Washington State Health Care Authority

Washington State Department of Social & Health Services

*Transforming lives*

# Monthly Tribal Meeting

**February 22, 2016**

**Jessie Dean**
**Administrator, Tribal Affairs & Analysis**
**Office of Tribal Affairs**

**Loni Greninger**
**Tribal Administrator**
**Division of Behavioral Health & Recovery**

# WELCOME, BLESSING, INTRODUCTIONS

# Agenda

9:00 am Welcome, Blessing, Introductions
Agenda Setting

9:10 am **Requests for Tribal Representatives**

- Healthier Washington AIM Advisory Group: *Tribal & Urban Representatives*
- Governor's Behavioral Health Integration Task Force: *Three Tribal/Urban Representatives*

9:15 am **Healthier Washington & Medicaid Transformation Waiver**

- Payment Redesign Initiative: Critical Access Hospitals, FQHCs, and Rural Health Clinics
- Job Opening: Healthier Washington Tribal Liaison – Update
- Medicaid Transformation Waiver – Update

10:30 am **Medicaid - Roundtable**

- Apple Health for Foster Children – Managed Care
- MCO and BHO contracts and Indian Addenda – Planning for Consultation

11:45 am **Behavioral Health**

- Tribal-Centric Behavioral Health Updates
- Behavioral Health Contracts – Follow-up from Roundtable on February 16
- Collaboration between Tribes, RAIOs, and BHOs

11:55 am **Miscellaneous**

Noon Closing

Analytics, Interoperability, and Measurement (AIM) Advisory Group

# REQUEST FOR TRIBAL & URBAN INDIAN REPRESENTATIVES

# AIM: Key Elements

- Make targeted investments to standardize clinical information, integrate data across health delivery and social service systems
- Enhance the state Health Information Exchange (HIE) services that will operate as a shared community asset
- Develop mapping and “hot spotting” tools to support health disparities interventions and community-based health improvement

# AIM: Advisory Group

- AIM team is planning to launch an **"Advisory Group"** of all our consulted stakeholders across all agencies and groups both internally to HCA and externally across partner organizations

- **ASK**: We are seeking Tribal and Urban Indian Organization representative(s) on the AIM Advisory Group. The first Advisory Group meeting will be sometime in later February.

- To supplement the Advisory group, the HW team is putting together a monthly newsletter with AIM news

Governor's Behavioral Health Integration Work Group

# REQUEST FOR TRIBAL & URBAN INDIAN REPRESENTATIVES

# Governor's Behavioral Health Integration Work Group

Purpose:

- To determine next steps needed to migrate from the BHOs configuration to the fully integrated financing that supports needed clinical integration.

Goals:

- To make recommendations on budget, policy, and administrative realignments that are needed to support fully integrated care.

# Governor's Behavioral Health Integration Work Group

- Members:
  - Chair: Bob Crittenden, Senior Special Assistant for Health Reform
  - Three representatives from DSHS
  - Three representatives from HCA
  - Three representatives from counties
  - Three representatives from Tribes (2) and Urban Indian Health Organizations (1)

- Update

Payment Redesign Initiative: Critical Access Hospitals, FQHCs, and Rural Health Clinics (Payment Model 2: Encounter to Value)

# HEALTHIER WASHINGTON

# Payment Model 2: Encounter to Value

January 19, 2016

Healthier WASHINGTON

# Washington's Vision


**Creating healthier communities and a more sustainable health care system by:**

- Building healthier communities through a collaborative regional approach
- Ensuring health care focuses on the whole person
- Improving how we pay for services

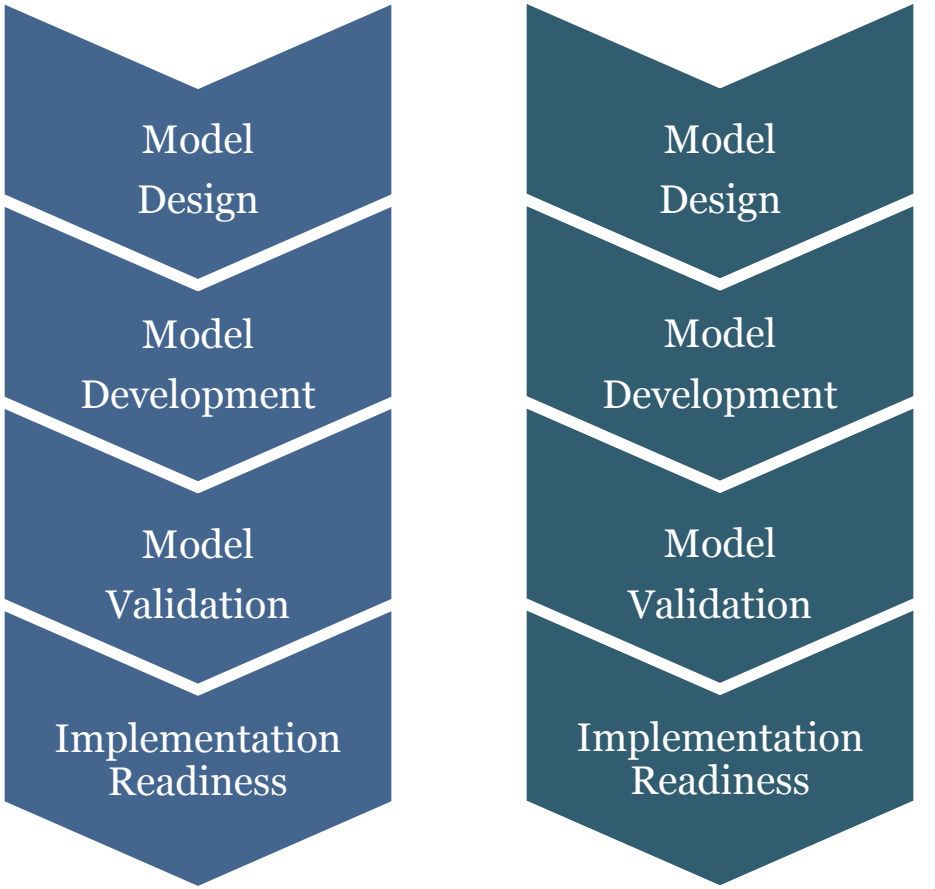
Healthier WASHINGTON

# Payment Model 2: Encounter to Value

- Two separate payment models:

- **Federally Qualified Health Centers and Rural Health Clinics**

***Alternative Payment Methodology***




- **Critical Access Hospitals**

***New Payment and Delivery System Model***

Pilot Implementation

# CAH Payment and Delivery

# CAH Characterization

- A typical critical access hospital employs 141 employees, generates $6.8 million in wages, salaries and benefits and has a community retail sales impact of $2.5 million.

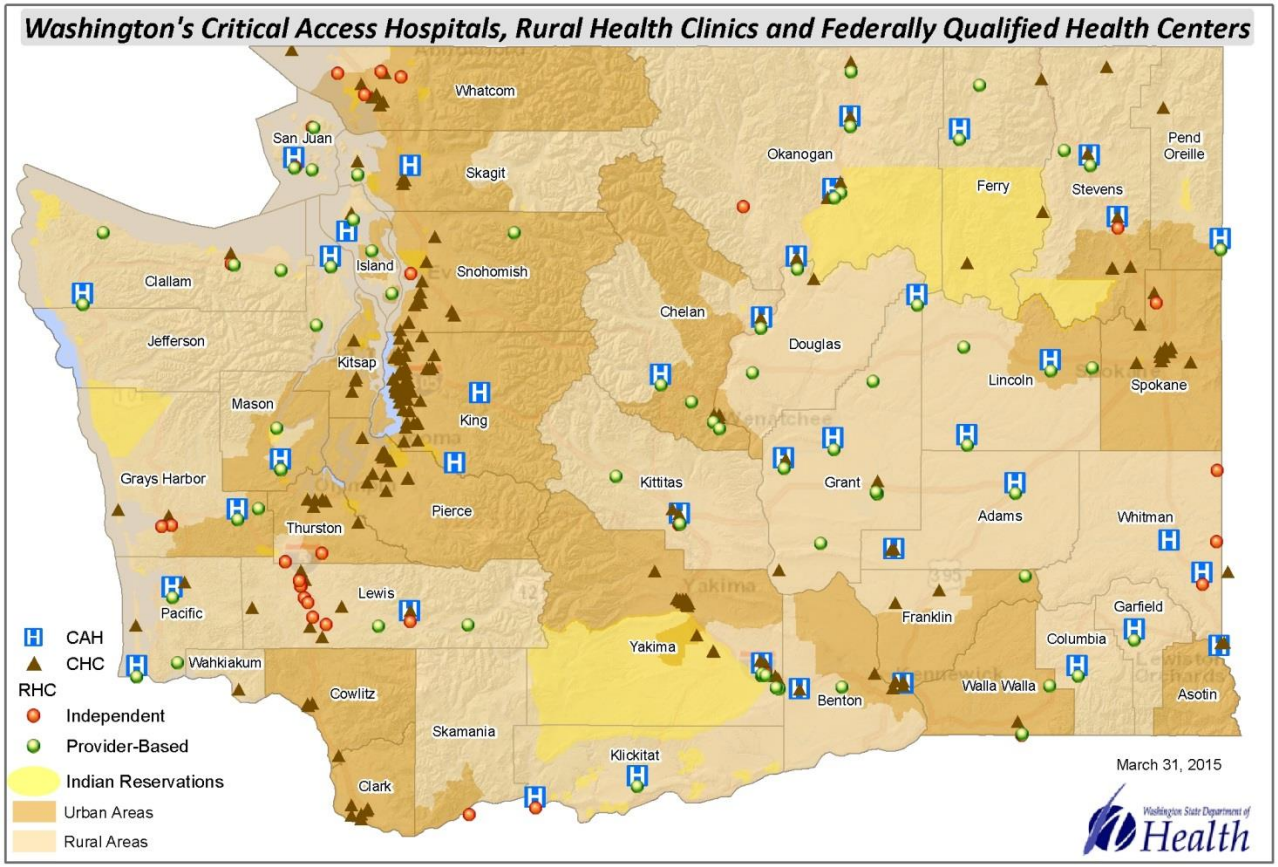
- Of the 1332 nationally
  - 50 CAHs closed since 2010
  - 283 CAHs vulnerable to closure

- If the vulnerable hospitals close:
  - 700,000 Medicare patients would have to travel farther for medical care
  - Loss of 86,000 jobs, estimated $10.6 billion loss to the GDP

- Of 39 CAH in WA: 8-12 CAHs vulnerable,
  - For at least 3 WA CAHs; 12-18 months lifespan without changes

Healthier WASHINGTON

# CAH Characterization




**Total Service Delivery for CAHs**

| | Payments ($) | Percentage of Payments | Clients | Percentage of Clients |
|---|---|---|---|---|
| **Tribal Clients** | $5,066,578 | 8% | 2,054 | 5% |
| **Non-Tribal Clients** | $59,356,239 | 92% | 35,980 | 95% |
| **Total** | $64,422,817 | | 38,034 | |

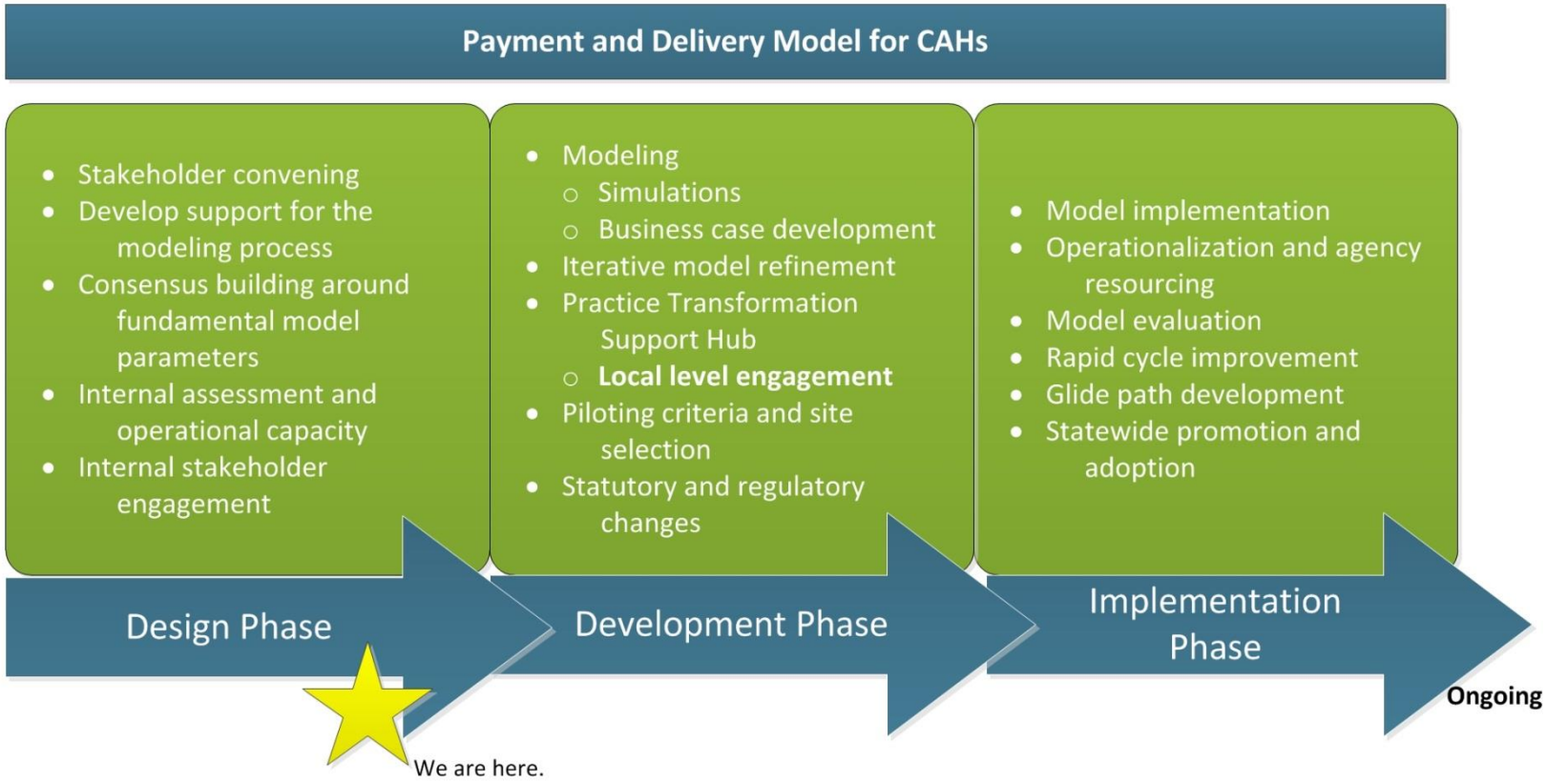
Healthier WASHINGTON

# CAH – Model 2 and WRHAP

- DOH and WSHA - August of 2014, the "New Blue H Report"
  - The Washington Rural Health Access Preservation (WRHAP) Initiative formed out of this work
- Assessing the feasibility of realigning care delivery for Washington's most financially vulnerable Critical Access Hospitals
- Historical Reference:
  - 1989 - RCW 70.175
    - WA Rural Health Care Commission: State shall develop licensing standards for an alternative rural health facility that maintains basic health services, meets state and community outcomes, and is designed by the community…
- SIM grant language:

  "Pursu[ing] new flexibility in financial incentives and delivery models for participating CAHs" and "encourag[ing] sustainability to meet changing community needs"

# CAH – Status Update



# FQHC/RHC APM 4

# FQHC/RHC Payment Structure
## Options to States

### Prospective Payment System (PPS):

- Replaced the traditional cost-based reimbursement system for FQHCs and RHCs with a new prospective payment system (PPS)
  - Provides a minimum payment standard for FQHCs and RHCs
- Rate based on each FQHC's/RHC's fiscal years 1999 and 2000 reasonable cost per visit rates
  - Annual rate inflated by a Medicare designated factor
  - Unique payment rate for each FQHC/RHC
- Federal minimum requirement that FQHCs and RHCs be reimbursed for services provided to Medicaid patients
- ***States have an Alternative Payment Methodology (APM) option***
  - ***Washington – Premium payment plus an 'Enhancement-payment'***

### *Encounter-based care delivery:*

"The encounter rate includes covered services provided by an RHC/FQHC physician, physician assistant, nurse practitioner, clinical nurse midwife, clinical psychologist, clinical social worker or visiting nurse; and related services and supplies."

~ CMS Guidelines

# Alternative Payment Model (APM) 3

- APM 1: January 1, 2009 – April 6, 2011
  - 2006 CMS audit found insufficient evidence that Washington's PPS methodology for making enhancement payments met the federal requirements
  - Encounter reimbursement rates were increased annually by a Washington-specific healthcare index
- APM 2: April 7, 2011 – June 30, 2011
  - PPS rate inflated by 5 percent
- APM 3: July 1, 2011 to Present
  - 2008 rates as calculated under APM 1 inflated by Medicare Economic Index from 2009-2001

Healthier WASHINGTON

# Model 2: Encounter to Value

## Options for a new Payment Methodology - January 1, 2014

*Third Engrossed Substitute Senate Bill 5034*

"The model will test how increased financial flexibility can support promising models that expand care delivery options such as email, telemedicine, group visits and expanded care teams."

*Principles and Shared Values:*

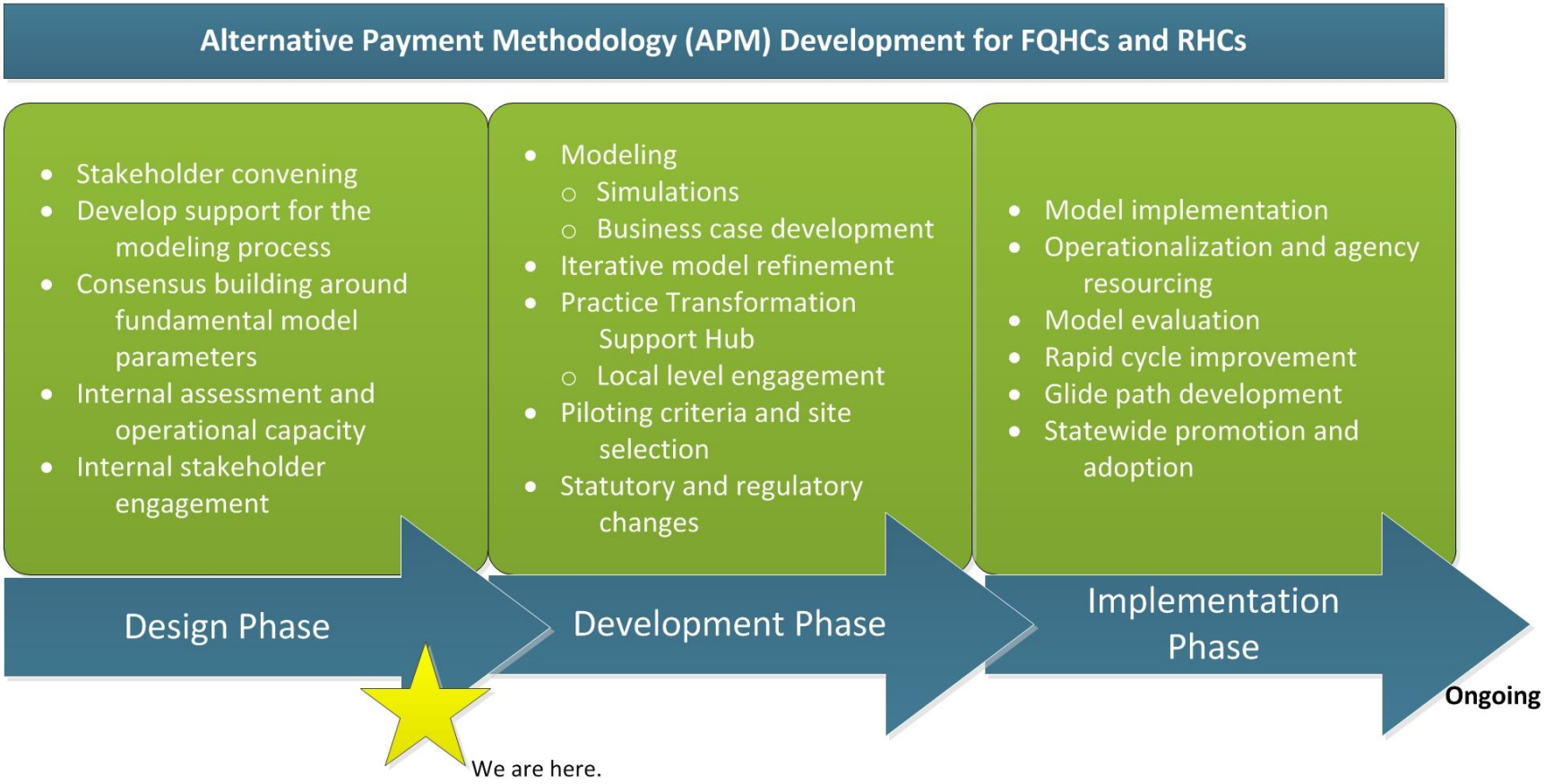
- Predictable payments that comply with federal standards
- Simple, fair, transparent model that is inexpensive to administer
- Align with primary care practice transformation
- Reward for outcomes, encourage the use of alternative patient/provider connections, and incent movement away from volume-based, face-to-face visits

***An APM 4***

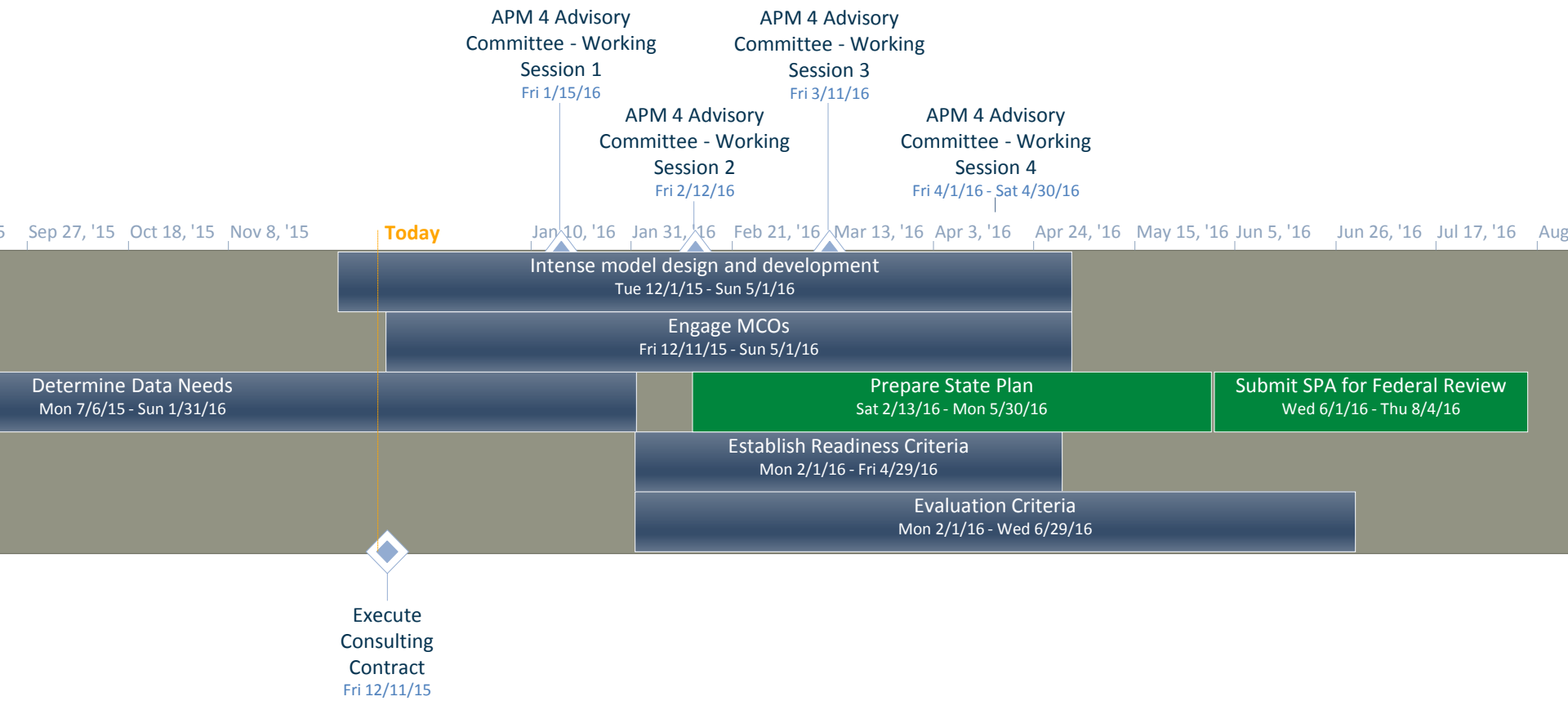
- *Opting into an APM 4 will be voluntary during the pilot phase*

Healthier WASHINGTON

# FQHC/RHC APM – Development Status



# FQHC/RHC APM – Timeline




***APM 4 Advisory Committee is not a decision making body***

- *First meeting January 15, 2016*
- *Expecting open and transparent process*
- *Not only venue for discussion*
  - *View this as an iterative process*

Healthier WASHINGTON

# SIM Grant Objectives: Payment Model 2

- Simplified FQHC/RHC Reconciliation Process
- Paying for Value
  - Quality/Performance Incentives with Shared Savings
  - Bend cost trend over time
  - Shift from Encounter-based to Value-based
  - Increased Financial Flexibility/Practice Transformation
    - Group Visits
    - Telemedicine
    - Non-traditional workforce

Healthier WASHINGTON

# Desired Elements of an APM 4

- Simplified FQHC/RHC Reconciliation Process to reduce administrative burden
- Payment of Full PPS Encounter at Time of Service
- Budget Neutrality to APM 3
- Incentives Tied to Quality
  - Based on FQHC/RHC Specific Reporting and Baseline
- Potential for Upside and Downside Risk in a Phased Approach

# Open Discussion and Questions?

## Payment Redesign Model 2:
Encounter-based to Value-based

Contact:

Gary Swan
Payment Redesign Model Analyst
gary.swan@hca.wa.gov

Job Opening: Healthier Washington Tribal Liaison

# HEALTHIER WASHINGTON

# Job Opening: Healthier Washington Tribal Liaison

**Job Opening:** Healthier Washington Tribal Liaison

**Primary responsibilities:**

- Represent the Healthier Washington project in various settings involving Indian health organizations and relevant State agencies;
- Develop written materials, where appropriate, to describe or explain how the various initiatives of the Healthier Washington project may affect Indian health organizations or American Indian/Alaska Native health; and
- Track the status of, and follow-up on, Indian health organization requests and action items and various implementation milestones related to the various initiatives of the Healthier Washington project.

**Time Period:** 3 years position, ending January 2019

**Reports to:** Administrator of Tribal Affairs and Analysis

**Annual Pay Range:** $53,424 - $70,056

# Job Opening:
# Healthier Washington Tribal Liaison

**Closed:** February 1, 2016

**Applications Received:** 100+ applications, from Alaska to Oklahoma

**Applications Met Minimum Job Requirements:** 24

**Screening:** In Process

**Interviews:** Late-February or Early-March

**Hire Date:** Targeting April 1

Update

# MEDICAID TRANSFORMATION WAIVER

Apple Health for Foster Children – Managed Care

# MEDICAID - ROUNDTABLE

Washington State Health Care Authority

# Managed Care for Children/Youth in Foster Care and Adoption Support

# Program Objectives

- **Develop a collaborative approach** between the health care system and the CA care system that ensures provision of coordinated health care services for program enrollees and involves the child's parents, caregivers, social worker(s) and other supports in the enrollee's care.

- **Improve access to care** by establishing a medical home with an assigned Primary Care Provider for children and youth in foster care and adoption support, and young adults aged 18 through 26 who are alumni of the foster care system;

- **Provide health care coordination services** for enrollees with multiple or complex health care needs;

# Program Objectives *(cont'd)*

- **Provide smooth transitions** of health care as children and youth move from home to foster care, from one placement to another, from hospital or other institutional setting to another or from such settings to home;

- **Support enhanced stability** for program enrollees by achieving improved health outcomes;

- **Provide education and assistance** to enrollees who are transitioning from foster care to independence in navigating the health care system, so the enrollee will not lose access to needed health care services;

- **Control the cost of care** by providing more comprehensive and coordinated health care services.

# Populations covered by the AHFC include children and youth in:

- Licensed foster care,
- Relative care,
- Adoption support,
- Extended foster care (18-21), and
- Alumni of foster care system up to age 26.

# Other AHFC fast facts:

- AI/AN children in foster care may enroll but will not be auto-enrolled by HCA.
- Coordinated Care of Washington (CCW) is the Apparent Successful Bidder for the Apple Health Foster Care (AHFC) program.
- CCW will provide a managed care program for children and youth in foster care and adoption support and those young adult alumni of the foster care program who are eligible for enrollment.

# Eligible clients will be enrolled for an April 1, 2016, program implementation date:

- A provider letter went out from HCA in December, notifying them that the program will be implementing, and giving information about how to contact CCW if they want to contract for the foster care program;
- A “heads up” letter will go to eligible clients in all eligibility groups – foster care, adoption support and alumni – in early February;
- Enrollment information from HCA will go out starting February 22, 2016. Coordinated Care will send out member welcome packets beginning April 1, 2016.

## The AHFC benefit package is the same as the Apple Health Managed Care benefit package and includes:

- Primary and preventive care, with additional EPSDT (Early Periodic Screening, Diagnosis and Treatment) well child visits as required by Children's Administration;
- Inpatient and outpatient hospital services;
- Outpatient mental health services for enrollees who do not meet medical necessity (Access to Care) standards to receive services through the RSN/BHO system;
- Pharmacy services and supplies, including durable medical equipment, prescription medications and over the counter medications;
- Health Care Coordination services that include initial assessment and care planning, assistance to enrollees in accessing services, coordination of care between systems (i.e. the MCO and RSNs, long term services and supports, etc.), and continuity of services when a change in placement necessitates a change of provider.

# Transitioning to AHFC

- Priority is getting kids the care they need & maintaining already established health care and behavioral health provider relationships whenever possible.
- 90-day transition period for new enrollees: Remain with existing provider until care needs are assessed and enrollee is assisted in transition by health care coordinator.
- Expanding our Medical provider network and identifying key providers in each community to target for contracting. Will attempt to contract with the health care provider or work with them as a non-participating provider, or transition enrollee to another health care provider.
- Enrollee maintains current prescriptions and care plans until assessment is completed.

# Value Added Benefits/Incentives

- **CentAccount® (Rewards Program)** Innovative approach to encourage healthy behaviors by rewarding members with financial incentives through a pre-paid card that can be used for health-related expenses, groceries and more.
- **Start Smart for Your Baby®** Prenatal and Postpartum program that promotes education and communication between members and their case managers, incorporates care management designed to extend the gestational period and reduce pregnancy related risks.
- **SafeLink (Cell Phone Program)** Cell phone at no cost with 250 minutes per month and unlimited text messages. Access to our Coordinated Care team, 24-7 Nurse Advice line and case managers provided at no cost and not counted towards their monthly minutes. **Care Management and Member Connections®** Advocates are assigned to each member in case management to assist with support for dealing with diseases, behavioral/mental health, connections to their community resources and assisting them to reduce barriers to achieving better health

# Value Added Benefits/Incentives

- **Transitioning Youth and a2A (adolescent to Adult )** Outreach and education starting at age 15, will partner with DSHS to support Shared Planning Meeting. All members outreached to the month of 18th birthday and invited to take part in a2A.
- **Adoption Success** Specialized care management initiative staffed by Health Care Coordinators experienced in foster care adoption, BH, and family wrap- around services.
- **Foster Care EDU** Comprehensive educational training initiative endorsed by the National Foster Care Parents Association. Foster care EDU provides free interactive training online, featuring live teleconferencing with a facilitator. Examples include: Mental Health 101, Attachment in Foster Children, Substance Abuse 101, Promoting Placement Stability, and Childhood Traumatic Grief.
- **Healthy Kids Club** Complimentary children's health books with parent guide mailed to each member; Member ID Card; Monthly newsletter for parents; health related coloring pages, word searches, mazes and puzzles

# Issues for Roundtable

- **Who decides a foster child's type of Apple Health coverage?**
  In general, the child custodian decides.
- **Who gets Apple Health communications?**
  Social worker/ICW worker and foster family.
- **What should be the policy for AI/AN Foster Children?**

| | Apple Health Foster Care Policy | | |
|---|---|---|---|
| | *Non-AI/AN Foster Child* | **AI/AN Foster Child, CA has Custody** | **AI/AN Foster Child, Tribe has Custody** |
| **Enroll in MCO** | *Automatic* | • **Auto-enroll?**<br>• **Enroll only on request? From whom?** | • **Auto-enroll?**<br>• **Enroll only on request from Tribal ICW?** |
| **Disenroll from MCO** | *If State determines medically necessary* | • **Same rule?** | • **If Tribe determines medically necessary?** |



Washington State Health Care Authority

# Questions?

- **Check the Coordinated Care website for AHFC specific information at www.coordinatedcarehealth.com**
- **Send them to the Apple Health Managed Care mailbox**
  - **hcamcprograms@hca.wa.gov**



Washington State Health Care Authority

MCO Contracts and Indian Addendum

# MEDICAID - ROUNDTABLE

# MCO Contract Amendments

**Which contracts are being amended?**

- Statewide HCA contracts with MCOs
- HCA contracts with MCOs for Fully Integrated Managed Care in Clark and Skamania Counties

**When will the amendments become effective?**

- April 1, 2016

**What are the amendments?**

- Consolidation of all ITU provisions into new Section 18, with enhancements as discussed in April 17, 2015 Tribal Consultation
- Indian Addendum

# MCO Contract: Section 18.1
# "Special Provisions for Subcontracts with I/T/U Providers"

18.1.1 If at any time during the term of this Contract an I/T/U Provider submits a written request to the Contractor at the mailing address set forth on the cover page of this Contract indicating such I/T/U Provider's intent to enter into a subcontract with the Contractor, the Contractor must negotiate in good faith with the I/T/U Provider.

18.1.1.1 Such subcontract must include The Special Terms and Conditions set forth in the I/T/U Provider Addendum, to be developed in consultation with the I/U/T Providers and Tribes, based on the Model QHP Addendum for Indian Health Care Providers issued by the U.S. Department of Health Services on April 4, 2013. To the extent that any provision set forth in the subcontract between the Contractor and the I/T/U Provider conflicts with the provisions set forth in the I/T/U Provider Addendum, the provisions of the I/T/U Provider Addendum shall prevail.

18.1.1.2 Such subcontract may include additional Special Terms and Conditions that are approved by the I/T/U Provider and the Contractor. Each party must provide the HCA Tribal Liaison with a complete copy of such Additional Special Terms and Conditions, in the format specified by the Agency, and a written statement that both parties have agreed to such Additional Special Terms and Conditions.

# MCO Contract: Section 18.1
# "Special Provisions for Subcontracts with I/T/U Providers"

18.1.2 Any subcontracts with I/T/U Providers must be consistent with the laws and regulations that are applicable to the I/T/U Provider. The Contractor must work with each I/T/U Provider to prevent the Contractor's business operations from placing requirements on the I/T/U Provider that are not consistent with applicable law or any of the special terms and conditions in the subcontract between the Contractor and the I/T/U Provider.

18.1.3 The Contractor may seek technical assistance from the HCA Tribal Liaison to understand the legal protections applicable to I/T/U Providers and American Indian/Alaska Native Medicaid recipients.

18.1.4 In the event that (a) the Contractor and the I/T/U Provider fail to reach an agreement on a subcontract within 90 days from the date of the I/T/U Provider's written request (as described in Subsection 18.1.1) and (b) the I/T/U Provider submits a written request to HCA for a consultation with the Contractor, the Contractor and the I/T/U Provider shall meet in person with HCA in Olympia within thirty (30) days from the date of the I/T/U Provider's written consultation request in an effort to resolve differences and come to an agreement. Executive leadership of the Contractor must attend this meeting in person and be permitted to have legal counsel present.

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# MCO Contract: Section 18.2
# "Other Special Provisions for I/T/U Providers"

18.2.1 No later than 180 days after the Contract Start Date, the Contractor shall submit to the HCA Tribal Liaison a plan that describes various services, financing models, and other activities for the Contractor to:

18.2.1.1 Support the recommendations set forth in the Tribal Centric Behavioral Health Report to the Washington State Legislature under 2SSB 5732, Section 7, Chapter 388, Laws of 2013, issued on November 30, 2013.

18.2.1.2 Support and enhance the care coordination services provided by I/T/U Providers for enrollees, both American Indian/Alaska Native and non-American Indian/Alaska Native, including coordination with non-I/T/U Provider:

18.2.1.2.1 Mental health services,

18.2.1.2.2 Substance use disorder treatment services,

18.2.1.2.3 Crisis services,

18.2.1.2.4 Voluntary inpatient services,

18.2.1.2.5 Involuntary commitment evaluation services, and

18.2.1.2.6 Inpatient discharge services.

# MCO Contract: Section 18.2
# "Other Special Provisions for I/T/U Providers"

18.2.1.3 Improve access for American Indian/Alaska Native enrollees (including those who do not receive care at I/T/U Providers) to receive:

18.2.1.3.1 Behavioral health prevention services,

18.2.1.3.2 Physical and behavioral health care services for co-occurring disorders, and

18.2.1.3.3 Culturally appropriate physical and behavioral health care.

# MCO Contract: Section 18.3
# "Special Provisions for AI/AN Enrollees"

18.3.1 If an American Indian/Alaska Native enrollee indicates to the Contractor that he or she wishes to have an I/T/U Provider as his or her PCP, the Contractor must treat the I/T/U Provider as an in-network PCP under this Contract for such enrollee regardless of whether or not such I/T/U Provider has entered into a subcontract with the Contractor.

18.3.2 In accord with the Section 5006(d) of the American Recovery and Reinvestment Act of 2009, the Contractor is required to allow American Indians and Alaska Natives free access to and make payments for any participating and nonparticipating I/T/U Providers for contracted services provided to American Indian/Alaska Native enrollees at a rate equal to the rate negotiated between the Contractor and the I/T/U Provider. If such a rate has not been negotiated, the payment is to be made at a rate that is not less than what would have otherwise been paid to a participating provider who is not an I/T/U Provider.

# MCO Contract Indian Addendum

See enclosed documents:

- *Draft MCO Indian Addendum*
- IHS Tribal Self-Governance Advisory Committee, Comments on CMS-2390-P, "Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, Medicaid and CHIP Comprehensive Quality Strategies, and Revisions Related to Third Party Liability: Proposed Rules"
  - *Model Medicaid Managed Care Addendum for Indian Health Care Providers, pp. 31 - 38*

- 1915(b) Waiver Amendment Update + ITU Issues Log
- Tribal-Centric Behavioral Health Updates

# BEHAVIORAL HEALTH

# BHO 1915(b) Waiver + ITU Issues Log

**1915(b) Waiver Amendment**

- HCA and DSHS are still working on their letter in response to the two letters from AIHC
- CMS has asked questions about the waiver amendment
  - Questions reflect interest in continuing collaboration between HCA/DSHS and the ITUs

**ITU Issues Log**

- Discussed during the Medicaid Transformation Tribal Workgroup on January 20
- HCA and DSHS have follow-up work on log

# Tribal Centric Meeting Updates

- For the TCBH meeting on 2/16, the group worked on editing the BHO Indian Addendum that DBHR would like to include in the BHO contracts.
- A second meeting will be scheduled to review the BHO-Tribal Crisis Plan template (doodle poll coming soon!).

# MISCELLANEOUS

# WHIIEC Video Offer

- Washington Health Information Industry-Education Council
  - Supports workforce development in Health Information Technology (HIT)
- Offer: To film people who work with HIT at their workplace
  - Would record people doing de-identified work or describing their workday and how it touches HIT, including how they integrate EHRs into their health care system
  - Will travel anywhere in Washington or within 1 hour driving time of state borders to do filming
  - Need at least 30 minutes in the workplace
  - Filming would need to be done by March 4
  - Video will be provided , with attribution to WHIIEC

# Centennial Accord Meeting + Biennial Health Summit

## Centennial Accord Meeting

- GOIA planning for June 16
- Potential for health-focused session

## Biennial Summit

- Tribal Health Summit Planning Workgroup discussed scheduling Biennial Summit no later than August
- Potential for focus on ITU Issues Log and legislative fixes for problems affecting ITUs and State health systems

# HCA and BHA Meetings
# Q1 2016

| Date | Meeting |
|---|---|
| February 22 (Mon) √ | MTM (HCA+BHA) |
| February 24 (Wed) | MCO-Tribal Meeting<br>• MCOs presenting on how they coordinate care |
| March 9 (Wed) | TBWG |
| March 28 (Mon) | MTM (HCA+BHA) – Consultation on:<br>• Apple Health for Foster Children Enrollment/Disenrollment Policies for AI/AN Children<br>• MCO and BHO Contracts and Indian Addenda |
| **Key** | |
| TBWG | Tribal Billing Workgroup – Second Wednesday of the Month (webinar and HCA) |
| MTM (HCA+BHA) | Monthly Tribal Meeting with HCA+BHA – Fourth Monday of the Month (webinar and HCA Sue Crystal) |
| MCO-Tribal Meeting | Quarterly MCO-Tribal Meeting (webinar and HCA Sue Crystal) |

# HCA and BHA Meetings
# Q2 2016

| Date | Meeting |
|---|---|
| April 13 (Wed) | TBWG |
| April 25 (Mon) | MTM (HCA+BHA) |
| May 11 (Wed) | TBWG |
| May 23 (Mon) | MTM (HCA+BHA) |
| May [TBA] | MCO-Tribal Meeting |
| June 8 (Wed) | TBWG |
| June 27 (Mon) | MTM (HCA+BHA) |
| **Key** | |
| TBWG | Tribal Billing Workgroup – Second Wednesday of the Month (webinar and HCA) |
| MTM (HCA+BHA) | Monthly Tribal Meeting with HCA+BHA – 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] |

# HCA and BHA Meetings
# Q3 2016

| Date | Meeting |
|---|---|
| July 13 (Wed) | TBWG |
| July 25 (Mon) | MTM (HCA+BHA) |
| August 10 (Wed) | TBWG |
| August 22 (Mon) | MTM (HCA+BHA) |
| August [TBA] | MCO-Tribal Meeting |
| September 14 (Wed) | TBWG |
| September 26 (Mon) | MTM (HCA+BHA) |
| **Key** | |
| TBWG | Tribal Billing Workgroup – Second Wednesday of the Month (webinar and HCA) |
| MTM (HCA+BHA) | Monthly Tribal Meeting with HCA+BHA – 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] |

# HCA and BHA Meetings
# Q4 2016

| Date | Meeting |
|---|---|
| October 12 (Wed) | TBWG |
| October 24 (Mon) | MTM (HCA+BHA) |
| November 9 (Wed) | TBWG |
| November 28 (Mon) | MTM (HCA+BHA) |
| November [TBA] | MCO-Tribal Meeting |
| December 14 (Wed) | TBWG |
| December 19 (Mon) | MTM (HCA+BHA) |
| **Key** | |
| TBWG | Tribal Billing Workgroup – Second Wednesday of the Month (webinar and HCA) |
| MTM (HCA+BHA) | Monthly Tribal Meeting with HCA+BHA – 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] |

# Status Updates Since January 25, 2016

| Project | Status |
|---|---|
| AI/AN Health Care Issues Grid | In process of being drafted |
| Medicaid Transformation Waiver | HCA in preliminary discussions with CMS, with positive initial feedback on tribal elements of application<br>• Next Tribal workgroup meeting in March?<br>• Coordinating with AIHC project |
| Joint Agency-Tribal Summit | Next meeting in March?<br>• April DSHS Tribal Leader Summit?<br>• Potential Dates for AIHC Biennial Tribal Leader Health Summit:<br>➢ Week of June 13<br>➢ Week of June 20<br>➢ Combined/coordinated with July 14 IPAC meeting<br>➢ August? |

# Status Updates Since January 25, 2016

| 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 | Approved and executed – Work has begun |

# Status Updates Since January 25, 2016

| Project | Status |
|---|---|
| Tribal-State Data Workgroup | No update |
| HCA Training: Gov't-to-Gov't and Indian Health Care Delivery | Slides being revised |
| 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 January 25, 2016

| Project | Status |
|---|---|
| Apple Health Foster Care | Roundtable on February 22, 2016; Consultation on March 28, 2016. |
| Tribal Foster Care and Foster Care Medical | No update |
| 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 January 25, 2016

| 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 January 25, 2016

| 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 January 25, 2016

| SPA#/Waiver# (Date of Letter) | Brief Description |
|---|---|
| SPA 16-0008 (2/10/2016) | This SPA is a fee schedule update, with the addition of two new Applied Behavior Analysis (ABA) (Intensive Behavior) codes. ***Comment Deadline: March 11, 2016*.** |
| SPA 16-0001-CHIP (2/16/2016) | This SPA is a technical update to the Title XXI Children's Health Insurance Plan (CHIP) to reflect the following program changes that have already been implemented under the Affordable Care Act:<br>• Application for CHIP through Healthplanfinder.<br>• Conversion of income standards, disregards or both to a MAGI equivalent.<br>• Elimination of the 4-month waiting period for dropping group health insurance.<br>• Requirement for a Social Security Number (SSN) for applicants.<br>• Creation of a temporary eligibility group for Medicaid children who lose eligibility for Medicaid as a result of the application of MAGI.<br>No substantive changes are being made to the CHIP program by this SPA.<br>**Comment Deadline: March 21, 2016.** |

# HCA WAC Change Requests: CR-102 Filings Since January 25, 2016

| WSR # (Date of Filing) | Rule Title and Brief Description |
|---|---|
| WSR 16-04-028 (1/25/2016) | School-based Health Care Services: Amendments to allow coverage for individuals under IDEA Part C, to allow the use of electronic signatures, and to clarify language in connection with ESSB 5810 (Chapter 182-537 WAC). ***Hearing on March 8, 2016.*** |
| WSR 16-03-038 (1/13/2016) | Behavioral Health Organizations: Amendments in connection with the implementation of Behavioral Health Organizations, as required by 2SSB 6312 (WAC 182-500-0015, 182-500-0095, 182-531-1400, 182-546-5500, 182-550-1050, 182-550-1100, 182-550-2650). ***Hearing on February 23, 2016.*** |

# Thank you!


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