

## MINUTES

### Members Attending

X Claudia St. Clair, Chair	Ginger Kwan	Thomas Trompeter
X Joan Brewster	X Heather Milliren	Kyle Yasuda, MD
X Sylvia Gil	Maria Nardella	X Jerry, Yorioka, MD
Michael Hassing	Christina Peters	Litonya Lester
Amanda Kost	X Dean Riskedahl, OD	

### HCA Staff

Dorothy Teeter	X Preston Cody	X Alesia McKoy
MaryAnne Lindeblad	Mary Wood	Jen Becker
Dan Lessler, MD	Amy Blondin	Carl Yanagida
X Charissa Fotinos, MD	Cheryl Moore	Sharmin Hawley

### Guests

X Bob Perna	Joana Ramos	X Andrew Busz
X Daniel Gross	Joan Zaran	Hugh Ewart
Lorraine Van Brunt	Amina Nazaskik	X Michelle Hoffman
X Marc Provence	X Janice Tufte	X Aaron Wilson
X Tatsuko Go Hollow	X Melodie Olsen	

### Approval of Agenda

The agenda was approved.

### Approval of Minutes

The November 20, 2015 meeting minutes was not approved.

### Agenda Planning for March 25 Meeting

Agreed upon agenda topics include:

- Follow-up on action items
- Waiver updates
- Legislative updates
- Dashboard
- Invite Mary Wood and Mark Westenhaver

### General Program Updates

#### Dental

The committee members identified three primary areas of focus:

- Benefit design
- Prior authorization
- Improve collaboration

The committee members discussed their concerns about:

1. Are we covering the right services
2. Streamlining the process
3. How do we encourage dental providers to accept Medicaid
4. Increase stakeholder engagement
5. Are we utilizing the system regarding treatment plans (*hygiene cleaning*)
6. Is there a county rate verse fee for service

*Jerry* commented that the Snohomish County Dental Society historically chose to not take Medicaid in their offices, but to assist funding of indigent dental care at free standing locations such as with a dental van. This may have changed over time as not all dentists may belong to the dental society.

### **Same Day Enrollment**

*Preston* shared with the committee the Health Care Authority (HCA) implementation changes in the enrollment policy beginning April 1, 2016. The intent is to enroll eligible clients into Apple Health (Medicaid) managed care plans as soon as possible.

The new enrollment policy does not apply to individuals already enrolled in managed care of Fee-For-Service (FFS) (ProviderOne).

The policy changes does apply to those who are new to Apple Health (Medicaid) coverage, have had a break-in service and is now coming back onto Apple Health, or are renewing their Apple Health coverage and their situation has changed.

The reason for the change is to fill the FFS service gap. This means no interim FFS period between eligibility and enrollment. No “gaps” means less disruption of existing care coordination, and no interim FFS period between renewal and plan reconnection.

What is changing is enrollments will be backdated to 1<sup>st</sup> day of current month for new Apple Health (Medicaid) clients and those that have had a break in coverage and are now returning to Apple Health coverage.

There are no changes to prospective assignments and enrollments; current enrolled managed care clients, PCCM enrollments, American India/Alaska Native clients, clients with other insurance or Medicare, currently enrolled FFS clients who are not eligible for Managed Care, guidelines for voluntary county enrollments, assignment and enrollment cut-off dates, visibility of HealthPlanFinder enrollments in ProviderOne the following day, and ProviderOne eligibility information for provider to view.

These changes will affect external customers; Managed Care Organization, FFS Providers, Hospitals and facilities, and clients.

Once a prospective transaction is finalized for the current process, the current-month transaction will then be initiated and completed.

If the service requires prior authorization the Plans will have provider-friendly retrospective authorization policies and procedures in place. If you are not a plan enrolled provider you will be provided options that will include plan enrollment, single case agreement or non-participating provider designation.

*Preston* also discussed several common scenarios with the committee.

*Michelle* asked if there was a family with children that was switched and they had two different cards would they receive information regarding these changes? Yes, HCA will send out a daily eligibility file.

*Daniel* asked what will happen to the people that sign up at the end of the month.

*Preston* commented that they will be retro back to 90 day.

*Dr. Fotinos* commented that there will be outreach.

*Andrew Busz* commented that she is in support of the idea of the new process for Managed Care Plans.

*Janice* asked is there an urgent care that can provide a CT scan.

*Dr. Fotinos* suggested they contact the plan to find out their timeframe in scheduling a CT scan.

### **HCA 2016 Legislative Update**

*Preston* shared with the committee HCA High Priority Bill Summary document.

*Preston* also commented that the governor has not taking any action on these bills.

*Bob* asked was SHB 2498 specifically for dental.

*Dr. Fotinos* stated yes.

### **Communication Efforts for April 1 Implementation**

*Preston* shared a brief update in Amy's absence.

*Sylvia* asked for a status update on the Title XIX website.

The committee members had questions regarding the Title XIX website:

1. When will the website go live
2. How are we directing people to the website
3. Will there be a “To-Do” List for the website redesign
4. Will updated information posted to the website

*Preston* stated that *Amy* will provide an updated summary of the social media strategies and Title XIX website.

### **Waiver Update**

Supportive Housing and Employment

*Marc* shared with the committee a Medicaid Transformation Waiver: Initiative 3 Facts sheet.

*Marc* commented that the waiver is to seek CMS approval.

*Marc* commented that one of the critical goals of the Medicaid Transformation Waiver: Initiative 3 is to address the 80/20 challenge. That 80 percent of the overall population health is determined by factors outside the traditional health care system. Initiative 3 seeks to address these factors by enhancing the availability of supportive housing and supported employment services in Washington.

*Marc* commented that housing and employment are two key social determinates of health that hold the greatest opportunity for effective interventions.

### **Supportive Housing Services**

*Marc* commented that we are proposing to use the waiver to pay for services that will assist Medicaid beneficiaries to obtain and maintain housing. The supportive housing service package includes, but is not limited to services that identify appropriate housing and provide tenant support, landlord relations support and training, advocacy and links to other community resources.

The benefit will serve specific populations and seeks to achieve the following outcomes:

- Support those who are unable to find stable housing: Chronically Homeless individuals
- Decrease dependence on costly institutional care
- Decrease dependence on restrictive and costly adult residential care
- Support difficult to serve LTSS recipients
- Support those at highest risk for expensive care and negative outcome: PRIOSM Risk score of 1.5+

Question asked by committee members:

- How do you define supportive housing?
- How do you identify a package or service?
- Define what an encounter look like in Behavior Health world?

- How do you define medical necessity?
- How do you in clear and fair way setup critical services?
- Define certification?
- Is there a way you can prioritize the population?
- Is there a way through the waiver you can redirect funds?

*Joan Brewster* commented that Behavior Health is missing the boat, failed building, unclear of define medical necessity, identified people who has medical needs and unable to use fund; would like to see better outcome.

*Marc* commented that we should spend the dollars on how we stock; pay for success model (public/private funds model). We should link the services if when have the flexibility to use the funds. We need to help improve the physical condition of the building.

*Jerry* commented on looking at single building verse duplex; provide incentives.

*Marc* commented on providing support if the stock is there. Can we create some type of incentive?

*Marc* will send out the Olmstead Policy Academy and Chronic Homeless Policy Group link.

*Janice* shared with the committee information about the “Ending Homeless” conference which will be held in Spokane. *Alesia* will send out the link.

*Aaron* asked about network capacity. How do we define who is eligible in Spokane county?

*Dan* asked *Marc* has he been talking to people about HCH’s.

*Bob* commented on building in some form of success measures.

*Marc* commented on achieving indicators wavier from CMS. Performance measure must be sustainable.

*Tatsuko* asked about the supplemental budget.

*Marc* commented that there is discussion to move forward.

*Marc* will send out the link to the one page description of what PRISM and Chronic Homeless Academic to the committee.

### **Supported Employment Services**

*Marc* commented that this initiative proposes supported employment service to Medicaid beneficiaries, including those with physical, behavioral, and/or long-term service needs who, because of their disabilities, need intensive on-going support to obtain and maintain an individual

job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce.

Through stakeholder engagement and population analysis, four outcomes were identified and corresponding populations were proposed:

1. Helping individual stay engaged in the labor market
2. Preventing the escalation of behavioral health service need
3. Supporting those with significant long-term services and supports needs
4. Supporting vulnerable youth and young adults

#### **About the 115 waiver**

*Marc* commented that the “Section 1115” waiver is a contract between the federal and state government that “waives” certain federal Medicaid requirements.

#### **Link 4 Health**

*Melodie* presented Advancing Health IT Beyond Organizational EHRs presentation to the committee.

*Melodie* discussed Washington Link4Health, clinical data repository services, the strategy used, partnership, roles of the sponsor and provide participation expectations and meaningful use.

Washington Link4Health is a statewide electronic exchange of near real time, consolidated clinical records. Link4Health initiative is part of the State’s long-term efforts to improve health care quality, better manage costs and improve health outcomes for all Washingtonians.

The Clinical Data Repository is a database designed to collect and index clinical content for specific uses:

- Create a longitudinal view of all care provided on a single patient
- Aggregate data that can be used in population analytics
- Aggregate data for performance reporting to providers across all lives managed by the provider
- Deeds application that need clinical information
- Provides critical information regardless of the geographic region or clinical organization the patient receives care from

The Health Care Authority has partner with OneHealthPort.

*Michelle* asked if the patient see their own records. The patients can access old records; where still in stage one of implementation. The physician will do the reconciliation.

*Jerry* asked about mental health (*collecting medical and dental*). Is substance abuse being built into the second phase? Is the state measurement being built into the system?

*Joan* asked about sponsor pay CDR’s cost. Is the intent to bill single interface.

*Aaron* asked is there a list of vendors? Did you include the dental population?

*Heather* asked what HCA is doing regarding added security measure.

*Jerry* asked will this information be shared. Yes

### **Update FMIC and Foster Care**

*Preston* provided a brief update on FMIC and Foster Care.

*Claudia* asked if the committee members if they see a value in creating a subgroup. *Sylvia*, *Heather*, and *Tatsuko* commented that they would be interested in participating in the subgroup. *Claudia* will discuss with *MaryAnne*.

*Heather* had question about eyes glassed for kids; a committee member recommended Airway Optical Washington.

It was stated that rural counties lack ADA Contractors; long waitlist.

### **Action Items**

- *Alesia* will edit the November 20, 2015 minutes and resend out to the committee for approval.
- *Amy* will send out HCA Communication Plan for April 1 Implementation date and the Status of the Title XIX Advisory Board website.
- *Marc* will provide the links to Olmstead Policy Academy and the Chronic Homeless Policy Group.
- *Alesia* will send out the following meeting materials: New Managed Care Enrollment Policy Training for Providers, Advancing Health IT Beyond Organizational EHRs PowerPoint presentations, Medicaid Transformation Waiver: Initiative 3 Facts Sheet and WSMA Report for March 2016 - Insurance Q&A Rollout of whole-person care continues.

The meeting adjourned at 11:45.