



# HCA-BHA Monthly Tribal Meeting

## February 27, 2017

Jessie Dean  
Administrator, Tribal Affairs and Analysis  
Office of Tribal Affairs

Loni Greninger  
Tribal Affairs Administrator  
Division of Behavioral Health & Recovery

# Agenda

- 9:00 AM Welcome, Blessing, Introductions
- 9:10 AM Bree Collaborative: Introduction and Solicitation for Tribal Participants on Opioid Use Disorder Treatment Committee
- 9:25 AM Updates: Mental Health Fee-for-Service Implementation (for Non-Tribal Providers)
- 9:50 AM Updates: BHO-Tribal-State Meeting Agenda
- 10:00 AM Veterans Affairs Resources: Traumatic Brain Injury
- 10:30 AM Updates: Medicaid Transformation 1115 Waiver
- 11:30 AM Review Tribal Issues Grid
- Noon Closing

# Welcome, Blessing, Introductions



# Introduction and Solicitation of Tribal Participation

## **Bree Collaborative**





# The Dr. Robert Bree Collaborative

**Ginny Weir, MPH**  
Director, Bree Collaborative

February 27, 2017



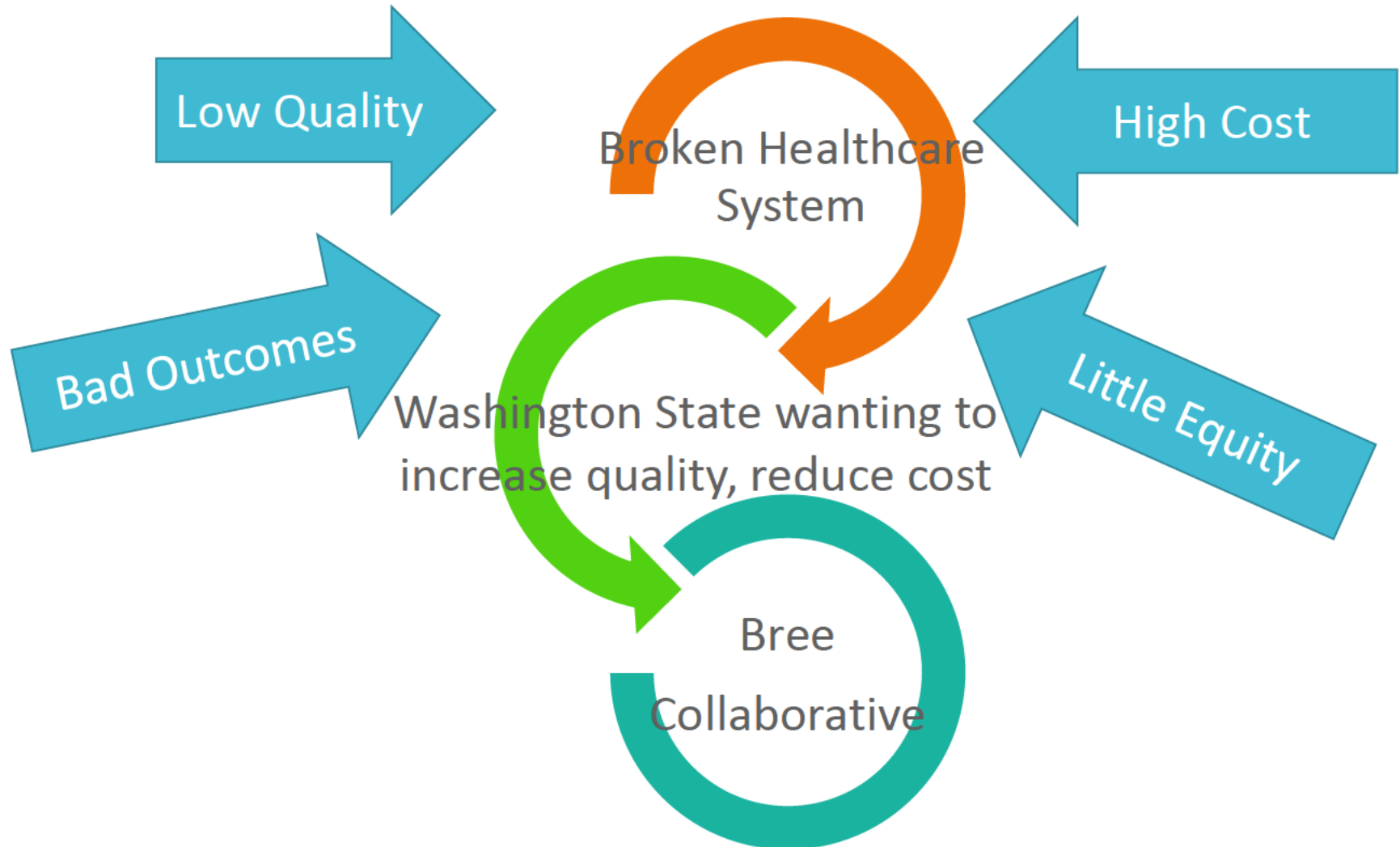
# When it comes to health care...



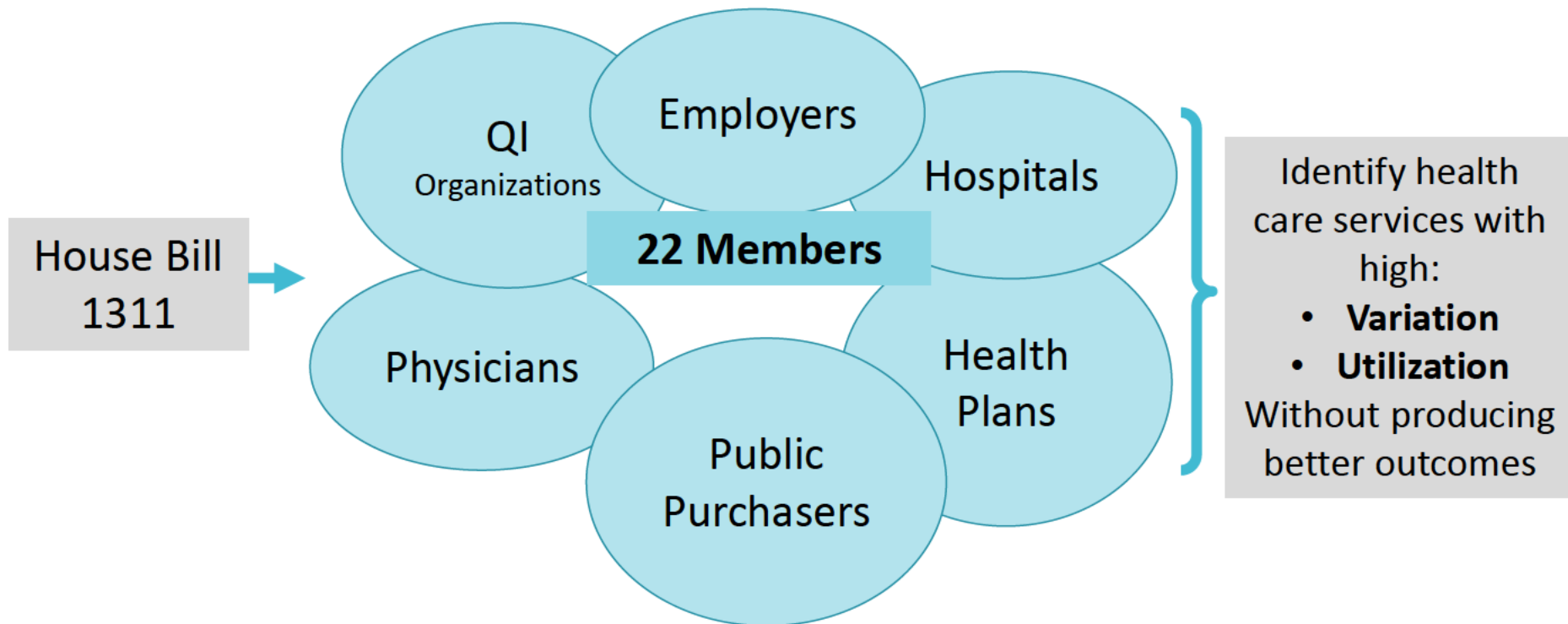
Are we getting what we pay for?

# Sometimes

# How the Bree Collaborative Fits Health Care Environment



# Bree Collaborative Background

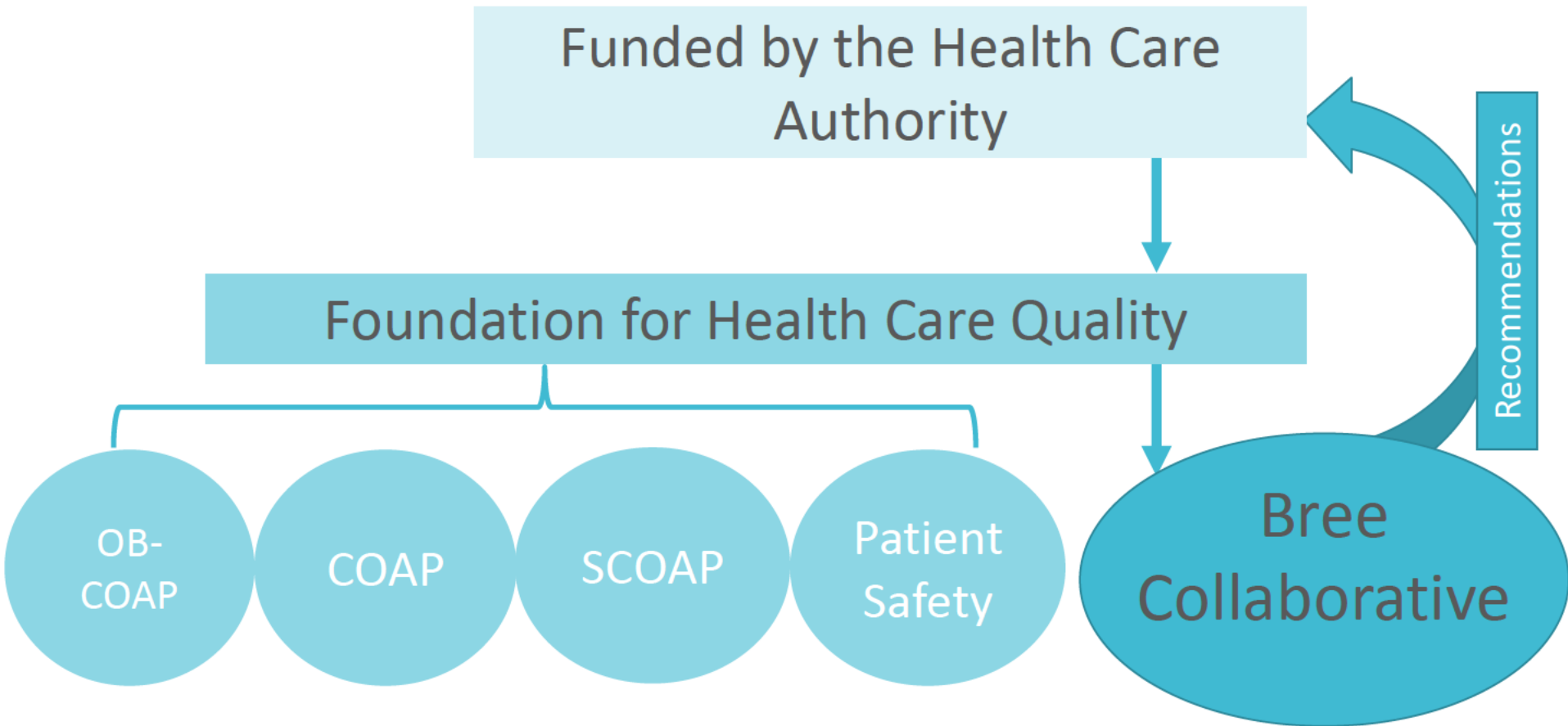


# Members

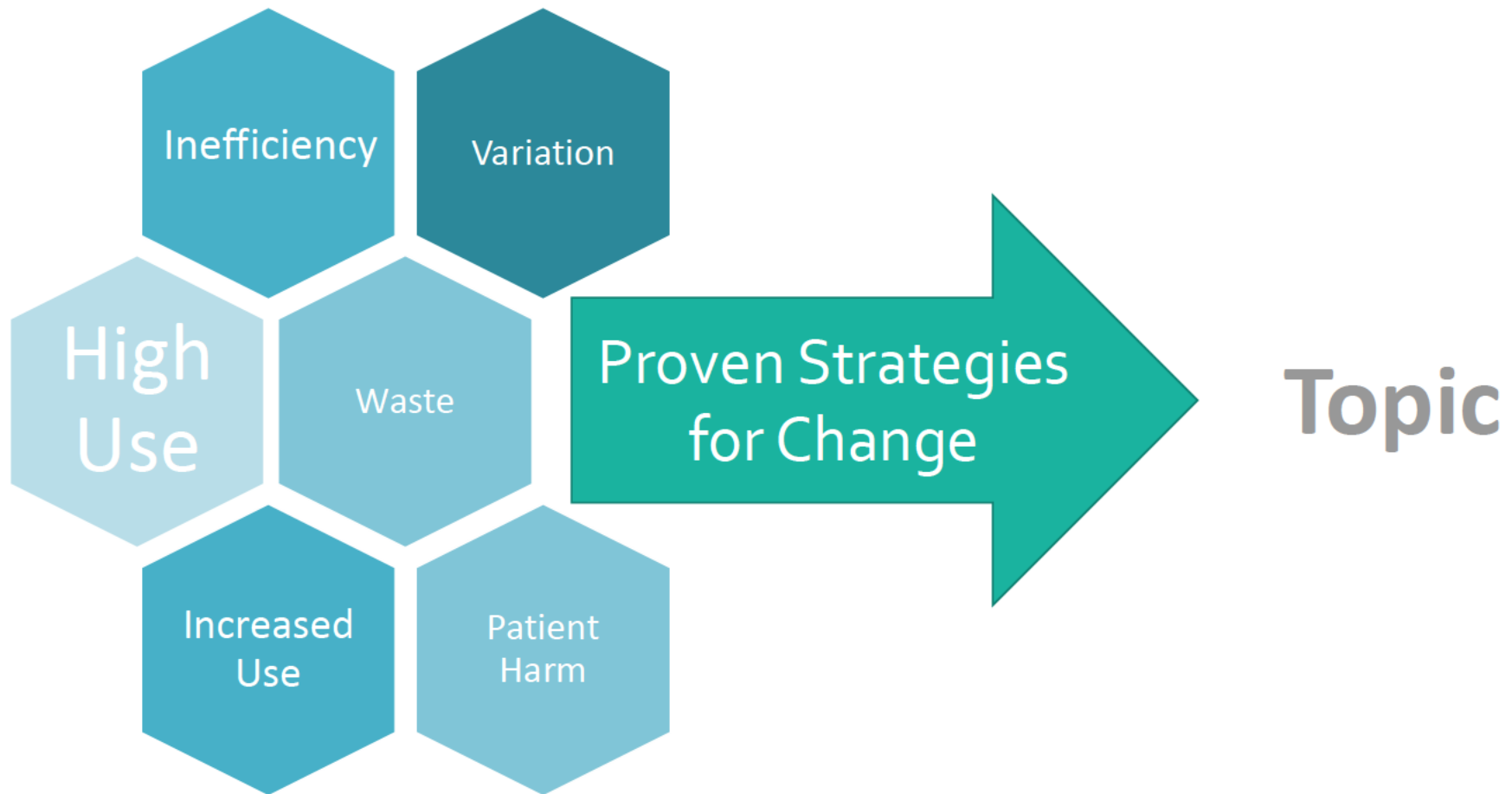


- **Chair:** Hugh Straley, MD
- Susie Dade MS, Washington Health Alliance
- John Espinola MD, MPH, Premera Blue Cross
- Gary Franklin MD, MPH, Washington State Department of Labor and Industries
- Stuart Freed MD, Confluence Health
- Richard Goss MD, Harborview Medical Center – University of Washington
- Christopher Kodama MD, MultiCare Health System
- Daniel Lessler MD, MHA, Washington State Health Care Authority
- Paula Lozano MD, MPH, Group Health Cooperative
- Wm. Richard Ludwig MD, Providence Health and Services
- Greg Marchand, The Boeing Company
- Robert Mecklenburg MD, Virginia Mason Medical Center
- Kimberly Moore MD, Franciscan Health System
- Carl Olden MD, Pacific Crest Family Medicine, Yakima
- Mary Kay O'Neill MD, MBA, Mercer
- John Robinson MD, SM, First Choice Health
- Terry Rogers MD (Vice Chair)
- Jeanne Rupert DO, PhD, Public Health – Seattle and King County
- Kerry Schaefer, King County
- Bruce Smith MD, Regence Blue Shield
- Lani Spencer RN, MHA, Amerigroup
- Carol Wagner RN, MBA, The Washington State Hospital Association
- Shawn West MD, Edmonds Family Medicine

# Our Home

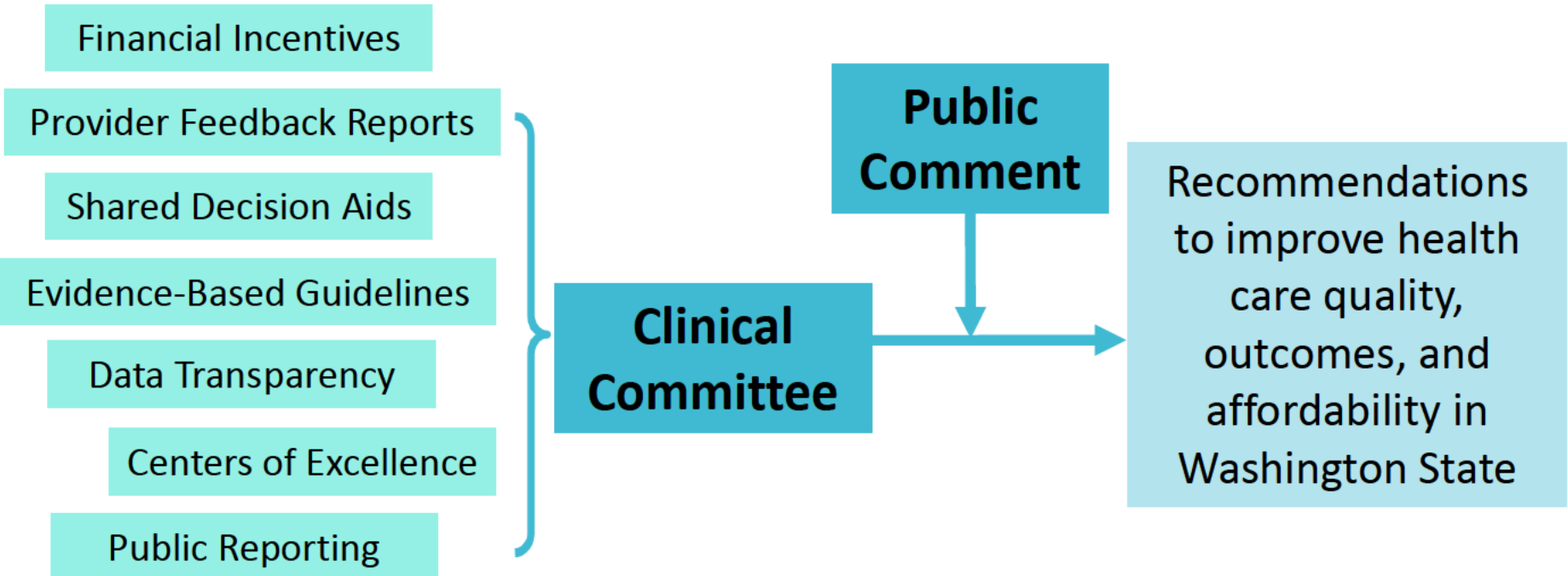


# Choosing a Topic





# Recommendations



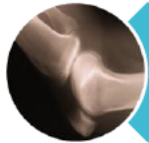
# Past Work



**Obstetrics**



**Cardiology**



**Elective Total Knee and Total Hip Replacement Bundle and Warranty**



**Elective Lumbar Fusion Bundle and Warranty**



**Coronary Artery Bypass Surgery Bundle and Warranty**



**Bariatric Surgical Bundled Payment Model and Warranty**



**Low Back Pain and Spine SCOAP**



**Hospital Readmissions**



**End-of-Life Care**



**Addiction and Dependence Treatment**



**Prostate Cancer Screening**



**Oncology Care**



**Pediatric Psychotropic Drug Use**

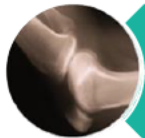
# Current Work



**Guidelines for Prescribing Opioids for Pain**  
Ongoing



**Behavioral Health Integration**  
Reviewing Public Comments



**Re-Review Total Knee and Total Hip Replacement Bundle and Warranty** – Starting December 2016



**Opioid Use Disorder Treatment**  
Starting December 2016



**Alzheimer's Disease and Other Dementias**  
Starting January 2017



**Hysterectomy**  
Starting March 2017

# Healthier Washington: Paying for Value



- Accountable Care Networks for Washington State Public Employees started January 2016
  - **UW Medicine Accountable Care Network** (led by UW Medicine (Seattle) and including Capital Medical Center; Cascade Valley Hospital & Clinics; MultiCare Connected Care; Overlake Medical Center; Seattle Cancer Care Alliance; Seattle Children's Hospital; and Skagit Regional Health)
  - Puget Sound High Value Network LLC (led by Virginia Mason Medical Center and including Edmonds Family Medicine, EvergreenHealth Partners and Hospital, MultiCare Connected Care, Overlake Medical Center, Seattle Cancer Care Alliance, and Seattle Children's Hospital), and
  - Bree recommendations written into these ACPs
  - More info: [www.hca.wa.gov/hw/Documents/acpfactsheet.pdf](http://www.hca.wa.gov/hw/Documents/acpfactsheet.pdf)
- Center of Excellence for Total Joint Replacement – Virginia Mason Medical Center

# More Information



**Ginny Weir, Program Director**

[GWeir@qualityhealth.org](mailto:GWeir@qualityhealth.org)

(206) 204-7377

[www.breecollaborative.org](http://www.breecollaborative.org)

Recommendations available here:

[www.breecollaborative.org/about/reports](http://www.breecollaborative.org/about/reports)



Updates:

# Mental Health Fee-for-Service Implementation



# Mental Health FFS Implementation

## Some Key Dates

- Tribal Roundtable: February 27, 2017, 1pm-3pm
- Tribal Consultation: March 9, 2017, 2pm-5pm
- State submits Waiver to CMS: March 31, 2017
- Program Start Date: July 1, 2017

# Mental Health FFS Implementation

## Important Note

- This implementation will not have a direct impact on tribes or Indian health care providers.
- This program will pay for AI/AN clients receiving mental health care from non-tribal providers through Medicaid fee-for-service.





# Mental Health FFS Implementation

## Internal-facing Tasks

- Rate Setting/Procedure Codes and Modifiers
- Systems
  - DBHR Provider Enrollment
  - HCA Client Opt-in/Opt-out
  - DBHR Data Reporting
  - HCA Mailing to Fee-for-Service Clients
- Mental Health Billing Guide
- Waiver/State Plan Amendment

## External-facing Tasks

- Communications
  - Client Notification
  - Provider Enrollment
  - System-wide Awareness
- Outreach
  - Provider Enrollment
  - Client Decision Support
- Provider Enrollment
  - DBHR-enrollment
  - HCA-enrollment



# Mental Health FFS Implementation

## Workgroups with Tribal Participation:

- Communications – Provider Enrollment
- Communications – Client Notification
- Outreach – Provider Enrollment
- Outreach – Client Decision Support

If you told us you want to participate in one of the four workgroups, you should hear from the workgroup lead by the end of the week.

# Mental Health FFS Implementation

| Task  | Status  |
|---|---|
| Rate Setting/<br>Procedure Codes<br>and Modifiers | <p>Decision: State will use current HCPCS codes (instead of CPT codes) for the BHO-level services, to keep the same procedure codes across the BHO and fee-for-service mental health programs.</p> <p>Current Issue: How to ensure payments are made out of the correct agency budget – Potential use of TG claim modifier.</p> <p>Current Issue: How to support higher rates for complex mental health care – Potential use of TG claim modifier.</p> <p>Current Issue: How to harmonize DBHR and HCA uses of claim modifiers.</p> |

# Mental Health FFS Implementation

| Task   | Status                                     |
|--|--|
| Systems–DBHR<br>Provider<br>Enrollment                     | Web portal development in process.         |
| Systems–HCA<br>Client Opt–<br>in/Opt–out                   | ProviderOne reconfiguration in process.    |
| Systems–Data<br>Reporting to<br>DBHR                       | Web portal development in process.         |
| Systems–HCA<br>Client Enrollment<br>to Fee–for–<br>Service | ProviderOne change request to be prepared. |
| Mental Health<br>Billing Guide                             | Not yet started.                           |
|  |  |

# Mental Health FFS Implementation

| Task                                 | Status   |
|--------------------------------------|--|
| Mental Health Billing Guide          | Not yet started – Publication date will be July 1.   |
| Waiver                               | Draft prepared – Under tribal review with Roundtable and Consultation.   |
| State Plan Amendment (Fee Schedule)  | Not yet started – Effective date will be July 1.   |
| Communications – Client Notification | <p>Change Coming Postcard – To be mailed on April 1.</p> <p>Call Center Script – To be prepared by March 15.</p> <p>Notice – To be prepared by April 15 and mailed by May 1.</p> <p>Website Updates – To be prepared by May 1.</p> |

# Mental Health FFS Implementation

## DRAFT TEXT OF “CHANGE COMING” POSTCARD – CURRENTLY UNDER REVIEW

*Dear Head of Household:*

*This letter is to inform you that beginning July 1, 2017, a change will be made in how to access mental health services. People receiving Washington Apple Health coverage who self-identify as American Indian or Alaska Native will be able to seek treatment directly from a non-tribal provider without prior authorization from a health plan.*

*You will get more information in the mail regarding this change prior to July 1, 2017, including next steps you will need to take, if any.*

*This change will have no impact on American Indian or Alaska Natives who are or will be receiving behavioral health (mental health and/or substance use disorder) services through a Tribal behavioral health program.*

*Where can I get more information?*

*We're happy to answer your questions.*

- *Send a secure online inquiry to <https://fortress.wa.gov/hca/p1contactus/> or*
- *Call 1-800-562-3022.*



# Mental Health FFS Implementation

| Task  | Status   |
|---|--|
| Communications<br>–Provider<br>Enrollment   | <p>“Change Coming” Email – To be sent by March 15.</p> <p>Call Center Script – Pending completion of FAQ.</p> <p>Provider Letter of Intent – Pending completion of rates.</p> <p>Website Updates – Pending completion of Call Center Script and Provider Letter of Intent.</p> |
| Communications<br>–System–wide<br>Awareness | Not yet started.   |
| Outreach–<br>Provider<br>Enrollment         | <p>Pending completion of rates.</p> <p>If tribes have mental health providers they would like us to reach out to, please let us know.</p>  |

# Mental Health FFS Implementation

| Task                             | Status   |
|----------------------------------|--|
| Outreach–Client Decision Support | <p>Not yet started.</p> <p><b>Suggestion: Tribal assisters could reach out to AI/AN clients to help them decide whether to enroll in BHOs or Medicaid behavioral health fee–for–service.</b></p> |
| Provider Enrollment–DBHR         | DBHR is developing web portal for mental health providers to enroll with DBHR to provide services in the Medicaid mental health fee–for–service program.   |
| Provider Enrollment–HCA          | HCA is managing resources to enroll potentially hundreds of mental health providers into ProviderOne.  |



Update:

# BHO-Tribal-State Meeting



# BHO-Tribal-State Meeting

- Tentative Date: March 6, 2017, 9:00 am - 11:00 am
- Location:
  - Check in at Cherry Street Plaza, 626 8<sup>th</sup> Avenue SE, Olympia
  - Meeting in Mt. St. Helens Room in Town Square 1 Building
- Webinar/teleconference will also be available
- Would like input on agenda items (next slide)

# Update: BHO-Tribal-State Meeting

- Potential Agenda Items:

- 9:00am Introductions
- 9:10am Opening Statements
- 9:30am Current Relations Due to Non-FFS Clients
- 9:45am How Tribes Can Access the Crisis System
- 10:15am Designating Tribal DMHPs
- 10:45am Next Steps
- 11:00am Adjourn

*Feedback? Other items to include?*



Updates:

# Medicaid Transformation 1115 Waiver



# Medicaid Transformation 1115 Waiver

## Tribal Protocol on Initiatives 1 and 2

- Will be a part of the 1115 Terms and Conditions
- Deadline:
  - Currently due to CMS on March 2
  - State will request an extension to March 31
- Projected Timeline:
  - Week of February 27: State completes initial draft
  - Week of March 6: Draft sent to tribes/UIHPs for review
  - Week of March 20: **Consultation/meeting (dates?)**
  - Week of March 27: Finalize and submit on March 31



# Medicaid Transformation 1115 Waiver

## Initiative 3

CMS moved this initiative out of the 1115 waiver.

Updates...



# Medicaid Transformation 1115 Waiver

## Requirements: Budget Neutrality

- Federal expenditures must be at or below what they would be without the waiver



\*State must estimate the "Without Waiver" expenditures.

- Budget neutrality is enforced over the five-year lifetime of the demonstration waiver.



# Medicaid Transformation 1115 Waiver

## Federal Funding Sources

### Designated State Health Program (DSHP)

- **Definition:** State or locally funded health care programs which serve low-income and uninsured people and are not otherwise eligible for federal matching funds.
- **Allowable DSHP Funding:** Certain funds spent on DSHPs serve as non-federal matching funds for this 1115 waiver; expenditures not eligible are described in T&C #92.
- **Total Allowable DSHP Funding:** \$928,481,856 over 5 years.
- **Annual DSHP Funding Phase Down:** From \$240 million in 2017 to \$124.6 million in 2021.

### Intergovernmental Transfers (IGT)

- **Definition:** Transfer of public funds between governmental entities (for example, from a county or public hospital to the state). Source of funding must be reviewed to ensure it meets federal requirements.
- **IGT Entities Must Participate in Projects.** Public/governmental entities that are eligible, willing, and financially able to contribute funds through an IGT will partner with regional ACHs to develop transformation project plans. Tribes are not required to partner with ACHs.
- **IGT Funding Phase Up:** The IGT portion of non-federal matching funds will increase over the 5 years.





# Medicaid Transformation 1115 Waiver

## Federal Funding

- Starting in 2019, a portion of the DSHP funding (for incentive payments) will be at risk based on how well the state is doing in meeting the performance targets



# Initiative 1: Delivery System Reform Incentive Payment Program

## **Medicaid Transformation 1115 Waiver**



## Delivery System Reform Incentive Payment Program

# Statewide Goals

- Integrate physical and behavioral health purchasing and service delivery
- Convert 90% of Medicaid provider payments to reward outcomes
- Implement population health strategies that improve health equity

The demonstration authorizes the ACHs to coordinate and oversee regional projects aimed at improve care for the Medicaid population.

## Delivery System Reform Incentive Payment Program

# State's Goals for Tribes/IHCPs

1. Support Washington tribes and IHCPs to work with ACHs to improve regional health and systems
2. Support Washington tribes and IHCPs to improve tribal/IHCP-specific health and systems.



## Delivery System Reform Incentive Payment Program

# Funding and Payments

- Total funding for DSRIP Program (Initiative 1): \$1.25 billion
- Four categories of expenditures:
  - State administration costs
  - ACH and other administrative support
    - ACH Certification Payments
    - Tribal Coordinating Entity
  - Value-based Payment Incentive Payments (10% of total)
  - Project Incentive Payments, including ACH project design approval milestone payments

## Delivery System Reform Incentive Payment Program

# Funding and Payments

### Project Incentive Payments

- 2017: 100% Pay for Reporting, 0% Pay for Performance
- 2018: 100% Pay for Reporting, 0% Pay for Performance
- 2019: 75% Pay for Reporting, 25% Pay for Performance
- 2020: 50% Pay for Reporting, 50% Pay for Performance
- 2021: 25% Pay for Reporting, 75% Pay for Performance

Fully Integrated Managed Care regions will receive higher incentive payments.

## Delivery System Reform Incentive Payment Program

# Funding and Payments

### Project Incentive Payments

- Greater weight for General Care Delivery Redesign projects
- Less weight for Condition-Specific Care Redesign projects
- Factors that increase the project incentive payment amounts:
  - More Medicaid covered persons
  - More IGT funding
  - Higher quality of project applications
  - If the region chooses to implement the Medicaid Fully Integrated Managed Care program by January 2019
- Projects may be combined, which increases the payments

## Delivery System Reform Incentive Payment Program

# Funding and Payments

Medicaid  
Client Counts  
by ACH

| ACH                             | # of Medicaid Clients |
|---------------------------------|-----------------------|
| Better Health Together          | 188,757               |
| Cascade Pacific Action Alliance | 179,382               |
| Greater Columbia                | 250,373               |
| King County                     | 407,352               |
| North Central (4 counties)      | 88,804                |
| North Sound                     | 267,923               |
| Olympic                         | 81,819                |
| Pierce County                   | 221,396               |
| Southwest Washington            | 120,745               |



**Delivery System  
Reform Incentive  
Payment Program  
Project Toolkit**



**Condition-Specific  
Care Redesign**

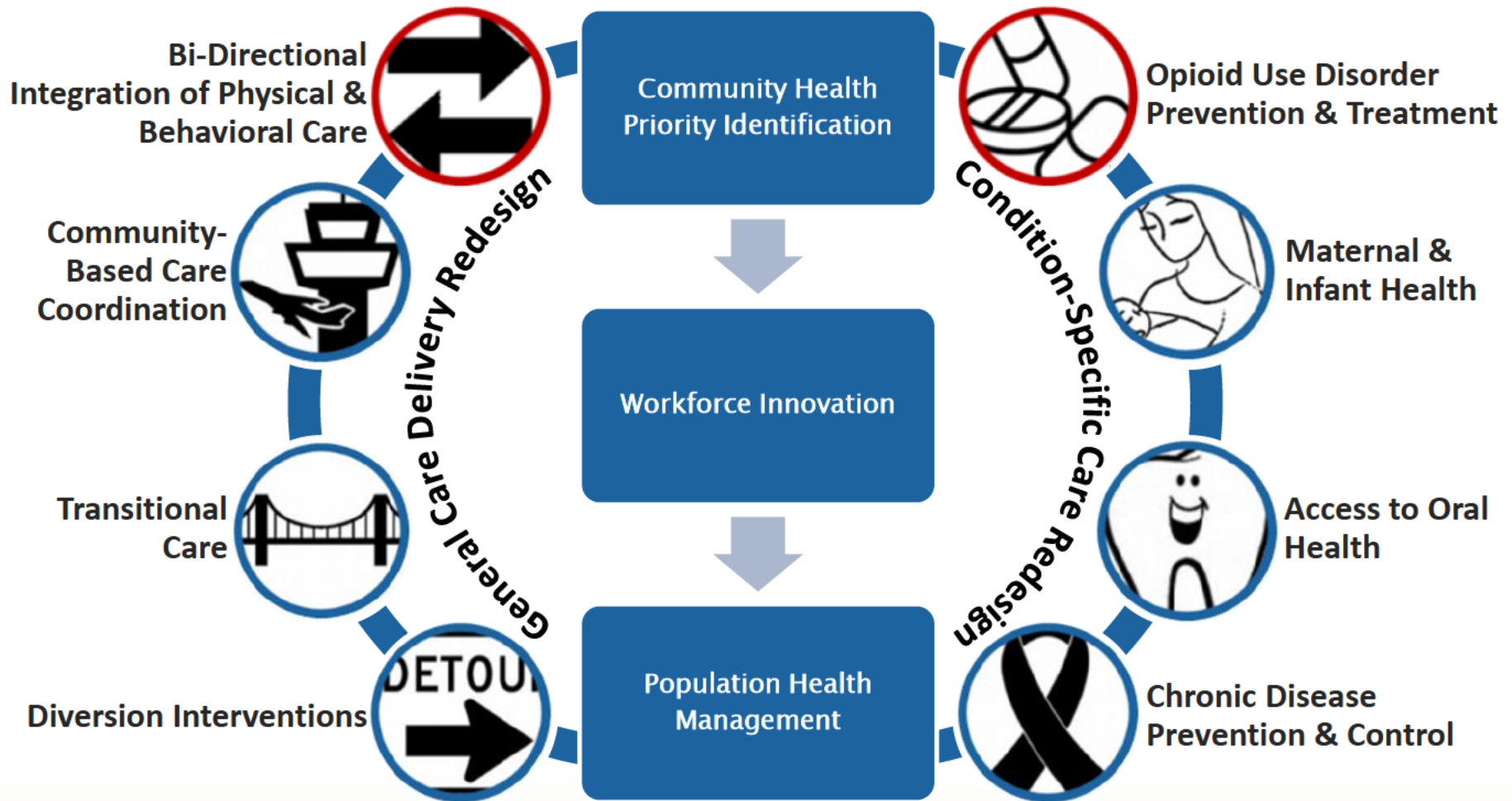


**General Delivery  
Care Redesign**



**Population Health Systems  
& Capacity Building**

## Delivery System Reform Incentive Payment Program





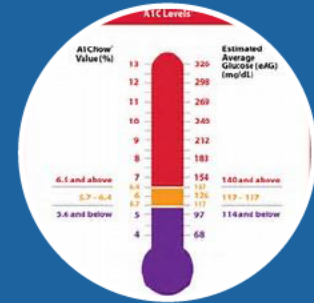
# Population Health Systems & Capacity Building



**Financial  
Sustainability**



**Workforce  
Innovation**



**Population  
Health  
Management**





# General Care Delivery Redesign

## Domain 2



Traditional Salmon Wheel



Bi-Directional Integration  
of Primary and Behavioral  
Care **(required)**



Community-based  
Care Coordination



Transitional Care



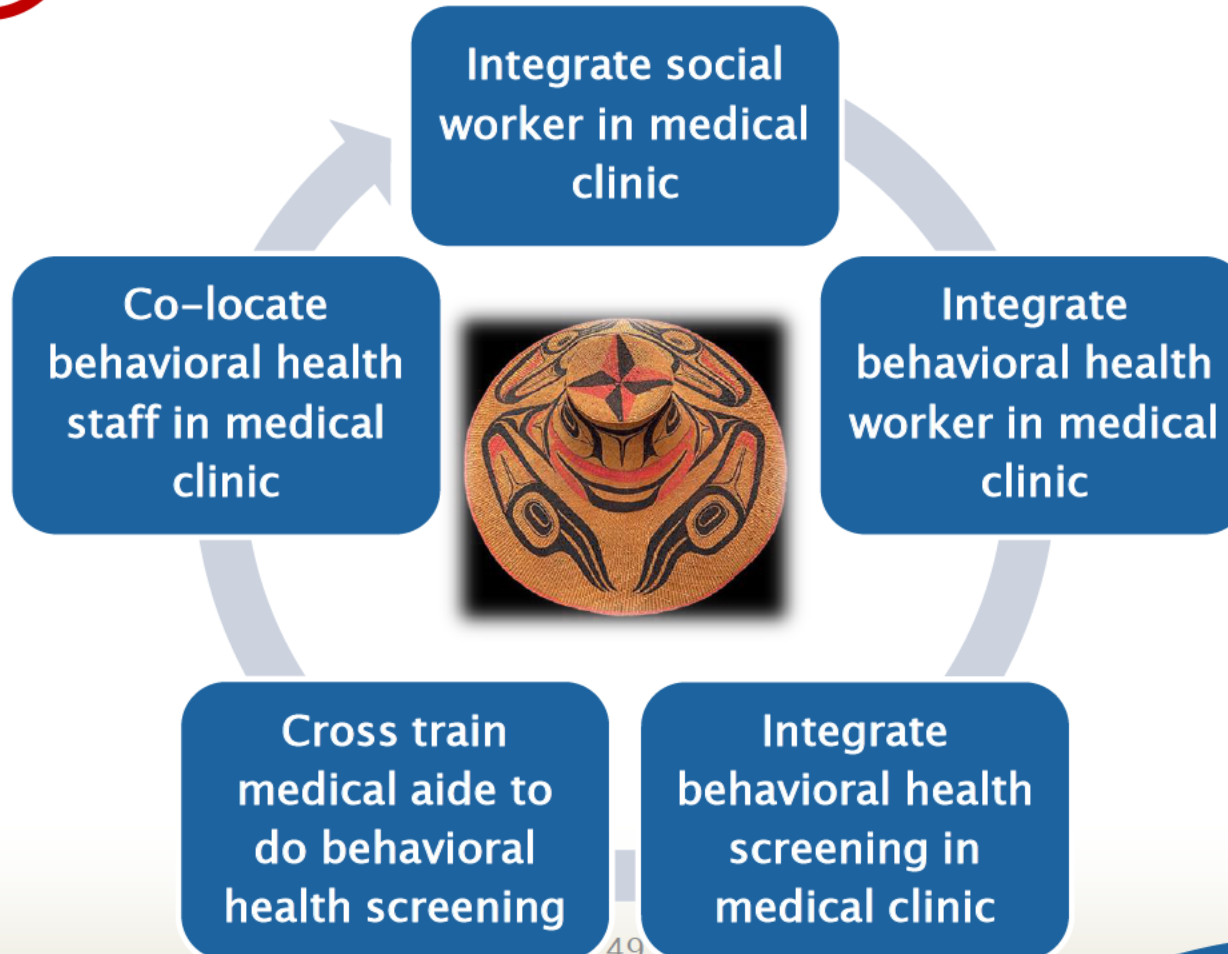
Diversion Interventions



## General Care Delivery Redesign



### Bi-Directional Integration of Primary and Behavioral Care **(required)**



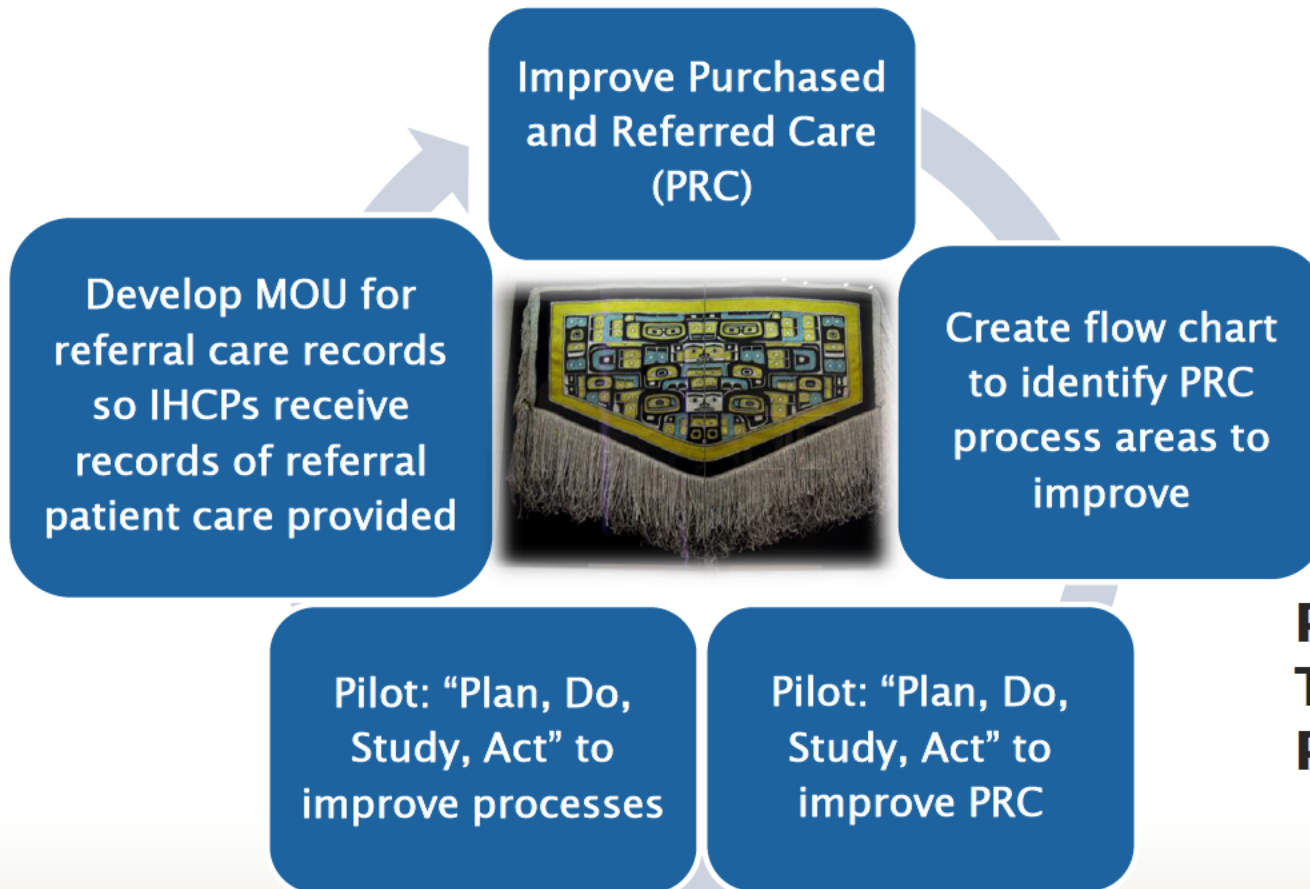
**Potential  
Tribal/IHCP  
Projects**



# General Care Delivery Redesign



## Community-based Care Coordination



**Potential  
Tribal/IHCP  
Projects**

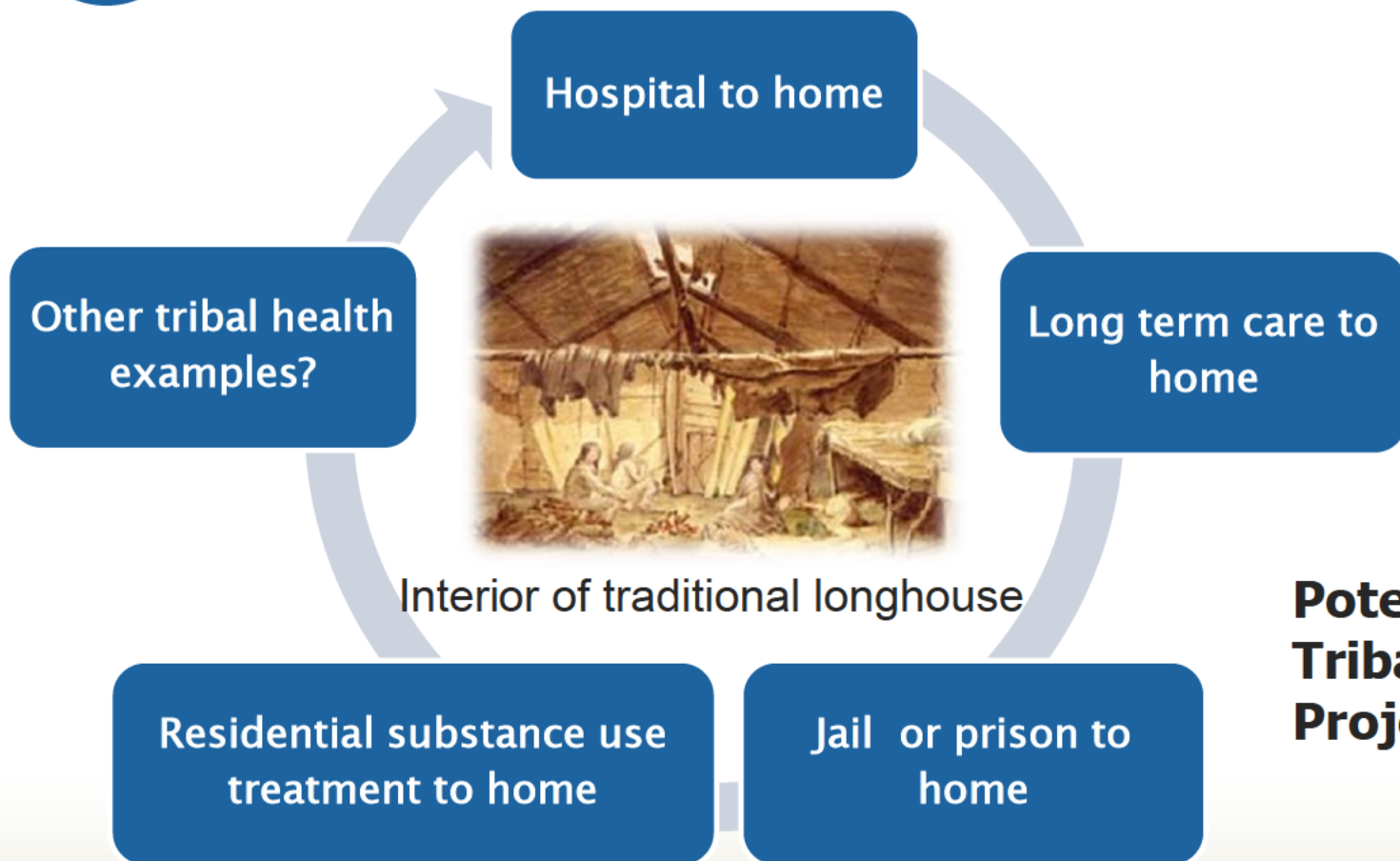




# General Care Delivery Redesign



## Transitional Care



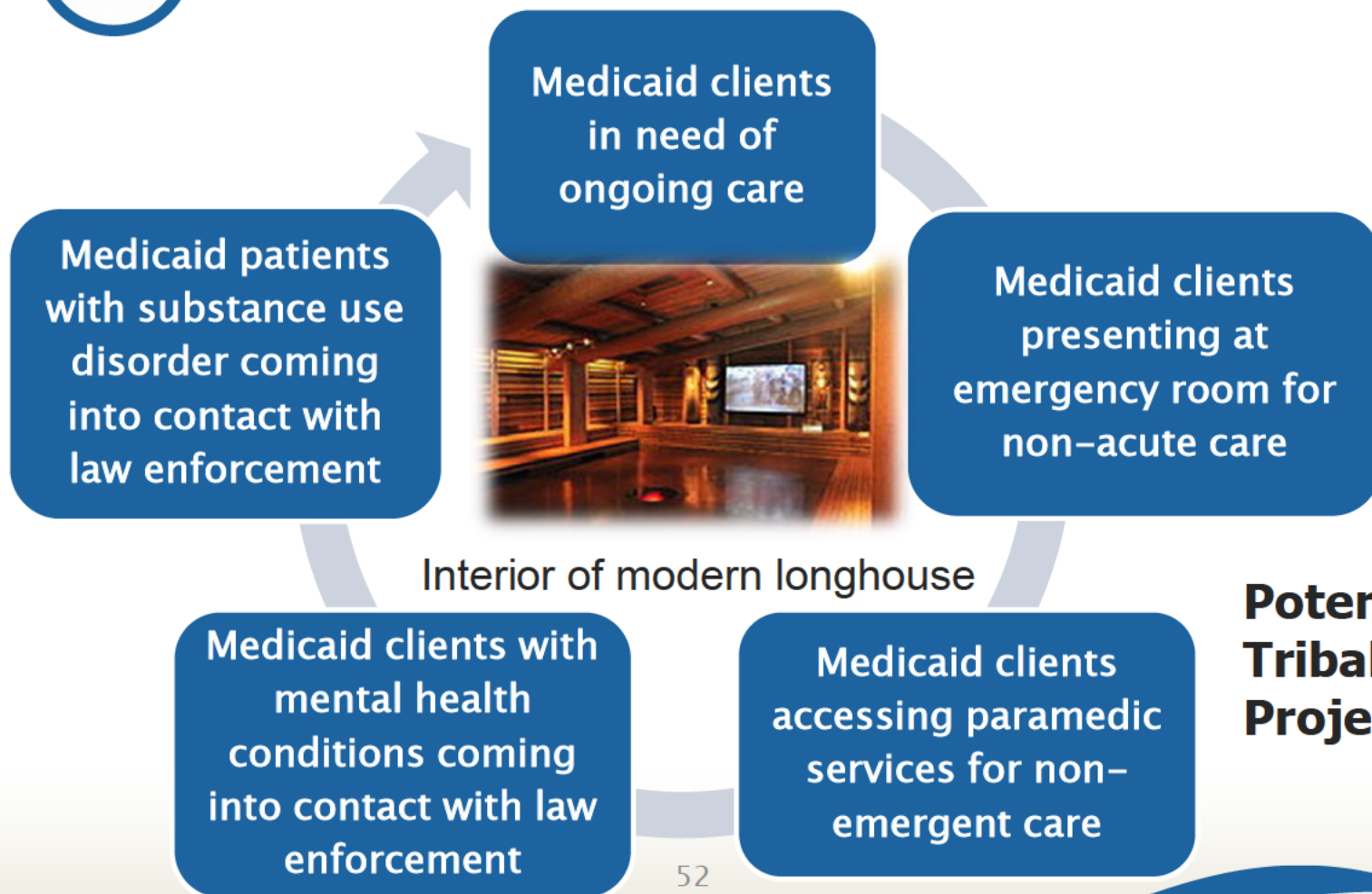
**Potential  
Tribal/IHCP  
Projects**



# General Care Delivery Redesign



## Diversion Interventions



**Potential  
Tribal/IHCP  
Projects**





# Condition-Specific Care Redesign

## Domain 3



Opioid Use Disorder  
Prevention & Treatment  
(required)



Maternal & Infant  
Health



Access to Oral Health



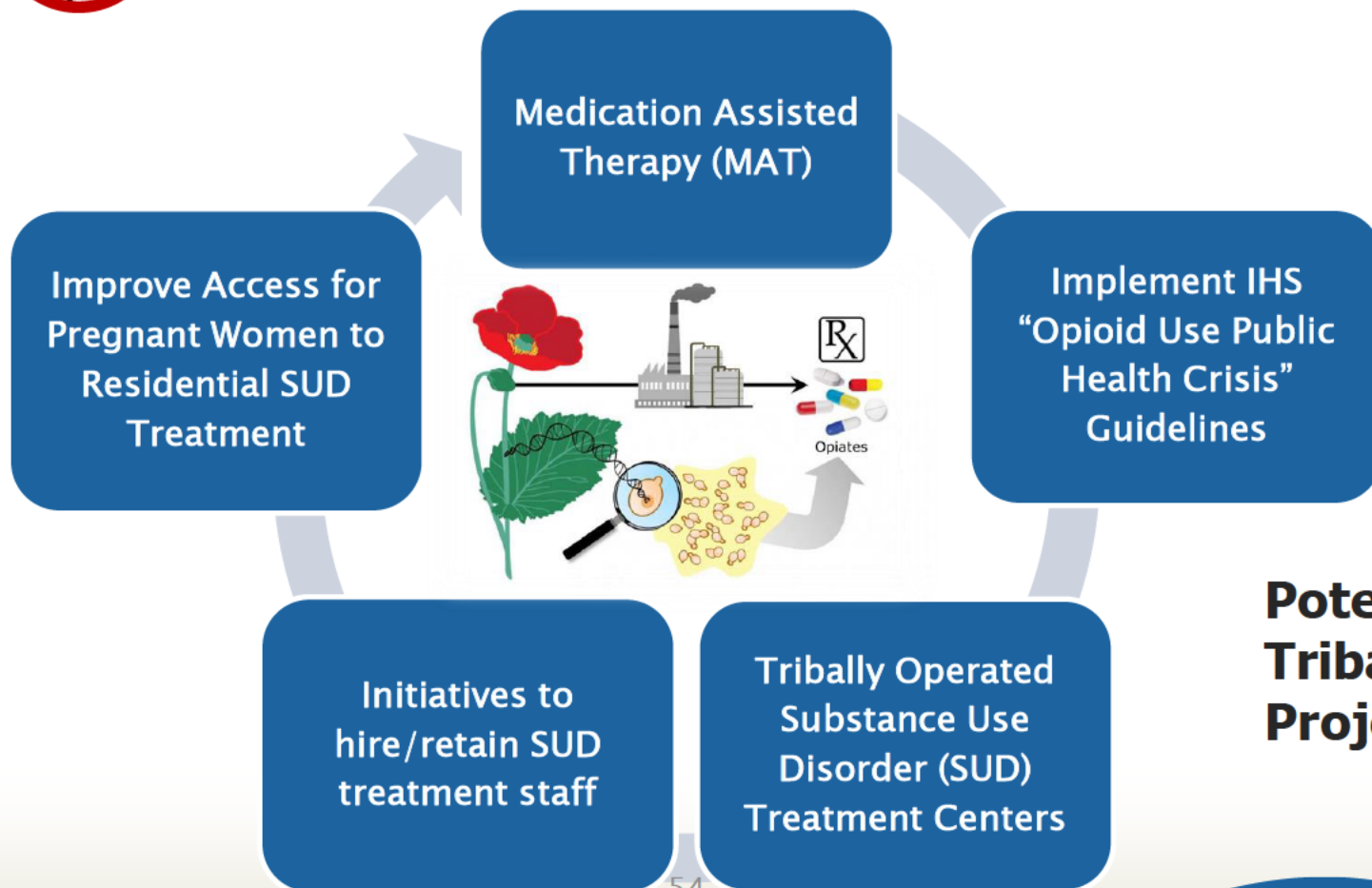
Chronic Disease  
Prevention & Control



## Condition-Specific Care Redesign



### Opioid Use Disorder Prevention & Treatment



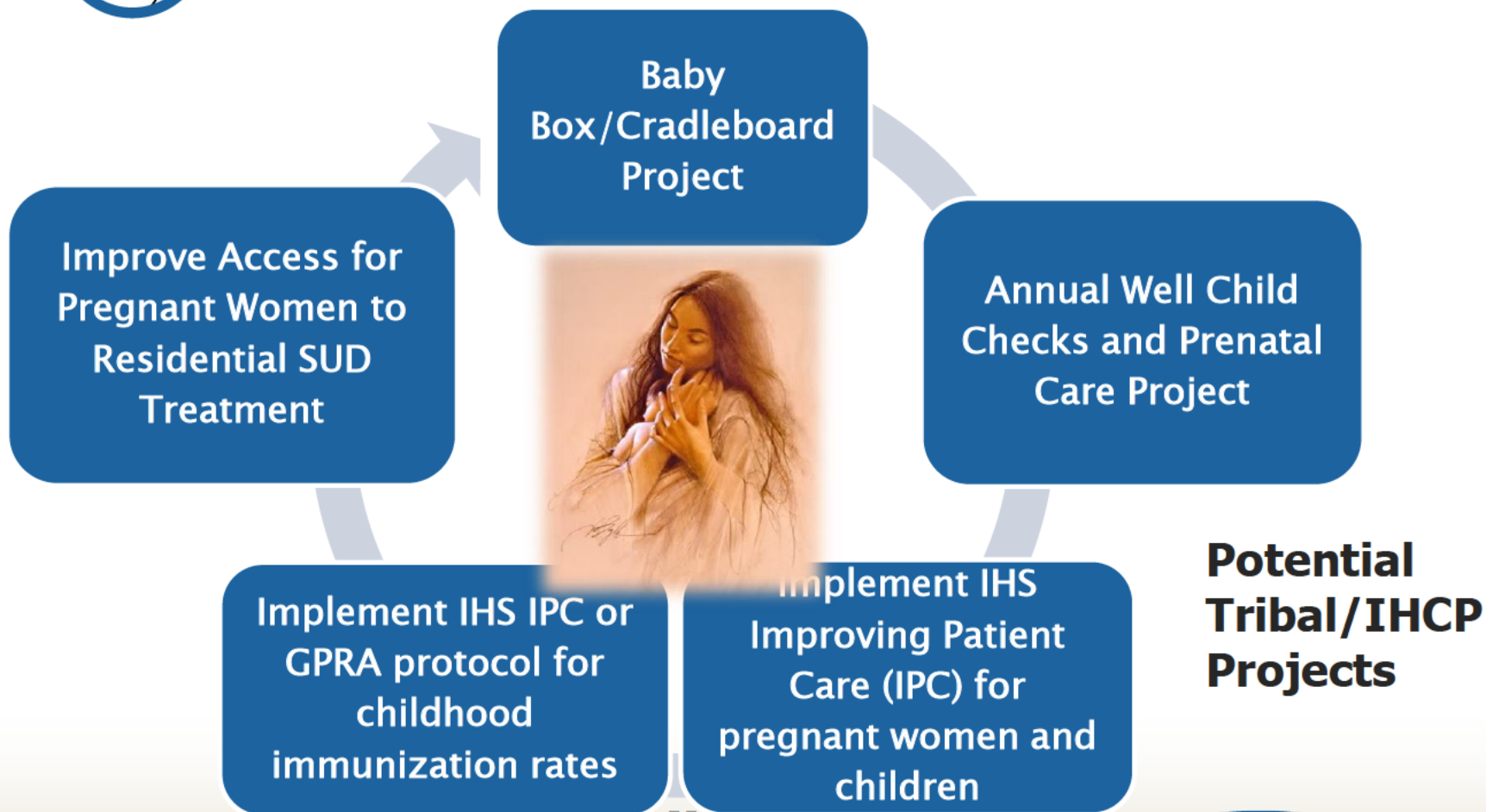
**Potential  
Tribal/IHCP  
Projects**



# Condition-Specific Care Redesign



## Maternal & Infant Health

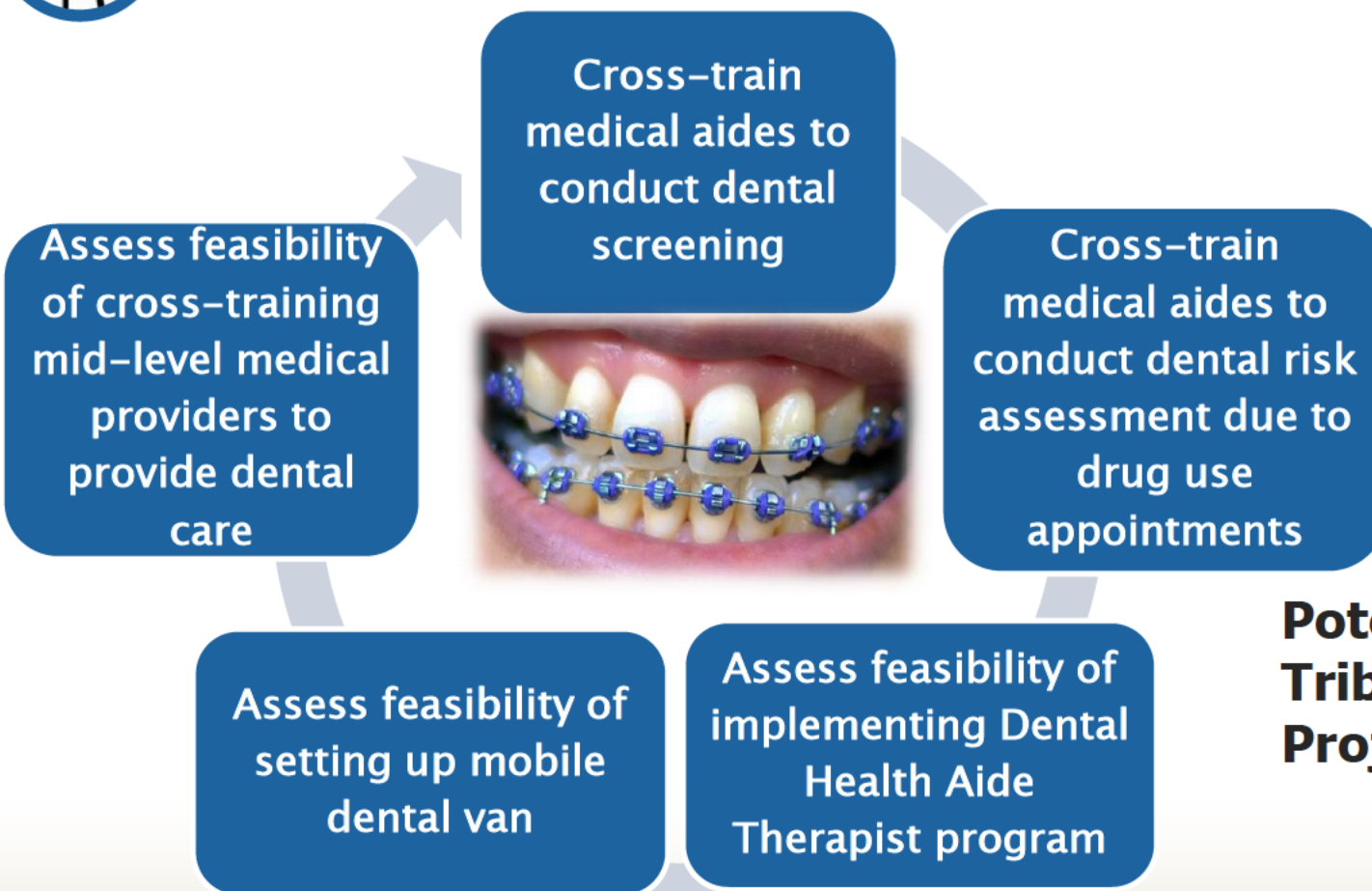




# Condition-Specific Care Redesign



## Access to Oral Health



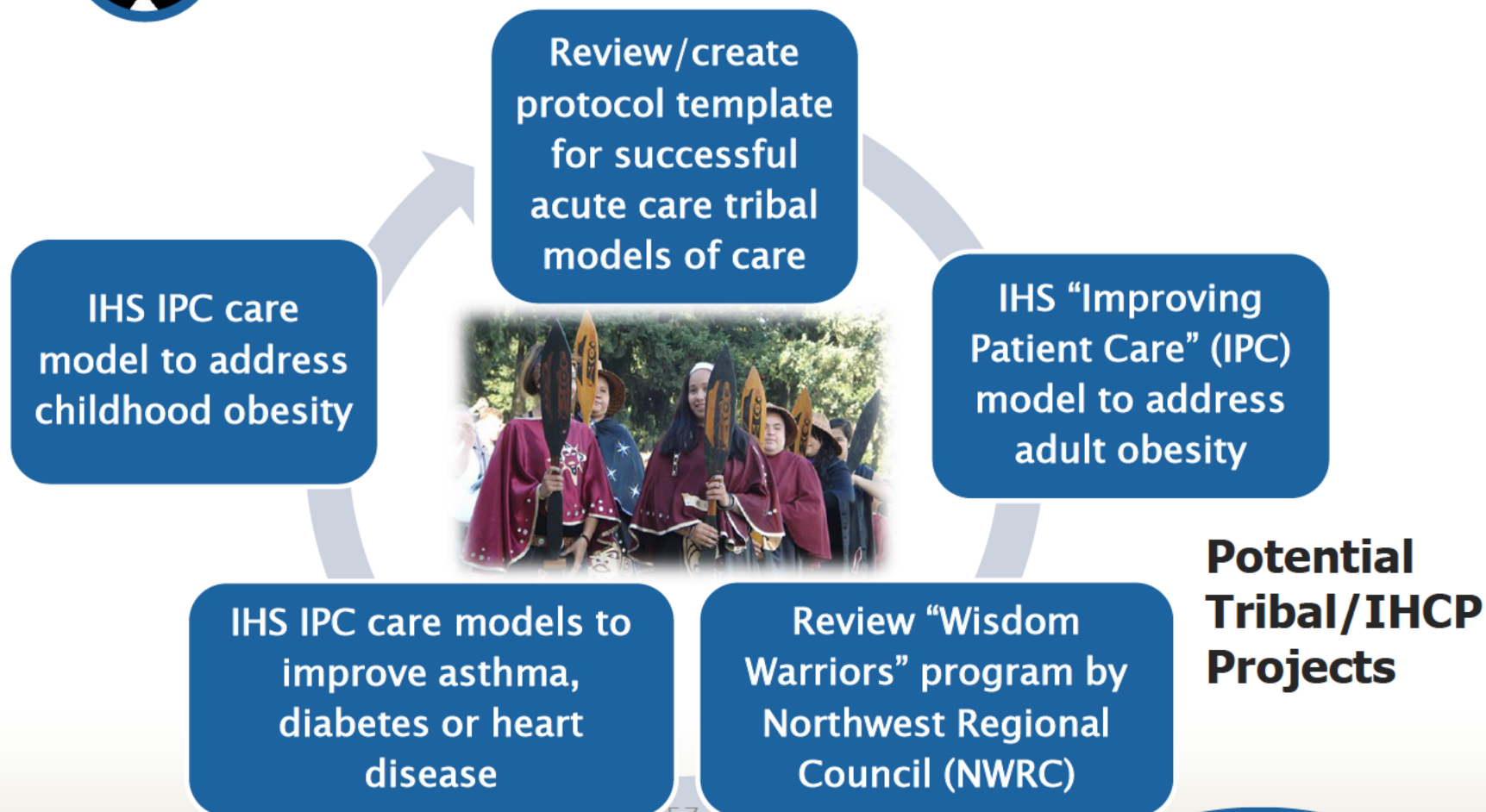
**Potential  
Tribal/IHCP  
Projects**



# Condition-Specific Care Redesign



## Chronic Disease Prevention & Control



# Traumatic Brain Injury

## **Veterans Affairs Resources**



# Some much needed help for the tribal veterans with TBI

Dan Overton

Washington Dept. of Veterans Affairs

Traumatic Brain Injury Program Coordinator





# Why I am Here

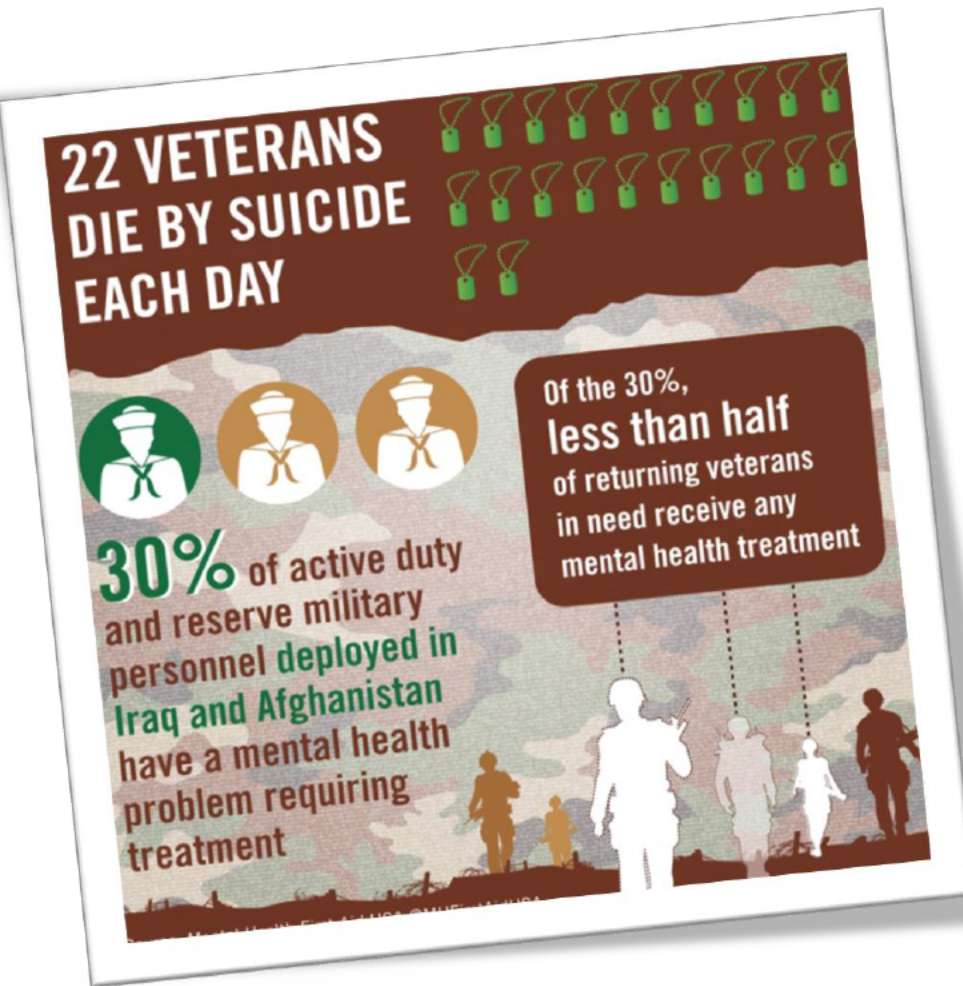
- There are approximately 6,543 AIAN vets in Washington (4.7% of total) 5,607 Men and 936 Women
- A large percentage of these veterans have sustained a Traumatic Brain Injury.
- Some may know but many won't.





# Why I am here

- A TBI can contribute significantly to the veterans behavioral health problems putting them at higher risk for:
  - Alcohol and drug abuse
  - Violence
  - Depression
  - Suicide

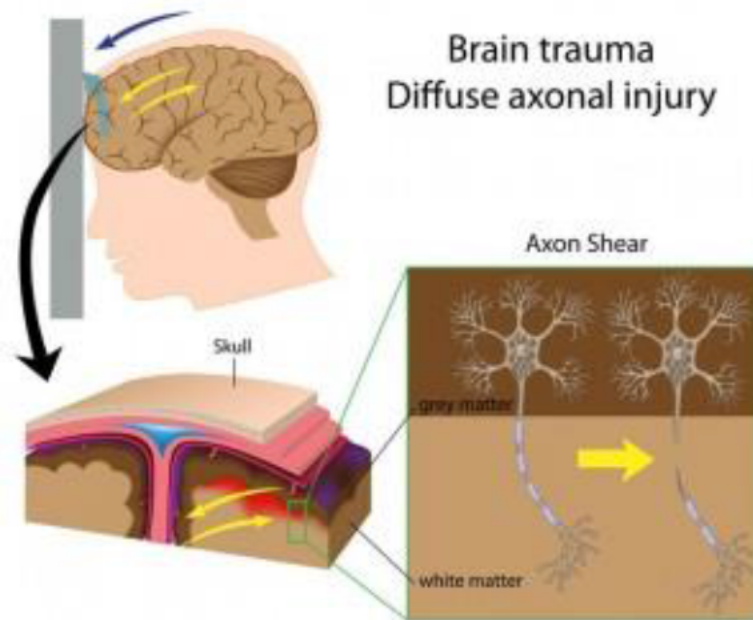


# Why I am here

- Behavioral Health clinicians are coming in contact with veterans with TBI
- Many do not know what to look for or how to help specific to a traumatic brain injury



# What I can do

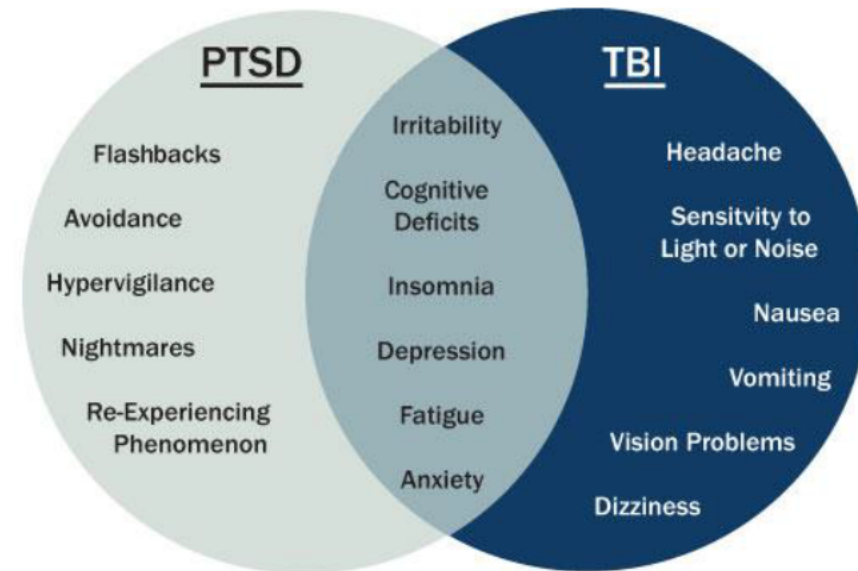


- Provide resource information:
- There are numerous resources specific to TBI and the veteran that the veteran and the clinician maybe unaware of. Brain Energy Support Teams (BEST) for example has support groups throughout the state even in rural areas.



# Subject Matter Expert Services:

- The WDVA TBI program can:
  - Take calls from BH providers regarding management/intervention/etc.
  - Serve as a professional consultant in a variety of BH situations/cases.
- Personal/private/identifying information not typically necessary to be able to assist those in a supportive capacity.
- Staff can access resource services without violating depart. protocol or HIPPA laws.





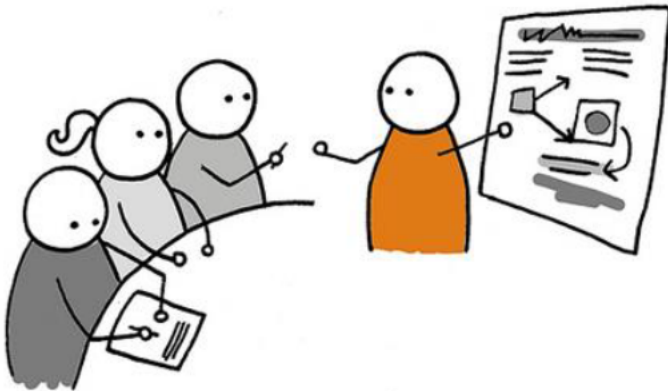
# Limited Case Management:



- With proper permissions, the WDVA TBI program can work directly with the veteran and work with community BH providers' staff to create a case that the TBI program can advocate for throughout the veterans' treatment by providing ongoing case management.
- The TBI program would be able to connect with the veteran, provide support to the veterans' caregiver/family, employer or educational institutions in an advocacy/educational/supportive role.



# Training:



- The WDVA program can provide training to tribal BH providers' staff on a wide range of topics regarding the veteran with TBI.
- The applications of such training could/would reach beyond the veterans and potentially assist staff to identify other clients with TBI.
- With increased awareness comes the possibility of increased opportunity for interventions which, in turn, give the possibility for decreased problems and increased successful treatment outcomes.

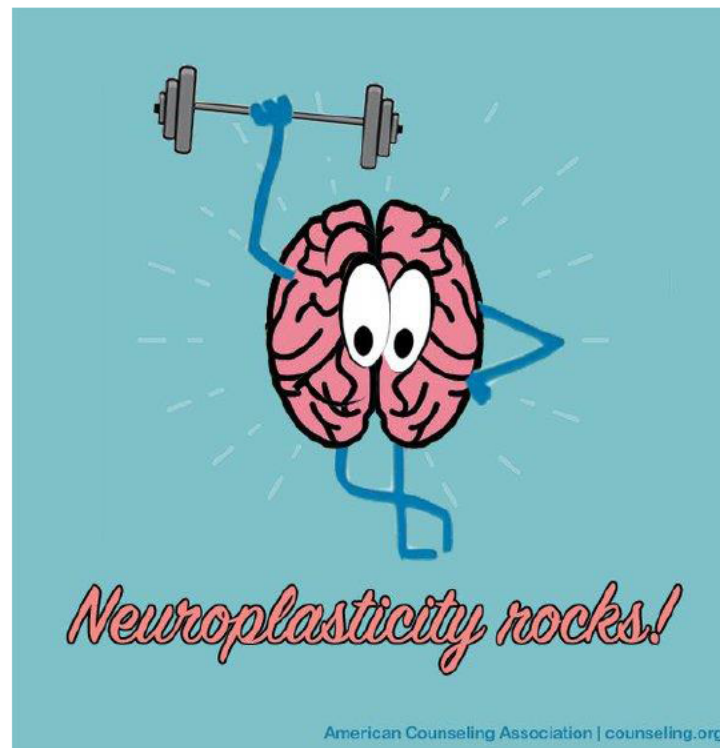


# What I am asking for

- “I am here to help.”
- “I want to help”
- I can assist with any clinician in any capacity in any area of the state.
- All services are free of charge and require nothing from the requestor
- I ask that the BH teams are made aware of these services so they may use them as they see fit.



# Thank You





# Review Tribal Issues Grid



**Questions?**

**Issues?**

**Concerns?**



**Behavioral Health Administration**  
**Division of Behavioral Health & Recovery**  
**Web: [https://www.dshs.wa.gov/bha/  
division-behavioral-health-and-recovery](https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery)**

**David Reed**  
Acting Office Chief  
Phone: 360.725.1457

**Loni Greninger**  
Tribal Affairs Administrator  
Phone: 360.725.3475  
Email: [greniar@dshs.wa.gov](mailto:greniar@dshs.wa.gov)

**Division of Policy, Planning & Performance**  
**Office of Tribal Affairs & Analysis**  
**Web: [http://www.hca.wa.gov/  
tribal/Pages/index.aspx](http://www.hca.wa.gov/tribal/Pages/index.aspx)**

**Jessie Dean**  
Administrator  
Phone: 360.725.1649  
Email: [jessie.dean@hca.wa.gov](mailto:jessie.dean@hca.wa.gov)

**Libby Watanabe**  
Healthier Washington Tribal Liaison  
Phone: 360.725.1808  
Email: [elizabeth.watanabe@hca.wa.gov](mailto:elizabeth.watanabe@hca.wa.gov)

**Mike Longnecker**  
Operations & Compliance Manager  
Phone: 360.725.1315  
Email: [michael.longnecker@hca.wa.gov](mailto:michael.longnecker@hca.wa.gov)

