

**TITLE XIX ADVISORY COMMITTEE MEETING
July 25, 2014**

In person meeting

MINUTES

Members Attending

Claudia St. Clair, Chair
Christina Peters
Gerald Yorioka, MD
Dean Riskedahl, OD
Amanda Kost
Joan Brewster
Sylvia Gil
Maria Nardella

Members Not Attending

Kyle Yasuda
Heather Milliren
Ginger Kwan
Michael Hassing
Thomas Trompeter

Staff

Dorothy Teeter, Director, HCA
MaryAnne Lindeblad, Medicaid Director, HCA
Cheryl Moore, Communications, HCA
Charissa Fotinos, Deputy CMO, HCA
Carl Yanagida, Deputy CFO, HCA
Tamarra Paradee, Executive Secretary, HCA
John Wiesman, Secretary, DOH

Guests

Bob Perna
Daniel Gross
Janice Tufte
Shirley Prasad

Approval of Agenda

The agenda was approved.

Approval of Minutes

The May 30, 2014 minutes were approved.

Title XIX Executive Team Nominations/Ballot

Claudia St. Clair stated that there was a nomination ballot for the Title XIX Advisory Committee members in their meeting packets. She asked that folks place their votes and submit to *Tamarra Paradee* before 11:35 a.m.

Budget Briefing (15% Reduction)

Carl Yanagida stated that the Budget Overview 2015-2017 Biennium document in the meeting materials packet was created and prepared by the Office of Financial Management (OFM) to alert agencies where the state is in our great recession. He spoke about how the states revenue is reacting to the growth of the rebounding recession.

Bob Perna asked if revenues have been predicted for the marijuana revenues and if this was included in the forecast.

Carl said that he didn't know but would check and get back to Bob on that.

Carl shared that the 2015-2017 budget will be more difficult to build then it was for the 2013-2015 budget. This is due to the fact that we relied largely on one-time solutions to remedy the 2013-2015 budget. Some of those one-time remedies include:

- Suspension of teacher's cost of living increases.
- Suspension of state employee's pay increases.
- Basic education was not fully funded as required by the McCleary court decision.

We don't have enough revenue to pay for everything. We need 1.7 billion dollars more than what we appropriated. In June, there was a pre-court hearing to ask the Legislature why they haven't funded the McCleary. The hearing is set for September 17.

OFM feels this is happening due to our revenue structure. Our states revenue collection is low and this is a structural problem.

In the mid-90's, Washington was eleventh in the country for state and local tax collections. We are now twenty-fifth. Washington State is in need of a major repair.

The Health Care Authority has yet to see what the impacts will be on the 1.6 million clients receiving medical services, but we are looking at purchasing health care smarter and more efficiently.

Shirley Prasad asked when we will start realizing marijuana revenue.

Janice Tufte asked where the marijuana revenue go and what does it fund.

Carl said that he would get this information out to the committee.

Dorothy said that we will know more about the estimate of marijuana revenue before the 2015 Legislative Session.

The Health Care Authority will post our proposed budget on our website and will include talking points.

Hepatitis C Briefing and Other New Medications

Charissa Fotinos gave some background information on Hepatitis C (Hepatitis C: Key Background Material):

- Chronic Hepatitis C Virus (HCV) is a major clinical and public health problem.
- It is the leading cause of Cirrhosis in the U.S.
- Cirrhosis due to HVC is the leading reason for liver transplantation for nearly 40 percent of liver transplants in adults.
- Approximately 3.6 million people in the U.S. have evidence of past or current infection with HCV.
- For those over the age of 20 – 88 percent are between 40-59 years old.
- Higher rates of infection are found in certain demographic groups:
 - Male gender.
 - Income less than two times the federal poverty level
 - High school education or less.
 - Non-Hispanic black race/ethnicity.
- About 50 percent of those that have HCV know that they have it.
- Injection drug use is now the most common risk factor for HCV acquisition.
- It is recommended that we screen people born between 1945 and 1965 for the HCV.
- Of every 100 people infected with HCV:
 - between 15 and 25 will clear the infection

Bob Perna asked if this is with treatment.

Charissa answered no, through spontaneous treatment.

- 75-85 people will develop chronic infection; of these
 - 60-70 will go on to develop chronic liver disease
 - 5-20 will go on to develop Cirrhosis.
 - 1-5 will die from Cirrhosis or liver cancer.
- Early treatment regimens for HPV were Interferon or Rivavirin.
- First breakthrough medications were Boceprevir and Telaprevir which cost \$1,000 a pill.
- In December 2013, the FDA approved two new treatments for HPV: Sofosbuvir (Sovaldi) and Simeprevir (Alysio).
- Sovaldi costs \$1,000 a pill. It is dosed one pill daily for 12 weeks.
- One out of three persons in the U.S. has HCV.

Oklahoma passed a law in 2013 stating that all HIV and PCV drugs are to be covered. The cost was so high; they are now rethinking the law.

Washington State Medicaid prepared a policy for HPV treatment (Washington State Medicaid: Hepatitis C Treatment Policy).

In January through June 2014, 312 persons have been treated with a cost of \$14 million through our five Managed Care plans.

The costs are covered through federal dollars for newly eligible clients (effective January 1, 2014). The costs of the drugs will be paid for with federal dollars.

New drugs in the fall will likely not cost any less than the two that are available now. This is a nationwide issue for everyone in health care.

Amanda Kost asked Charissa when Sovaldi will go off of patent.

Charissa said 11 years.

Charissa stated that Washington State has limited prescribers to filling only a two week prescription at a time. The best adherence rates are those who were or are intravenous users. Washington State clients must be drug and alcohol free for three months prior to starting the medication.

Oregon has been looking at not treating anyone with Sovaldi.

Bob Perna asked if the guidelines are available on line.

Charissa said yes, the documents are in your meeting packets and Tamarra send them out to the committee electronically.

Charissa shared that HCV drugs are less expensive in other counties. For example: one pill costs \$1,000 in the U.S. and \$100 a pill in Egypt.

Amanda Kost asked what percentage of people is at the F3 level.

Charissa said that she would get that information to *Amanda*.

Charissa said that when the White Paper is finalized, she would have *Tamarra* get it out to the committee.

Dorothy mentioned that whatever we were doing with the HCV drugs with Medicaid clients, we were also doing with Public Employees Benefits (PEB) beneficiaries. *Dan Lessler* is having a meeting on September 15 to talk about the HCV guidelines with the Medicaid and PEB plans.

John Wiesman shared that the Department of Health is preparing a report on the prevention of HCV which is due to the Legislature in November.

Medicaid Expansion

MaryAnne Lindeblad shared that before Medicaid Expansion on January 1, 2014, the state had 1.2 million clients enrolled in Medicaid and in June 2014 we had 1.6 million clients enrolled in

Medicaid. She said that Washington is pretty close to our target. If we were over our projections, it would have been costly to the state so this is good news.

Jerry Yorioka asked what the percentage was through the on-line Exchange.

MaryAnne said there were over more than a million that applied through the on-line Exchange and that there were more paper applications than expected.

MaryAnne shared that the Health Benefits Exchange wants more money in the (cost allocation plan) budget for Medicaid enrollments. We had to estimate the numbers pre January 1.

Claudia St. Clair asked if we are updating the cost allocation plan.

MaryAnne said we were and trying to figure out how much of their efforts will support Medicaid clients.

MaryAnne said that for about four years, from January 2009-2013, we were not seeing an increase in children's Medicaid enrollment. In January 2014, the rate of growth increased dramatically. We have exceeded the goal that was projected for 2018.

There are still areas of the state that have a high Hispanic population and we need to do some outreach work and we are working with our county partners; Yakima, Grant, Skamania, Kittitas and Whitman counties on this. Nearly 60 percent of the newly eligible adults are under the age of 35. We expected the Hispanic community enrollment would have been greater so we are also doing some additional research on this.

Recertification's

MaryAnne said that we have given extensions, made phone calls, mailed additional letters to get folks renewed. We have retro dated folks so they didn't lose coverage during the recertification process. Within Reach is doing some work on contacting those that haven't recertified to find out why they didn't recertify. The Department of Social and Health Services (DSHS), Research and Data Analysis are preparing a report and the Health Care Authority will share the summary document with the committee.

Early Adopters

MaryAnne shared that by 2020, Medicaid would like to be fully integrated across the state. We are working closely with DSHS on two models. So far, communities interested are King County, Southwest Washington Regional, and the Washington Health Alliance.

State Innovation Model (SIM)

Dorothy Teeter shared that the Health Care Authority applied for 92.4 million dollars on July 21. House Bill 2572 and Senate Bill 6312 were two pieces of legislation that were key when filling out our application (PowerPoint Presentation Washington Health Care Transformation Activities – July Update).

Dorothy went of the PowerPoint presentation briefly. Below is her summary:

There were three core strategies:

- Build healthy communities and people.
- Integrate care and social supports
- Pay for value instead of volume.

Washington's approach to Innovation has three strategies, five investments, and three goals:

Strategies:

- Healthy communities.
- Integrated care and social support.
- Pay for value – State as first mover.

Investments:

- Community empowerment and accountability.
- Practice transformation support.
- Payment redesign.
- Information exchange and performance measures.
- Project Management.

Goals:

- Improve population health.
- Transform delivery systems.
- Reduce per capita spending.

The Health Care Authority anticipates a late-October announcement. There will be a three year test with one year of pre-implementation.

Shirley Prasad asked if there was any requirement at the end of the time period, and if you don't achieve your goals do you have to give the money back?

Dorothy said no, it will be the states responsibility to maintain sustainability.

Our Efforts in progress:

- Prevention framework.
- Standardized statewide performance measures set.
- Fully integrated physical-behavioral health care purchasing roadmap.
- Community of health planning.

- Accountable care request for information.

Because of the legislation and the support, we not only said here is our plan, but here is our plan and we have already begun the work.

Accountable communities of health:

- Pre-existing health collaborative organization.
- New entity created specifically for this project.
- Pre-existing health/social service provider
- Accountable care organization.
- Public health department/county based entity

Legislation asked us to award money from the grant to two Communities of Health. We decided to award up to ten \$50,000 grants. This will in able us to cover the entire state. When we submitted our grant, we had the whole state covered.

Future funding:

- Implement the plan for population health.
- Link community supports with practice transformation.
- Enhance local data collection and analytic aptitude.

By January 1, 2015 we hope to have awarded the two Communities of Health. In our application, we asked for assistance to fund all ten Communities of Health.

Washington would like to be a “First Mover” as a health care purchaser. CMS liked this idea.

Dorothy said that our goal is to move 80 percent of state-purchased health care away from fee-for-service to outcome-based payments and 50 percent of commercial, by 2019. Our first step is to access current payment landscape.

Health Care Authority/King County Joint Request for Information:

- Obtain details on providers and health plans’ current capacity and readiness to test accountable delivery and payment models.
- Based on the Washington Health alliance Purchaser Expectations for Accountable Care Organizations.

Purchasing road map:

- Health Care Authority purchasing design team formed.
- Convene request for information respondents in fall (to let them know the patterns if n the request for information to see what opportunity there may be out there for them.

A Healthier Washington: Payment Redesign:

- Model Test 1: Early-adopter of Medicaid Integration.
- Model Test 2: Encounter-based to value-based.
- Model Test 3: Puget Sound PEB and multi-purchaser.
- Model Test 4: Greater Washington multi-payer.

Adult Behavioral Health Legislative Task Force Update

MaryAnne Lindeblad shared that Senate Bill 6312 speaks to integration of Chemical Dependency, Mental Health programs and Early Adopters. By October 1, 2014 the Health Care Authority and DSHS have to agree what those will look like. There are a number of measures in the three to four years in behavioral health which we are collaborating.

2015 contract measures alignment with 5732-1519:

- Well-child visits.
- Comprehensive diabetes care (including Hgb A1c testing).
- Medical assistance with smoking and tobacco use cessation.
- Body Mass Assessment.
- Plan all-cause readmission rate.
- Adults' access to preventive/ambulatory care.
- Ambulatory care sensitive condition hospital admission.
- Cardiovascular monitoring for people with Cardiovascular Disease and Schizophrenia.
- Ambulatory care – Outpatient emergency department visits.
- Inpatient utilization.
- Adding questions to CAHPS survey.
- Work Health Organization Quality of Life Survey:
 - Physical health scale.
 - Emotional health scale.
 - Overall quality of life scale.

MaryAnne said that the Health Care Authority is working across systems on these measures and alignments.

Title XIX Executive Team Ballot Call Out

Claudia St. Clair shared with the committee that there was a tie for the new Executive Team member. Because there was a tie, the committee decided that we would extend the voting to the four committee members that were absent. Tamarra will get the ballots out to those committee members.

Round Robin

Bob Perna stated that the Washington State Medical Association has been working on some payment recoupments with Cathie Ott and MaryAnne Lindeblad. The payments that are in question are from Optum.

Joan Brewster has been trying to expand access to Opioid addiction therapy. They have transferred their caseload from Thurston County to Grays Harbor County. The new facility is now open. Grays Harbor County has the second Opioid addiction rate in Washington State.

Christina Peters liked the conversation on oral health care and access to care for children.

Maria Nardella shared a few Department of Health (DOH) updates:

- 11 percent of the DOH budget comes from state funds.
- The early newborn screening program (neurodevelopmental centers) is just one program up for elimination.
- There is a lack of Applied Behavioral Analysis (ABA) therapists that are credentialed in Washington. There is a public hearing scheduled on August 12, 2014. There will be a proposal that would create a new licensed profession for behavior analysis.
- Within Reach hosts a family health hotline (Maria send around some handouts).

Daniel Gross shared that there is a huge ABA therapy wait time and he has concerns with this.

Janice Tufte shared that she attended a homeless conference which health care was the main conversation at the table. She also mentioned that Washington lacks ABA therapy and dental providers.

Dean Riskedahl requested that an exception be made so that developmentally disabled adults can get their eye glasses covered.

The next meeting is a conference call on September 2, 2014.

Meeting adjourned at 12:01.