

**TITLE XIX ADVISORY COMMITTEE MEETING
May 30, 2014**

Conference Call

MINUTES

Members Attending

Claudia St. Clair, Chair
Heather Milliren, Skagit P2P
Gerald Yorioka, MD
Dean Riskedahl, OD
Molly Firth
Joan Brewster
Ginger Kwan
Amanda Kost
Michael Hassing
Maria Nardella
Thomas Trompeter

Staff

Dorothy Teeter, Director, HCA
MaryAnne Lindeblad, Medicaid Director, HCA
Jim Stevenson, Chief Communications Officer, HCA
Nathan Johnson, Division Director, HCA
Cathie Ott, Division Director, HCA
Preston Cody, Division Director, HCA
Jennifer Becker, Lean Practitioner, HCA
Tamarra Paradee, Executive Secretary, HCA

Members Not Attending

Kyle Yasuda
Christina Peters

Guests

Andrew Busz
Bob Perna
Emily Brice
Janet Varon
Janice Tufte
Hugh Ewart

Approval of Agenda

The agenda was approved.

Approval of Minutes

The minutes were tabled until July 25, 2014 meeting.

Update on Retreat

MaryAnne Lindeblad shared with the committee that a date has been set for the retreat. September 25, 2014 works the best for most committee members. The retreat will most likely take place in the Federal Way area.

MaryAnne Lindeblad introduced *Jennifer Becker*, the agency's new Lean Practitioner. Jennifer will facilitate and lead the retreat. *Jennifer Becker* has great skills and comes to the Health Care Authority (HCA) from Providence where she worked with all 29 Providence Medical Group Clinics in Thurston and Lewis County. *Jennifer Becker* will be contacting the committee members to schedule individual visits or phone calls for a meet and greet and to get feedback on what the committee members would like to see the committee look like in the future.

Jennifer talked a little bit about herself and the individual meetings with the committee members.

Maria Nardela said that she couldn't attend the September 25 retreat and asked *MaryAnne Lindeblad* if she could send a substitute. *MaryAnne Lindeblad* said that she would get back to her on that.

Access to Providers: What Medicaid and the Plans are Doing

Preston Cody reviewed the current Network Adequacy requirements. Contract staff closely review five Network Adequacy areas:

- Hospitals
- Primary Care Physicians
- Pharmacies
- Obstetricians
- Pediatrics

Preston Cody said that the network review is conducted whenever there is a network change. The last time a network review was conducted was in April following the addition of 100,000 new clients added to the Managed Care plans. We are seeing improved reporting from the Managed Care plans and increases the number of providers available. We are looking at individual instances such as the King County shopper which you may have heard about in the media.

Preston Cody said that the agency requires a bi-annual network report which will be due on July 13, 2014 to the HCA.

We also do additional monitoring and track all complaints no matter what, where or who we receive them from.

Christina Peters asked what remedies the HCA has when there are Network issues. *Preston Cody* said that the HCA can cap the Managed Care plan if they no longer have adequate access available, remove them from that county or withhold premiums.

Christina Peters asked if we track dental. *MaryAnne Lindeblad* said no, we don't track FFS in the same way.

Joan Brewster asked if there is data available for communities to look at. *Preston Cody* said that we have in the past provided data upon request and used a recent request from Grays Harbor as an example.

Preston Cody said that HCA would provide the link to the committee. (See below.)

http://www.hca.wa.gov/medicaid/healthyoptions/Documents/apple_health_managed_care_contract.pdf

An *unknown committee member* asked what tools HCA provides for the rural areas. *MaryAnne Lindeblad* indicated there are different standards for rural areas and in some cases for certain specialties the member must go out of county for the service. *Jerry Yorioka* asked if the HCA breaks out the data for the five Network Adequacy's by specialty. *Preston Cody* said no, only by Primary Care Physicians.

Amanda Kost asked if the HCA tracks specialty access in the case where a client is denied the specialist they were referred to. *Preston Cody* said no, we don't have a specific matrix for that, but we do require the plans provide access to specialists and must help the member or provider find an appropriate referral. .

Dorothy Teeter shared with the group that she encourages folks to call *Preston Cody* if they have any questions or comments on Network Adequacy issues.

Preston Cody, Division Director
Division of Health Care Services
360-725-1786
Preston.cody@hca.wa.gov

Preston Cody added that folks can also email questions to the Managed Care Mailbox at hcameprograms@hca.wa.gov.

SHCIP ACO Update

Dorothy Teeter shared that on May 29, 2014 the Centers for Medicare and Medicaid Services announced the State Innovation Models Round Two of Funding for Model Design and Testing to support up to 12 states to get ready for their testing models.

Timeline for the application:

- Letters of intent are due June 6, 2014.
- Applications are due July 21, 2014.
- Anticipated announcement for award date is in the fall of 2014.

Dorothy Teeter said that HCA will be using the recently completed Innovation Plan as the basis for the application.

The HCA published the Request for Information payment and transformation ideas this week. The HCA is looking at publishing a high level summary on that.

Dorothy Teeter said that the first Measures Committee is scheduled for the end of June. The Governor sent out 28 letters of appointments on May 29, 2014.

The Request for Proposal for Accountable Communities of Health applications is due today, May 30, 2014. Decisions will be made by June 21, 2014. *Laura Zaichkin* is the lead for the agency on the grant.

Bob Perna asked if a roster of whom the 28 letters went out to will be made available to the public. *Dorothy Teeter* said that the HCA just found out last night that the letters were mailed out. HCA will publish the roster once it has been received.

High Risk Pool Update

Nathan Johnson said that HCA was a little unclear as to what the committee members want to know about the health risk pool. We would be happy give a report out at a future meeting.

Jerry Yorioka asked if patients that were in the state Health Risk Pool who transitioned from state to federal were put in the federal Health Risk Pool. He had some patients who were in the Health Risk Pool but didn't think they should be. *Nathan Johnson* said that they standard questionnaire is no longer active due to the Affordable Care Act but that he would get back to *Jerry Yorioka* on that.

NAMD Update

MaryAnne Lindeblad said that she attended the National Association of State Medicaid Directors (NAMD) meeting in mid-May. NAMD meets twice a year, once in the spring and again in the fall. This is an opportunity for State Medicaid Directors and territories to get together to share and hear about what other states are doing. The spring meeting is limited to State Medicaid Directors and staff. The fall meeting is open to everyone including vendors.

This year the "hot topics" were the delivery system, integration, program integrity, and value based purchasing. Forty states and territories were represented.

The Directors had a two hour call with CMS. Topics included problems with federally facilitated exchanges, mental health parity the new drugs for Hepatitis C, program integrity and other system related issues.

Joan Brewster asked for more detail on the discussion around the cost of the new drugs for Hepatitis C. *MaryAnne Lindeblad* said that there was a long conversation on the topic but at this point, they don't have any answers regarding the cost. The HCA is working with the Department

of Corrections, the Department of Health, the Office of Financial Management and the legislative staff on coverage.

Bob Perna asked if there were a number of strategies put forward from other states and if so, is there any materials that *MaryAnne Lindeblad* could share with the committee. *MaryAnne Lindeblad* said that this was more of an informal meeting but if there is interest she could do a summary and send out to the committee.

Plan Choice Update

Cathie Ott said that the HCA, Health Benefits Exchange (HBE) and the Department of Social and Health Services (DSHS) have agreed to an implementation date end of April, 2015. This date was considered because it doesn't conflict with the HBE open enrollment of November 14, 2014 through February 15, 2015 from the systems perspective.

A vendor has been selected and each agency (HCA, HBE and DSHS) will have a project team and a Joint Deliverables Team. The selection of a Project Manager for the Joint Deliverables Team has been completed.

There was a question raised about the ability to allow families to enroll in separate plans. *Tom Trompeter* asked what the current Medicaid policies are. *MaryAnne Lindeblad* said that currently, HCA will allow an exception. *Cathie Ott* said that the issue is more on the technical side versus the policy perspective that HCA is concerned about.

In terms of the HealthPlanFinder website, the HBE Board is looking at the look, feel, of the front page, and landing page. The HBE Board is looking at how to educate people on what it is they are getting from their exchange products. *Cathie Ott* said that we will add a link for eligibility results prior to HBE's open enrollment. We will also include the First Timers Guide to Washington Apple Health.

The next meeting is face-to-face on July 25, 2014.

Meeting adjourned at 9:30.