

TITLE XIX ADVISORY COMMITTEE MEETING MINUTES IN-PERSON MEETING MARCH 24, 2017

Members Attending					
\boxtimes	Aaron Wilson		Ginger Kwan	\boxtimes	Sylvia Gil
\boxtimes	Claudia St. Clair		Heather Milliren		Tatsuko Go Hollo
\boxtimes	Dean Riskedahl	\boxtimes	Janice Tufte		Thomas Trompeter
	Gerald Yorioka		Maria Nardella	\boxtimes	Wes Henricksen
HCA	Staff				
	Amy Blondin	\boxtimes	Karin Kramer		Preston Cody
\boxtimes	Charissa Fotinos, MD	\boxtimes	Mark Provence	\boxtimes	Vanessa Balch
	Dan Lessler, MD		Mary Wood		
	Dorothy Teeter		MaryAnne Lindeblad		
Guests					
\boxtimes	Agnes Ericson	\boxtimes	Cassie Undlin	\boxtimes	Lilian Bravo
\boxtimes	Amina Suchoski	\boxtimes	Daniel Gross		
	Andrea Bach	\boxtimes	Dylan Oxford		
	Andrew Busz	\boxtimes	Ellen Silverman		
	Bob Perna	\boxtimes	Kimberly Robins		
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Approval of Agenda

The agenda was approved by committee members.

Approval of Minutes

The minutes were approved by committee members without changes.

Minutes will be posted on the Title XIX page on the Health Care Authority's website: http://www.hca.wa.gov/about-hca/apple-health-medicaid/medicaid-title-xix-advisory-committee

Review Action Items | *All*

Set up a meeting on Network Adequacy with Wes Hendrickson will take place on April 17, 2017 at 10:30 AM

Legislative Update | MaryAnne Lindeblad

There is a handout in your folder of a list of Bills that are still alive but may not pass. One significant bill for HCA is SHB 1388 Behavioral Health Integration which will transfer responsibility for the oversight and purchasing of behavioral health services from Department of Social and Health Services (DSHS) to HCA, except for the operations of the state hospitals. It

will also transfer responsibilities for the certification of behavioral health providers from DSHS to the Department of Health.

Another is Bill <u>SSB 5894</u> on Behavioral Health Systems – DSHS must purchase long term involuntary treatment services provided in state hospital allocations in community facilities. Amends requirement for assisted outpatient mental health treatment. Long-term involuntary treatment service must be integrated with managed care by January 1, 2020.

MaryAnne reviewed some of the budget issues impacting Medicaid including: moving dental into managed care with assumed savings, creating a single drug list and formulary with assumed savings and Transformation Demonstration spending authority.

The legislative session is likely to go into special session. We will update the committee at our next telephone meeting.

Medicaid Demonstration Update | *Marc Provence*

We will refer to the 1115 Waiver as the Medicaid Transformation Demonstration. We have submitted our project toolkit as part of the Delivery Service Reform Incentive Payments (DSRIP) Planning Protocol to the Federal Government for their acceptance. Another protocol, describing Designate State Health Programs (DSHP) sets forth the procedures we will use to make claims on federal funds and is currently in review.

We have also submitted the protocol describing the role of the financial executor. This contractor protocol will handle the distribution of funds received from the Federal Government to the providers participating in the projects undertaken through the Demonstration.

In addition, we have submitted the protocol for Initiative 3 which is Foundational Community Supports, which includes supported housing and supported employment and is currently under review.

Title XIX Membership | Claudia St. Clair and MaryAnne Lindeblad

We are actively looking for new members for the committee. Specifically, representatives from DSHS, Behavioral Health, Dental and Tribal. A letter will be sent out inviting new interest to the group. Managed Care Organizations (MCO) will be asked to reach out to their case management and/or outreach teams for consumer representatives.

ACA Update | MaryAnne Lindeblad and Karin Kramer

A handout was shared about the Affordable Care Act (ACA) and potential impacts of the American Health Care Act:

- The uninsured rate decreased from 14% to 5.8%
- 613,000 people were added to the Medicaid Expansion population
- 24,000 veterans and their spouses gained coverage

- Uncompensated care decreased by \$1.1 billion
- The least healthy areas in our state have benefitted the most from the ACA

A few facts about ACA impacts in Washington:

- Since January 2014, more than 20,000 adults who got health care coverage were treated for cancer
- In 2015, almost 30,000 adults who got coverage were got substance use disorder treatment services
- In state fiscal year 2016, 147,000 adults were able to receive dental services

Learn more: http://www.lin4wa.com

HCA has an extensive campaign launched called "Share your Apple Health story" to locate success stories of how Washington Apple Health coverage has impacted their lives. You may view stories and learn how to submit a story at https://www.hca.wa.gov/about-hca/apple-health-medicaid/share-your-apple-health-story.

Clinical Data Repository Update | Dylan Oxford

Clinical Data Repository is designed to collect and index clinical content for specific uses.

Hospital Electronic Health Records (EHRs) push C-CDA to CDR after each Medicaid encounter. After a critical mass of data is reached, hospitals can draw C-CDA from CDR into their HER through the HIE, or view CDR through secure portal.

This repository is being used for point of care, not to be used as a cost comparison tool.

Over the next couple of months we will work on how to best support providers who are having trouble collaborating with their vendor and getting their data moving.

Health Home program in King and Snohomish County Update | Agnes Ericson

Health Home Services has been working throughout the state since July of 2013, except for King and Snohomish Counties. The program will move into these counties on April 1, 2017. Within those counties we will be supporting 27,000 to 28,000 people.

The goal of this program is to establish person centered health action goals designed to improve health and health-related outcomes, including:

- Coordinate across the full continuum of services, including medical behavioral and long-term services and supports.
- Facilitate the delivery of evidence-based health care services; and
- Ensure coordination and care transitions among care settings, to increase confidence and skills for self-management of health goals, which will improve quality of care.

NAVOS: Clinic Integration | Cassie Undlin

NAVOS is a behavioral health organization that works with Seattle/King County Public Health. NAVOS works with the seriously mental ill population, whose life expectancy is 25 years less than the general population. A majority of this population also suffer from substance abuse. The goal is to develop a model that produces a positive outcome that is financially sustainable.

Primary care/behavioral health integration is important, as it is mandated with the State of Washington to implement full integration between behavioral health and primary care by 2020. The Health Care Authority will expect that the MCOs will contract with entities who can participate in delivery of fully integrated care.

There is a team called the Wellness Integration at NAVOS (WIN Team). This team includes a Nurse Care Manager (NCM). Currently there are 50 clients meeting biweekly with the NCM. The WIN team works with the MCOs in a Care Manager role to evaluate team WIN's structure to include the specific therapist and case manager of the clients.

Action Items:

Link to the video sharing Washington citizens talking about Medicaid, their lifeline: http://informingfamilies.org/medicaid-is-our-lifeline/

General questions about CDR participation can be mailed to the HCA Health IT team at: www.HealthIT.wa.gov (put" CDR" in subject line)

General questions about participating in the HIE or connecting to the CDR: http://www.onehealthport.com/HCA_CDR

All handouts for this meeting will be posted to the HCA Title XIX webpage.

http://www.hca.wa.gov/about-hca/apple-health-medicaid/medicaid-title-xix-advisory-committee

Future Agenda Items | Conference Call: May 19th, 2017

- Network Adequacy Update (standing item)
- Legislative Session Update
- Medicaid Demonstration Update
- Clinical Data Repository Update
- AIM Team regional health issues
- Renewal data
- Meeting date change November (From 24th to 17th)

Future Agenda Items | In-Person: July 28th, 2017

- Network Adequacy related to the new CMS rules and Pediatric
- Fee for Service Dual Services
- Jail Transitions and what is in the works for care coordination