

Washington State Health Care Authority

Medicaid Monthly Meeting (M3)

August 26, 2014
Jessie Dean
HCA Tribal Affairs Office

Agenda

- Introductions
- Report Updates & Electronic Health Records
- Updates on Tribal Affairs Office Initiatives
 - Medicaid Enrollment
 - Provider Enrollment/Provider Licensing
 - Claims Billing
 - Programs & State Innovation Plan
 - Site Visits
- Open Discussion



Introductions

Office of Tribal Affairs & Analysis

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Report Updates – I/T Payment Summary

I/T	2013-\$	2013-clients*	2014-\$	2014-clients*	2014 as % of 2015
SUMMARY	\$51,439,653	21,529	\$33,544,555	19,341	65% / 90%
Medical	\$15,565,285	14,878	\$9,168,819	11,608	59% / 78%
Dental	\$5,658,511	8,801	\$3,551,135	6,441	63% / 73%
Mental	\$12,124,588	3,043	\$7,818,538	2,763	64% / 91%
CD	\$16,951,478	1,807	\$11,936,367	1,953	70% / 108%
POS	\$1,139,790	4,613	\$1,069,695	4,450	94% / 96%

*Client count will not be the sum from the categories due to overlap.

Data pulled 08/01/2014.

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Report Updates – U Payment Summary

U	2013-\$	2013-clients	2014-\$	2014-clients	2014 as % of 2015
SUMMARY	\$3,936,740	7,263	\$2,758,566	6,578	70% / 91%
Medical & Mental	\$1,257,411	2,269	\$1,021,460	2,056	81% / 91%
Dental	\$103,986	330	\$120,004	405	115% / 64%
CD	\$127,886	129	\$74,747	83	58% / 64%
POS	\$1,581,781	5,532	\$1,263,604	4,930	80% / 89%
Nursing Home	\$865,764	34	\$278,750	19	32% / 56%

*Client count will not be the sum from the categories due to overlap.

Data pulled 08/01/2014.

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Report Updates – May 2014 Claims Data (I/T/U)

	April, 2014 dollars	April, 2014 clients*	April, \$ per client	% of claims paid
Medical	\$1,568,083	4,603	\$340	74%
Dental	\$513,409	1,551	\$331	82%
Mental Health	\$1,304,761	1,498	\$871	91%
Chemical Dep	\$1,789,087	1,054	\$1,697	95%
Nursing	\$52,356	15	\$3,490	84%
POS	\$378,116	4,795	\$79	60%
Totals	\$5,605,815	10,678*	\$524	See categories

NOTE: Claim count has been removed; this bit of data was not useful.


NOTE: U claims are not easily sorted into Medical vs. Mental health. At this time, U claims for non-CD, non-Dental are added to the medical category.


*Client count will not be the sum from the categories due to 'overlap' (clients can be in more than 1 category) prior client counts only counted the paid claims – current and future client counts will count paid and denied claims.

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Electronic Health Records


- NEED HELP WITH THE ELECTRONIC HEALTH RECORD ATTESTATION PROCESS?
- **Please contact our team at: HealthIT@hca.wa.gov**
- Security or log in issues with ProviderOne? Contact: ProviderOneSecurity@hca.wa.gov for assistance with your P1 password or when you have a change in staff resulting in a new System Administrator for your office.
- Please remember that if you do not have your own security credentials granting you access to the EHR domain in ProviderOne, our staff are not able to discuss any information with you.
- CMS EHR Help Desk: 1-888-734-6433 Option #1
- CMS Account Security and to update your accounts contact person: 1-866-484-8049 Option #3
- **Website for Health IT: HealthIT.wa.gov**





Tribal Affairs Office Initiatives

Description	Priority	Status	Timeline
Medicaid Enrollment			
<i>Build Knowledge-Base of Tribally-Placed MEDS Workers</i>			
• Workers to attend weekly AIHC "Get Covered" Webinar	N/A	In process	To be complete Sept 2014
• Create HCA team on AI/AN Medicaid eligibility rules	Medium	In process	To be complete Sept 2014
• Create MEDS desk aids on AI/AN Medicaid eligibility rules	Medium	Desk aids to be reviewed; Apple Health Manual web page on AI/AN rules to be created	To be complete Sept 2014



Tribal Affairs Office Initiatives

Description	Priority	Status	Timeline
Medicaid Enrollment (cont'd)			
<i>MAGI-based Apple Health Eligibility</i>			
• Race code data feed from Washington Healthplanfinder to ACES	N/A	N/A	Completed July 2014
• Race code data feed from Washington Connection to ACES	High	In programming queue	To be completed April 2015
<i>Medically Needy Eligibility</i>			
• Application of IHS (including CHS) expenditures to meet spenddown	High	Researching legal requirements	Next update Sept 2014

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Tribal Affairs Office Initiatives

Description	Priority	Status	Timeline
Medicaid Enrollment (cont'd)			
<i>Foster Care Program Eligibility</i>			
• Tribal foster care denials and the appeal process	High	Coordinating with agencies on status	Next update Sept 2014
Provider Enrollment/Care Delivery			
<i>School-Based Health Program</i>			
• Enrollment of Tribal school in school-based health program	Medium	Drafting letter to Tribal schools and clinics	To be complete Sept 2014
<i>Medical Care in Border Cities</i>			
• WAC 182-501-0175 does not permit medical care in border Tribal clinics	Medium	Researching legal requirements	Next update Sept 2014

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Tribal Affairs Office Initiatives

Description	Priority	Status	Timeline
Claims/Billing			
<i>ProviderOne System Modifications</i>			
• Simplify race code modifier for billing	High	In process	To be complete Jan 2015
• Deny unbundled/duplicate claims for the same encounter	Medium	In process	To be complete Dec 2014
• Enable certain mental health modality codes	Medium	Researching legal basis	Next update Sept 2014
• Annual encounter rate mass adjustment	High	90%+ adjustments completed	To be complete Dec 2014
• Non-Native ABP Chem Dep @ 100% encounter	High	Nearly complete	To be complete Sept 2014

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Tribal Affairs Office Initiatives

Description	Priority	Status	Timeline
Claims/Billing (cont'd)			
<i>Non-Native CN Chem Dep</i>			
• MCO denials of claims	High	Please notify Tribal Affairs Office if denials occur	Continuous
• Complex reconciliation of claims	Medium	See "MCO payment of full encounter rate with back-end reconciliation"	N/A
• MCO payment of full encounter rate with back-end reconciliation	Medium	Current FQHC pilot (SIHB/NATIVE Project), with I/T clinics to follow	Next update Sept 2014
<i>Medicare Crossovers</i>			
• No Medicaid wrap-around from RPMS	Medium	Researching RPMS issue	Next update Sept 2014

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Tribal Affairs Office Initiatives

Description	Priority	Status	Timeline
Claims/Billing (cont'd)			
<i>Tribal Billing Guide</i>			
<ul style="list-style-type: none"> Update Tribal Billing Guide 	High	In process – See “Simplify race code modifier for billing”	To be complete Jan 2015
<i>Intergovernmental Transfers</i>			
<ul style="list-style-type: none"> Process of Tribal clinic transferring state match with claim in exchange for full encounter rate 	High	HCA-DSHS workgroup forming; research federal requirements	Next update Sept 2014

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Tribal Affairs Office Initiatives

Description	Priority	Status	Timeline
HCA Programs			
<i>Healthier Washington</i>			
<ul style="list-style-type: none"> Ensure Communities of Health (ACH planning) engage Tribes 	High	In process	Next update Sept 2014
<ul style="list-style-type: none"> Ensure early adopters and subsequent Behavioral Health Organizations engage Tribes 	High	In process	Next update Sept 2014
<i>Managed Care</i>			
<ul style="list-style-type: none"> Facilitate communication between Tribes, MCOs 	High	In process (last meeting on July 25)	Next update Sept 2014

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Tribal Affairs Office Initiatives

Description	Priority	Status	Timeline
HCA Programs (cont'd)			
<i>Managed Care (cont'd)</i>			
<ul style="list-style-type: none"> PCCM assignments not always accurate 	Medium	Researching possibility of ending automatic assignment	Next update Sept 2014
<ul style="list-style-type: none"> Some providers bill PCCM Tribal clinic rather than Medicaid 	Medium	Working on materials and approach to educate providers	Next update Sept 2014
<i>Health Home Program</i>			
<ul style="list-style-type: none"> PRISM-eligible Natives may enroll in Health Home program 	Medium	Working with Health Homes staff on program materials	Next update Sept 2014

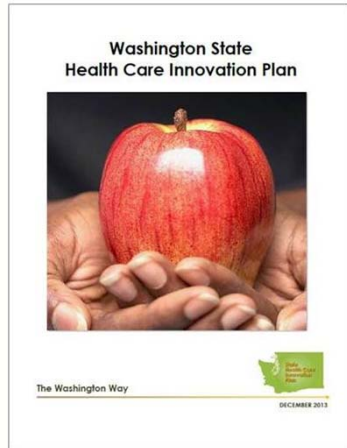
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Tribal Affairs Office Initiatives

Description	Priority	Status	Timeline
Site Visits			
<ul style="list-style-type: none"> Plan to visit every I/T/U in state by end of November 2014, with claims analysis, EHR data, and ACH materials 	High	8/25/2014 Puyallup 8/27/2014 NATIVE Project 8/28/2014 Spokane 8/28/2014 Kalispel We will reach out to more I/T/Us in early Sept	Next update Sept 2014

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Healthier Washington: Introduction



Goal - a Healthier Washington

- **Pay for value and outcomes** starting with the State as “first mover”
- **Empower communities** to improve health and better link with health delivery
- **Integrate physical and behavioral health** to address the needs of the whole person

Critical - Legislation Enacted

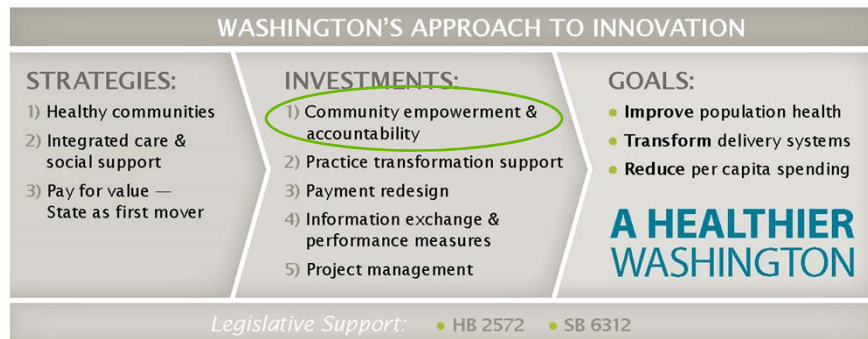
- **E2SHB 2572** – Purchasing reform, greater transparency, empowered communities
- **E2SSB 6312** – Integrated whole-person care

Potential - Federal Financing (Round 2)

http://www.hca.wa.gov/shcip/Documents/SHCIP_InnovationPlan.pdf



Healthier Washington: The Big Picture



Potential Federal Financing (Round 2)

- **\$92.4 million** requested
- Anticipated **late-October announcement**
- **4-year project:** 1 year of pre-implementation planning; 3 years implementation



Healthier Washington: Community Empowerment & Accountability

- States across the country are recognizing that **health is more than health care** and they need to engage other sectors beyond health care in this work.
- Building coalitions around better health is not new, but **formalizing partnerships** and **making them accountable** is.
- These ideas are **new and still taking shape**, with an emphasis on addressing the specific needs of communities.
- States that are working on similar initiatives include: Colorado, Maryland, Massachusetts, Minnesota, Oregon, and North Carolina.

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Healthier Washington: Communities of Health (COH) Planning Grants

In June, HCA announced 10 COH Planning Grants.

The grants are intended to:

- Create an opportunity for collaboration as the State partners with communities
- **Inform the development of ACHs**
- Align, amplify and evolve existing priorities and efforts
- Recognize and support communities at different levels in health system development and transformation

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Washington State
Health Care Authority

Healthier Washington: What are Accountable Communities of Health?

- Regionally based, voluntary collaboratives **to align actions to achieve healthy communities and populations**, improve health care quality and lower costs.
- Based on the premise that no single sector or organization in a community can create **transformative, lasting change** in health and health care alone.
- Clinical, community, and government entities must coordinate their efforts and actions around **clearly defined goals that support whole-person health**.
- Shift from traditional State-community engagement approaches to those of **partnership to achieve mutual aims**.

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Healthier Washington: What are ACHs intended to accomplish?

- **Collectively impact health** through regionally driven priorities and solutions
- Develop and **work in partnership with the state** on health systems transformation
- **Maintain a local identity** while aligning with State efforts
- **Develop a region-wide health assessment and regional health improvement plan**, including Medicaid purchasing alignment
- **Driver of accountability** for results
- **Forum for harmonizing** payment models, performance measures and investments
- Health **coordination** and workforce **development**

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Healthier Washington: ACHs vs. Oregon's Coordinated Care Organizations (CCOs)?

	CCOs	ACHs
What are they?	Local health entities that will deliver health care and coverage for people eligible for the Oregon Health Plan (Medicaid), including those also covered by Medicare.	"To-be created" regionally governed, public-private collaborative or structure, built using a collective impact/health in all policies approach. (ACHs do not exist yet)
Governance Structure	Governed by a partnership among health care providers, community members, and stakeholders in the health systems. Majority must be risk bearing members.	The precise organizational and governance structure will not be dictated at the State level. No one single entity or group of entities will control the direction.
What is their focus?	Deliver integrated, preventive, patient-centered care for physical, behavioral and dental health.	Be a forum and organizational support structure for a region to achieve transformative health results through collaboration across sectors.
Are they risk-bearing?	Yes	No

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Healthier Washington: ACHs vs. Oregon's Coordinated Care Organizations (CCOs)?

	CCOs	ACHs
How does this change health care financing?	CCOs receive global budgets for physical, behavioral and dental health to treat the population, with fixed rate of increase. Incentives are tied to achievement of benchmarks for pre-determined measures.	To be determined.
How does this change health care delivery?	Coordinated care, with flexibility in CCO budgets to try new payment methodologies and interventions to address the whole person.	To be determined. Each ACH will have a Practice Support agent connected to the Practice Support Hub (at the state level).
Do they monitor population health?	Yes, of enrollees in regions they serve. However, CCOs recognize the health of its enrollees is aligned with the health of the region as a whole.	Of everyone in region, in partnership with many entities, specifically public health.
How are they held accountable?	Each CCO region has an oversight panel of community members, providers, and stakeholders.	Each ACH region has a governance structure expected to include community members, providers, stakeholders, and Tribal members.

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Healthier Washington: COH Planning Grantees

- 1** Pierce County Health Innovation Partnership
- 2** North Sound Accountable Community of Health
- 3** King County
- 4** Better Health Together
- 5** CHOICE Regional Health Network
- 6** Benton-Franklin Community Health Alliance
- 7** Southwest Washington Regional Health Alliance
- 8** South Puget Intertribal Planning Agency
- 9** Yakima County Accountable Community of Health
- 10** North Central Health Partnership

- 10 regions received up to **\$50,000 each**
- Regions proposed by the **10 awardees**
- Accountable Communities of Health (ACHs) have **not yet been designated** in Washington

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Healthier Washington: COH Planning and Federal Grant Milestone Timelines

COH Planning Grant Dates

Federal Grant Dates and Other Dates

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Open Discussion

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Thank You

For comments or questions, contact:

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