

Washington State's 5-year Health Care Innovation Plan Medicaid Integration Models

Presenters:

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**RHA Members – Jon Hersen, Andy Silvers, Jared Sanford, Brad Berry,
Dr. Sharon Crowell and Karen Lee**

**Connie Mom-Chhing-President & CEO, Southwest Behavioral Health
(SWBH) Regional Support Network**

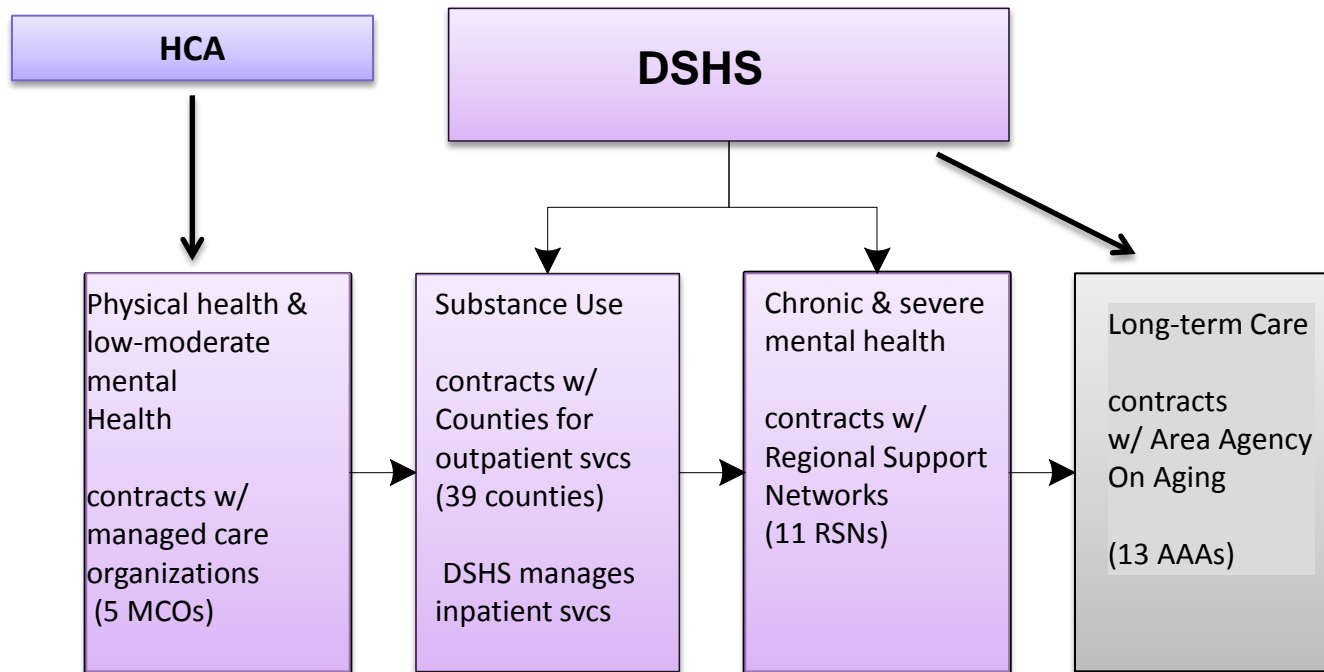
Problems with current Medicaid system

- Payment in Washington tends to pay providers by visit. Rewards volume not quality.
- Patients are forced to go many places for different kinds of care (mental health, substance use and medical). Difficulty in accessing and coordinating care.
- Physician offices can't deal with social problems such as housing, transportation, etc.

Medicaid Contracting System

State Agencies Healthcare Authority (HCA) & Department of Social & Health Services (DSHS)

As of June 2014



State Healthcare Innovation Plan (SHCIP)

The Washington Way

Coordinate and integrate the Medicaid funding and healthcare delivery system with social services and public health (SB 6312 & E2SHB 2572)

- Create regional service areas across state
- Full integration of Medicaid funds moves to these regions in 2020
- Provider contracts **shift** to paying for quality, not volume
- **Community of Health** organization established within each region that includes key community stakeholders/partners to focus on improving care

Medicaid Contracting System State Healthcare Authority (HCA) Beginning January 1, 2020

HCA

Medical, mental health,
long-term care &
substance use Medicaid
funding combined and
contracted to risk bearing
entities

Getting from today to 2020

- Legislature approved timeline to move toward full Medicaid integration by January 1, 2020
- Counties in each Region decide between two options:

Early Adopter Full Medicaid Integration Option

- January 1, 2016 –
- Regions can be Early Adopters and apply for integration of all Medicaid funds & receive 10% of estimated savings for 6 years.
- State HCA contracts with health plans or similar like risk bearing entities.
- Shifting financial responsibility from counties.
- No additional changes required in 2020.

Early Adopter for Full Medicaid Integration

Pros

- Regions can receive an incentive payment equal to 10% savings for 6 years.
- Funding integrated into one budget/system leads to better coordinated care.
- Regions only need to have 70,000 people on Medicaid.
- Better chance to influence how system works regionally – more local control before statewide implementation in 2020.
- Not responsible for unfunded mandates-shifts financial liability from counties to health plans or similar like entities.

Cons

- No RSN/BHO will exist in SWWA Region.
- All counties in the region must agree to be an early adopter.
- Short-time line to implement (19 months).

Organize to become an Early Adopter for Full Medicaid Integration

- Public\private Regional Health Alliance
- Re-organized funding streams
- Four health plans involved
- Community clinics, hospitals & major providers at the table
- Clark, Skamania and Klickitat counties involved (Human Services, Public Health & Criminal Justice)

Clark County Local Funds Mental Health Property Taxes & 1/10 of 1 cent Meth Tax

Continue to fund existing programs not covered by Medicaid:

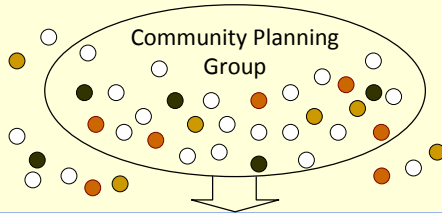
- Teen Talk
- Consumer Voices Are Born
- Safe Communities Task Force
- Mentoring 4 Results
- Treatment for individuals not eligible for Medicaid
- Neuropsychological assessments to support Family Treatment Court

Future programs to fund not covered by Medicaid:

- Sobering services
- Substance use recovery services
- Community Health Workers
- Prevention & early intervention programs for behavioral health
- Expand Mental Health First Aid
- Crisis Intervention Training for Law Enforcement Officers
- Support services to assist in care integration between behavioral health & medical care
- Supportive Housing services for people with behavioral health disorders

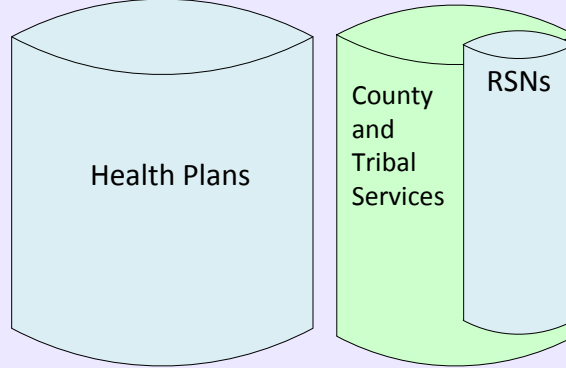
Regional Healthcare Alliance

Health Planning



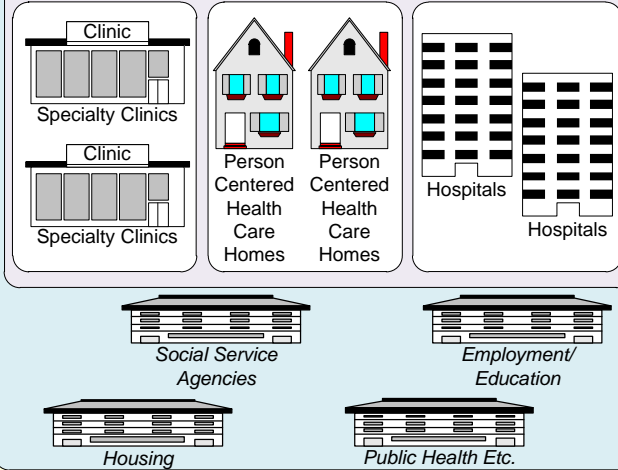
Funding

Regional Health Alliance



Management

Accountable Care Organizations



Delivery System

SWWA Regional Health Alliance (RHA)

“The communities of Southwest Washington came together and formed a 501c3 creating the Southwest Washington Regional Health Alliance, a public-private partnership that is being designed to promote the health of our region’s residents, with a focus on at-risk, vulnerable populations.”

(Healthcare Reform the Southwest Washington Way - Implementing a Regional Approach to Healthcare Integration in Southwest Washington)

- The aim of this effort is to achieve:
 - Better Health
 - Better Care
 - Reduced Cost
- ...for the citizens of SW WA, with an emphasis on the at-risk, vulnerable residents of our communities

RHA Board of Directors

(All Board members have one vote & contribute to planning effort)

President-Duane Rogers- Kaiser Permanente

Vice President-Jon Hersen-Legacy Health Systems

Secretary-Vanessa Gaston, Clark County

Treasurer-Cindy Robertson – NorthShore Medical Group

Steve Kutz- Cowlitz Tribe Health & Human Services

Carlos Carreon- Cowlitz County

Kirby Richards– Skamania County

Andy Silver – Council for the Homeless

Kevin Kussman- Clark College

Ma'ata Latu- Coordinated Care Corporation

Alan Melnick-Clark County Public Health

Karen Lee– Columbia United Providers

Dian Cooper – Cowlitz Family Health Center

David Kelly – SWWA Area Agency on Aging & Disability

Tricia Roscoe– PeaceHealth

Jared Sanford, Lifeline Connections

Sharon Crowell, MD – The Vancouver Clinic

Erin Hafer – Community Health Plan of WA

Laura Lee – Molina Healthcare of WA

Brad Berry – Consumer Voices Are Born

Federico Cruz-Uribe - SeaMar

Behavioral Health Organization(BHO) Option

- April 1, 2016–
 - DSHS ends contracts with RSNs for mental health March 31, 2016
 - DSHS ends contracts with Counties for outpatient substance use March 31, 2016
 - DSHS begins contracting with regional BHOs for mental health & substance use starting April 1, 2016
- County based BHOs serve as the risk bearing entity and are financially responsible to ensure mandated and required services are provided (regardless of state general & Medicaid funding amount).
- BHO contracts end with DSHS December 31, 2019 with January 1, 2020 transition to full integrated model.

SWBH Regional Support Network Presentation

- Behavioral Health Organization option
 - Connie Mom-Chhing, President & CEO SWBH

Recommended Action

- Approve Clark County's participation in the RHA and direct staff to actively work toward Early Adopter by submitting a letter to HCA requesting a meeting to discuss criteria.
- Reasons for choosing this option:
 - Better health for citizens
 - Better care options for citizens
 - Reduced cost to citizens
 - Minimize risk & costs to county government
 - Reduce need for multiple transition

State HCA & County Agree to a Common Agenda for Early Adopter Model

- Allow for flexibility with innovative models that meet the needs of SWWA residents.
- Counties be involved from the beginning in the planning & decision-making process for the selection of risk bearing entities in SWWA.
- Complete a timely actuarial study so that mental health, substance use & physical health programs are sufficiently funded in SWWA region on January 1, 2016.
- HCA & RHA/Counties work jointly together on:
 - Ensuring people have access to quality care for mental health, substance use, long-term care & physical health in all areas of SWWA.
 - Risk bearing entities have an adequate provider network in place prior to approval of contract covering **ALL** Medicaid services in both urban & rural areas in SWWA Region.
 - RHA taking the lead on system delivery changes, implementation of changes for performance based payments & determining how to reinvest any savings received from being Early Adopter.

STATEWIDE VIEW: WHERE ARE WE GOING?

Draft Vision

All people in Washington achieve and maintain better health*

Draft Broad Aim

By 2020, the people of Washington state will be healthier because our state has collectively shifted from a costly, disconnected non-system for health care to aligned health approaches focused on achievable targets for better care, lower costs, prevention and reduction of disparities.*

BOCC Direction

- Early adopter or BHO?
- Other actions?