

November 13, 2020 | 8:30am-12:00pm

Zoom meeting link:

<https://zoom.us/j/9443424237?pwd=djMxdVF1a0JrWG1nS3p3THVgOXF6Zz09>

Call-in option: 1 253 215 8782

Meeting ID: 944 342 4237 Passcode: 587374

Streamtext: <https://www.streamtext.net/player?event=WSHCA>


## Title XIX Advisory Committee

### Invitees:



<input checked="" type="checkbox"/>	St. Clair, Claudia (Chair, Molina Health)	<input type="checkbox"/>	Graham, Alec (DSHS)	<input checked="" type="checkbox"/>	Perna, Bob (WSMGMA)
<input type="checkbox"/>	Abdi, Fathiya (CHNWA)	<input type="checkbox"/>	Henricksen, Wes (Child & Adolescent CI)	<input type="checkbox"/>	Ramos, Joana (healthwatched.org)
<input checked="" type="checkbox"/>	Burke, Monica (DOH)	<input type="checkbox"/>	Killpack, Bracken (WSDA)	<input type="checkbox"/>	Rector, Bea (DSHS)
<input checked="" type="checkbox"/>	Busz, Andrew (WSHA)	<input type="checkbox"/>	Kinnaman, Catherine (DSHS)	<input checked="" type="checkbox"/>	Robbins, Kimberley (Child & Adoles Clinic)
<input type="checkbox"/>	Carpeneti, Lia (Community H.P. of WA)	<input type="checkbox"/>	Lovell, Emily (WSDA)	<input type="checkbox"/>	Saravia, Rebecca
<input type="checkbox"/>	Cavens, Phyllis (CANDAC)	<input type="checkbox"/>	Marsalli, Bob (WACH)	<input checked="" type="checkbox"/>	Sawycky, Kristina
<input checked="" type="checkbox"/>	Christian, Ann (WA Council for BH)	<input type="checkbox"/>	McDougall, Regina (COM)	<input checked="" type="checkbox"/>	Shepard, Jeb (WSMA)
<input type="checkbox"/>	Delecki, Chris (SEA Children's)	<input checked="" type="checkbox"/>	Milliren, Heather (Parent Advocate)	<input checked="" type="checkbox"/>	Tufte, Janice (Patient Advisor)
<input type="checkbox"/>	Doumit, Sophie (WSDA)	<input type="checkbox"/>	Moss, Bill (DSHS)	<input checked="" type="checkbox"/>	Yorioka, Jerry (Physician Advocate)
<input checked="" type="checkbox"/>	Dyer, Nikki (DOH)	<input type="checkbox"/>	Prasad, Shirley (WSHA)	<input type="checkbox"/>	
<input type="checkbox"/>	Ewart, Hugh (SEA Children's)	<input type="checkbox"/>	Nguyen, Huy (NW Justice)	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Gil, Sylvia (CHNWA)	<input type="checkbox"/>		<input type="checkbox"/>	

### Stakeholders and HCA staff:

<input checked="" type="checkbox"/>	Lindeblad, MaryAnne (Exec Sponsor)	<input checked="" type="checkbox"/>	Kramer, Karin	<input checked="" type="checkbox"/>	Vento, Elizabeth
<input type="checkbox"/>	Blondin, Amy	<input checked="" type="checkbox"/>	Linke, Taylor	<input type="checkbox"/>	Worrell, Dennis
<input checked="" type="checkbox"/>	Campbell, Kodi (notes)	<input type="checkbox"/>	McDermott, Lou		
<input type="checkbox"/>	Chen, Christopher	<input checked="" type="checkbox"/>	McGill, Jason		<b>GUESTS:</b>
<input type="checkbox"/>	Claycamp, Teresa	<input type="checkbox"/>	Needham, Mich'l	<input checked="" type="checkbox"/>	Arnis, Michael (HCA)
<input type="checkbox"/>	Fotinos, Charissa	<input type="checkbox"/>	Pazolt, Melodie	<input checked="" type="checkbox"/>	Finegood, Brad (guest – King Co.)
				<input checked="" type="checkbox"/>	Malcuit, Jeanna (closed captioner)
				<input checked="" type="checkbox"/>	Shera, Kris (HCA)

#	Agenda Items	Time	Lead	Notes/Handouts
1.	<b>Welcome and roll call</b>	8:30am	Claudia St. Clair	Welcome new member: Monica Burke (DOH)
2.	<b>Medicaid Transformation Project Extension</b>	8:35-8:55am	Michael Arnis	 MTP One-Year Extension Concept_
<ul style="list-style-type: none"> <li>Five year 1115 Medicaid waiver to implement several initiatives:</li> <li><b>Initiative 1:</b> Delivery system transformation through Accountable Communities of Health (ACHs) and Indian Health Care Providers (IHCPs)</li> <li><b>Initiative 2:</b> Long term services and supports</li> <li><b>Initiative 3:</b> Foundational Community Supports</li> </ul>				

- **Initiative 4:** Enhanced federal funding for substance use disorder treatment
- **Initiative 5 (pending):** Enhanced federal funding for mental health treatment
- Currently in year four of implementation.
- COVID-19 created opportunities to address the pandemic.
- Additional funding is potentially available without “new” authorization from CMS.
- Pursuing a one-year extension across all MTP initiatives – would allow the state to utilize federal funding in the additional year (2022) that would otherwise go unspent (roughly \$139 million). Not asking for additional funding, just asking for the authority to spend in the federal funds that we would receive through the local contributions.
- Includes the potential for additional Delivery System Reform Incentive Payment (DSRIP) ACH and IHCP funding.
- The sixth year would present new opportunity to focus on essential activities and transition to a future state.
- CMS advised that a longer-term extension would not include DSRIP, although this approach extends the possibility of a future DSRIP program in case this stance changes.
- Have completed two tribal roundtables – the third is next week.
- Final extension application to CMS due 12/31/2020.
- CMS negotiations after application submission through 2021.
- Most recent report: <https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-resources>

3.	<b>State Opioid &amp; Overdose Planning Update</b>	8:55-9:35am	Kris Shera	 Task 1_Current State Assessment_FI   Title XIX 11.13.20.pptx
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- Drug OD deaths from January – June 2020 are 30% higher than the same months in 2019.
- Drug OD deaths involving synthetic opioids and/or cocaine from January – June 2020 nearly doubled compared to the same time in 2019.
- Highest death rates in King, Snohomish and Pierce counties.
- Overdose deaths disproportionately affect American Indian and Alaskan Native populations.
- The updated State Opioid and Overdose Response plan will be available later this month. Some of the updates include: health equity & justice; supporting individuals in recovery; updated website for planning and meetings; and pandemic planning.
- August 2019, WA was selected for phase 1 – a research and planning grant for SUD treatment and recovery services.
- Phase 2, if selected, will involve a demonstration project with CMS to provide SUD treatment and recovery services in a new way.
- Populations of interest: pregnant & post-partum women with SUD; adolescents (ages 13-18); Transition Age Youth Adults (ages 16-25); individuals utilizing syringe service programs; American Indian and Alaska Natives with SUD/OD; justice involved individuals; and those experiencing homelessness.

**ACTION:** Kodi to distribute Kris’s power point (attached)

**ACTION:** Kris gathering info for Jeb Shepard @ WSMA – is there updated data to share on opioid Rx rates? Kris reaching out to peers to gather this info.

4.	<b>Current Drug Trends (Fentanyl focus)</b>	9:25-10:05am	Brad Finegood	
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- Discussed current drug trends in King Co. and statewide numbers – focus on Fentanyl because it’s a new, emerging threat.
- <https://www.kingcounty.gov/depts/health/examiner/services/reports-data/overdose.aspx>
- Fentanyl comes in three forms: white powder, black tar and counterfeit pills. We’ve seen it in M30 pills, which is supposed to be Percocet.
- Last year, Seattle police seized a quarter million of these pills.
- In March and April we saw 50 Fentanyl overdose deaths compared to 11 a year before – almost a 500% increase.
- Almost ¾ of Fentanyl deaths are people under the age of 40.
- Working on a PSA campaign in our county to spread awareness.
- Created a 2.5 minute YouTube video that is youth-focused for high school students in King Co.



5.	<b>Medicaid Managed Care Update</b>	9:55-10:25am	Jason McGill	
<ul style="list-style-type: none"> <li>• Generally, rates will be in the 2-3% range so pretty flat overall rates for managed care.</li> <li>• Physical health rate is really flat, less than 1%.</li> <li>• Behavioral Health rates are in the range of 7-8% overall – has a lot to do with major investments the state has made.</li> <li>• Pharmacy – high costs of specialty drugs, hard to predict what drugs will be approved the following year and how many will be put into managed care rates. Managed care plans have administered the benefit but the state has paid for the drug.</li> <li>• Savings is about \$4 million overall, the pharmacy savings overall is about \$100 million as part of the rate development and small savings with regard to ER avoidance.</li> <li>• 2021 has been difficult to assume trend-wise as we can't base it on 2020 because of COVID – more reasonable to look back at 2019.</li> <li>• Milliman, our actuary, runs different hypotheticals and assessments to develop these rates.</li> <li>• A lot of questions raised about the 2020 stay home, stay healthy order and the elective surgery stop. We should see some savings there and we have two provisos we're looking at to rely on those savings. 1) Gains shared provision: backstop to get back excess profits that the managed care plans made, which is in current contract and law, and 2) 2% quality withhold related to managed care plan – so a 2% premiums withhold, withheld for purposes of value-based payment contracting.</li> <li>• Today we have a 1.5% risk margin – we assume plans would reasonably profit in the 1.5% range. We are going to tighten that up for 2021.</li> <li>• CMS has asked all states to consider a two-way risk corridor.</li> <li>• The plans get to keep upwards of 3% and then we have to request excess after the 3% - this is done by plan, not overall.</li> <li>• To lower the risk margin from 1.5% to 1%, we would need to introduce a two-way risk corridor in which the state may share some of those losses.</li> <li>• On the profit side, the plans will only get to keep 1% of the profit and then the state retains all profits after that. Importance of the 1.5% v. 1% is about \$35 billion of savings we would build into the rates. There is, of course, some controversy or disagreement because of the potential for the state to take on risk. Really only looking at this for 2021.</li> <li>• Our supplemental rebate is pretty transparent and if interested, we could invite Donna Sullivan to a future meeting to discuss this in more detail.</li> </ul>				

6.	<b>Update on progress of Healthier WA initiatives</b>	10:25-10:50am	MaryAnne Lindeblad	
<ul style="list-style-type: none"> <li>• Touching on high points of the one-year extension we requested that Michael spoke about earlier.</li> <li>• A long process, first year was a set-up year, second year getting into delivery services, and now we're starting to see some of the fruits of the work we're doing with our five initiatives.</li> <li>• We have work that's been going on for about a year and a half – multipayer initiative for primary care and mechanisms through that primary care initiative on value-based purchasing approaches. Has been an issue for us for a variety of reasons, and Medicaid reimbursements tend to be low.</li> <li>• We continue to work with ACHs in terms of their projects, performance, and what they're doing to help support social determinants of health.</li> <li>• Also working on two programs to help support seniors or individuals to stay in their home and provide caregiver support options. These are individuals who don't necessarily want to apply for Medicaid or need a more limited product for Medicaid. So far this is looking very successful in terms of saving money for the state.</li> <li>• Foundational community support (supported housing and supported employment work) – critical piece of the waiver, we've seen positive outcomes. We've seen some individuals that are enrolled in our support services finding employment and making more money than those who have not enrolled, and have helped people transition out of homelessness thanks to the program.</li> <li>• We're continuing to identify outcomes as we move forward on the extension, and it helps put us in position for decisions we make to renew the five year waiver again after the one year extension.</li> <li>• 85% is our goal in 2020 of arranged VBP that we have with providers, and we're keeping the same goal for 2021 because of COVID (we were going to go up to 90% but decided to stay where we're at during the pandemic).</li> </ul> <p><u>Additional information:</u></p> <ul style="list-style-type: none"> <li>• Dr. Berwick's article on Moral Determinants: <a href="https://jamanetwork.com/journals/jama/fullarticle/2767353">https://jamanetwork.com/journals/jama/fullarticle/2767353</a></li> <li>• VBC Summit (slides &amp; recording): <a href="http://www.breecollaborative.org">www.breecollaborative.org</a>, Amy Etzel, Foundation for Health Care Quality: <a href="mailto:aetzel@qualityhealth.org">aetzel@qualityhealth.org</a></li> </ul>				



7.	<b>Health Equity and Health Disparities report out</b>	10:50-11:30am	MaryAnne Lindeblad	
<ul style="list-style-type: none"> <li>• COVID made inequities more apparent so we've been ramping up how we address this and not just for Medicaid.</li> <li>• To put it into context, we purchase healthcare for 2.6 million lives in Washington State. That creates a tremendous amount of purchasing power, but also a real responsibility in terms of how we address the needs of the people we serve.</li> <li>• We have a health equity workgroup that has helped in terms of putting together a definition of health equity, and we've ultimately adopted the Robert Wood Johnson Foundation (RWJF) definition.</li> <li>• Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and consequences including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. Health equity is a core value at the Health Care Authority.</li> <li>• We're working with our communities in terms of the alignment, educating our staff, and discussing how we build our relationships with external partners and our accountable communities of health.</li> <li>• Recruitment currently under way for a new health equity position. They should be included in this committee.</li> <li>• Once a plan is adopted, we'll share with this group and seek feedback.</li> <li>• Would be valuable to hear how other agencies are addressing health equity and how we might be able to partner (potential topic for future agendas).</li> </ul>				
8.	<b>Housekeeping &amp; wrap-up</b> <ul style="list-style-type: none"> <li>- <b>2021 meetings schedule</b></li> <li>- <b>Updating roster</b></li> </ul>	11:30am-12:00pm	MaryAnne Lindeblad	
<ul style="list-style-type: none"> <li>• Meeting invites for the next year will be sent out soon, but we're still finalizing the roster. We have several members whose terms have expired so we need to work on transitioning folks on and off the committee.</li> <li>• We are planning to have the meetings via zoom again as it doesn't look like in-person meetings will be allowed next year, but we'll play it by ear – adhering to the Department of Health's guidelines.</li> <li>• Even if you're transitioning off the committee, we still welcome guests to attend meetings and value their contributions.</li> <li>• If there are potential committee members you think would be valuable on this committee, please send MaryAnne the names and contact information.</li> </ul> <p><b>ADDITIONAL ITEM – ENROLLMENT UPDATE</b></p> <ul style="list-style-type: none"> <li>• We're up over about 100,000 of what we define as newly eligible (anyone who has not been in the program).</li> <li>• Another factor that distorts enrollment is that we are not terminating anyone right now, unless someone moves out of state or passes away.</li> <li>• Enrollment updates: <a href="https://www.hca.wa.gov/about-hca/apple-health-medicaid-and-managed-care-reports">https://www.hca.wa.gov/about-hca/apple-health-medicaid-and-managed-care-reports</a> (choose "view the client eligibility dashboard")</li> </ul> <p><u>Future agenda items:</u></p> <ol style="list-style-type: none"> <li>1) Invite Kris back for an update once plan is ready &amp; more in depth overdose update (breakdown by age groups) (March, 2021 agenda)</li> <li>2) Discuss amount of telehealth, particularly for BH</li> <li>3) COVID update</li> <li>4) Invite guest speakers to discuss how their organization is addressing health equity</li> </ol>				

