

Meeting Title: Title XIX Advisory Committee	
Minutes	Meeting Date: 11/15/19 Meeting Time: 8:30 am – 12:00 pm
Meeting Location:	Emerald Queen Conference Center 5580 Pacific Hwy E Fife, WA 98424
Meeting Called By:	Claudia St. Clair, Chair
Minutes:	Catherine Georg Meetings may be recorded for transcription RCW 9.73.040 (3)

Title XIX Advisory Committee Online:

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

Attendees:

Members:							
<input type="checkbox"/>	Christian, Ann	1	<input checked="" type="checkbox"/>	Marsalli, Bob	7	<input type="checkbox"/>	13
<input type="checkbox"/>	Delecki, Chris	2	<input type="checkbox"/>	Milliren, Heather	8	<input type="checkbox"/>	14
<input type="checkbox"/>	Gil, Sylvia	3	<input type="checkbox"/>	Sawyckyj, Kristina <small>[new 11/15]</small>	9	<input type="checkbox"/>	15
<input checked="" type="checkbox"/>	Hannemann, Barbara	4	<input checked="" type="checkbox"/>	St. Clair, Claudia	10	<input type="checkbox"/>	16
<input type="checkbox"/>	Hendrickson, Wes	5	<input type="checkbox"/>	Tufte, Janice	11	<input type="checkbox"/>	17
<input type="checkbox"/>	Lester, Litonya	6	<input checked="" type="checkbox"/>	Yorioka, Gerald 'Jerry'	12	<input type="checkbox"/>	18
HCA Staff:							
<input checked="" type="checkbox"/>	Georg, Catherine		<input checked="" type="checkbox"/>	Kramer, Karin		<input checked="" type="checkbox"/>	Venuto, Liz
<input type="checkbox"/>	McGill, Jason		<input checked="" type="checkbox"/>	Claycamp, Teresa		<input checked="" type="checkbox"/>	Worrell, Dennis
<input type="checkbox"/>	Lindeblad, MaryAnne		<input checked="" type="checkbox"/>	Pazolt, Melodie		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Linke, Taylor		<input checked="" type="checkbox"/>	Swan, Gary		<input type="checkbox"/>	
Members Review Bring Discuss							
Review/bring/discuss	<input checked="" type="checkbox"/> Current agenda and minutes from previous meeting(s) <input checked="" type="checkbox"/> Changes in minutes may be emailed to: catherine.georg@hca.wa.gov						

This public meeting may be recorded in order to produce a transitory audio record for transcription purposes.

RCW 9.73.030 (3) Intercepting, recording, or divulging private communication (3) Where consent by all parties is needed... consent shall be considered obtained whenever one party has announced to all other parties engaged in the communication or conversation, in any reasonably effective manner, that such communication or conversation is about to be recorded or transmitted: PROVIDED, That if the conversation is to be recorded that said announcement shall also be recorded.

Date	Time	Call or In-Person	
January 18, 2019	8:30-9:30 am	Conference Call	Telephone
March 22, 2019	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife
May 17, 2019	8:30-9:30 am	Conference Call	Telephone
July 12, 2019	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife
September 20, 2019	8:30-9:30 am	Conference Call	Telephone
November 15, 2019	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife

AGENDA

Allotted Time	Agenda Items	Lead	Approach
8:30-8:45 15 min	1. Call to Order 2. Announcement <i>This public meeting may be recorded in order to produce a transitory audio record for transcription purposes.</i> 3. Introductions & New Member [Kristina Sawycky] 4. Approval of Agenda - Action Items (Members Only) 5. Approval of Minutes - Action Items (Members Only) 6. Review Action Items	Claudia St. Clair	Informational
8:45-9:15 30 min	Integrated Managed Care update	Teresa Claycamp, HCA	Informational
9:15-10:00 45 min	Homelessness in Youth	Liz Venuto, HCA & Regina McDougal, COM	Informational
10:00-10:30 30 min	Clinical Data Repository update	Dennis Worrell, HCA	Informational
10:30-10:40 10 min	Break	All	
10:40-11:05 25 min	Alternative Payment Methodology 4	Gary Swan, HCA	Informational
11:05-11:35 30 min	Social Determinants of Health	Melodie Pazolt, HCA	Informational
11:35-11:45 10 min	Reports to the Legislature	Taylor Linke, HCA	Informational
11:45-11:55 10 min	2020 Meeting Dates & Agenda Items	Catherine Georg, HCA	Decision
11:55-12:00 5 min	Open Platform, Announcements, Closing	Claudia St. Clair, All	

ACTION ITEMS & DECISIONS



Item	Action Items / Decisions	Completed
1.	Title XIX Membership & Bylaws Refresh: In progress; Refresh for 2020	Complete: <input type="checkbox"/> Date:

Potential Future Agenda Items	
1.	7/27/18: Core Measurements Adult/Child Medicaid - there is a work group through the Governor's office that oversees the measures and suggested that Laura Pennington attend a future in-person meeting to discuss the common set of measures, process and structure. [7/8/19 - Laura Pennington, Dr. Zerzan both on vacation]
2.	7/12/19: Bob Marsalli – Dental Managed Care report to legislature [posted on hca.wa.gov ; expand, or?]
3.	7/12/19: Bob Marsalli – PI – how it dovetails VBP role; MAL could do update [brief on call or detailed in-person?]
4.	11/13/19: Kristina Sawycky - Housing Stabilization Services
5.	11/13/19: Trueblood update [Michael Brown]
6.	11/13/19: 1115 Demonstration Waiver [Chase Napier]
7.	11/13/19: HEP C Eradication [Mary Fliss]
8.	11/13/19: Partnership Access Line for Schools (PALS) [Mary Fliss]
9.	11/13/19: Dual Eligible Special Needs Plan (D-SNP) [Alice Lind]

MINUTES

Allotted Time	Agenda Items	Lead	Approach
8:30-8:45 15 min	1. Call to Order 2. Announcement <i>This public meeting may be recorded in order to produce a transitory audio record for transcription purposes.</i> 3. Introductions & New Member [Kristina Sawyckyj] 4. Approval of Agenda - Action Items (Members Only) 5. Approval of Minutes - Action Items (Members Only) 6. Review Action Items	Claudia St. Clair	Informational

- Agenda approved
- With number of items on the agenda, recommendation to approve minutes by email; email changes

8:45-9:15 30 min	7. Integrated Managed Care Update [materials attached]  Behavioral Health Integration Update 2019  Managed Care Coverage Map 2019	Teresa Claycamp, HCA	Informational
---------------------	---	----------------------	---------------

- Begin 8:35 – Teresa Claycamp introduced for Integrated Managed Care Update; was a licensed mental health counselor prior to beginning state service in 2016
- Provided an overview, status update, and explained the roles of Managed Care Organizations (MCOs), Behavioral Health Administrative Service Organizations (BH-ASOs), processes to monitor integration, ensure successful transition, including work streams to do so
- See Document/handout titled: *Behavioral Health Integration*
- Substitute Senate Bill (SSB) 6312 passed in 2014; changed how the State purchases mental health and substance use disorder services in the Medicaid program
- Directed the State to fully integrate the financing and delivery of physical health, mental health and substance use disorder services in the Medicaid program via managed care by 2020
- Directed the State to integrate mental health and substance use disorder services through Behavioral Health Organizations (BHOs) as an interim step to 2020
- Created a pathway for regions to fully integrate early (Early Adopters), starting in April 2016
- This meant taking a fragmented tri-furcated system and making it more streamlined

Why Integrate?

Current Silos	Integrated System
<ul style="list-style-type: none"> • No single entity with accountability, nor with the data and information necessary to manage the whole person • Consumers with co-occurring disorders navigating disparate systems with no single point of contact • Care coordination is duplicated • Access to Care standards set an arbitrary barrier to higher-level services • Bi-furcated funding streams make it challenging for providers to move to integrated care models. 	<ul style="list-style-type: none"> • One managed care plan is accountable for keeping people healthy, both mind and body • Individuals have 1 point of contact for questions and information • Individuals have 1 Care Coordinator • Access to care standards eliminated – care is based on level of care guidelines • Over time, providers and MCOs can work together to establish new payment methodologies and integrated care models

Tri-furcated System

1. MH System – Administered by DSHS - Regional Service Networks for people with Serious Mental Illness (SMI)
2. SUD System - County-administered outpatient Substance Use Disorder (SUD) treatment system (including methadone); State agency administers inpatient/residential SUD treatment system
3. Physical Health - Health Care Authority (HCA) Washington’s single state Medicaid agency
 Outpatient mental health benefit for persons not meeting SMI criteria
 All mental health medications, regardless of prescriber
 Other medication assisted treatment (mainly buprenorphine for Opiate Use Disorder)

- Bob Perna: How do the dollars flow? Directly to the care delivery organizations, or through the MCOs?
- Teresa Claycamp: With integration, the dollars flow to the MCOs and then to the providers; general fund dollars go to the BH-ASOs; those folks are the ones who administer the crisis systems; MCOs do get some GF state dollars (for specific purpose)
- What has changed? Medicaid benefits and state plan are the same; the MCOs provide all the physical, MH, SUD, services, and also receive general fund dollars to be prioritize for medically necessary services and support no covered by Medicaid
 - Examples include: room and board for mental health residential settings or freestanding evaluation and treatment centers, rehabilitation case management to those in hospitals or jails, non-Medicaid UA's, non-Medicaid PACT team costs, etc.
- MCOs also cover crisis services for their enrollees; contract with the BH-ASO
- Also page 4; this is where we begin to see what is in the BH-ASO contracts; on the hook for full deployment of ITA designated crisis responders, involuntary treatment provider assessments;
- Snap shot of where things stand; the phasing in of integration began in 2016
- Of the 10 regions in our state, 7 have implemented to integrated managed care with 3 regions remaining (*see map*)
- North Sound was scheduled to integrate in January of 2019, but this was moved to July 2019 to ensure readiness within the region; Three 3 remaining regions, Great Rivers, Thurston Mason, and Salish, are on track to integrate January 2020
- Integrated whole person care will not happen overnight; implementation of integration is a journey and process
- Initial phase was about integrating to a single payer system; now the real work begins to integrate systems and care coordination to ensure whole person care, mind and body
- Some counties have some county dollars 1/10th of 1%; ASO also oversees the ombudsman systems, Wraparound with Intensive Services (WISe), and Family Youth System Partner Round Tables (FYSPRT)
- *Handout, page 5:* Hones in on the BH-ASO; BHOs are shifting to this function
- HCA contracts with MCOs, the MCOs contract with ASO for Medicaid
- Bob-Perna: Is there a split for how much is state money, how much is Medicaid; are there mechanisms for crisis services for non-covered (ER)?
- Teresa Claycamp: Part of the ASOs job is to check the service encounters, then bill MCOs accordingly; idea is to make sure funding for non-Medicaid is truly non-Medicaid
- Bob Perna: How much is (split) retro and open enrollment?
- Taylor Linke: Somehow through the process, we can see that they would be retro enrolled; if we go back and see they had services in past 90 days, then would be paid through fee for service (FFS)
- Native American Alaska Natives; can opt into managed care; with implementation, this has not changed
- Successful transition and readiness; there are a lot of efforts to make sure they are ready, including a great deal of technical assistance; provider readiness is big
- Once go live, will have rapid response calls 3x week, with MCOs, ASOs and Providers; this will reveal whether there are eligibility, care coordinator issues, early warning system (metrics) in the regions, set indicators, claims processing, wanting to make sure there are no trends that integration may be impacting services

MCOs Per Region

- This is a snapshot of the managed care organization per region
- Coordinated Care Washington (CCW) is in every region for Foster Care Population
- Larger regions, such as King and North Sound have all 5 MCOs
- Smaller regions have a minimum of three plans

Managed care region	Amerigroup	Community Health Plan	Coordinated Care	Molina Healthcare	United Healthcare
As of January 2019					
Greater Columbia	●	●	●	●	
King	●	●	●	●	●
North Central	●		●	●	
Pierce	●		●	●	●
Spokane	●	●		●	
Southwest	●	●		●	
As of July 2019					
North Sound	●	●	●	●	●
Coming January 2020					
Thurston-Mason	●			●	●
Great Rivers	●			●	●
Salish	●			●	●


 *Apple Health Foster Care is a statewide program, provided through Apple Health Core Connections (Coordinated Care of Washington).

- Teresa Claycamp: Contracts and Research and Data Analysis (RDA): Looking at data; analyzing Southwest and close to analyzing North Central
- Bob Marsalli: What is happening with this (RDA) and Clinical Data Repository (CDR)?
- Teresa Claycamp: *Let's save CDR questions for Dennis Worrell*
- Bob Marsalli: Klickitat and Okanogan Counties – what is with the slashes on the map?
- Both were previous regions, now early adopters with other regions
- Taylor Linke: Over the next 3-6 months the new Data Officer (Chris Chen) will be on board; then it will make more sense what it looks like going forward
- Bob Perna: In analyzing, what?
- Teresa Claycamp: Early comparisons (2015) with first year of implementation, look at 29 measures and compare with what is going on across the state; correlation does not mean causation; we look at areas that may need fixed
- Bob Perna: Were the 29 measures instituted across the state?
- Taylor Linke: There was a workgroup under Bree, that compiled the 29 measures
- Bob Perna: Do the 29 measures draw from that?
- Teresa Claycamp: Blend; some are access measures, some are HEDIS, hospitalization trends, readmission trends, a lot of social determinants of health, etc.
- Bob Perna: There may be an overlap, over time it would be interesting to see where they end up
- Jerry Yorioka: Designated Crisis Responders are they the same as what was called MHPs (designated Mental Health Professionals)? Are they generally the same people?
- Teresa Claycamp: Yes, the same; the BH-ASOs contract for those services; in contracts, there are a lot of time requirements; part of our job is to monitor that

9:15-10:00 45 min	8. Homelessness in Youth	Liz Venuto, HCA & Regina McDougal, COM	Informational
----------------------	--------------------------	---	---------------

- Regina McDougal: Commerce (COM), Department of Homeless Youth and Prevention
- Regina McDougal: Would like to hear from you about your experiences, see where the issues intersect, in order to make our systems work better; like to work with people that have direct experiences
- Regina McDougal: Would like to talk about who we are, what we do, initiatives and what we've been doing over the last year
 - Q1: Are there indicators in your work that give you a sense that additional housing services are needed?
 - Q2: What do you do in those instances?
- Liz Venuto: HCA - Children, Youth & Family Behavioral Health Section Supervisor Division of Behavioral Health and Recovery; will talk about two programs in particular today
- New Journeys: Coordinated specialty; individuals with psychosis; typically 20% have experience with psychosis; similar to Oregon's program; program is currently (King, Yakima, Thurston, SW); by 2020 will have services in every region across the state; about 80% are housed; if intervention in the first 2 years of onset, there is opportunity to reverse
- WISE: Wrap around intensive services; target youth and family; community based; one of the advantages is that this population is not best served in tan office setting; services are youth and family driven; that drives and keeps folks engaged; unconditional; change is incremental; hard to go from being homeless formalized services; can be referred as many times as need to
- Bob Marsalli: Sad that Ann Christian isn't here today, have been working together on psychosis (SB5903 or 5923)
- Liz Venuto: Ann was fundamental in bringing this program and expansion together; why we have four new programs this year, and expanded coverage are a result of legislation
- Bob Marsalli: Would like to have an off-line conversation regarding the school based services and training for physicians
- Liz Venuto: Would love to work with you
- Jerry Yorioka: Question(s) around human trafficking
- Regina McDougal: Rep Tina Orwell has interest, and we have been interacting with her on this; there is work being done; has some contacts for us (Safe Harbors) she would like to have more advocacy, it would be a good time (legislation has been proposed at least the last ¾ years
- Jerry Yorioka: Is there a current task force?
- Regina McDougal: Children and Youth Justice
- Regina McDougal: Like to invite people to share a story relative to the topic we are talking about and help center the conversation; working on a bill to help stabilize housing for formerly involved individuals
- Young man, over 18, was releasing form JRA facility; tried to set him up to live on own, but quickly found he was couch surfing again; tried to figure out why; the issue was wrap around services; he was institutionalized and lonely; what are your stories?
- Jerry Yorioka: This was 20 years ago already, a lady had a 16 year old son; sometimes not at home and at the mall, friends started shop lifting then started sharing the goods; he was pressured to begin stealing too; went from shoplifting to stealing cars; this later involved him in a police chase and he died when he lost control


- Taylor Linke: With my own children, last year was first exposure their school district; learned that 1 in 25 children are homeless (K-12); teacher shared that support services are brought in to help kids
- Regina McDougal: This is a fairly new office in state government, created in 2015; interestingly housed with Commerce, which in itself is a unique agency; acts as an independent office in the larger agency, with 2 major books of business; half of the staff work on contracts with shelter providers; how do we coordinate in a way to get better response and advocate for system change; look at trends, gaps, challenges, adding capacity, change operations, change gaps in system
- Interagency work group has a lot of responsibility for implementation; does not have regulatory authority, but have peer influence for improvement; 6560 by 2021 no young person in care will be released into unstable housing; juvenile justice in county and state through JRA, residential programs, shelter programs; there has been an investment in crisis shelters, have not made an equal investments in other areas
- Child Welfare includes the foster system
- Taylor Linke: Are you claiming draw down matches for connecting services; federal draw down could help with some of the work you are doing
- Gary Swann: Seems like there are some opportunities under Section 2 of the Waiver, which links back to potential financing for housing, break cycle on investments
- Regina McDougal: 6560 recommendation(s) due to the legislature at the end of Dec
- Look at number of kids released to fosters and population of un-stably housed; 85% of un-stably housed is young adults
- Have taken a three pillar strategy; host of strategies to modify systems for transition planning; second pillar, how to prepare and support community better as released to be successful (improved referral process); third pillar, housing models, in order to meet various levels, have to look at various housing levels
- Jerry Yorioka: Is there a designation for run-aways?
- Regina McDougal: Good question, there isn't one answer; there's a population of kids that aren't in the system or court involved; typically a lot of the kids we work with are system involved; prompting questions; do any you currently see patients (in this demographic)
- Bob Perna: When responsible for intersection of clinical care and administrative operations, seems to have place in both sides of the Venn Diagram; making this more tangible and viable, there has to be a connection; don't know how to funnel them out into the community for services; how do get channel into services; are there tools that facilitate this and lead to successful interventions?
- Liz Venuto: How would you recognize the need; how would you connect when it is a challenge to screen for everything
- Regina McDougal: May be a good prompting question for our remaining time, given the audience; suspect there are missed opportunities that we need to know more about
- Bob Perna: Looking at the other Bob (Marsalli); this is part of what integration is about; there is no warm hand out; no clinical information to provide; needs to be some channel
- Claudia St. Clair: One of the managed care plans is integrating services, but this is not my area of expertise; do have a team of community connectors that help clients get directed to the right place (there are 100 community connectors)
- Regina McDougal: What does that look like?
- Taylor Linke: Another resource - Within Reach; provides connectors to housing, child care, etc.; HCA contracts with them on multiple services
- Better Health Together: putting together a new model
- Dennis Worrell: Next Within Reach quarterly meeting is Dec 13
- Bob Perna: Claudia represents one MCO, does your area have any connectors to the different MCOs to solicit stories?
- Regina McDougal: Work with DBHR all the time; may work on youth, family, veteran homelessness
- As APCD moves to HCA, what are we missing to connect?
- Bob Perna: Data may be helpful
- Lis Venuto: Not an oversight body like there are for certain services; doesn't have the same structure; collecting data is difficult

10:00-10:30 30 min	9. Clinical Data Repository Update [materials attached]  191115-T14-CDR-upd ate.pdf	Dennis Worrell, HCA	Informational
-----------------------	---	---------------------	---------------

- Dennis Worrell presenting; PowerPoint attached
- Clinical Data Repository (CDR), Improving care at the point of care; secure, cloud database supported by HCA's vendor, OneHealthPort, storing Apple Health (Medicaid) clinical and claims information
- Clinical information is submitted by participating providers, claims info comes from HCA
- Providers with a trust framework agreement with OneHealthPort may view CDR data
- About 2.2 million Apple Health (Medicaid) clients' eligibility data (non-Fee For Service clients)



- Approx. 1.8 million active clients; data is piped from ProviderOne
- Over 95% have claims data (dental, pharmacy, encounter, no costs)
- Over 10 million Continuity of Care Documents (CCDs)
- CDR collects CCDs
 - Based on a Meaningful Use requirement
 - HCA and OHP are exploring Fast Healthcare Interoperability Resources (FHIR) APIs
 - Processes in place to keep sensitive data out
- Bob Perna: Know the enumerator; what is the denominator?
- Dennis Worrell: This will not answer your question, but – but transmit continuity of care documents; spectrum of technical readiness; probably 100s being able to transmit, but not ready to transmit
- Bob Perna: No hard data to test it against?
- Dennis Worrell: Unable to answer that question at this time
- Taylor Linke: The MCOs have been paying; there has some real progress; 1.8 million represents the whole Medicaid population, so it must be working
- Dennis Worrell: There is a later slide; web portal access is the only way to access the information; working on query functionality; at this point OneHealthPort is working with a provider to pilot; using the data in the normal work flow; all the provider knows is that they have it
- Jerry Yorioka: Is this in MS Access, or some type of “relational data base?”
- Dennis Worrell: Do not have that level of granularity
- Jerry Yorioka: What systems do need to access electronic health records?
- Dennis Worrell: Value is that any provider can add the data and others may query it; CCD is a standard method of transmitting
- In order for the information to seat in the CDR, there has to be file to load & identify Medicaid clients; to find them right now, can only search name and/or by wildcard
- Claudia St. Clair: From an MCO perspective, hoping will be able to run reports to use with HEDIS
- Bob Marsalli: MCOs are paying, providers are sponsors; how much is this costing? Will the MCO, since not clinicians, managing networks, there are others like my association would like to query in a non-patient manner, to form hypothesis, can load on the CCD homelessness, food insecurity, domestic abuse (term?); what is HCA strategy around this data lake asset for clinician and point of care, but in the larger picture for future data strategy
- Dennis Worrell: Can speak to how person can access it now, provider, trust entity agreement
- Bob Marsalli: To the extent that others may be able to influence the development, there are a lot of folks that are excited, overwhelmed, overburdened, would like to provide input on development
- Taylor Linke: Including PEB/SEB side too, looking at this in a holistic way, think Mich’l Needham would welcome the idea that other stakeholders would like to participate in that
- Dennis Worrell: Piloting the query capability; query functionality; e-consent management includes things like including sensitive needs of the tribes, making sure HIPAA compliant; CDR has over 10M continuity of care documents in it; have multiples on same client; included a notes section for clinician; some development in using AI to increase value of Continuity of Care document, that will search notes for key words; social determinants of health, etc.
- Taylor Linke: Looking at integration, an RX program regarding Medicaid clients only would be helpful; does CDR have accumulative cost information?
- Dennis Worrell: The web portal view; RX story; prescribed, not filled; lab results, etc.
- Claudia St. Clair: Cost is \$500-600K more per year per MCO; cost may be different, based on enrollment

10:30-10:40 10 min	10. Break	All	
-----------------------	-----------	-----	--

10:40-11:05 25 min	11. Alternative Payment Methodology 4 [materials attached]  APM4 Overview.pdf	Gary Swan, HCA	Informational
-----------------------	---	----------------	---------------


- Begin 10:45 – Gary Swan *See PowerPoint titled: APM4 Overview (attached)*
- Have worked on various payment models; Federally Qualified Health Centers (FQHCs) get enhanced rates; set rates on the FFS side, used the MCOs to help inform; After 2006 CMS audit, adopted three APM models (*see slide 1*)
- APM 1: January 1, 2009 – April 6, 2011; Based on cost reports, average of 1999 and 2000 PPS rates; Encounter rates inflated by a Washington-specific healthcare index
- APM 2: April 7, 2011 – June 30, 2011; PPS rate inflated by 5 percent

- APM 3: July 1, 2011 to Present; 2008 rates as calculated under APM 1 inflated by Medicare Economic Index (MEI) from 2009-2010
- Gary Swan: Encounter rate is created under feds to ensure delivery of rural services
- Bob Perna: Recollection was that the categories is that one is facility based, the other is not (*see slide 3- bubbles*)
- Gary Swan: Payment is the same, they get the encounter based rate
- Under Sim and move to value, Implemented APM3 in 2011, since then there has been new legislation
- Slide 4: By virtue of the PMPM, paid out prospectively throughout the year, within federal regulations
- Bob Perna: Annual reconciliation, issues with retroactive payback; what is happening with that or is the wound still healing?
- Gary Swan: Legislature 2011-2013 outstanding, essentially forgave the over/under, proposing legislation to bring people current to 2017; front load payment to MCOs, then reimburse MCOs opposed to RHCs
- Jerry Yorioka: Native American Encounter Rate was set every year by Congress
- Gary Swan: Native American Alaska native is separate from this
- RHCs by and large have taken a different approach, addressed to get their encounter rate, in the works to resolve past due payments
- Slide 5: Generally what we see in APM3 to PPS and APM4 rates; APM4 starts to replace billable encounters with non-billable encounters (telemedicine, etc.)
- Trying to align with HEDIS measures
- If able to measure down some of the provider encounters, it (Link to Quality slide)
- Seven measures; HB1c blood pressure toll; childcare issues; antidepressant management; asthma
- Tie quality improvement to subset of the Washington State Common Measure set
 - Clinics that demonstrate quality improvement will continue to receive their full PMPM rate
 - Non-performance will result in reduced PMPM rate through prospective adjustment, but never less than APM 3
- Upon meeting quality improvement targets
 - Clinics can earn back the full benefit of the PMPM rate in future years
- Slide 8 –Rewards attainment and improvement based on targets, means and weighting
- Clinics are compared against their own quality performance baseline (prior performance year); for the first year, CY2016 is the prior performance year and CY2017 is the performance year
- MCO reported member months (assignment rosters) are used for payment and quality performance calculations
- The quality improvement model compares multiple measures to establish a composite score, the Quality Improvement Score (QIS); the QIS is used to prospectively adjust the PMPM rate
- Slide 12: Early outcomes
 - Positive signs, but more time is needed
 - Quality appears to be headed in the right direction
 - Anecdotally, the model is allowing for clinical transformation
 - There is a culture of change
 - Executives are carrying the messages within their organization
 - Participants are investing in performance
 - Further evaluation is required
- Slide 13: Status and Future Work
 - Continuing implementation
 - Seeking out opportunities to improve our processes and ensure success
 - Working with the Washington Association for Community Health to:
 - Ensure long-term sustainability of the program
 - Demonstrate care transformation outcomes
 - Engaging now through early 2020
- Bob Perna: RHC association of Washington, have you engaged with them?
- Taylor Linke: Every time you present Gary, I am amazed at the complexity and learn something new every time, thank you

11:05-11:35 30 min	12. Social Determinants of Health [materials attached]  Medicaid forum 11.15.19.pdf  Managed Care Coverage Map 20191	Melodie Pazolt, HCA	Informational
-----------------------	---	---------------------	---------------

- Background on HCA, DBHR, DSHS have been partnering, ACHs are addressing Social Determinants of Health (SDH), reminder that includes, homelessness, lack of housing, water and sanitation, food insecurity and health
- Going to focus on housing and employment; employment has not often been part of the outcome; we found being unemployed is bad for your health; if unemployed, generally have poor health

- Health Care Authority has a range of activities with SDH, including:
 - Medicaid Transformation Project (MTP) Waiver – Accountable Communities of Health activities in each region
 - Examining opportunities to link SDOH with Medicaid Managed Care purchasing and employee benefit purchasing, but still in research and development
 - MTP – Foundational Community Supports (FCS) – targeted federal dollars to provide supportive housing and supported employment to high need Medicaid clients
- Today we will provide an introduction to the FCS and the active program focus on these critical needs that help address client’s health needs
- Services are delivered through third-party administrator, Amerigroup, with contracted community providers (*see attached map*)
- Robert Wood Johnson Foundation has been promoting that you are more likely to experience healthier life with stable work; laid off workers are 54% more likely to have poor or fair health, compared to the unemployed; 83% of those unemployed are more likely to have heart disease, depression, substance abuse
- There are over 90 epidemiological studies on conditions related to long term unemployment
- 5732 & 1519 directed BH system and long term system to start down track of common measures
- 1115 Demonstration for FCS models have been fully vetted and evidence based nationally
- Marrying services with housing helps people to be successful; that is the number one driver; more funding trickles (vs streams) for housing, with varying eligibility, six continuums of care, section 8 vouchers, most communities don’t have vouchers to give; it gets complicated to follow these funding trickles; if you are homeless with health issues, it’s complicated and difficult
- When developing 1115 FCS, we found in research and data analysis (report in 2010) 50% of exiting and 30% existing hospitals are homeless within a year
- Models are based on fidelity score tool; are providers following the models, are there successful outcomes?
- These are services that cannot use Medicaid for services; we are really doing two demonstrations, using non-traditional agencies to provide services
- We likely provided technical assistance to Minnesota; a lot of services have used our model
- Not just about getting somebody housed; still can only pay for services
- Need to be 18 and up; go a lot of questions; because have to be 18 to sign lease
- FCS services can be 16; there has to be necessity, health condition, on Medicaid, send third party administrator files; it’s an enhancement; do not need to leave MCO; can still access FCS
- Jerry Yorioka: Regarding New York, they are relocating people to other cities; is there an ethical reason for doing that?
- Melodie Pazolt: We have been able to do that (through housing/homeless specialist) if reconnecting them to families in other cities; however, cannot pay for bus passes
- Jerry Yorioka: Can legally do it?
- Melodie Pazolt: Perhaps a religious entity can pay for the bus pass, then we can connect to family and they can relocate
- Right now partners at Commerce have good data on what causes homelessness; mostly rents; as incomes go up, rents go up; people on SSI or SSDI, rates are flat; there are disadvantages in rents, the steep incline affects their ability to remain housed; we have not kept up on construction; number of individuals needing housing vs construction of AFFORDABLE housing, there are gaps; we will never will our way out of the affordable housing crisis; need to work with landlords, etc. to make affordable housing available
- Businesses: Housing Trust Fund; there was about 130M in pledges, including set asides for BH population; can get tax credits for units set aside for certain income group, etc.; various strategies to help housing shortage; there is no system to access it in one place; sprinkled and difficult
- Jerry Yorioka: How much is Section 8?
- Melodie Pazolt: That’s through HUD; there are many types of public housing authorities for different populations (TANF for families, etc.), there are Section 8 projects, and Section 8 vouchers (not part of the tax credit)
- Bob Perna: Why isn’t there one stop shopping?
- Melodie Pazolt: There are county, state and city, coordinated entries; Commerce has list; the question is, how do we get them discharge information?
- What is in your packet was launched in 2018; have over 7K enrolled in supported housing and other supports
- Who do we have enrolled vs. who do we have enrolled
- Bob Perna will send Melodie Pazolt WSMA ambulatory site info
- Jerry Yorioka: Is there a reason health literacy is not a SDH?
- Melodie Pazolt: World Health Organization (WHO) sends out SDH and leads work on global plan of action
https://www.who.int/social_determinants/sdh_definition/en/

11:35-11:45 10 min	13. Reports to the Legislature  Reports to Legislature - 11-14-19	[materials attached]	Taylor Linke, HCA	Informational
<ul style="list-style-type: none"> Last time we provided high level legislation; this time we thought to discuss the 43 legislative reports due between Sep/Dec During submission process, we have created a new process for submission; now a tiered strategy for three categories Category 1: Reports will be sent to OFM and we must wait for approval before submitting to Legislature Category 2: Unique in nature or topic; reports will be sent to OFM and we'll consider them approved if OFM doesn't respond within the standard approval window of 15-20 days Category 3: Routine reports; annual updates, examples include non-par reports which we get data on every year; PEB report on complaints, annual update Medicaid clients and who employs them, reflects on the primary employers and what % of their employees are on services; reports do not require OFM approval; will be sent to OFM if they request it Strategy allows us to spend more time on content; we are still finding our way through, and also look at what stakeholder (input) may look like Report on Universal Health Care: We don't own it, but we are the vehicle for submission; first draft is due next week Sophie Doumit: Inquiring about Managed Care Dental Claudia St. Clair: Mich'l Needham said it was delayed Have a list of reports when due, if interested; ACTION: Send report list (attached) 				
	14. 2020 Meeting Dates & Agenda Items		Catherine Georg, HCA	Decision
<p>2020 Dates</p> <ul style="list-style-type: none"> Have reached an agreement with Emerald Queen Conference Center to hold 2020 in-person meetings in Fife Will send invitations for 2020 dates <p>Potential additions to Agenda items</p> <ul style="list-style-type: none"> Research and Data Analysis (RDA) (In Person) Dave Mancuso – (Phone) Overview on Medicaid and the Justice population (Phone) how much of Medicaid pop is involved I the justice system; FEDs just proposed new rule for 30-day discharge planning 				
11:55-12:00 5 min	15. Open Platform, Announcements, Closing		Claudia St. Clair, All	
<ul style="list-style-type: none"> Bob Perna: Ongoing Medicaid rule for 2020, leveling the payment rates, outpatient – when independent ambulatory practices (Medicare policy does it impact Medicaid) (discontinuation of hospital facility fee); would HCA consider it a policy change? 				

Potential Future Agenda Items	
1.	7/27/18: Core Measurements Adult/Child Medicaid - there is a work group through the Governor's office that oversees the measures and suggested that Laura Pennington attend a future in-person meeting to discuss the common set of measures, process and structure. [7/8/19 - Laura Pennington , Dr. Zerzan both on vacation] [<i>Has been on list</i>]
2.	7/12/19: Bob Marsalli – Dental Managed Care report to legislature [posted on hca.wa.gov ; expand, or?]
3.	7/12/19: Bob Marsalli – PI – how it dovetails VBP role; MAL could do update [<i>brief on call or detailed in-person?</i>]
4.	11/13/19: Kristina Sawycky - Housing Stabilization Services
5.	11/13/19: Trueblood update [Michael Brown]
6.	11/13/19: 1115 Demonstration Waiver [Chase Napier]
7.	11/13/19: HEP C Eradication [Mary Fliss]
8.	11/13/19: Partnership Access Line for Schools (PALS) [Mary Fliss]

9.	11/13/19: Dual Eligible Special Needs Plan (D-SNP) [Alice Lind]
10.	11/15/19: Research & Data Analysis (RDA) (for in-person)
11.	11/15/19: Medicaid & Justice Population (for phone) – Dave Mancuso; how much of Medicaid population is involved in the justice system; FEDs just proposed new rule for 30 day discharge planning
12.	11/15/19: <i>Ongoing Medicaid rule for 2020, leveling payment rates, outpatient; independent ambulatory practices; does Medicare policy impact Medicaid (discontinuation of hospital facility fee); would HCA consider it a policy change [Initiated by Bob Perna: not clear if it was/is a potential agenda item since he asked it during the agenda solicitation segment, or if it's really responding to question]</i>

Other Partners / Participants / Presenters					
<input checked="" type="checkbox"/>	Busz, Andrew (WSHA)	<input checked="" type="checkbox"/>	Dyer, Nicky	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Perna, Bob	<input checked="" type="checkbox"/>	McDougal, Regina (COM)	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Lovell, Emily (WSDA)	<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Doumit, Sophie (WSDA)	<input type="checkbox"/>		<input type="checkbox"/>	