



# HCA Monthly Tribal Meeting

August 28, 2017

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# **Welcome, Blessing, Introductions**

# Agenda

9:00 AM Welcome, Blessing, Introductions

9:10 AM Introduction and Q&A with HCA Interim Director Lou McDermott

9:30 AM Updates

- MTD Initiative 3
- Draft Medicaid Managed Care Quality Strategy (requirements are set forth in 42 C.F.R. §438.340)

10:00 AM Medicaid Transformation Demonstration – Tribal Design Funds  
(follow-up from the AIHC-hosted meeting on Friday, August 25)

11:30 AM Brief Announcements + Open Forum

Noon Closing

# **Interim Director Lou McDermott**

*Goal: Information sharing and discussion*

# Interim Director Lou McDermott



- Director of the Public Employees Benefits Program since 2012
- Serving as interim Director until Governor's office concludes national search for permanent Director.

# **Medicaid Transformation Demonstration – Initiative 3**

# **Medicaid Managed Care Quality Strategy (DRAFT)**

## ***Requirements in 42 C.F.R. §438.340***

# Medicaid Transformation Demonstration



# Tribal Design Fund Proposal

Subject to the approval of the Centers for Medicare and Medicaid Services (CMS), the Health Care Authority (HCA) will allocate up to a total of \$5.4 million of Medicaid Transformation Demonstration (MTD) funding for tribes, the Indian Health Service (IHS), and Urban Indian Health Programs (UIHPs) to develop one or more MTD Project Plans for individual tribal-specific projects and/or tribal-UIHP consortium projects that meet MTD goals and constraints, including strategies to support:

- More ACH-Tribal collaboration;
- ACH investments in individual tribes or groups of tribes; and
- Both ACH-tribal projects and the projects in the tribal Project Plan(s).

HCA, tribes, and UIHPs will agree on criteria for earning up to a total of \$5.4 million of MTD funding, with requirements for earning this MTD funding analogous to the requirements for ACHs to earn their planning and design funds and with the possibility of earning funding in stages.

Tribes and UIHPs will agree on methodology for allocating MTD funding amounts earned to tribes, UIHPs, tribal organizations, or other entities that performed the work to submit the deliverables.

# Need Agreement on:

- Milestones/requirements for earning the \$5.4 million
  - Relatively comparable to the ACH certification submissions
  - May be phased to enable earning a portion sooner
- Criteria to score the submission(s) and who will do the scoring
- Who will do the work/submission(s) to earn the \$5.4 million
- How amount earned will be allocated in order to support:
  - Work that was done to earn the funds, including completion of the Tribal Protocol
  - Work to complete the Tribal Projects Plan
  - Future infrastructure work to ensure attainment of milestones in Tribal Projects Plan, such as CHAP Board or clinical data repository/population health management

# Incentive Payment Funding Model

Up to \$841.4 million*	Total Budget for All Incentive Payments Statewide
Less up to \$23.4 million*	Allocation for Incentive Payments for IHCP-Projects
Up to \$817.9 million*	Amount Remaining to be Allocated to ACHs for Incentive Payments

## **Key Points:**

- According to the approved STCs and Protocols, any allocation for incentive payments for Indian health care provider (IHCP) specific projects will reduce the total available statewide for ACH incentive payments.
- There will be no ACH-specific reductions for tribes or IHCPs that do not participate with their regional ACHs.
- Each ACH will continue to receive funding based on all Medicaid attributable lives in their region, including AI/ANs.

**\*Note:** Actual amounts are subject to change due to continuing negotiations with CMS.

# Current Direct Funding Estimates

## Total Direct Funding to Tribes, Tribal Organizations, IHS, UIHPs, and Designees

	2017	2018	2019	2020	2021	Total
Planning & Design	\$5,400,000					\$5,400,000
Maximum Incentives		\$6,389,656*	\$6,257,782*	\$5,800,445*	\$5,027,850*	\$23,475,733
Tribal Coordinating Entities	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$500,000
Total	\$5,500,000	\$6,489,656	\$6,357,782	\$5,900,445	\$5,127,850	\$29,375,733

**\*Note:** Actual maximum amounts are subject to change due to continuing negotiations with CMS.

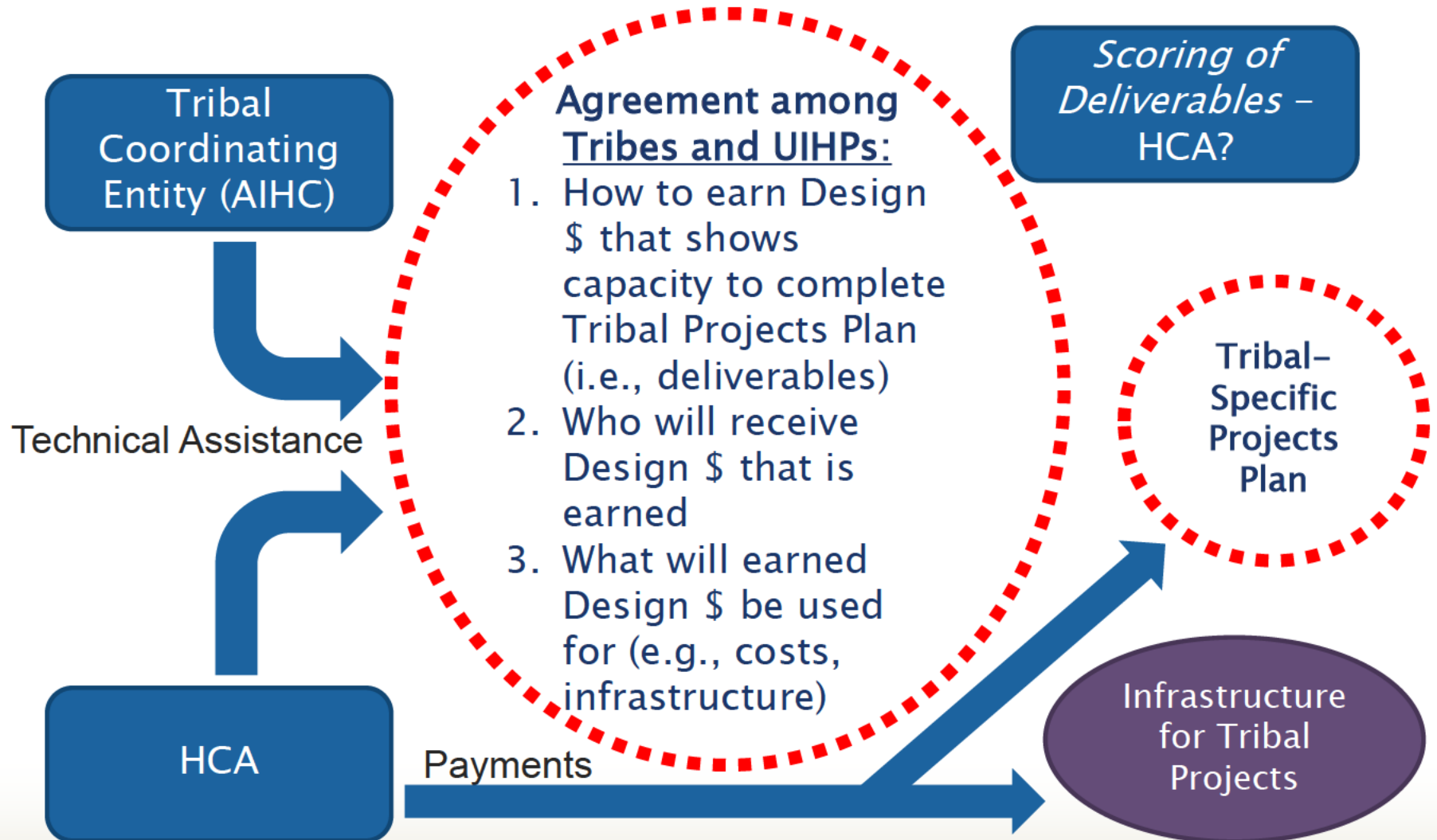
# Gap Analysis



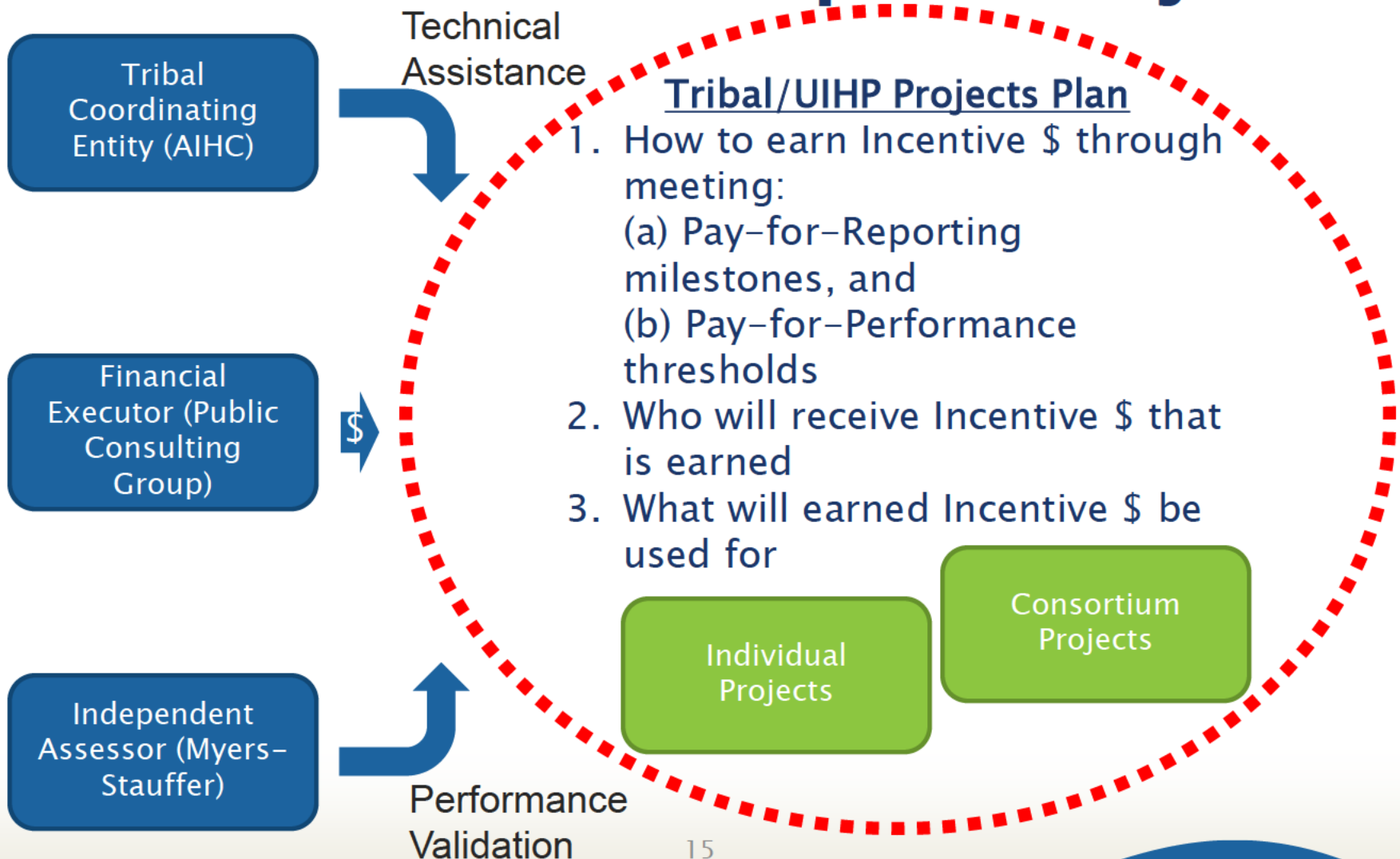
- Provider shortages
- Poor electronic systems
- No support for care coordination by Indian health care providers

- Access to providers
- Robust electronic systems
- Coordination of care
- Health care controlled and managed by Indian health care providers

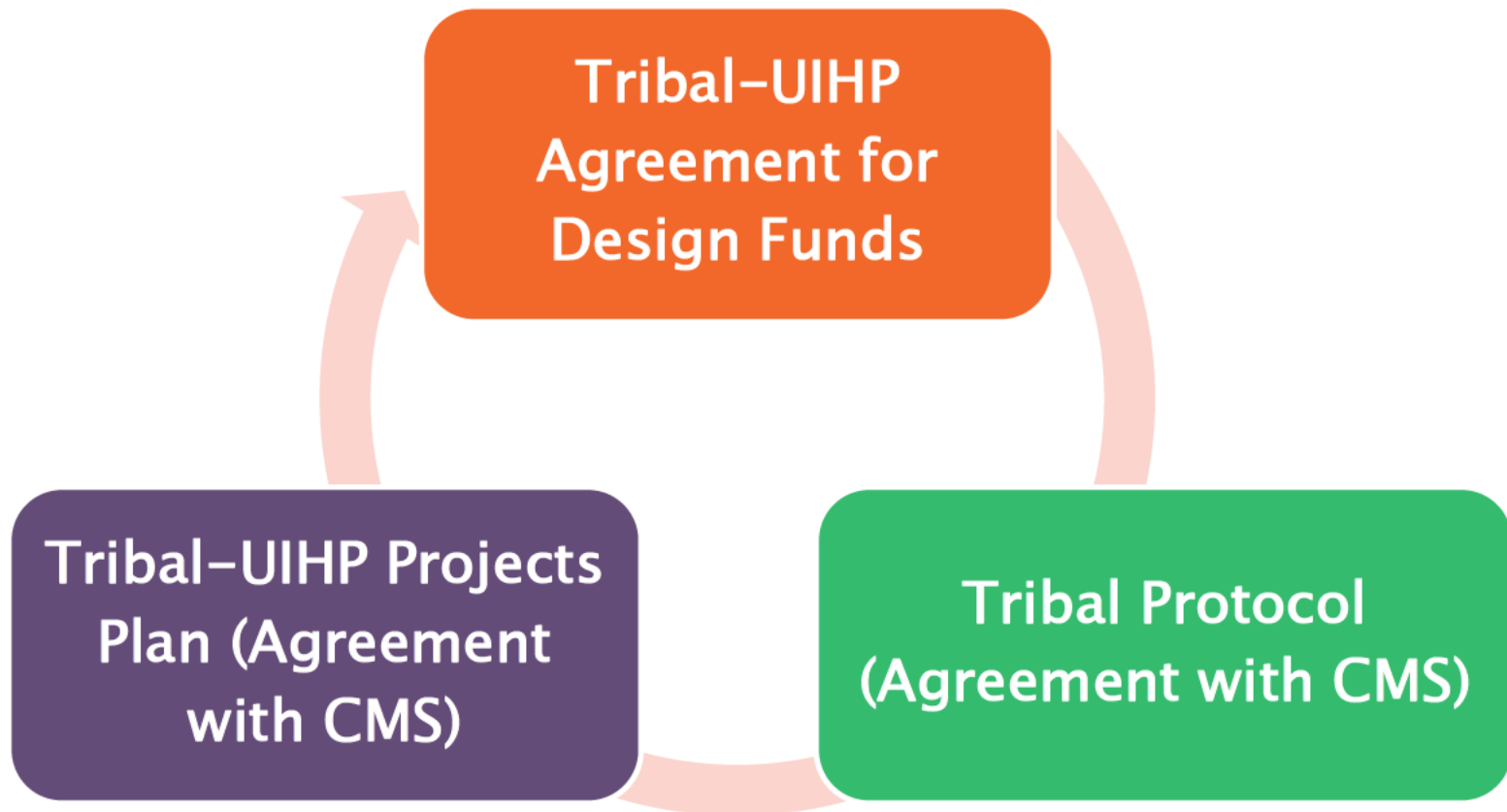
# Schematic for Tribal Design Funds



# Schematic for Tribal-Specific Projects

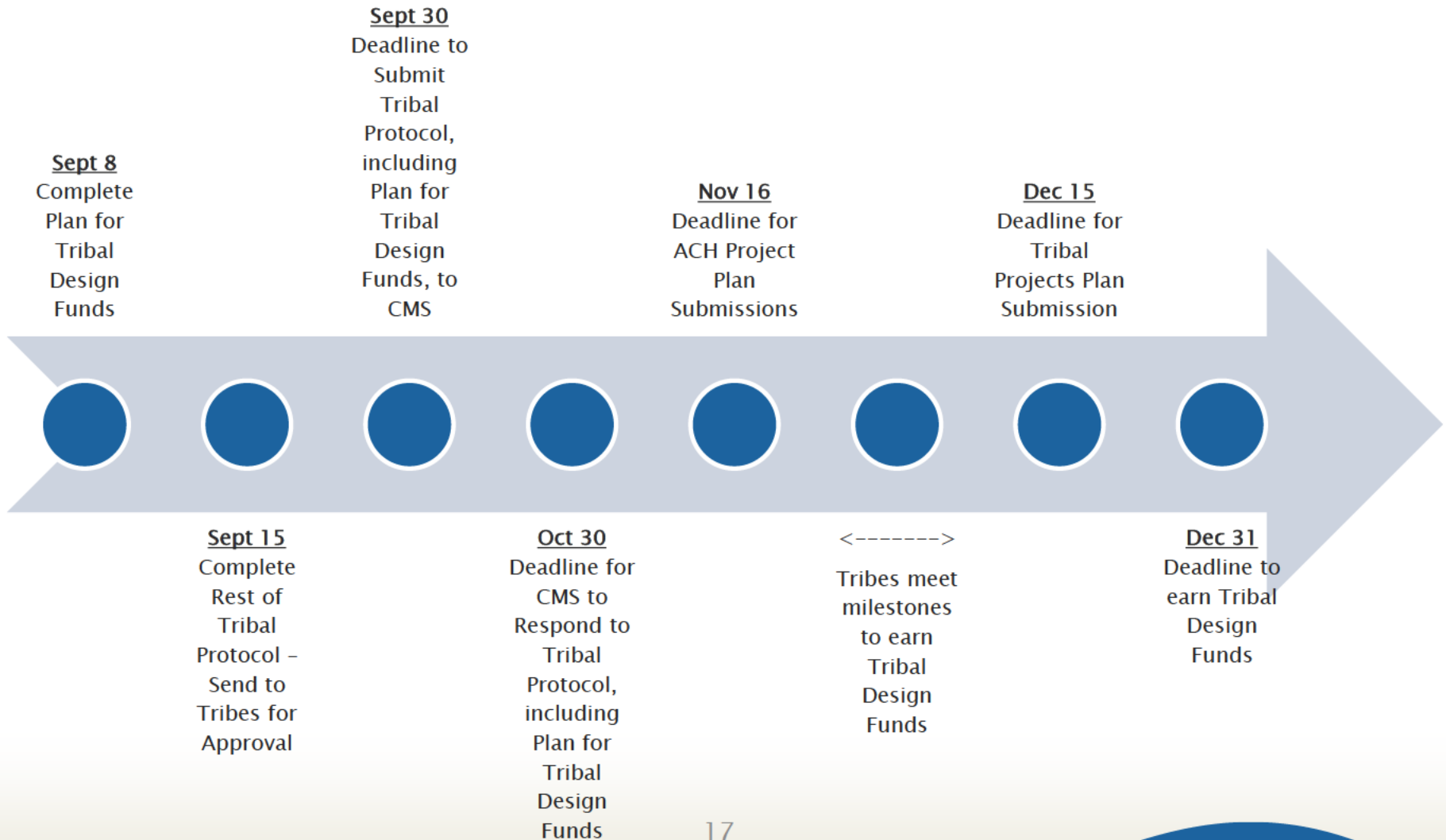


# Tribal-Related Deliverables





# Working Timeline



# Suggested Timeline for Tribal Design Funds

## Plan for Tribal Design Funds

Sept 30: Submit to CMS

Oct 30: CMS  
feedback/approval

### Phase 1 – \$1,000,000 (?)

Oct 30: Milestones  
met/ready to submit as  
soon as CMS approves  
Plan  
(e.g., engagement of  
resources to complete  
Tribal Projects Plan)

### Phase 2 – \$4,400,000 (?)

Nov 18: Complete rest  
of Plan milestones  
(e.g., initial draft of  
Tribal Projects Plan to  
send to Tribal Councils  
for approval)

# MTD Tools and Resources

## Rules

- Tribal Protocol, including Agreement on Design Funds
- Tribal–UIHP Projects Plan
- ACH Tribal Collaboration & Communication Policy

## Support Tools

- Tribal Design Funds Plan – Proposal & Planning Analysis Worksheet
- Tribal Projects Overview
- Tribal Project Plan Template
- WA State Tribes and Tribal Health Clinics (map)

## Funding

- Tribal Design Funds:  
Up to \$5.4M  
(available through Dec. 2017)
- Tribal–UIHP Incentive Funds:  
Up to \$23M  
(2018–2021)

# Report Out from Friday's Meeting

## Agreement on:

- \$5.4 million budget allocated to the following categories:
  - \$[\_\_\_\_\_] for infrastructure:
    - CHAP board infrastructure; and
    - Data and information technology infrastructure.
  - \$[\_\_\_\_\_] according to a formula that includes both:
    - Portion allocated equally to every tribe and UIHP; and
    - Remainder allocated based on measure (Medicaid-covered lives?).
  - Decisions for (i) and (ii) to be made by majority vote of tribes and UIHPs, with each having one vote to be held by the AIHC delegate from the tribe or UIHP unless the tribe or UIHP directs that vote to be held by someone else.

# Report Out from Friday's Meeting

## Additional items:

- Allocations of \$5.4 million to be justified by:
  - Either the allocation invests in the completion of an attainable and approvable IHCP Project Plan (formerly known as IHCP Projects – name change to reflect ability of IHS facilities and UIHPs to participate in projects);
  - Or the allocation invests in infrastructure that will help all tribes and UIHPs to attain the Pay-for-Performance milestones in the IHCP Projects or in the ACH Projects (for those tribes or UIHPs participating in ACH Projects).
- Once earned, \$5.4 million will be held in escrow by financial executor until tribes and UIHPs determine final allocations according to same principles and voting protocol.

# Report Out from Friday's Meeting

## Potential Milestones:

- Washington State Indian Health Care Inventory and Improvement Report, which includes information similar to:
  - Health needs portion the Regional Health Needs Inventory (RHNI)), with particular focus on the barriers to care for Medicaid-covered AI/ANs.
  - Provider inventory portion of RHNI.
  - Goals portion of the Regional Health Improvement Plan (RHIP).
  - Plan portion of the RHIP.
- Other appropriate elements to give CMS assurance that the IHCP Projects Plans will be completed.

# Report Out from Friday's Meeting

Tribes and UIHPs also concluded that the independent assessment function needs to include, perhaps under subcontract, an organization with experience conducting this work with tribes and UIHPs, such as Northwest Indian College.

# Report Out from Friday's Meeting

Tribes and UIHPs will request that the full \$5.4 million be earned upon completion of the milestones, without scoring, out of respect for the significant investments that the tribes and UIHPs have made (without state financial support) over the past four years.



# Report Out from Friday's Meeting

## Next Steps:

- HCA to provide guidance/suggestions on what milestones should be used.
- HCA and tribes/UIHPs to develop:
  - Work plan for completion of milestones, and
  - Timeline for moving the work forward, including dates for meetings and target deadlines.
- Tribes/UIHPs to provide:
  - Tribal and UIHP profiles,
  - Epidemiological reports from NPAIHB and UIHI, and
  - Tribal and UIHP investments to date into the Medicaid Transformation Demonstration and precursors.

Washington State  
Health Care Authority

**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)

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**Thank you!**