Washington State Health Care Authority

July 24, 2020 | 9:00am - noon
Zoom meeting link:
https://zoom.us/j/9443424237?pwd=djMxdVF1a0JrWG1nS3p3THVqOXF6Zz09
Call-in option: 253-215-8782, **Meeting ID:** 944 342 4237, **Passcode:** 587374
Closed captioning provided via zoom during meeting

Title XIX Advisory Committee

Invitees:					
☒	**St. Clair, Claudia (Chair, Molina Health)**	☐	Gil, Sylvia (CHNWA)	☐	Nguyen, Huy (NW Justice)
☒	Busz, Andrew (WSHA)	☐	Henricksen, Wes (Child & Adolescent Cl)	☐	Ramos, Joana (healthwatched.org)
☐	Carpeneti, Lia (Community H.P. of WA)	☐	Hoffman, Michelle (DOH)	☐	Rector, Bea (DSHS)
☐	Cavens, Phyllis (CANDAC)	☐	Killpack, Bracken (WSDA)	☐	Roberts, Kimberly (Child & Adoles Clinic)
☐	Christian, Ann (WA Council for BH)	☐	Kinnaman, Catherine (DSHS)	☐	Saravia, Rebecca
☐	Delecki, Chris (SEA Children's)	☒	Lovell, Emily (WSDA)	☒	Sawyckyj, Kristina
☐	Doumit, Sophie (WSDA)	☒	Marsalli, Bob (WACH)	☐	Shepard, Jeb (WSMA)
☒	Dyer, Nikki (DOH)	☐	McDougall, Regina (COM)	☒	Tufte, Janice (Patient Advisor)
☐	Estes, Kathleen (DOH)	☒	Milliren, Heather (Parent Advocate)	☒	Yorioka, Jerry (Physician Advocate)
☐	Ewart, Hugh (SEA Children's)	☐	Moss, Bill	☐	
		☒	Prasad, Shirley	☐	
Main Outcome Objective:					

HCA Invitees:					
☒	**Lindeblad, MaryAnne (Exec Sponsor)**	☒	Kramer, Karin	☐	Vento, Elizabeth
☐	Blondin, Amy	☐	Linke, Taylor	☐	Worrell, Dennis
☒	Campbell, Kodi (notes)	☐	McDermott, Lou	☐	
☐	Chen, Christopher	☐	McGill, Jason	☐	
☐	Claycamp, Teresa	☐	Needham, Mich'l	☐	
☒	Fotinos, Charissa	☒	Paulsen, Larita	☐	
☒	Jones, Colette	☒	Pazolt, Melodie	☐	

#	Agenda Items	Time	Lead	Materials
1.	Welcome and roll call	9:00am	Claudia St. Clair	
2.	COVID Update	9:05am	Dr. Charissa Fotinos	public labs.pdf

- Transmission continues to increase statewide.
- Yakima, Benton Franklin have been hit particularly hard due to working conditions in agriculture, harvesting, and packaging.
- As of now, hospital capacity is fine.
- One big challenge is testing – many lab results are taking seven to ten days. The whole idea of testing is if someone has symptoms, we want them to get tested and get their results as quickly as possible so they can isolate at home or get directed to a facility where they can quarantine for 10-14 days to recover. Some results are taking 7-10 days to return results, which is not ideal. One thing we've tried to do in WA is utilize in-state labs v. commercial labs, so we can get the tests back quicker. We sent a list out a few weeks ago through WSMA of in-state labs they could use. **ACTION: Kodi** – send list out so it can be distributed widely. *(added under materials above "public labs")*

- Right now, we're processing about 15,000 tests per day, which is better than the 5,000 we were at two months ago, but we still need to increase capacity.
- Another challenge: who is paying for the tests? It's clear that when people have symptoms or have been exposed to a positive case that all insurers have to pay – no co-pays. That's the law. The challenge becomes what if people are being tested because they're health care workers or agricultural workers where the farm they work at had an outbreak? They want to know they're safe before they come to work. Challenge is to determine who pays for those tests – we have to continue to work on this.
- Unfortunately, we're seeing a resurgence of outbreaks in nursing facilities. All of the facilities have had at least one inspection, but seeing new outbreaks due to community spread in staff members and 20-40% of all people infected are asymptomatic so they don't know they're spreading it. A lot of moving parts.
- Bob Perna shared that the issue of insurers not paying has been brought up to the WA State Medical Group Management Association as well.

3.	Washington State Managed Care Quality Strategy	9:05-9:25am	Larita Paulsen Colette Jones	QS for Title XIX.pptx FINAL DRAFT Quality Strategy 6.1 Public Comment and Agency Respon

- The quality strategy is required by federal regulations and it helps us to have a written plan for moving care forward in the delivery system. We are very interested in receiving your feedback.
- The technical document is a comprehensive plan that incorporates assessment, monitoring, coordination, and on-going performance improvement focused on continually improving managed care. The strategy is used to communicate vision, goals and monitoring strategies, and how we will address and monitor health care quality, timeliness and access issues.
- Quality Strategies have been required by CMS since 1997, and they're required to be updated at least every three years, and more often if significant things happen.
- At HCA we've had a number of big changes happen since 2017 with physical and behavioral health, we've provided realignment internally within the organization and also the transfer of staff from DBHR within DSHS.
- The on-going plan for the quality strategy plan is: we must post it online to inform the public and stakeholders; provide to managed care, and hold MCOs accountable for quality outcomes; submit to CMS as notification; track progress on objectives and report to Clinical Quality Council annually; and, update the Strategy routinely every three years and more often as needed.
- The document is classified into five main sections and there's also a preface page which lists all the requirements that need to be addressed. Section 1 = purpose, strategy, vision and objective of quality. Section 2 = aims discussion, access, timeliness, and quality concepts. Section 3 = description of External Quality Review Organization, external quality review monitoring and review of compliance. Section 4 = description of quality assessment and performance improvement. Section 5 = discusses specific contract standards we hold the managed care organizations accountable for and address things such as access to care, structure, operational standards, quality measurement and improvement standards.
- The Quality Strategy provides a link between the CMS federal goals, the Washington Apple Health Medicaid goals, and the managed care specific goals which we're calling "aims". We are drafting six aims in particular for this quality strategy and we don't expect them to change over time because they are important high-level goals that we need to always be striving towards.
- The six aims we developed to align with the federal level are: 1) assure the quality and appropriateness of care for Apple Health Managed Care enrollees; 2) assure enrollees have timely access to care; 3) assure medically necessary services are provided to enrollees as contracted; 4) assure that MCOs are contractually compliant; 5) demonstrate continuous performance improvement; and 6) eliminate fraud, waste and abuse in Apple Health managed care programs.
- We want to ensure our aims resonate with folks and have been talking with many stakeholders. We're also working through the tribal consultation process with our tribal partners. It will be out for public review after we bring it to this committee and then a final review through agency leadership.
- We would appreciate any feedback you may have by August 14.
- Janice suggested gathering feedback from consumers, possibly via webinar.
- Additional useful resources: Annual Technical Report and Apple Health and managed care reports

4.	Foundational Community Supports evaluation results	9:25-9:50am	Melodie Pazolt	• View the report • One-pager on findings

				• Slide deck from the Research and Data Analysis Division

- Quick background on what the HCA is doing to address social determinants: 1115 Medicaid transformation demonstration waiver; our accountable communities are doing a lot of work on social determinants of health; we're looking at opportunities within the Medicaid managed purchasing and employee benefit purchasing with impacts on health so exploring options; and initiative three which is part of the five initiatives of the 1115 Medicaid transformation waiver.
- We want to focus on housing and income supports for the FCS program. Housing, nutrition and transportation get a lot of attention when we talk about social determinants of health, but employment and income doesn't get as much attention. We've found that people who have been laid off are 54% more likely to have fair or poor health compared to individuals who are continuously employed. Poor health includes depression, stress conditions such as heart disease, unhealthy coping mechanisms, increased substance abuse, increased blood pressure and loss of health insurance.
- 30% of people exiting the state hospitals were homeless within a year and we need an intervention that helps them bridge out into the community.
- One intervention we did is called housing and recovery through peer services program (HARPS). That was one of our first building blocks under the 1115 Medicaid transformation waiver. We used peers and people with peer support experience, and trained them on the peer support housing model. We also asked legislature for assistance to allow us to pay for first and last month's rent, or deposits, so we can effectively bridge people from behavioral health settings into the community. We have a HARPS program in every region in the state that has these housing subsidies.
- In fiscal year 2019, we helped over 1,833 individuals with housing subsidies and 20 of them were from state hospitals.
- Foundational Community Supports (FCS) are services coming from housing intervention to maintain housing and employment. Medicaid funds cannot be used to pay for wages or rents. To be eligible for FCS, individuals must be enrolled in Medicaid and have a complex need. The target population are those that meet the definition of chronically homeless, individuals with frequent or lengthy stays in institutional settings (including jails and prisons), frequent stays in residential care settings, etc.
- We launched the program in January of 2018 with Amerigroup and currently have about 150 agencies on contract.
- As of March 2020, we had 7,000 people enrolled in FCS service – about 50/50 between supportive housing and supportive enrollment. About 16% are enrolled in both housing and employment.
- We are in the process of developing high-level talking points to help illustrate how the money is being spent.

5.	WSH	9:50-10:10am	MaryAnne Lindeblad	

- Several years ago, the Governor released a five-year plan related to behavioral health, more specifically, serving folks more locally and downsizing the state hospitals (both western and eastern). Individuals who are civilly committed (not because of criminal action) would be cared for in the community on what's called their 90 and 180 day detentions. We are diligently working to help find locations so this population can serve the 90- or 180-day civil commitments out in the community.
- We have a team in DBHR that is creating contracts with community hospitals that have empty beds, evaluation and treatment facilities, and psych hospitals that can provide that level of service.
- Right now, those individuals are covered under fee-for-service. There's a long-term goal that the long-term commitment would be part of the managed care plan and the plan would be responsible for that individual's behavioral health needs during the 90 or 180 day stay.
- We don't have specific numbers, but Western has about 800 beds ~ 300 on the forensic side and about 500 on the civil side. About 200 of the 500 on the civil side have been identified as those who can go back into the community. Some of them may be more appropriately cared for, for example in a nursing home. This process is something that will take several years to make happen due to balancing all moving parts.
- Western lost its federal funding a few years ago and it's not likely it will be reinstated in the short term. The building is old and it's difficult to bring it up to code.

6.	Budget update	10:10-10:30am	MaryAnne Lindeblad	

- We're moving forward with decision packages and working with OFM and the Governor's Office.
- Yesterday the continuation of the national emergency was made for another 90 days, so as long as that continues, we cannot drop people from programs or drop services. It also maintains the 6.2% increase in the federal participation so that helps cover those individuals.
- From the enrollment perspective, we've seen about 80,000 new members since the first of April that had not been enrolled in Medicaid for at least the last six months.
- It does not look like there will be a special session this year, although that could change.
- State employees were furloughed one day per week the month of July and are required to take one day per month August through November. It was a bit of a challenge for us this month trying to get 40+ hours of work accomplished in 32 hours.
- We distributed about 6,000 smart phones that were donated by cell phone companies and supported by Verizon and T-Mobile. They were given 400 minutes per month and those services were covered by FEMA. FEMA's coverage has expired so we're trying to find ways to continue this service.

- We also loaned out about 800 laptops to providers so they could do virtual visits, and provided roughly 2,000 zoom licenses free to providers again so they could easily coordinate with their members.
- Right now, our focus is on making sure we connect with our members and get both members and providers what they need, whether it be laptops, cell phones, zoom licenses, PPE, etc. We're also making sure the delivery systems are stable so working with the plans on reimbursement mechanisms to help support the providers.
- A provider relief fund is available through HRSA at the federal level. It has not had a great up take, particularly by Medicaid providers. The application deadline was just extended through early August. We've sent this information out to providers for awareness.
- If you have feedback from the independent practices regarding PPE, please direct them to me and I can get it to the right person. If you feel there's a need to for us to survey, we could do something similar to what we did for the behavioral health providers.
- There was an FAQ developed as COVID expanded around different things we would be able to do related to telehealth. **ACTION: Kodi** will distribute. (Link to document: https://www.hca.wa.gov/assets/billers-and-providers/behavioral-health-policy-and-billing-COVID-19.pdf?v=4)

Meeting adjourned 12:00pm