facility that qualifies as an IMD.
- HCA and our partners have been working hard during COVID to create flexibilities for providers and community organizations to respond to the pandemic. The pandemic made it more difficult to evaluate MTP impacts and plan for sustainability.
- HCA submitted an extension request in January 2021 – it has been approved by legislature and is awaiting approval from CMS. The extension would give us more time for planning and negotiating a longer-term renewal.
- Additional initiatives under consideration: expanded coverage for postpartum clients (1 year after pregnancy ends); re-entry initiatives (coverage and services for those coming out of prison/jail); continuous enrollment for children to avoid gaps in coverage; self-attestation for American Indian/Alaska Native clients; payment for community health aides (CHAP); and LTSS/institutional transitions (rental subsidies, guardianship, and presumptive eligibility).
- Submission deadline: December 31, 2021.

8.	Health Care Cost Transparency Board (HCCTB) presentation	10:20 am (30 min)	AnnaLisa Gellermann	 8. Health Care Cost Transparency Board.
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- Cost growth benchmark is a per annum rate of growth benchmark for health care costs for a given state. Goal to curb health care spending growth.
- Per capita cost growth 2017-18 = 4%; GDP growth Q4 = 2.6%; Nominal Wage Growth 12/2018 = 3.38%.



- Health care premium spending is outpacing income.
- Average, annual growth rate for commercial, Medicaid & Medicare since 2016: Commercial = 6.7%, Medicare = 2.1%, Medicaid = 7.3%.
- We want to increase affordability for the people of Washington State through lowering the growth of health care costs to a sustainable rate. Considerations include quality, access, and spending on health-related social needs.
- Other states: MA dropped from 3.6% to 3.1%; CT will drop by 2.9% by 2023; DE will drop by 3% by 2022; and OR will drop by 3% by 2026.
- In 2020, [HB 2457](#) established the Health Care Cost Transparency Board and charged it with the following tasks: 1) establish a health care cost growth benchmark or target percentage for growth; 2) analyze total health care expenditures; 3) identify trends in health care cost growth; and 4) identify entities that exceed the health care cost growth benchmark.
- Medicare (fee for service and Medicare advantage); Medicaid (fee for service and managed care); Medicare and Medicaid “Duals”; and Commercial (fully insured & self-insured). Other potential sources of health coverage: Veterans Health Administration (VHA), State correctional health system, and Indian Health Services (IHS). (Tricare not presented for separate consideration as we assume that spending will be captured in the data request to commercial carriers).
- The board recommended setting the benchmark value using a 70/30 hybrid of historical median wage and PGSP. This yields a benchmark value of 3.2%. The 20-year historical median wage (2000-2019) is 3%. The PGSP forecast (2021-2025) is 3.8%.
- Phase down recommendation over the 5-year period: 2022-2023 = 3.2%; 2024-2025 = 3%; and 2026 = 2.8%.
- Questions: hcahcctboard@hca.wa.gov

9.	Wrap-up <ul style="list-style-type: none"> • Next meeting: Sept. 24, 9:00-10:30am • Agenda items for next meeting • Closing remarks 	10:50 am (10 min)	MaryAnne Lindeblad	
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Future Agenda items:

- Updates on implementation of key items passed in 2022 legislative session assigned to HCA.
- Overview of results from COVID student survey.
- Report back on STAR quality rating system with public comment feedback (Glory Dole, et al.).

