Working Together for a Healthier Washington

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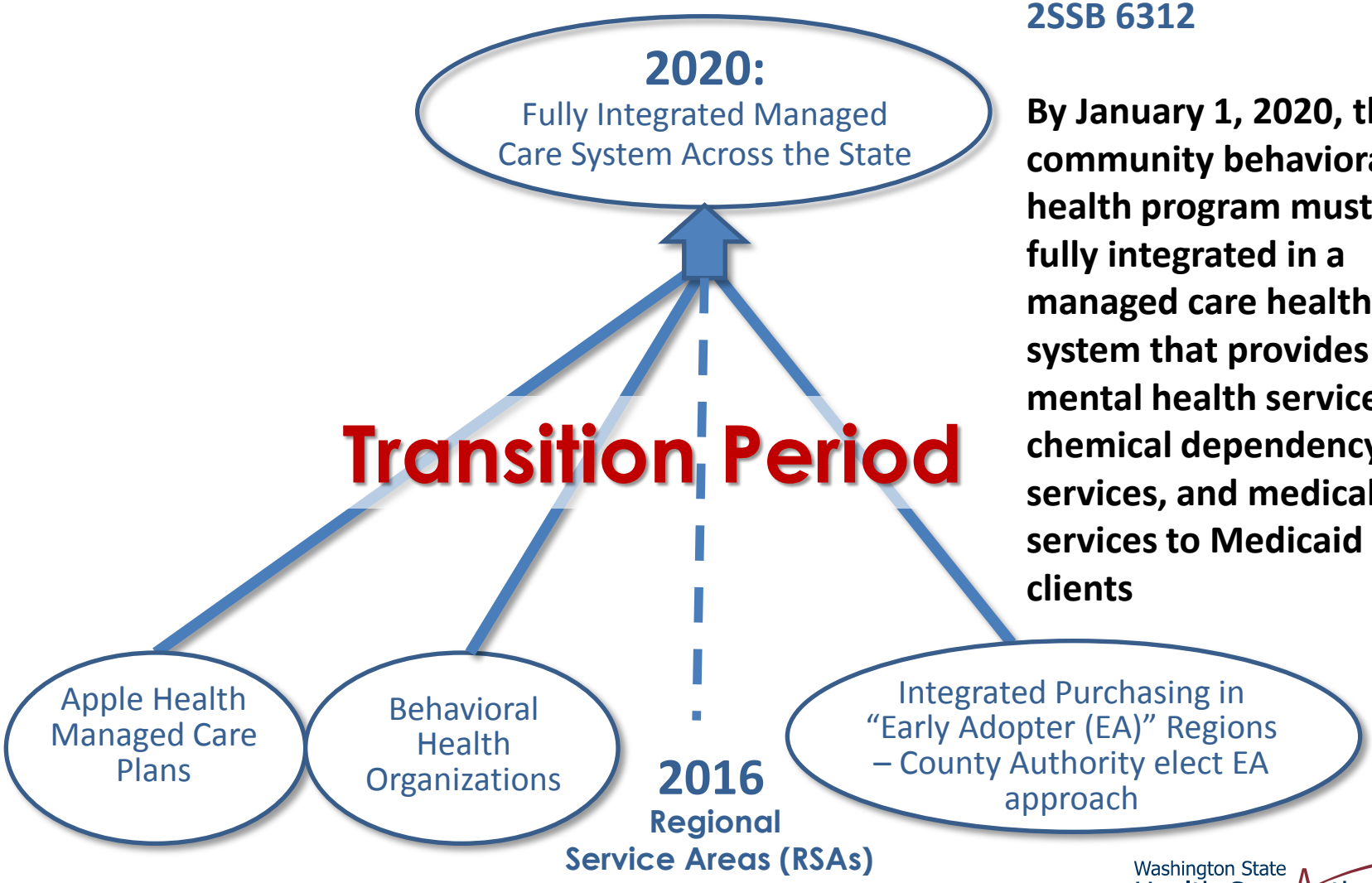
Early Adopter Initiative: Overview

Parallel Paths to Purchasing Transformation



2014 Legislative Direction: 2SSB 6312

By January 1, 2020, the community behavioral health program must be fully integrated in a managed care health system that provides mental health services, chemical dependency services, and medical care services to Medicaid clients

Whole Person Care: Draft contract Requires New Clinical Integration

- Co-location of primary care and behavioral health services
- Collaboration between primary care and behavioral health services providers
- Coordination of medical, behavioral health and community-based services (e.g. housing support services, employment services, transportation services).
- Jointly funded Care Coordinators available at the site of care (mental health agencies, primary care offices, etc.)
- Streamline Care Coordination – 1 Care Coordinator for all an enrollee's needs vs. multiple in current system

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Purchasing in "Early Adopter" Regional Service Areas

Local Decision-making

- Agreement by county authorities in a regional service area
- Strong county involvement in implementation process from start-finish

MCOs at Risk

- Health Care Authority (HCA) will contract with MCOs at financial risk for full scope of Medicaid physical and behavioral health services
- Counties no longer at financial risk for provision of behavioral health services
- MCO's admin load limited. For example, 8.7% for blind/disabled population

Consumer Choice

- HCA will conduct a competitive procurement, no less than 2 MCOs will serve entire region

No Unfunded Mandates

- Medicaid benefits will continue to be defined by the State plan
- HCA will not add new benefits that haven't been funded by the legislature

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Benefits of the Early Adopter Model

- Seamless access to necessary services
- Ability to address physical health and behavioral health issues in one system, with better coordinated care
- Opportunity for local input to shape program
- Better aligning financial incentives for expanded prevention and treatment and improved outcomes
- Adequate and sustainable network that ensures access and continuity of care
- Flexible models of care that support the use of interdisciplinary care teams
- Shared savings reinvested in the delivery system
- Improving information and administrative data sharing across systems

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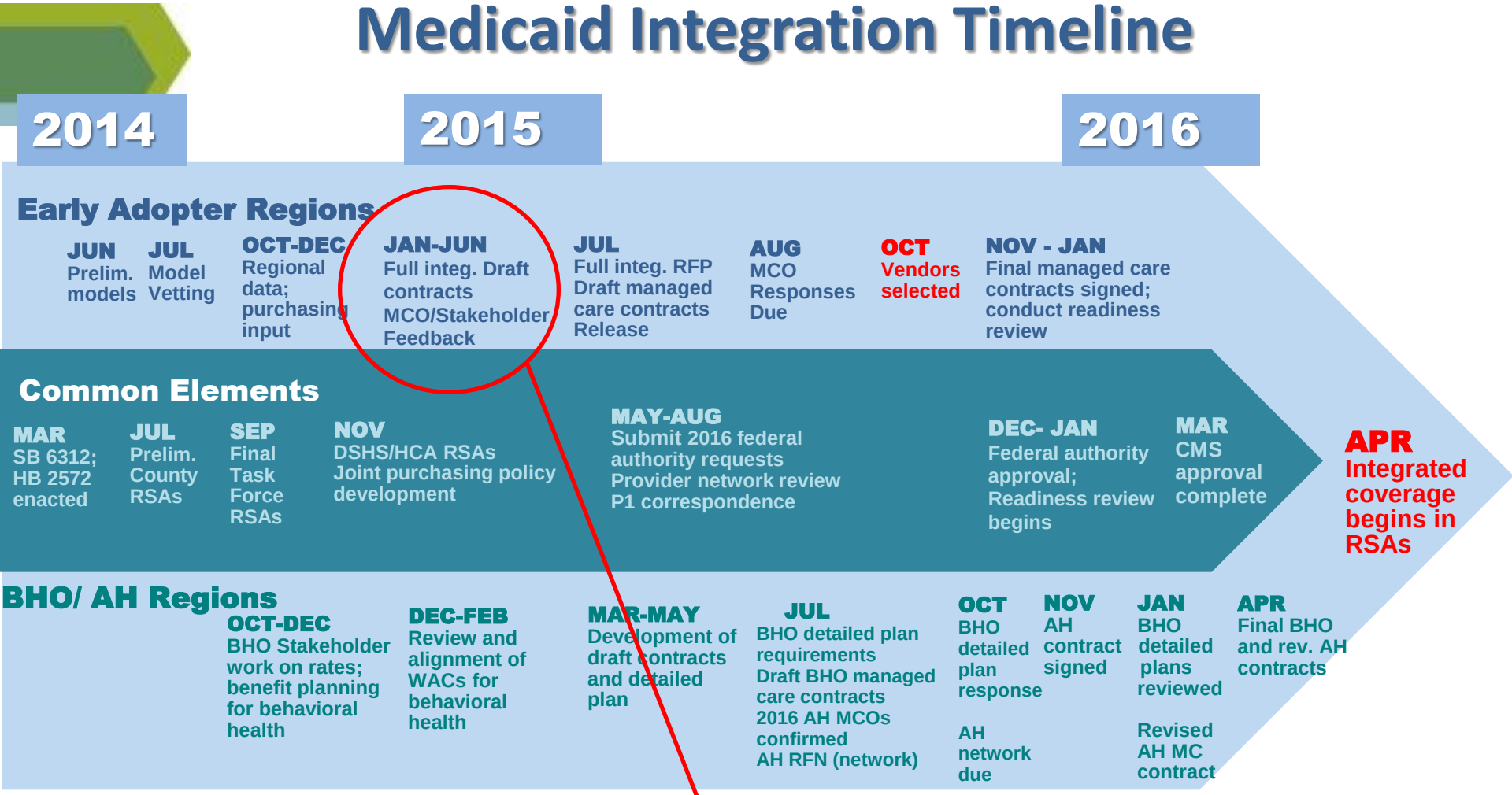
Early Adopter Initiative: Timeline

Medicaid Integration Timeline



** Counties Formalized Commitment by June 1, 2015

RSA – Regional service areas
MCO – Managed Care Organization
BHO – Behavioral Health Organization
AH – Apple Health (medical managed care)
SPA – Medicaid State Plan amendment
CMS – Centers for Medicare and Medicaid Services
Early Adopter Regions: Fully integrated purchasing
BHO/AH Regions: Separate managed care arrangements for physical and behavioral health care

May 7, 2015

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Early Adopter Initiative: Local Accountability

Proposed Roles of HCA, County and the Regional Health Alliance

HCA	• Final accountability for contracts in all RSAs • Oversight of MCO performance • Provide Technical Assistance funds to County; monitor Interagency Agreement • Collects data from MCOs and shares data with County/RHA • Analyzes data or contracts for analysis • Imposes sanctions for nonperformance • Incentives for exceeding minimum performance • Establishes "early warning system" for problems • Inform and engage RHA/County where appropriate in opportunities to shape necessary changes/amendments to contracts to improve regional responsiveness

County	• Determines whether to become Early Adopter
	• Designate members for Implementation Team to participate with HCA in contracting activities including, supported by Technical Assistance grant:
	  ○ Development of contract language for the fully-integrated managed care program
	  ○ Review of draft contracts
	  ○ Develop regional transition plan
	  ○ Review data and information gathered through the health plan readiness assessment process
	• Designate members of the HCA/DSHS Monitoring Team, to participate in ongoing quality and performance monitoring
	• Alerts HCA to health system issues at local level and participates in rapid response triage system and feedback loop

RHA	• Creates mechanism for receiving and analyzing performance data • Shares information with the State and MCO partners regarding findings based on regional health needs inventory/planning. • Participate in partnership with the MCO in at least one local health transformation project • Designate participants for the HCA/DSHS Monitoring Team, to participate in ongoing quality and performance monitoring • Alerts HCA as to health system issues at local level and makes recommendations for improvements • Establish regional behavioral health advisory board to approve regional plan for use of Mental Health Block Grant and Substance Abuse Prevention & Treatment Block Grant funds • Collaborate with MCOs and provider community to develop a quality improvement and performance measurement plan

Phase I County Responsibility: Implementation Team

- Implementation team includes representatives from Clark and Skamania counties, and RHA representatives
- Drafts and reviews contract language with HCA
- Reviews all key Early Adopter legal, policy and fiscal decisions
- County Authority submits binding letter by June 1, 2015
- Will review and assess health plan readiness with HCA, to include:
  - Care management models
  - Assessment and screening tools
  - Network adequacy
  - Coverage and authorization criteria
  - Appeal and grievance business practices
  - Plans to provide bidirectional care

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Examples of Local Input

Already HCA has key policy decisions in the following areas to reflect feedback from the Implementation Team:

- Crisis Model Design
- Design to serve non-Medicaid clients regionally
- Design to allocate federal block grant funds
- Care Coordination requirements for MCOs
- Covered Services list
- Network adequacy requirements
- Role of County/RHA in Monitoring
- Role of Regional Ombudsman
- Role of RHA in Behavioral Health Advisory Committee capacity

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Phase II: Monitoring and County Responsibilities

Monitoring Team

- Activates April, 2016
- Comprised of at least 1 representative from each County and representatives from the RHA
- Develop rapid response feedback loop process to:
  - Identify system issues at the local level
  - Develop an action plan for solution, in partnership with MCOs and community
  - Implement action plan
  - Monitor performance and adjust
- Will identify high risk areas to focus monitoring
- Share data across partners to allow County and RHA to monitor access, utilization, outcomes and costs

County Responsibilities

- DMHP Designation – County Authority has legal responsibility to designate mental health professionals to administer the Involuntary Treatment Act (RCW 71.05) in absence of a Regional Support Network
- Commitments under the Involuntary Treatment Act will continue to be processed through county court system
- CJTA/Jail Transition Services - County will continue to administer the Criminal Justice Treatment Account Services

Early Adopter Initiative: Reserves, Performance Measures and Shared Savings

Current Regional Support Network Reserves: Next Steps

- Any funds not spent for the provision of services must be returned to the State
- The State will seek authority from CMS and the legislature to reinvest remaining reserves in services in SWWA
- HCA and DSHS are fully committed to reinvesting all remaining reserves back into the SWWA region
- Potential reinvestment areas:
  - Medicaid funds reinvested in provision of BH services via Medicaid managed care plans
  - Non-Medicaid funds reinvested into BH-ASO for provision of crisis services on a regional basis

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Shared Savings

- Savings incentive set in statute for "early adopters"
  - Payments targeted at 10% of savings realized by the State
  - Based on outcome and performance measures
  - Available for up to 6 years or until fully integrated managed care systems statewide
  - Directive to reinvest savings through Counties
- Methodology under development with consulted actuaries
- Two components currently under consideration
  - Upstream savings – anticipated savings incorporated in rate-setting for managed care health systems
  - Downstream reconciliation – accounting for actual savings to complete reinvestment in Counties

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Performance Measures: Guiding Principles

- The measure set is of manageable size.
- The measure set reflects state priorities.
- There should be a sufficient numerator and denominator size for each measure to produce valid and reliable results.
- The measure set considers the needs of high-risk populations served.
- Measures are based on *readily available* health care insurance claims/clinical data.
- Preference should be given to nationally-vetted measures (e.g., NQF-endorsed or HEDIS) and other measures currently used by public agencies.
- Measure set should reflect consistency across regional service areas and common measures specific to the Medicaid service delivery program.

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Ten Draft Measures

- Alcohol or Drug Treatment Retention
- Alcohol/Drug Treatment Penetration
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
- Childhood Immunization Status
- Comprehensive Diabetes Care
- First Trimester Care
- Mental Health Treatment Penetration
- Plan All-Cause Readmission Rate
- Psychiatric Hospitalization Readmission Rate
- Well Child Visits

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Thank you!