



Healthier Washington Webinar

Medicaid Transformation Demonstration

Monday, December 12, 2016





Any questions?

To ask for technical support:

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To ask about today’s topic:

We will have a question-and-answer session after the panelists complete their presentations. However, you can submit your questions at any time.

Click the green “Q&A” icon on the lower left-hand corner of your screen, type your question in the open area and click “Submit.”



Today's agenda

- Briefly explain the Medicaid Transformation Demonstration
- Outline the timeline for this work
- Explain terminology and what it means to the project
- Describe the project toolkit
- Empower you with resources
- Questions and answers



Today's presenters

- MaryAnne Lindeblad, Medicaid Director, Health Care Authority (HCA)
- Nathan Johnson, Chief Policy Officer, HCA
- Laura Zaichkin, Deputy Chief Policy Officer, HCA
- Marc Provence, Medicaid Transformation Manager, HCA
- Kali Klein, Health Policy Project Manager, HCA

The Baseline



Healthier Washington





What is the Medicaid Transformation demonstration?

- A five-year demonstration of innovative strategies that will improve health outcomes and use resources wisely.
- Authorizes up to \$1.5 billion in federal investments for incentive payments and new services.



Washington's Medicaid Transformation goals

Achieving the Triple Aim

- Reduce avoidable use of intensive services and settings.
- Improve population health.
- Accelerate the transition to value-based payment.
- Ensure that Medicaid per-capita cost growth is below national trends.



Our initiatives

- **Initiative 1:** Transformation Projects through Accountable Communities of Health
- **Initiative 2:** Long-term Services and Supports
- **Initiative 3:** Supportive Housing and Supported Employment



Outcomes of Medicaid Transformation

Within five years expect:

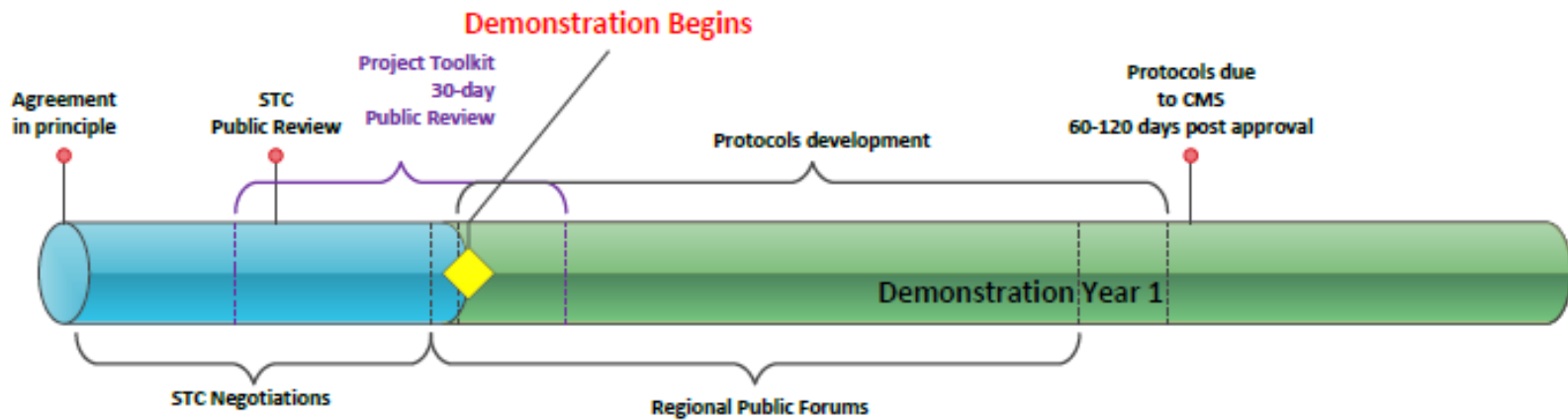
- A system that integrates care for the whole-person.
- Tools to support providers in achieving the transition to value-based payment models.
- More clients engaged in their own health.

The Timeline

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Moving forward: The timeline

Pre-Implementation Activities for the Medicaid Transformation Demonstration



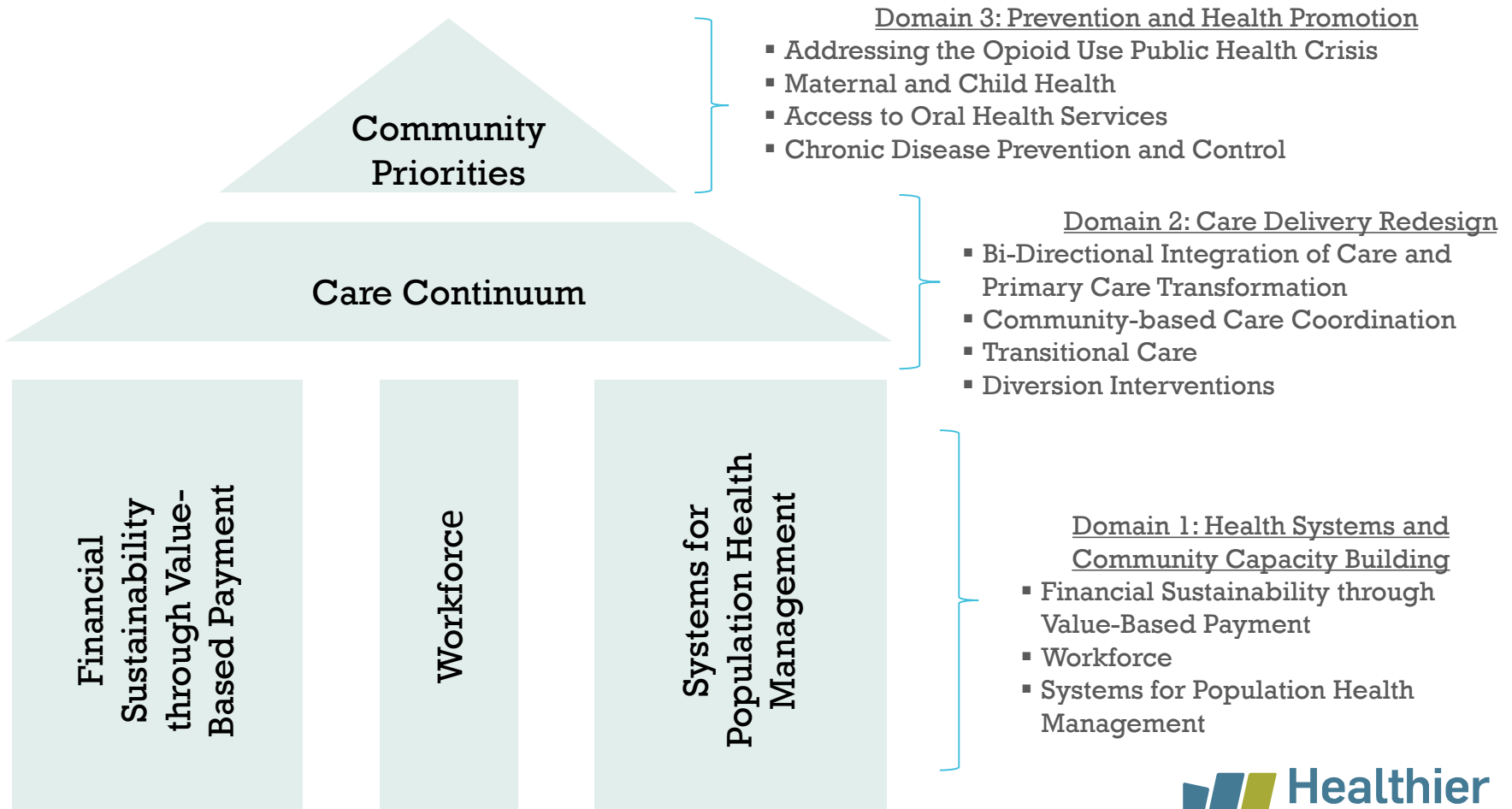


Terms we use

- Special Terms and Conditions (STCs) are essentially the contractual terms between the state and CMS.
- Protocols are programmatic and funding details developed after STCs are final.
- The Project Toolkit provides the guidance and structure for ACHs to develop their transformation project applications.

Initiative 1: Project Toolkit

The Project Toolkit



The Starting Line



Demonstration Year One

What to expect

- Completion of STC negotiations
- ACH project development
- Public forums– we're coming your way!

How to prepare


- Engage
- Inform
- Communicate

Communications library

Library features:

- Waiver 101 video
- Fact sheets
- Timeline
- Glossary of terms



BETTER HEALTH. BETTER CARE. LOWER COSTS.

THE FACTS

Washington State's Medicaid Transformation

Medicaid—Challenge and Opportunity

Apple Health (Medicaid) now covers 1 in 4 people in Washington. Before the Affordable Care Act, it covered mostly children, disabled and elderly individuals, and low-income parents. Now the largest group is adults, whose needs include more mental health and substance use disorder treatment, and a higher number of chronic health issues. The state's population is also aging: Soon, 1 in 5 Washingtonians will be over the age of 65—and, as they age, their need for health care and long term services and supports will grow.

Washington State Medicaid Transformation

On September 30, 2016, Washington State and the Centers for Medicare and Medicaid Services (CMS) reached an agreement in principle on a five-year Medicaid demonstration project. This is an opportunity to accelerate changes in our state's Medicaid program that support the goals of Healthier Washington—better health, better care, and lower costs.

Through the principled agreement, CMS and Washington State have agreed on the core facets of the project, including the structure and role of Accountable Communities of Health (ACHs) and financing. Final approval by CMS is subject to the special terms and conditions (STCs), the actual contract for the demonstration. This agreement will "waive" certain federal Medicaid requirements, allowing the state to use Medicaid funds for innovative projects, activities, and services that otherwise would not be eligible for funding. This is not a grant; the state must demonstrate that it will not spend more federal dollars on its Medicaid program than it would have spent without the waiver.

Medicaid transformation goals

- **Reduce avoidable use of intensive services and settings**—such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional long-term services and supports, and jails.
- **Improve population health**—focusing on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders, and oral health.
- **Accelerate the transition to value-based payment**—using payment methods that take the quality of services and other measures of value into account.
- **Ensure that Medicaid per-capita cost growth is below national trends**—through projects and services that improve health outcomes and reduce the rate of growth in the overall cost of care for Medicaid clients.

Paying for Value—Instead of Volume

Value is where affordable, transparent costs meet appropriate high-quality care. The federal government and states across the nation are recognizing that new health care delivery models that reward providers and health plans for value are key to controlling costs and fostering health.

The waiver's Medicaid transformation investments will help us spend our Medicaid dollars more wisely by rewarding providers and health plans based on the quality of care people receive and its effect on their health, instead of the number of procedures and services provided.

We know these changes can be challenging. That's why much of the waiver's focus will be on supporting providers and plans as they build their capacity to transition to these new delivery and payment systems.

Fact sheet revised by the Washington State Health Care Authority, October 2016

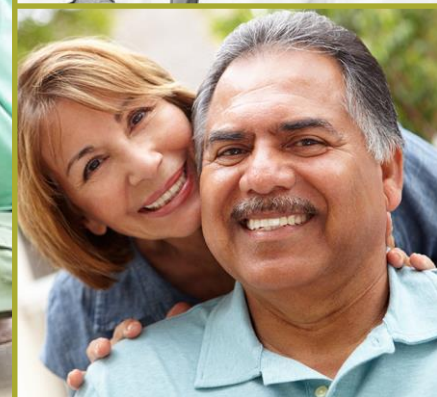


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