

Washington State  
Health Care Authority

# Medicaid Monthly Meeting

December 23, 2015

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Office of Tribal Affairs

# Agenda



1. Update – Individual ProviderOne
2. Medicaid Payments & Clients (3 Years)
3. HCA Meetings for 2016
4. Tribal Consultation Follow-Up
5. Medicaid Transformation Waiver - Update
6. Joint Agency-Tribal Summit on Health Reform - Update
7. Miscellaneous
  - Status Updates Since November 25, 2015
  - Proposed State Plan Amendments, Waiver Amendments, and WAC Amendments Since November 25, 2015

# 1. Update – Individual ProviderOne

# Update – Individual ProviderOne

The implementation of Individual ProviderOne, the new payroll system for Individual Providers (IPs), has been delayed until March 1, 2016.

- The delay is due to system defects that could result in inaccurate or late payments. IP payments in January and February will continue to be made out of SSPS.
- IPs are not technically required to contact IOne, “register” or log-in; however, it is highly recommended to ensure IOne has their correct information (contact information, updated direct deposit, access to training materials, etc.).
- Currently, over 40% of active IPs have updated/verified their information in ProviderOne in preparation for the change.
- Announcements to IPs continue to be made via [www.ipone.org](http://www.ipone.org), mailings, and flyers attached to SSPS payment invoices.
- The IOne Call Center has been available since November 2, 2015 to assist IPs in all areas related to the future payments/payroll system. The IOne Call Center can be reached at 1-844-240-1526, Monday through Friday, 7 a.m. to 7 p.m. Starting in March, the Call Center will be available on Saturdays as well, 8 a.m. to 1 p.m.

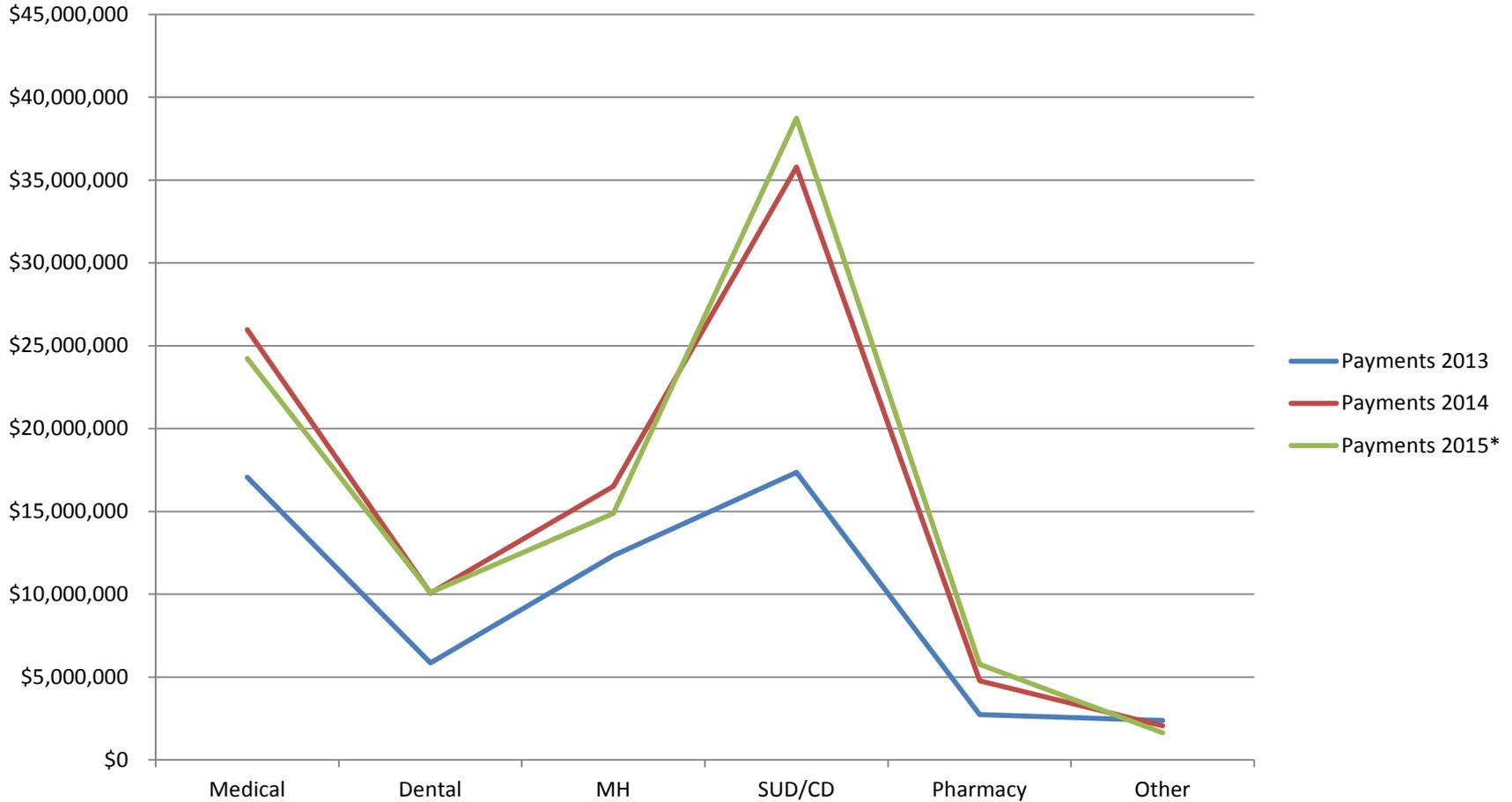
## **2. Medicaid Payments and Clients (3-Year Comparison)**

# Medicaid Payments to ITUs

FFS	Payments		
	2013	2014	2015*
Medical	\$17,058,226	\$25,974,404	\$24,240,689
Dental	\$5,849,096	\$10,063,105	\$10,095,666
Mental Health	\$12,326,548	\$16,514,299	\$14,869,413
SUD/CD	\$17,350,897	\$35,783,638	\$38,728,177
Pharmacy	\$2,731,096	\$4,770,431	\$5,774,703
Other	\$2,386,162	\$2,053,825	\$1,636,324
Total	\$57,702,030	\$95,159,702	\$95,344,974

\*Not a full year of claims yet submitted.

# Medicaid Payments to ITUs



\*Not a full year of claims yet submitted.

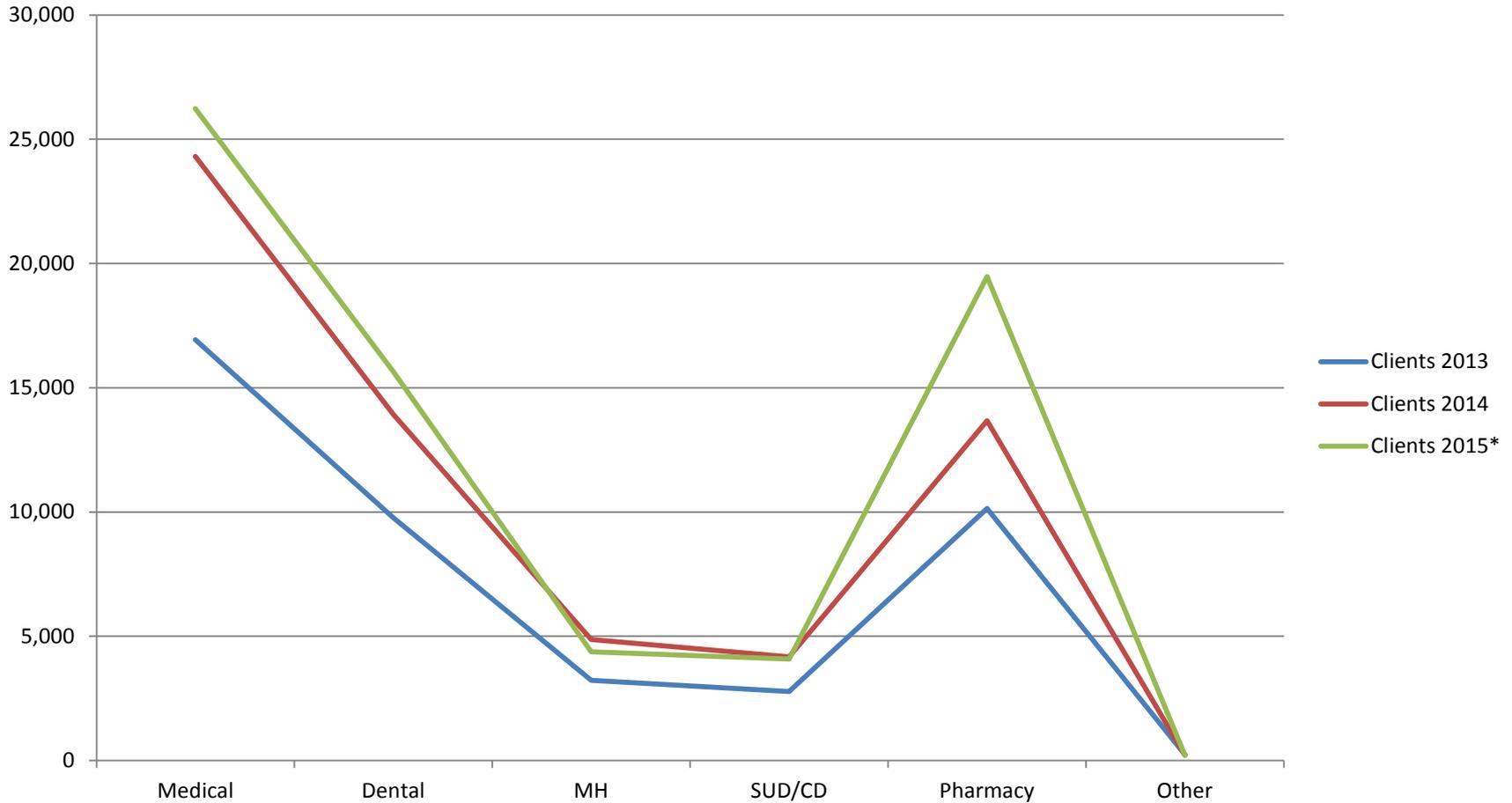
# Medicaid ITU Clients

FFS	Clients		
	2013	2014	2015*
Medical	16,936	24,307	26,224
Dental	9,775	13,926	15,655
MH	3,232	4,872	4,368
SUD/CD	2,777	4,171	4,081
Pharmacy	10,136	13,671	19,471
Other	231	218	198
Total**	25,812	49,780	40,668

\*Not a full year of claims yet submitted.

\*\*Total unique clients, not sum of clients by category.

# Medicaid ITU Clients



\*Not a full year of claims yet submitted.

## 3. HCA Meetings for 2016

# Regular HCA Meetings for Q1 2016

Date	Meeting
January 13 (Wed)	TBWG
January 19 (Tues)	BHSIA TCBH
January 25 (Mon)	MTM (HCA+BHSIA)
February 10 (Wed)	TBWG
February 16 (Tues)	BHSIA TCBH
February 22 (Mon)	MTM (HCA+BHSIA)
February 24 (Wed)	MCO-Tribal Meeting
March 9 (Wed)	TBWG
March 28 (Mon)	MTM (HCA+BHSIA)
Key	
TBWG	Tribal Billing Workgroup – Second Wednesday of the Month (webinar and HCA)
BHSIA TCBH	BHSIA Tribal Centric Behavioral Health Workgroup – Third Tuesday of January and February (webinar and OB-2 SL-04)
MTM (HCA+BHSIA)	Monthly Tribal Meeting with HCA+BHSIA – Fourth Monday of the Month (webinar and HCA Sue Crystal)
MCO-Tribal Meeting	Quarterly MCO-Tribal Meeting (webinar and HCA Sue Crystal)

# Regular HCA Meetings for Q2 2016

Date	Meeting
April 13 (Wed)	TBWG
April 25 (Mon)	MTM (HCA+BHSIA)
May 11 (Wed)	TBWG
May 23 (Mon)	MTM (HCA+BHSIA)
May [TBA]	MCO-Tribal Meeting
June 8 (Wed)	TBWG
June 27 (Mon)	MTM (HCA+BHSIA)
Key	
TBWG	Tribal Billing Workgroup – Second Wednesday of the Month (webinar and HCA)
MTM (HCA+BHSIA)	Monthly Tribal Meeting with HCA+BHSIA – Fourth Monday of the Month (webinar and HCA Sue Crystal)
MCO-Tribal Meeting	Quarterly MCO-Tribal Meeting (webinar and HCA Sue Crystal)
[TBA]	[To Be Announced]

# Regular HCA Meetings for Q3 2016

Date	Meeting
July 13 (Wed)	TBWG
July 25 (Mon)	MTM (HCA+BHSIA)
August 10 (Wed)	TBWG
August 22 (Mon)	MTM (HCA+BHSIA)
August [TBA]	MCO-Tribal Meeting
September 14 (Wed)	TBWG
September 26 (Mon)	MTM (HCA+BHSIA)
Key	
TBWG	Tribal Billing Workgroup – Second Wednesday of the Month (webinar and HCA)
MTM (HCA+BHSIA)	Monthly Tribal Meeting with HCA+BHSIA – Fourth Monday of the Month (webinar and HCA Sue Crystal)
MCO-Tribal Meeting	Quarterly MCO-Tribal Meeting (webinar and HCA Sue Crystal)
[TBA]	[To Be Announced]

# Regular HCA Meetings for Q4 2016

Date	Meeting
October 12 (Wed)	TBWG
October 24 (Mon)	MTM (HCA+BHSIA)
November 9 (Wed)	TBWG
November 28 (Mon)	MTM (HCA+BHSIA)
November [TBA]	MCO-Tribal Meeting
December 14 (Wed)	TBWG
December [TBA]	MTM (HCA+BHSIA)
Key	
TBWG	Tribal Billing Workgroup – Second Wednesday of the Month (webinar and HCA)
MTM (HCA+BHSIA)	Monthly Tribal Meeting with HCA+BHSIA – Fourth Monday of the Month (webinar and HCA Sue Crystal)
MCO-Tribal Meeting	Quarterly MCO-Tribal Meeting (webinar and HCA Sue Crystal)
[TBA]	[To Be Announced]

# Other HCA Meetings for 2016

Meeting	Date
Medicaid Transformation Tribal Workgroup	January [TBA]
Joint Agency-Tribal Summit Planning Workgroup	January [TBA]
Key	
[TBA]	[To Be Announced]

## 4. Tribal Consultation Follow-Up

# Tribal Consultation

- Held on Tuesday, November 17
- Topics:
  - 1915(b) Waiver Amendment for:
    - ❖ Behavioral Health Organizations (BHOs) throughout the state except for Clark and Skamania counties
    - ❖ Behavioral Health Service Only (BHSO) benefit package for Medicaid enrollees in fee-for-service in Clark and Skamania counties
  - State Plan Amendment for Fully Integrated Managed Care in Clark and Skamania counties

# Tribal Consultation Follow-Up

- Timeline:

*12/8 HCA emailed revised waiver amendment (with BHO and BHSO provisions) and Tribal consultation minutes*

*12/18 Due date for comments  
One letter received from AIHC*

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*12/21-12/29 HCA/DSHS review comments and complete waiver amendment*

*12/30 HCA/DSHS submit waiver amendment to CMS*

- Issue Grid: The State agreed to prepare a grid to help track the many issues raised during the consultation and any barriers to addressing those issues.

# Tribal Consultation Follow-Up

**AIHC Request A:** *Include attached recommendations in Section A, Part I, “Tribal consultation and program history”. See 1915(b) Waiver, page 2.*

**Draft Response:** The State will attach every letter received to the submission to CMS.

**AIHC Request B:** *Require BHOs and MCOs to collaborate with Indian health care providers. See 1915(b) Waiver, page 28.*

**Draft Response:** The Waiver requires BHOs to coordinate with Tribal health programs and urban Indian health programs. MCOs are beyond the scope of the 1915(b) Waiver. HCA will review the MCO contracts in response to this request.

**AIHC Request C:** *Revise paragraph regarding coordination with Tribal Centric Behavioral Health workgroup to include a timeline for when recommendations provided in the 2013 Tribal Centric Behavioral Health Report to the legislature and the attached recommendations will be implemented. See 1915(b) Waiver, page 28.*

**Draft Response:** The State does not have the information to establish a timeline. HCA and DSHS have committed to develop an issues grid and to identify the steps to address each issue, which will enable the agencies to work with the Tribes on a timeline.

# Tribal Consultation Follow-Up

***AIHC Request D:*** Request within the 1915(b) BHO Waiver that tribes are reimbursed the encounter rate for providing services to non-AI/ANs who are patients of their programs.

**Draft Response:** The Medicaid State Plan governs the payment of the IHS encounter rate. The State is not seeking to waive this provision of the State Plan. Any expansion of the payment of the IHS encounter rate for services provided to non-AI/ANs will require legislative budgetary authority before the agencies can negotiate with CMS on the specific CMS authority.

***AIHC Request E:*** State within the 1915(b) Waiver that the State will continue to allow I/T/Us to bill separate encounter rates for chemical dependency, mental health, and physical health services.

**Draft Response:** The Medicaid State Plan governs the payment of the IHS encounter rate. The State is not seeking to waive this provision of the State Plan. Any expansion of the payment of the IHS encounter rate for services provided to Urban Indian Health Organizations will require specific CMS authority and, if there is a budgetary impact to the State, legislative budgetary authority.

# Tribal Consultation Follow-Up

***AIHC Request F:*** State within the 1915(b) Waiver and State Plan Amendment that the State will continue to comply with the AI/AN exemption from managed care under Section 1932(a)(2)(c) of the Social Security Act.

**Draft Response:** The Social Security Act and rules promulgated thereunder govern the exemption of AI/ANs from Medicaid managed care under Section 1932. The State is not seeking to waive this federal exemption.

***AIHC Request G:*** Revise paragraph addressing development of consumer surveys to include requirement that the State seek and consult with Tribal experts in the development of AI/AN specific questions within the survey and survey analysis. See 1915(b) Waiver, page 27.

**Draft Response:** The survey referred to in the 1915(b) Waiver is a standardized survey. Any modifications to the survey, and analysis of the data from those modifications, will have a budgetary impact that will require legislative budgetary authority. DSHS would be happy to work with Tribes and Urban Indian Health Organizations on survey data needs and any resulting survey projects related to behavioral health.

# 5. Medicaid Transformation Waiver - Update

# Medicaid Transformation Waiver

- Tribal Workgroup meeting held on Friday, December 15
- Next Tribal Workgroup meeting will be held in January – We are working on the date and time

***Please let me know if you are interested in participating***

# Medicaid Transformation Waiver

- Application submitted on August 25
- Federal comment period ended on October 9
- Available at  
*[http://www.hca.wa.gov/hw/Pages/medicaid\\_transformation.aspx](http://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx)*
- Nothing to report from discussions with CMS
  - CMS is still coming up to speed

# Medicaid Transformation Waiver

- AIHC Project on ACH-Tribal engagement for 2016, with a report to be finalized by January 2017
- HCA is working on a placeholder to ensure that there are dollars to support ITU work
- For Transformation projects, ITUs can work on:
  - AI/AN-specific projects without their ACHs
  - ACH projects with AI/AN-specific elements

# Medicaid Transformation Waiver

- On December 8, HCA recorded a webinar on the agency's process for developing the transformation project list.
  - Available at <https://youtu.be/ZMxQiCzKZIs>
- The following slides are excerpted from that webinar. Please review the webinar for the full presentation.

# Why We Need Transformation Project Ideas

- Critical for ongoing waiver negotiations with CMS.
- The state must show how we will transform the delivery system in a way that supports CMS' goals:
  - *providing better care for Medicaid beneficiaries*
  - *addressing social determinants that affect people's health*
  - *paying for performance*
  - *fostering innovations that are sustainable over time*
- Need to formulate details around what we are doing, what CMS will be investing in and why this is important for Medicaid.
- We committed to a transparent process for building the transformation project menu.
- This is an opportunity for you to propose project ideas that reflect the priorities of your community and the people you serve.

# Transformation Project Ideas Must:

- Support the Medicaid Transformation goals.
- Have a foundation in evidence-based or promising practice research.
- Promote integrity and objectives of the federal Medicaid program.
- Have potential to show a return on investment within the five-year waiver demonstration (*if possible*).
- Positively impact a substantial number of Medicaid enrollees – think big, start focused, scale fast.
- Be substantially different than existing efforts.
- Address significant health needs in ACH region or statewide.
- Show evidence of collaboration in project planning.

# Transformation Project Domains:

## **Domain 1—Health Systems Capacity Building**

Strategies and projects that build providers' capacity to effectively operate in a transformed system.

*These supports may be needed to complement projects related to care delivery redesign and population health domains, or to support delivery of benefits available through initiatives 2 and 3.*

## **Domain 2—Care Delivery Redesign**

Statewide scaling, spreading, and sustainability of care delivery models.

*Projects that integrate systems of care and supports to address the health and recovery needs of the whole person, develop clinical-community linkages, and build better transitions of care.*

## **Domain 3—Population Health Improvement/Prevention Activities**

Targeted clinical and community prevention and health promotion

*Must focus on Medicaid beneficiaries and be consistent with waiver goals.*



# Project Ideas – A Starting Point

## **Domain 1 - Health Systems Capacity Building**

- Workforce development (in support of Care Delivery Redesign)
- System infrastructure, technology and tools
- Supports for providers to adopt value-based payment models

## **Domain 2 - Care Delivery Redesign**

- Bi-directional integrated delivery systems
- Access to care coordination, case management and transitional care
- Outreach, engagement and recovery supports

## **Domain 3 - Population Health Improvement - Prevention Activities**

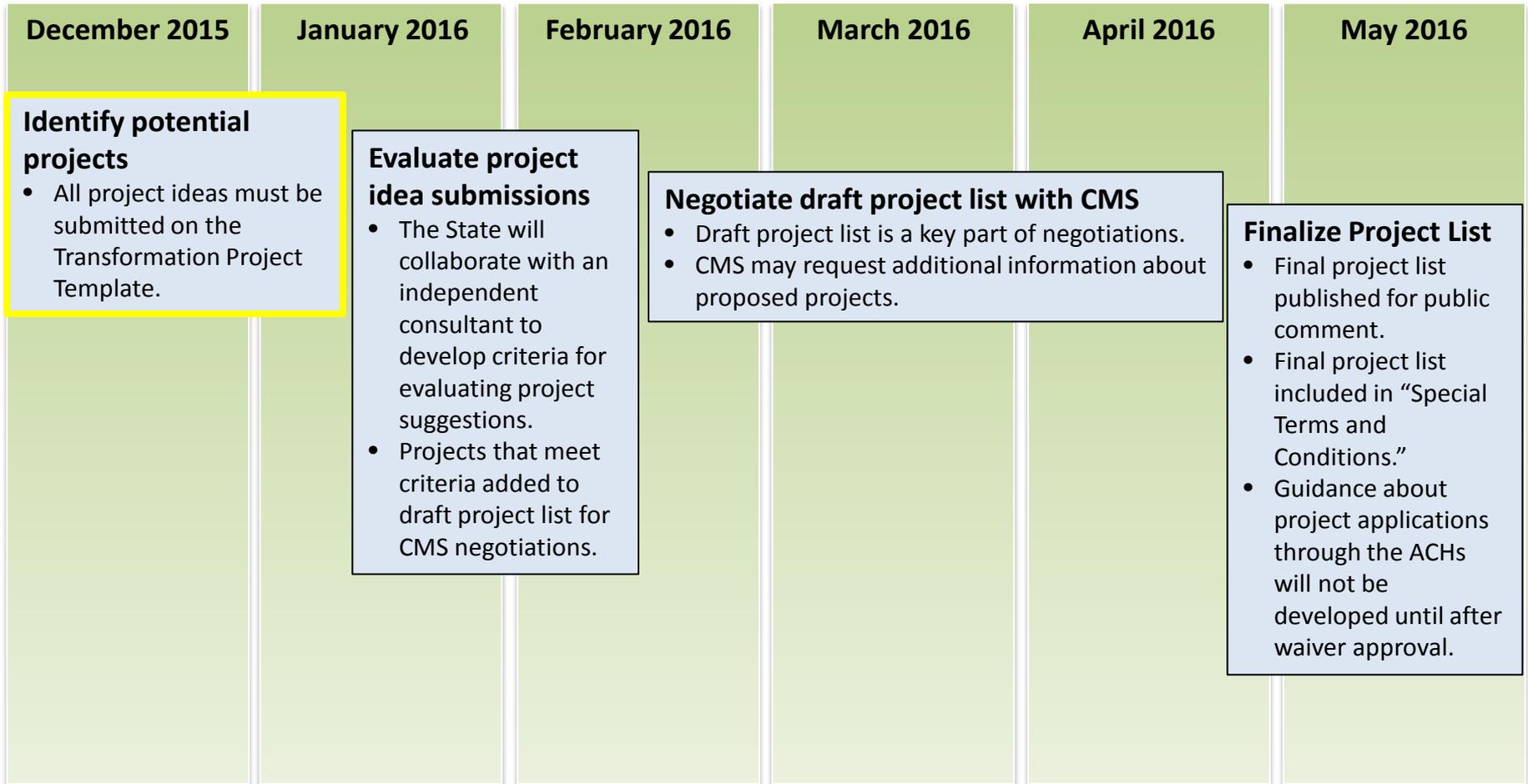
- Mental health and substance use disorders
- Chronic disease prevention (e.g. oral health, smoking, diabetes)
- Promote Healthy Women, Infants and Children (safe pregnancy and delivery)

# Timeline and Process for Waiver



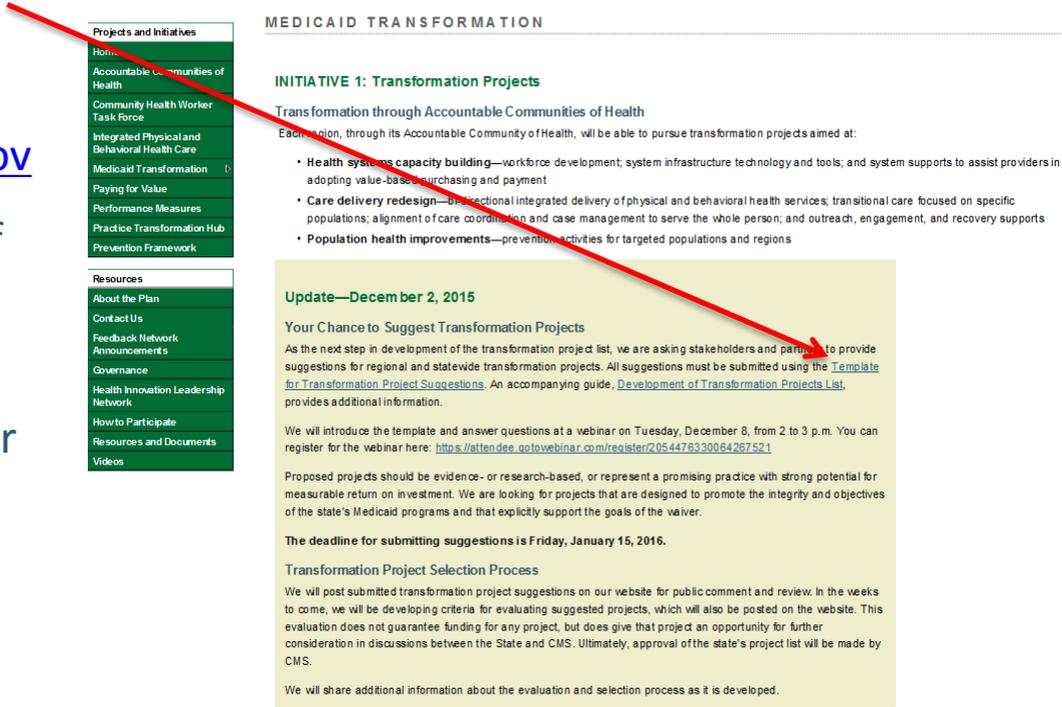
# Timeline and Process for Project Ideas

Assuming waiver approval in April...



# How to Submit Project Ideas

- **Deadline: January 15, 2016.**
- Suggestions must be submitted using the “*Template for Transformation Project Suggestions*” (available on our website).
- E-mail completed templates to [Medicaidtransformation@hca.wa.gov](mailto:Medicaidtransformation@hca.wa.gov)
- Be concise - no more than 3 pages if possible.
- Submissions will be posted on the Medicaid Transformation website for public review and comment.



Projects and Initiatives
Home
Accountable Communities of Health
Community Health Worker Task Force
Integrated Physical and Behavioral Health Care
Medicaid Transformation
Paying for Value
Performance Measures
Practice Transformation Hub
Prevention Framework
Resources
About the Plan
Contact Us
Feedback Network
Announcements
Governance
Health Innovation Leadership Network
How to Participate
Resources and Documents
Videos

## MEDICAID TRANSFORMATION

### INITIATIVE 1: Transformation Projects

#### Transformation through Accountable Communities of Health

Each region, through its Accountable Community of Health, will be able to pursue transformation projects aimed at:

- **Health systems capacity building**—workforce development; system infrastructure technology and tools; and system supports to assist providers in adopting value-based purchasing and payment
- **Care delivery redesign**—directional integrated delivery of physical and behavioral health services; transitional care focused on specific populations; alignment of care coordination and case management to serve the whole person; and outreach, engagement, and recovery supports
- **Population health improvements**—preventive activities for targeted populations and regions

#### Update—December 2, 2015

##### Your Chance to Suggest Transformation Projects

As the next step in development of the transformation project list, we are asking stakeholders and partners to provide suggestions for regional and statewide transformation projects. All suggestions must be submitted using the [Template for Transformation Project Suggestions](#). An accompanying guide, [Development of Transformation Projects List](#), provides additional information.

We will introduce the template and answer questions at a webinar on Tuesday, December 8, from 2 to 3 p.m. You can register for the webinar here: <https://attendee.gotowebinar.com/register/2054476330064267521>

Proposed projects should be evidence- or research-based, or represent a promising practice with strong potential for measurable return on investment. We are looking for projects that are designed to promote the integrity and objectives of the state's Medicaid programs and that explicitly support the goals of the waiver.

**The deadline for submitting suggestions is Friday, January 15, 2016.**

##### Transformation Project Selection Process

We will post submitted transformation project suggestions on our website for public comment and review. In the weeks to come, we will be developing criteria for evaluating suggested projects, which will also be posted on the website. This evaluation does not guarantee funding for any project, but does give that project an opportunity for further consideration in discussions between the State and CMS. Ultimately, approval of the state's project list will be made by CMS.

We will share additional information about the evaluation and selection process as it is developed.

# Template for Transformation Project Suggestions

# Project Template

The template has four key sections:

- *Rationale for project*
- *Project description*
- *Core investment components*
- *Project metrics*

It reflects critical information CMS needs to support the potential investment in a given project.

Development of Washington State Medicaid Transformation Projects List – December 2015

Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**. Please email completed templates by **January 15, 2016**, to [MedicaidTransformation@hca.wa.gov](mailto:MedicaidTransformation@hca.wa.gov) with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

<b>Contact Information</b>	<i>Identify point person, telephone number, e-mail address</i>
	<i>Which organizations were involved in developing this project suggestion?</i>
<b>Project Title</b>	<i>Title of the project/intervention</i>
<b>Rationale for the Project</b>	
<i>Include:</i>	
<ul style="list-style-type: none"> <li>● <i>Problem statement – why this project is needed.</i></li> <li>● <i>Supporting research (evidence-based and promising practices) for the value of the proposed project.<sup>1</sup></i></li> <li>● <i>Relationship to federal objectives for Medicaid<sup>2</sup> with particular attention to how this project benefits Medicaid beneficiaries.</i></li> </ul>	
<b>Project Description</b>	
<i>Which Medicaid Transformation Goals<sup>3</sup> are supported by this project/intervention? Check box(es)</i>	
<input type="checkbox"/> Reduce avoidable use of intensive services <input type="checkbox"/> Improve population health, focused on prevention <input type="checkbox"/> Accelerate transition to value-based payment <input type="checkbox"/> Ensure Medicaid per-capita growth is below national trends	
<i>Which Transformation Project Domain(s) are involved? Check box(es)</i>	
<input type="checkbox"/> Health Systems Capacity Building <input type="checkbox"/> Care Delivery Redesign <input type="checkbox"/> Population Health Improvement – prevention activities	
<i>Describe:</i>	
<ul style="list-style-type: none"> <li>● <i>Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).</i></li> <li>● <i>Relationship to Washington's Medicaid Transformation goals.</i></li> <li>● <i>Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.</i></li> <li>● <i>Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.</i></li> <li>● <i>Potential partners, systems, and organizations (e.g., health and social service providers, ACH members) needed to be engaged to achieve the results of the proposed project.</i></li> </ul>	
<b>Core Investment Components</b>	

# Rationale for the Project

## Rationale for the Project

### *Include:*

- Problem statement – why this project is needed.
- Supporting research (evidence-based and promising practices) for the value of the proposed project.
- Relationship to federal objectives for Medicaid with particular attention to how this project benefits Medicaid beneficiaries.

The Washington State Institute for Public Policy, <http://www.wsipp.gov>, has identified “evidence-based” policies that can lead to better outcomes; Behavioral health research reports developed by the Research and Data Administration are available at: <https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation>

Medicaid objectives as stated in GAO report 15-239, April 2015, <http://www.gao.gov/products/GAO-15-239>:

- Increase and strengthen coverage of low income individuals.
- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations.
- Improve health outcomes for Medicaid and low-income populations.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.
- Criteria established for specific demonstrations described through an informational bulletin or State Medicaid Director’s Letter – available at: <http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html>.

# Project Description

## Project Description

*Which Medicaid Transformation Goals are supported by this project/intervention? Check all applicable box(es)*

- Reduce avoidable use of intensive services
- Improve population health, focused on prevention
- Accelerate transition to value-based payment
- Ensure Medicaid per-capita growth is below national trends

*Which Transformation Project Domain(s) are involved? Check box(es)*

- Health Systems Capacity Building
- Care Delivery Redesign
- Population Health Improvement – prevention activities

*Describe:*

- Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).
- Relationship to Washington's Medicaid Transformation goals.
- Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.
- Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.
- Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.

Not looking for an express commitment from potential partners but strong project ideas will reflect community linkage and cross sector collaboration.

# Core Investment Components

## Core Investment Components

### Describe:

- Proposed activities and cost estimates (“order of magnitude”) for the project.
- Best estimate (*or ballpark if unknown*) for:
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented.
  - How much you expect the program to cost per person served, on a monthly or annual basis.
- How long it will take to fully implement the project within a region where you expect it will have to be phased in.
- The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.

We do not want this to be a time-consuming task, but we need to have a basic understanding of the potential financial support necessary to implement the project as envisioned.

# Project Metrics

## Project Metrics

*The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.*

*Wherever possible describe:*

- Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf> pages 46-47.
- If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?

This includes the statewide common measure set for tracking health care quality and cost across multi-payer public and private health delivery systems: [http://www.hca.wa.gov/hw/Documents/pmcc\\_final\\_core\\_measure\\_set\\_approved\\_121714.pdf](http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf) and the subset of 2016 Medicaid contract common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 5732/1519 Steering Committee and reported to the Legislature in “Service Coordination Organizations – Accountability Measures Implementation Status”, (page 36) at: [http://www.hca.wa.gov/documents\\_legislative/ServiceCoordinationOrgAccountability.pdf](http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf).

# **6. Joint Agency-Tribal Summit on State Health Care Reform: Planning Workgroup**

# Joint Agency-Tribal Summit on State Health Care Reform: Planning Workgroup

## Workgroup Objectives:

- Plan the Summit agenda, protocols, and process to ensure that the Summit is effective
- Plan the date, time, and location for the Summit

## Last Meeting of Planning Workgroup:

- December 21, 9 a.m.

## Status:

- No longer planning for Summit on Jan. 29 or Feb. 5
- Challenges with winter weather/legislative session

# Joint Agency-Tribal Summit on State Health Care Reform: Planning Workgroup

## *Seeking feedback on:*

### **1. DSHS Tribal Leader Summit (usually in April)**

- Expand scope to include Healthier WA
  - Leadership of DSHS, DOH, and HCA would present on the vision for state health care reform under the Healthier Washington project
- Perhaps add a day to the Summit

# Joint Agency-Tribal Summit on State Health Care Reform: Planning Workgroup

## *Seeking feedback on:*

### **2. AIHC Biennial Tribal Leader Health Summit**

- **Objective:** To discuss and collaborate with the agencies' state health care reform work and budget and legislation requests.
- **Proposed Dates:**
  - Week of June 13
  - Week of June 20
  - Combined or coordinated with IPAC meeting on July 14

Working around the NCAI and NPAIHB meetings and Canoe Journeys.

# 7. Miscellaneous

# Status Updates Since November 25, 2015

Project	Status
AI/AN Health Care Issues Grid	In process of being drafted
Tribal Consultation Minutes	Completed – Distributed on December 8
Medicaid Transformation Waiver	<p>HCA in preliminary discussions with CMS; meeting held on December 15; next meeting in January</p> <ul style="list-style-type: none"> <li>• Coordinating with AIHC project</li> <li>• Upcoming process on submitting project ideas</li> </ul>
Joint Agency-Tribal Summit	<p>Meetings held on December 4, 14, and 21</p> <ul style="list-style-type: none"> <li>• No longer looking at February 5 or January 29</li> </ul> <p>Seeking feedback on alternative options:</p> <ul style="list-style-type: none"> <li>• April DSHS Tribal Leader Summit</li> <li>• AIHC Biennial Tribal Leader Health Summit in:               <ul style="list-style-type: none"> <li>➤ Week of June 13</li> <li>➤ Week of June 20</li> <li>➤ Combined/coordinated with July 14 IPAC meeting</li> </ul> </li> </ul>

# Status Updates Since November 25, 2015

Project	Status
MCO Payment of Wraparound Encounter Rate	No update - Scoping changes that would need to be made to ProviderOne to enable MCO payment
Forms for HCA Contracts with Tribes	No update - Preparing form Indian Addendum for Core Provider Agreements
AI/AN Maternity Support Services (MSS) and First Steps	No update - Working to increase awareness of reduced team requirements and Medicaid reimbursement for CHR case management
ACH-Tribal Engagement Technical Assistance (including resources on Tribal representation on ACH governance bodies) and Tribal Meeting Facilitation	No update - Contract with AIHC in final approval stages

# Status Updates Since November 25, 2015

Project	Status
Tribal-State Data Workgroup	No update
HCA Training: Gov't-to-Gov't and Indian Health Care Delivery	No update
Quarterly MCO-Tribal Meetings	Next meeting on February 24, 2016; HCA working on notes from November 18 and May 8 meetings
Pilot of Mental Health Technical Assistance Review at Tribe	Re-evaluating
Federal Ownership Disclosure Requirements for I/T/Us	Still waiting for guidance from CMS
Tribal Consultation on April 17, 2015	No update - HCA working on minutes

# Status Updates Since November 25, 2015

Project	Status
Foster Care Medical and Tribal Foster Care	No update - HCA will work with the IPAC subcommittee for Children's Administration
Tribal Health Homes	No update - DSHS has determined that it can extend the funding of the Health Homes program through June 30, 2016; legislature will determine whether to extend program after June 30, 2016

# Status Updates Since November 25, 2015

Open Item	Status
CMS-Required Inter-Governmental Transfer Process	No update
Replies to AIHC briefing papers/questions	No update
Expansion of AI/AN exemptions from Medicaid estate recovery	No update
Amendment to HCA Tribal Consultation Policy	No update
Review of AIHC Medicaid eligibility materials	No update
Expansion of HCA resources on AI/AN eligibility	No update
IHS Services and Medicaid spenddown	No update

# Status Updates Since November 25, 2015

Open Item	Status
Domestic Violence Perpetrator treatment and Medicaid coverage under Brief Intervention Treatment procedure	No update

# Medicaid State Plan Amendments (SPAs) and Waivers: Notices Since November 25, 2015

SPA#/Waiver# (Date of Letter)	Brief Description
1915(b) Waiver (12/8/2015)	Waiver amendment to implement (a) Behavioral Health Organizations (BHOs) in all counties except Clark and Skamania counties and (b) the Behavioral Health Service Only (BHSO) benefit package for Medicaid fee-for-service clients in Clark and Skamania counties
SPA 16-0004 (12/9/2015)	Technical update to the list of over-the-counter (OTC) medications covered for Medicaid clients in the State Plan to simplify the OTC medications list and eliminate the use of specific drug classes as organizing categories, in order to reduce the administrative burden of updating coverage as more products become available as OTC. No change to agency policy.
HCBS Transition Plan (12/18/2015)	Revised statewide Home and Community-Based (HCB) settings transition plan to comply with January 2014 rules for HCB settings in Medicaid programs operated under sections 1915(c), 1915(i), and 1915(k) of the Social Security Act. The new requirements support opportunities for clients to maximize access to the benefits of community living and to receive services in the most integrated setting for HCB program participants.

# HCA WAC Change Requests: CR-102 Filings Since November 25, 2015

WSR # (Date of Filing)	Rule Title and Brief Description
WSR 15-24-110 (12/1/2015)	<u>Certification Periods and Change of Circumstance</u> : Housekeeping changes to make rules consistent with each other and to clarify that reinstated or continued coverage continues until an order is issued by HCA's Office of Administrative Hearings (WAC 182-504-0130, 182-504-0135). <i>Hearing on January 5, 2016.</i>
WSR 15-23-060 (12/1/2015)	<u>Medical Assistance Units</u> : Various amendments to improve clarity (WAC 182-506-0010). <i>Hearing on January 5, 2015.</i>
WSR 15-24-112 (12/1/2015)	<u>Medical Definitions - A</u> : Various technical amendments (WAC 182-500-0010). <i>Hearing on January 5, 2015.</i>
WSR 16-01-068 (12/14/2015)	<u>Long Term Care</u> : Clarifying rules to comply with federal guidance (Chapter 182-514 WAC). <i>Hearing on January 26, 2016.</i>
WSR 16-01-104 (11/20/2015)	<u>Estate Recovery</u> : Amend WAC 182-527-2742 to clarify that Individual and Family Services and Community First Choice are subject to estate recovery and to remove Washington Medicaid integration partnership since it is discontinued. In addition, amend Chapter 182-527 WAC to more clearly distinguish rules that apply to TEFRA liens and rules that apply to estate recovery. <i>Hearing on January 26, 2016.</i>

# Thank you!

## Office of Tribal Affairs & Analysis

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