

MINUTES

Members Attending

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

HCA Staff

Dorothy Teeter	X Preston Cody	X Kari Johnston
X MaryAnne Lindeblad	X Chris Britton	X Jen Becker
Dan Lessler, MD		

Guests

X Bob Perna	Joana Ramos	X Andrew Busz
X Daniel Gross	Joan Zaran	X Aaron Wilson
X Janice Tufte	X Amina Nazaskik	X Kat Latet
X Sarah Kwiatkowski	X Rachel Burke	X Megan Oczkewicz

Approval of Agenda

The agenda was approved.

Approval of Minutes

The 3/20/15 and 5/22/15 meeting minutes were approved.

1115 Waiver Public Forum

MaryAnne Lindeblad and Kat Latet

The first hour of this meeting was used as a Public Forum for the 1115 Medicaid Transformation Waiver. The presentation that the group listened to was a condensed version of the presentation that the Health Care Authority (HCA) would be sharing across the state August 3 – August 5. Kat Latet and MaryAnne Lindeblad went through the attached *Medicaid Title XIX Advisory Committee Medicaid Transformation Waiver Discussion* PowerPoint presentation.

The Waiver application will be submitted in August 2015.

Jerry asked that if HCA designs the project right, will CMS likely accept the proposal.

MaryAnne replied that it is likely the proposal will be accepted. There has been a positive response from CMS thus far.

Maria asked how quickly HCA will hear from CMS?

Kat explained there is a 15 day requirement for CMS to respond. If they accept the proposal, it then goes out for a 30-day public comment period that CMS oversees. Negotiations will then start once the 30-day public comment period has ended.

Amina asked if funds will be released before or after for the ACH's?

Kat explained that funds will be allocated both before and after. There will need to be an initial investment up front, but additional funds after positive outcomes are displayed.

Public question asked if the ACH will have to be approved by the state?

MaryAnne answered that there is an approval process to become an ACH. Currently two have been designed as an approved ACH. Seven more are on the pipeline.

Guest from DOH asked if the SIM will be the main source of funding for the ACH's?

Kat answered yes.

Question: Will the ACH's already designated be reappointed if the requirements change per negotiations with CMS in approving the Waiver application? What is the back-up plan?

MaryAnne answered that HCA will develop the criteria as this process moves forward.

Tom noted that the 5 year project goals were not specific and asked if the identification of goals will be part of the negotiations?

MaryAnne answered that they will be based on the current Performance Measures.

Jerry asked if the 2 ACH's currently cover all of Washington State or will there be gaps?

Kat answered that the intention is to have the entire state covered by an ACH and not to have counties overlapping.

Anna noted that the current application uses measures from 2016 contract that do not include non-clinical BHO/MCO

MaryAnne explained this is just a starting point.

Budget/Legislative Update

Dennis Martin

Dennis Martin went over every bill provided on the attached *2015 Legislative Session – HCA High Priority Legislation Enacted – Medicaid* handout.

Thomas asked if there is a geographic dynamic concerning the Telemedicine legislation [SSB 5175](#) (This is correct)

Dennis said there are not geographic limitations or restrictions.

Maria asked about the (6) different effective dates listed on Dennis' spreadsheet.

Dennis explained that one is the effective date of the legislation and the other is the implementation date.

Healthier Washington update on Early Adopter

MaryAnne updated on this project by reviewing the attached *Early Adopter Timeline/Schedule* document.

MaryAnne shared that HCA is on target to meet the effective date and the RFP will go out August 6th. Health Plans will notify HCA by August 21, 2015 of their intent to bid on the RFP.

CHURN for MCO's and QHP's

Preston Cody

Preston briefly went through the slides in the attached *Apple Health Managed Care Health Plan Churn (June 2015)* presentation. As the slides display, there is an average of 1% CHURN.

Preston also provided another presentation (attached) for reference, *Washington State Medicaid Managed Care Demographic Analysis (July 2014 – June 2015)*.

Sylvia asked if HCA sees more CHURN with clients who are chronically homeless?

Preston explained the data doesn't drill down to that point yet, but that they hope to in the future and that we plan to have more data for targeted populations.

Jerry asked if we look at patient status when assessing CHURN details?

Preston said there are no plans to. He went on to say that we want to further drill down the data to determine why clients choose the plans they choose.

Thomas commented that we should take a look at the Federal Basic Health Plan and expanding CHIP.

Sylvia asked if we plan to lock-in clients to their MCO's?

Preston explained not at this time due to the costs of modifying our systems.

Foster Care Update

Preston Cody

We received bids and plan to announce the successful bidder after 8/3/2015.

The Foster Care RFP will be awarded to a single plan.

Adoption Support and Alumni members will be able to opt out of the Foster Care plan and into regular Apple Health and change their health plan.

In April of 2016, Clients will automatically be enrolled in an MCO the day they become eligible and will no longer be on fee-for-service.

Thomas asked what we know about when a client chooses their plan?

Preston responded that it is part of the application/eligibility process and typically Clients choose their plan in that moment. (Versus becoming eligible, researching plans and then going back into the system to select a MCO).

Strategic Plan

Jen Becker discussed how we are doing since our retreat and helped the team pin point what project (s) they want to focus on over the next twelve months.

Additional ideas thrown out for consideration for a project were:

- CMS' educational materials that were just released, and having Title XIX input on whether or not the information would be useful to providers and clients.
- A group to review client notices and client materials
- Three main initiatives of the 1115 Medicaid Transformation Waiver
- Build a High School Curriculum dedicated to informing students of the Medicaid/Medicare program

Jen explained that she will come up with a timeline and charter for us to review at our next meeting of the projects selected.

The group agreed to work with their organizations to develop a conduit for communication.

The group agreed that we may need extended focus groups for specific pieces of the projects we decide to take on.

Sylvia mentioned that additional face-to-face meetings would need to be scheduled to make the most of these efforts for the group.

Agenda Planning for Sept 18 Meeting

Agreed upon agenda topics include:

- Waiver Update
- Title XIX Membership – current membership bring ideas to the table of who is missing and submit referral at next meeting (DSHS Tribal, Long Term Care, Behavioral Health)
- Work Group Charter Update
- Managed Care Feedback
- Future meeting locations/travel
- 5 minutes for agenda planning for October meeting

Action Items

- Kari send the Foster Care successful bidder announcement to Title XIX
- Kari send Amina application to become Title XIX member
- Kari send Janice Tuft application to become Title XIX member
- Kari to work with Preston Cody and Jen to distribute the group's charter and timeline for projects.

The meeting adjourned at 11:55am.