

MINUTES

Approval of Agenda

The agenda was approved.

Approval of Minutes

The September 18, 2015 meeting minutes were approved.

Membership | *MaryAnne Lindeblad*

The Title XIX Committee By-Laws state that we can have up to 18 members and no less than 12. Currently we have 15 and some members have termed out.

Members can serve three consecutive terms; each term is three years in duration.

Jerry and Kyle have termed and will be receiving notification.

Suggestions for whom to reach out to?

- Dental representative
- Washington Academy of Pediatrics
- Sarah Rafton
- Tribal member; can reach out to the Indian Health Services for suggestions
- Healthier WA | Representatives from Behavioral Health Organizations or Accountable Communities of Health; reach out to the Association of Counties for suggestions

MaryAnne will get a list of ideas for membership to Claudia and we will distribute to the group for a vote.

Kari will send out the 2016 meeting schedule by the first week of December.

Adult Dental Advisory Committee | *MaryAnne Lindeblad*

Dental access for adults has been very challenging since 2014. A workgroup has conveyed to look at ways to solve this problem other than through fiscal eyes.

The workgroup is being led by the Washington Dental Foundation and the Health Care Authority.

The group is looking at innovated programs already implemented throughout the state.

MaryAnne will share the work plan the group comes up with, with Title XIX.

Children's access to dental coverage is good, not great. Medicaid children look similar to commercial and have rates that are comparable. The ABCD program targets children under 6 and has been very successful.

Ideas the group is considering:

- Could oral health exams be done differently?
- Could primary care be referred or linked together with dental; taking a more holistic approach

Tatsuko noted that children are not going to the dentist. There *is* an access issue for children despite not having a rate issue.

Janice added that she personally uses Community Health of Washington and used it for her children 8 years ago. This plan has emergency care but it takes a while to get in. If folks are willing to travel to a facility and wait for a possible opening, office visits are regularly cancelled and folks can get in that way.

Bob suggested HCA using information about rates as marketing material to dismiss objections providers may be making, based solely on rates. *Bob* also mentioned that some providers may believe taking Medicaid clients will lower their reputation as a provider.

It was suggested that the workgroup consider talking to dental providers and asking them to volunteer. Many providers have shown they are willing to volunteer their services, they just do not have the space available to do so.

MaryAnne said there have been many solutions offered and an abundance of pilots happening in Spokane. One being that an office takes five (5) Medicaid patients From the Health Plans perspective, working more closely with provides will drive down emergency room costs.

MaryAnne: The Medicaid program has evolved tremendously. 580,000 newly eligible, *only* because they are low income, not because they are disabled. The same middle-class child or adult is now Medicaid eligible.

Jerry | Completed a white paper on all the free clinics in Washington. In Shoreline, a practice held three chairs dedicated to free care. Physicians are willing to provide free care if they have a location to do so. Another long established free clinic in Shoreline had both a dental and medical component but the dental program was their backbone.

Jerry also found that in Snohomish County – dentists did not take Medicaid clients. They tried to develop a system to provide care without using the Medicaid system.

Jerry suggested that the workgroup start with the hypothesis that dental and physicians **are** willing to provide free care. If given access, the care could even be given from the provider's regular office.

MaryAnne hopes that over time, Medicaid will be viewed as another insurance product.

MaryAnne will keep Title XIX in the loop with where the Adult Dental Advisory Board is going and the progress they are making. The group will be meeting quarterly.

1115 Waiver Update | *MaryAnne Lindeblad*

MaryAnne traveled to Washington DC at the end of October and spent time with CMS, specifically the head of Medicaid under CMS, Vikki Wachino.

Outcome: Waiver application was submitted and accepted. HCA was told they were going to need to respond to 7-8 pages of questions, but later found out that they plan to engage with HCA in an alternative manner and not through the questions. HCA is taking this new approach as a positive sign.

Demonstrating budget neutrality is tougher for Washington due to our previous success.

After Thanksgiving, CMS will be reaching out to HCA. CMS did send us a series of questions on the long-term care side which is the second project that would be funded through the waiver. The questions were along the lines of how that project will work, etc. HCA is fully engaged with them. The National Governor's Association is committed to helping us with gaining access to CMS. We hope to start negotiations soon. Hoping for approval by April 1, 2016.

Joan asked, what is happening across the country in terms of similar waivers and this innovate approach?

MaryAnne explained that CMS has a limited capacity and many states are looking at this innovation. It'll be tougher the closer we get to the election. The risk CMS will be willing to take will diminish.

MaryAnne said we will be getting out more guidance on the toolkit. How ideas will be sent in. That will be sent out shortly. What will be funded where, etc., ACH, in terms of what they have identified as needs.

Janice commented that there is a Mathematic survey being given to patients from CMS and the AMA. *Janice* noted that Washington is very advanced in what we are doing and finds it very interesting and exciting that CMS is reaching out to patients on the front end.

Claudia asked where *MaryAnne* believes we are in the pack.

MaryAnne believes we are at the front of the pack due to conversations and not being sent the long list of questions.

Bob asked if the waiver can be broken down into pieces through negotiations, or if it is all or nothing; specifically referencing the long-term care services piece.

MaryAnne said we see it as a package. It could be negotiated, but we view it all as a package.

Joan mentioned that these are huge systems and that CMS' processes aren't always the most efficient due to their size. She asked if there is any way to get folks out to Washington to chat with clients and providers in the communities. She believes it would be beneficial. *MaryAnne* agreed.

Early Adopter Update | Isabel Jones

Isabel spoke from her handout, which was a PowerPoint Presentation. *A copy will be provided with these minutes.*

Jerry -When you close RSNs down – will folks lose their jobs?

Isabel explained that there are five fulltime staff and some contract staff that are currently with the RSN in southwest Washington.

Sylvia asked “how will they select their health plan in this area?”

Preston explained that Molina and CHIP are already in SW WA and folks can select them through the Health Plan Finder.

Isabel stated that clients will be receiving notices in the mail notifying them of this information in advance of the changes.

Claudia asked why not **at least** two versus **no more than two** plan options? *MaryAnne* explained that HCA solicited feedback from the community and providers had anxiety about working with plans when they hadn't before. To not overwhelm providers, the decision was made to stick with two plan options.

Jerry asked if the Early Adopter Initiative will have significant changes/impacts to the prison/criminal justice system. *Isabel* said that this project was not designed to assist in that way. *MaryAnne* shared that folks who are incarcerated are not Medicaid eligible. We instead want to look at services we can provide to keep folks from being incarcerated. Also, we want the health plans to know when folks are being released from prison, so they can proactively assist once they are released and eligible for Medicaid.

Jerry asked if providing Medicaid coverage to inmates is something we can submit a waiver to CMS for. *MaryAnne* said unfortunately no. There are services that are non-negotiable per CMS, and that is one of them.

MaryAnne shared that if an inmate is discharged to a medical facility, for example a hospital for a procedure, they would be Medicaid eligible for any services provided during the temporary release.

Melena said the State should focus on bringing social services, law enforcement and counties together for decision making.

Bob asked if someone is discharged for a medical reason, would mental health services be available. *Melena* said “no”.

Isabel shared that client notices will be going out in February. A postcard will go out first letting clients know to be on the lookout for more information. Then a letter will go out that will explain services and how to switch plans. New client handbooks will be provided in February or March.

MaryAnne said we would disperse the member communications around the changes in SW WA to Title XIX Committee ahead of time.

Kyle suggested that a notice go out to providers ahead of time, to educate them on the changes.

Maria asked if coverage for Foster Children would still be Coordinated Care?

Isabel shared that for foster children; Coordinated Care would still be their plan but would also be enrolled in a BHSO only plan. They will be enrolled in two managed care plans. In 2018, all plans will be integrated.

Joan asked if HCA will pay directly for some of the structure of the ASO. Or will the MCOs pay in? *MaryAnne* replied that we will have block and state dollars. Medicaid dollars will flow from the MCOs.

Jerry – mental health professional – where does a MHP come from in this area? *Isabel* said they are designated by the county and will be employed by the ASO. They would do assessments just like they do today.

Melena said that statutorily the MHP stays the same.

Bob suggested that a document or algorithm be prepared to share with all staff at clinics, to ensure the information trickles down appropriately. *Isabel* confirmed that a flow chart is being developed. *Bob* volunteered to be a reactor to the flow chart.

Bob asked about network gaps? *Preston* explained that networks for April based on January 2016. Plans will have information ahead of time. HCA will be meeting next month.

Dean asked what happens if one plan fails? *Preston* said we are still looking into that possibility and what the next steps would be.

Claudia asked if HCA anticipates any other regions signing onto Early Adopter before 2020. *MaryAnne* said north central, Grant, Chelan and Douglas and at some point Okanogan and also King. We are in the process of putting together what it would look like between 2016 and 2020.

Enrollment Data | *Preston Cody*

1.8 million

1.55 in Managed Care

HCA will regularly send this Advisory Committee the enrollment data report.

Molina will be purchasing assets Columbia United Providers membership and provider network.

We are working with Molina during the CUP transition which occurs January 1, 2016.

Notifications will go out from CUP, Molina and HCA.

Those clients currently with CUP will migrate to Molina and the providers will stay the same.

HCA is confident this will be a smooth transition.

There were no questions about enrollment data.

Procurements | *Preston Cody*

Foster Care Procurement – the single statewide plan for the Foster Children Program will be Coordinated Care.

Moved the implementation date to April 2016 from January 2016 to allow for a smooth transition. Coordinated Care will be hiring and training new staff and HCA needed ample time to engage and educate the community ahead of the change. .

April 2016 will bring many changes:

- Earlier enrollment
- Single statewide Foster Program
- Implement Early adopter
- Implement Regional Services Areas
- Behavior Health Organizations BHOs
- Redefine regional rates

Kyle requested/suggested HCA assist with messaging all upcoming changes to providers.

Preston said we want to see Coordinated Care reach out to their current network. Notifications will go out in February to clients. From a providers perspective *Preston* recommended reaching out to Coordinated Care directly, to engage them on how the transition would occur.

Bob suggested the Medical Association as being an option for notifying providers of changes. *Bob* asked if there is a publication HCA will be putting out to notify every one of all the upcoming changes.

Preston said that each transition has a communication plan. Holistically, HCA hasn't put together a single document but HCA will work on that.

Melena Thompson | *Setting up a Behavioral Health Organization*

Melena handed out the BHO timeline and a BHO Fact Sheet (attached to these minutes)

Happy to report – due to a large effort in current RSN, staff, CD System – met deadlines.

Detail Plan Requests were solicited for establishing the Regional Support Networks (RSNs) Submissions had to prove they could provide mental health AND substance abuse coverage.

Important to note that this wasn't an exercise for groups to see how they could improve their processes, but more of an application process.

Dean asked if there are higher requirements. *Melena* replied that no, there are not higher requirements. Substance abuse was added and the managed care regulations that historically applied to the RSN's would apply to the BHO's.

Melena Keep in mind that Substance Use Disorder Treatment providers have been in a fee-for-service arena, and never in managed care. This change will be in addition to that they had another change – adjusting to the Affordable Care Act – changes. Did not have a lot experience dealing with insurance. Population shifting from non-Medicaid to Medicaid.

BHO's are quasi-governmental agencies.

Joan – shared her experience establishing a BHO in her area. Five counties came together, chose to be grouped together and emphasized a rural delivery system. One county commissioner from each county make up the board, the prosecuting attorney for the area drafted the entity documents. Integrating substance abuse services is exciting.

Melena – DSHS is evaluating the plans now. Public posting – for each region in early January. The BHOs will receive their detailed plan. DSHS will move the data to the BHOs to utilize in making decisions.

RSA – is not an entity but a boundary of regions.

MaryAnne and Melena spoke about what other states are doing. In Arizona BHO's cover health care benefits. A number of states are moving toward full integration, NM, TX, TN. Some type of integration appears to be happening in all states, but the implementation looks different for each.

Jerry – as you progress in this, do you look at other states? Are other states doing this?

Bob asked if there is some repository of lessons learned from other states so we do not repeat their mistakes. *MaryAnne* confirmed HCA is watching at a national level.

Client Notices Workgroup Charter | *Preston Cody*

CMS requires an external review of marketing for managed care plans. Soliciting for feedback on how Title XIX Committee can assist in these efforts. The goal would be for a subset of the Title XIX Committee to volunteer to participate as part of this external review process. Formal and informal members are welcome to participate.

HCA would let the MCO's know we will have 45 days to review (versus the current 30 day timeline) their materials to allow ample time for Client Notices Workgroup to review. This work would start January 1, 2016.

Communicating feedback can be done electronically.

Title XIX Advisory Committee to email Kari if interested in participating.
Kari.Johnston@hca.wa.gov.

Legislation | *MaryAnne Lindeblad*

MaryAnne asked about everyone's legislative agendas.

- *Maria* – DOH proposing legislation to help control vaping products.
- *Bob* – will share their legislative agenda in January.
- *Jerry* – Direct to consumer advertising could be passed at a state level for advertising pharmaceuticals.
- *Kyle* – Pediatric Association – February make key visits. Not sure if agencies will be involved.

Questions/Concerns/Information Sharing | *Open to the group*

MaryAnne– Jen Becker will be attending our next meeting but will then only attend annually to tune us up as a group.

Sylvia –At our last meeting we chatted about folks leaving the corrections system and how we can proactively engage these clients. *MaryAnne* said we will have Mary Wood or Mark Westenhaver come to a meeting to share information on this subject.

Jerry – Succession of deaths in county jails. If we had Medicaid coverage in jail, could this help prevent death in jails?

MaryAnne said keeping folks OUT of jail who do not need to be there, could potentially help. And of course helping folks before they are incarcerated could also help.

Joan opined that her local sheriff said 90% of folks incarcerated have substance use addictions or mental health illnesses. The coroner noticed that within a few days of discharge of inmates, they would go back to using substances at the same level they were using prior to entering the system, and overdosing. Now they send in an ARNP to municipal jails to continue treatment while in jail. Tele psychiatry has been a huge help to the jailors, as those who are incarcerated can improve their behavior while they are in. Staff can assist in the development of an exit plan while in jail.

MaryAnne explained that if we can use Medicaid dollars on the front end and the back end, we may be able to break the cycle.

Preston suggested adding a DOC representative to the Title XIX committee.

Agenda Planning for January 29 Phone Meeting

Agreed upon agenda topics include:

- Revisit what we talked about 11/20/2015.
- Communication efforts for April 16 effective dates
- Share where HCA is at on the flowchart of upcoming changes
- Legislative Update
- Update on ACH's (Nathan Johnson or delegate) Anything you're working legislatively
- Workgroup discussion supported housing and employment
- Waiver 1115

Action Items

- Kari to send notifications of members who have termed.
- MaryAnne to get Claudia a list of ideas for membership and will distribute to the group for a vote.
- Kari will send out the 2016 meeting schedule by the first week of December 2015.
- HCA will disperse member communications around changes in SW WA to Title XIX before notices are sent.
- Amy Blondin/Preston Cody/Isabel Jones to create a flow chart of changes that come with Early Adopter initiative.
- Amy/Preston/Isabel to share flow chart with Bob Perna for feedback.
- Bob Perna will review flow chart and provide feedback.
- HCA will regularly provide enrollment data reports to Title XIX Advisory Committee.
- HCA will develop a holistic document that identifies all changes coming April 2016.
- Title XIX Members: if interested in Client Notices Workgroup Charter, email Kari.Johnston@hca.wa.gov
- MaryAnne will invite Mary Wood or Mark Westenhaver to an upcoming meeting to share information on folks leaving the Corrections system.

- Kari will add to the March 25, 2016 in-person meeting agenda, an update from MaryAnne on the Adult Dental Workgroup.

The meeting adjourned at 11:50.