

Washington State Health Care Authority

Tribal Consultation



June 3, 2013

Host: Health Care Authority Office of Tribal Affairs

Agenda



OPENING

- Invocation & Welcome
- Introductions: *Tribal Leaders & HCA Leadership Team*
- Tribal Opening Statements
- Affordable Care Act Update

CONSULTATION

- 1915 (B) Waiver Renewal, CD Rates
- Medicaid Administrative Claiming (MAC), Medicaid Eligibility Rate (MER)
- State Health Care Innovation Plan
- Tribal Comments & Closing

Opening

- **Invocation & Welcome**
- **Introductions:**
Tribal Leaders & HCA Leadership Team
- **Tribal Opening Statements**
- **Affordable Care Act Update**

Affordable Care Act Update

Sheryl Lowe,

Washington Health Benefit Exchange
Tribal Liaison

Karol Dixon

Health Care Authority
Administrator, Office of Tribal Affairs



Washington Health Benefit Exchange

Tribal Issues Update

Sheryl Lowe, WHBE Tribal Liaison

May 21, 2014

Policy Issues

Tribal Policy Advisory Workgroup:

Formed through the Tribal Consultation Policy to, 1) assist in the identification of any proposed policy or action that have tribal implications; and 2) satisfy the requirement for WHBE to collaborate with the tribes, UIOs, and the AIHC. Collaboration is a working relationship between the parties to identify issues and propose recommendations for consideration at formal consultation

Non Indian-specific

- Chronic Disease Management – Integration into Plans
- Medicaid Shopping
- SHOP
- System Improvements
- Exchange Sustainability

Indian specific

- Tribal Income Exemptions
- Tribal Verification Policy
- Cost-Sharing Issues
- Tribal-Specific Change Requests
- Enrollment Issues
- Tribal Assister Access



- Tribal Get Covered Workgroup
 - Sponsored by the American Indian Health Commission of WA State
 - Weekly Conference Calls
 - All  Fielded Tribal Assistants
 - All Tribal staff who help members enroll
 - Separating Applications for AI/ANs
 - Getting through Application Errors/Problem Tickets
 - Payment Issues
 - Invoicing
 - Plan coordination & management
 - Verifying Tribal Status
 - Special Enrollments
 - Addressing Call Center Issues



UPCOMING OPEN ENROLLMENT: NOVEMBER 15, 2014 TO FEBRUARY 15, 2015



Find Health Coverage that is Right for You

Welcome to Washington Healthplanfinder, a new way to help you find, compare and select a quality health insurance plan that is right for you, your family and your budget.

- [Find and Compare Health Plans](#)
- [Apply for Coverage](#)

Small Business Options

If you are a small business owner with up to 50 employees in Washington, you can provide health insurance through Healthplanfinder and you may be eligible for tax credits.

If your employer has signed up for coverage through Washington Healthplanfinder, you will receive instructions and Sign-in information directly from your employer.

[Cover Your Employees](#)

Click.Compare.Covered

More people than ever before are now eligible for low-cost or free health insurance. Middle-income and low-income individuals and families generally qualify. Healthplanfinder is the only way you can access these savings.

[Learn More >](#)

[Renew my Washington Apple Health >](#)

WASHINGTON HEALTHPLANFINDER-APPROVED PLANS:

 Delta Dental of Washington

Sign In

USERNAME

PASSWORD

Remember Me

[Sign In](#)

[Forgot your username?](#)

[Forgot your password?](#)

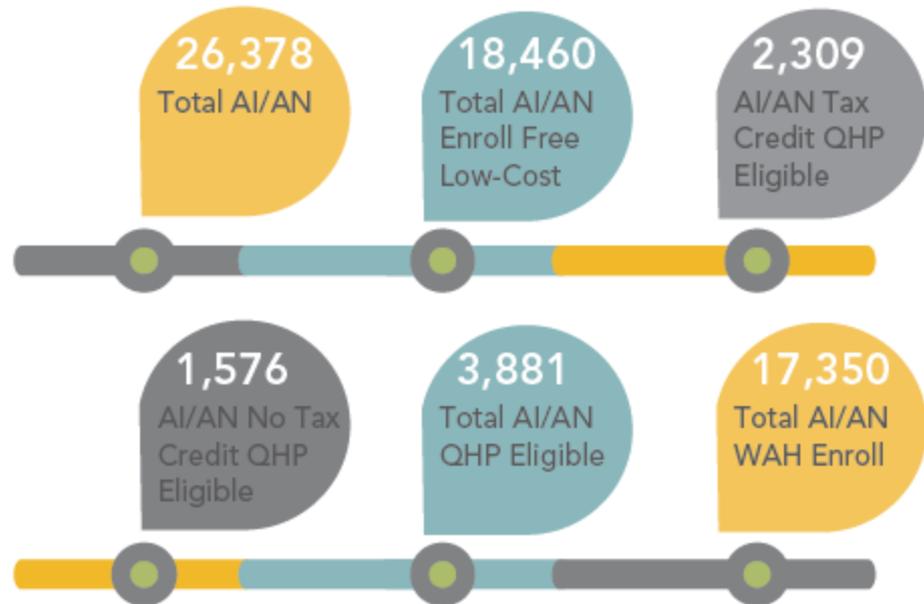
[Create an account](#)



Enrollment Statistics

WASHINGTON AI/AN ENROLLMENT AT-A-GLANCE

- 26,378**
American Indians/Alaskan Natives are in Washington Healthplanfinder.
- 17,667 ***
American Indians/Alaskan Natives enrolled in Washington Apple Health.
- 1,110**
American Indians/Alaskan Natives enrolled in a Qualified Health Plan.
- 18,460**
American Indians/Alaskan Natives enrolled in free or low-cost insurance plans.

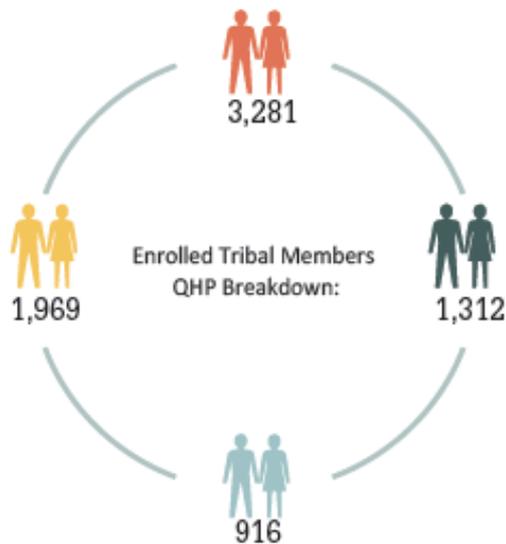


*WAHBE data differs from HCA data due to drawing data from two separate sources w/in the HPF

QHP ENROLLMENT

A total of 1,110 AI/AN individuals enrolled in a Qualified Health Plan during the inaugural Washington Healthplanfinder Open Enrollment period. The enrollment period began on Oct. 1, 2013 and closed on March 31, 2014. A total of 3,881 AI/AN were deemed eligible for QHP. The number of Enrolled Tribal Members eligible for QHP was 3,281 with 916 enrolling in a QHP. Below is a breakdown of QHP Eligible AI/AN.

TRIBAL MEMBERS



A total of 3,281 Enrolled Tribal Members were eligible for QHP. Of that, 1,969 were Tax Credit QHP eligible and 1,312 were No Tax Credit QHP Eligible. A total of 916 Enrolled Tribal Members enrolled in QHP.

Total AI/AN Eligible for QHP:



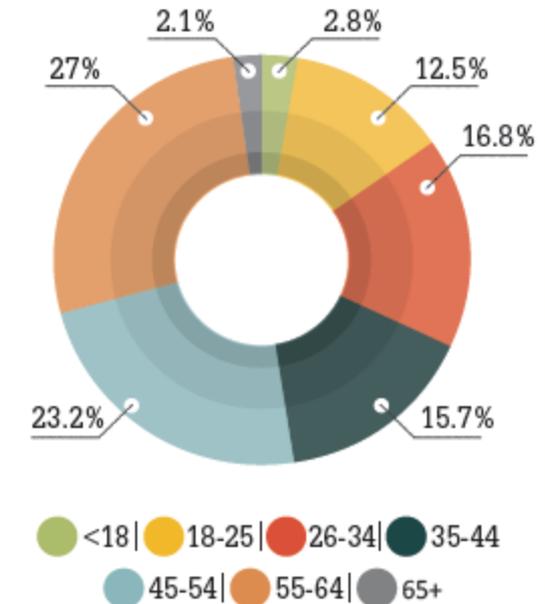
QHP Enrolled:



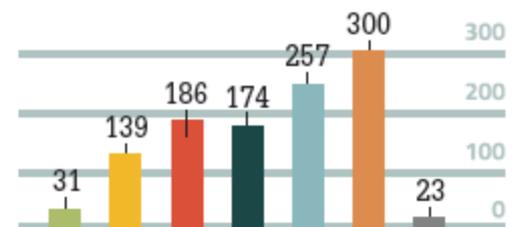
AGE RANGE

Below is a breakdown of the age range for those AI/AN enrolled in a QHP. The largest age group was 55-64 with a total of 300, which comprises 27 percent of the overall total.

Age Range Percentages:



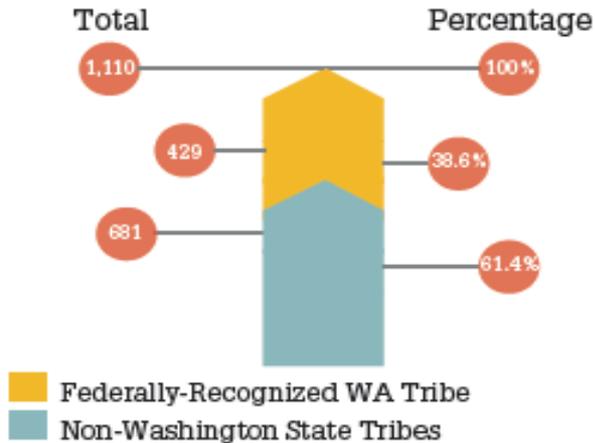
Age Range Totals:



AI/AN Enrollment Statistics continued...

TRIBES

Of the 29 Federally-Recognized Washington Tribes 26 had at least one member enrolled in a QHP. The total for Federally-Recognized Washington Tribale members enrolled in a QHP was 429 (38.6 percent) with the other 61.4 percent (681) comprised of non-Washington Tribale members.



AI/AN QHP Breakdown By Counties



Tribal Sponsors for 2014 Coverage Year

(As of Sept 2013)

- Jameston S'Klallam Tribe
- Kalispel Tribe
- Lummi Health Center
- Port Gamble S'Klallam Tribe
- Quinault Indian Nation
- Shoalwater Bay Indian Tribe
- Swinomish Tribe
- Makah Tribe
- Nisqually Indian Tribe
- Suquamish Tribe
- Quileute Indian Tribe
- The NATIVE Project
- Nooksack Indian Tribe
- Colville Confederate Tribes
- Sauk-Suiattle Indian Tribe
- Chehalis Tribal Wellness Center
- Muckleshoot Indian Tribe



- Sponsorship Program Enhancements
- Increased Outreach to Urban Indians
- New Messaging to Encourage AI/ANs to Enroll in Qualified Health Plans
- Stronger Policy Connections for Tribes
- Specific AI/AN System Improvements
- Assist AI/ANs with Tribal Exemptions
- Training and Education of WHBE Staff and Customer Support Staff on AI/AN issues, Government-to-Government Relations

Upcoming AI/AN Projects

2014

AI/AN Enrollment Update

Karol Dixon

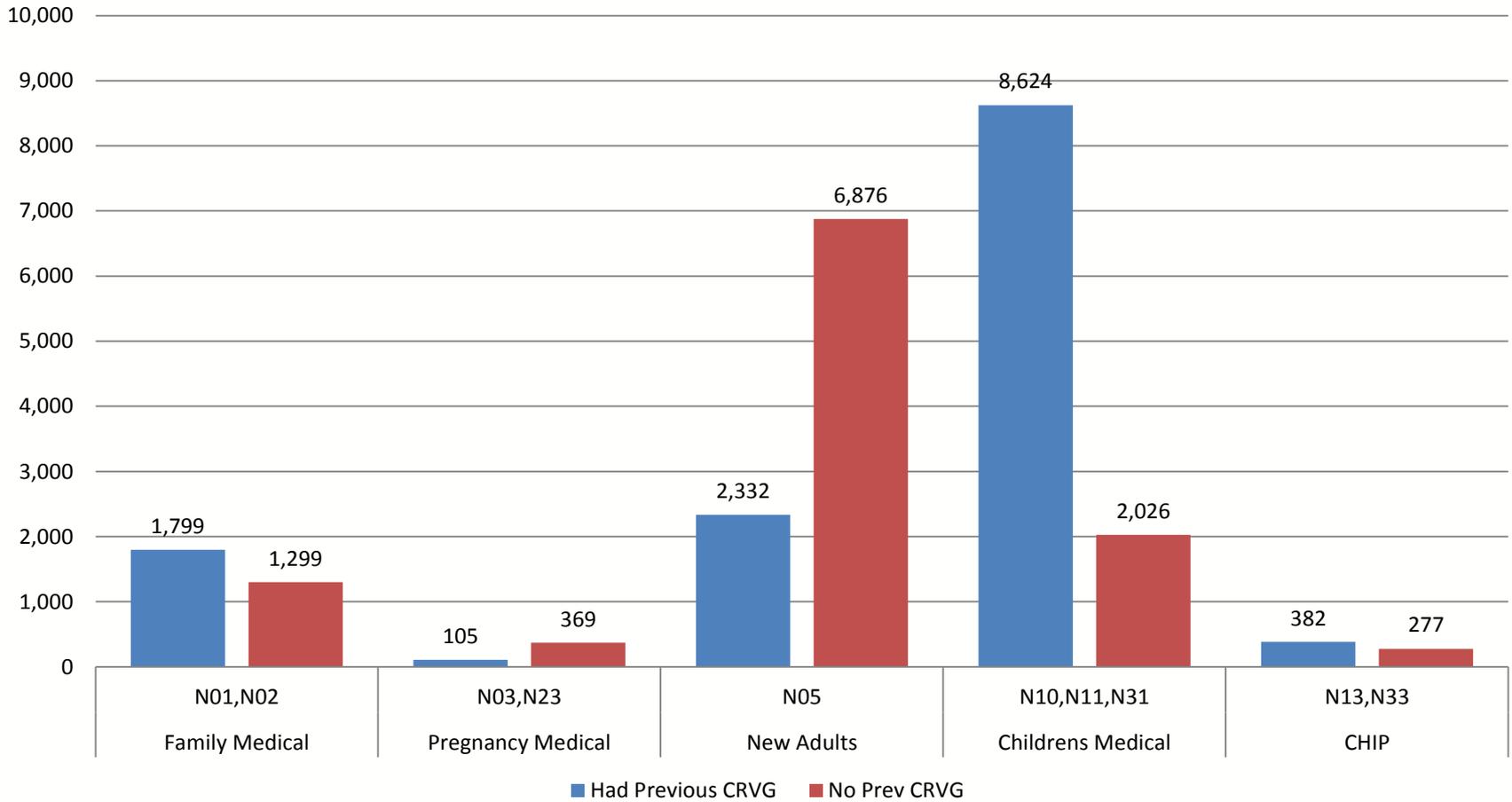
Health Care Authority

Administrator, Office of Tribal Affairs

AI/AN Enrollments October-April

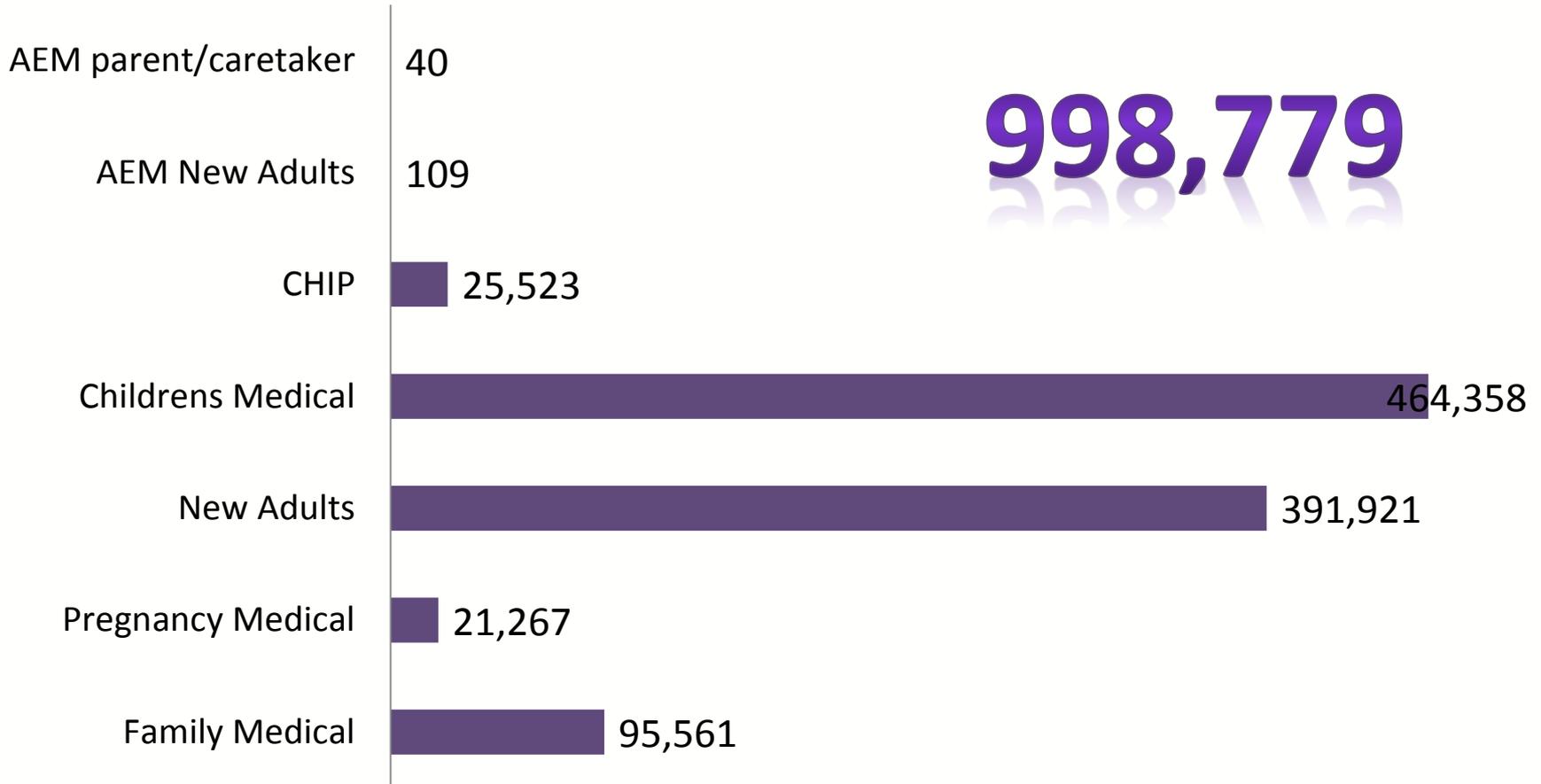
CATEGORY	COVERAGE GROUPS	Had Previous CRVG	No Prev CRVG
Family Medical	N01,N02	1,799	1,299
Pregnancy Medical	N03,N23	105	369
New Adults	N05	2,332	6,876
Childrens Medical	N10,N11,N31	8,624	2,026
CHIP	N13,N33	382	277
Subtotal		13,242	10,847
Subtotal			24,089

AI/AN Enrollments October-April



Statewide MAGI Determinations

through 05/20/2014



I/T	2013-\$	2013-# of claims	2013- clients	2014 to date \$	2014-# of claims	2014- clients
SUMMARY	\$50,838,720	161,603	21,316	\$18,520,156	64,811	14,815
Medical	\$15,312,638	51,151	14,825	\$5,075,611	16,525	8,190
Dental	\$5,630,161	17,261	8,752	\$2,253,572	6,952	4,627
Mental	\$11,978,079	24,863	3,000	\$4,118,933	9,293	2,105
CD	\$16,690,161	23,605	1,776	\$6,411,460	8,881	1,379
POS	\$1,134,179	44,718	4,574	\$660,579	23,100	3,420

Timely billing is ~1 year, all numbers are subject to change as claims are billed.
Data is calendar year as of May 22, 2014.

U	2013-\$	2013-# of claims	2013- clients	2014 to date \$	2014-# of claims	2014- clients
SUMMARY	\$1,556,302	14,240	2,634	\$718,570	6,657	1,752
Medical & Mental	\$1,219,433	6,946	2,175	\$575,137	3,100	1,393
Dental	\$100,752	560	323	\$28,045	145	119
CD	\$127,886	870	129	\$38,852	234	66
POS	\$108,229	5,864	943	\$76,535	3,178	670

2014 Meeting Schedule

Tribal Billing Workgroup (TBWG)

2nd Tuesday, 9:00-11:00 AM unless noted*

June 10

July 8

August 12

September 9

October 14

November 12 * (Wednesday)

December 9

Medicaid Monthly Meeting (M3)

4th Tuesday, 1:00-3:00 PM unless noted*

June 3 * 9:00 AM Tribal Consultation

June 16 * (*ICW and Managed Care discussion*)

July 29 *

August 26

September 23

October 28

November 18

December 16 *

As of 06/02/2014. Register or download files online!

<http://www.hca.wa.gov/tribal/Pages/index.aspx>

Consultation

- **1915 (B) Waiver Renewal, CD Rates**
- **Medicaid Administrative Claiming (MAC),
Medicaid Eligibility Rate (MER)**
- **State Health Care Innovation Plan**
- **Tribal Comments & Closing**

1915 (B) Waiver Renewal, CD Rates

David Reed

Department of Social and Health Services
Acting Office Chief, ADSA/DBHR

Medicaid Administrative Claiming & Medicaid Eligibility Rate

Todd Slettvet

Health Care Authority

Section Manager, Community Services

Tyron Nixon

Health Care Authority

Community Services, Outreach Program Manager



HCA Tribal Consultation

June 3, 2014

Laura Kate Zaichkin
*Administrator, HCA Office of
Health Innovation & Reform*

Goal for Health Care



State Goal:

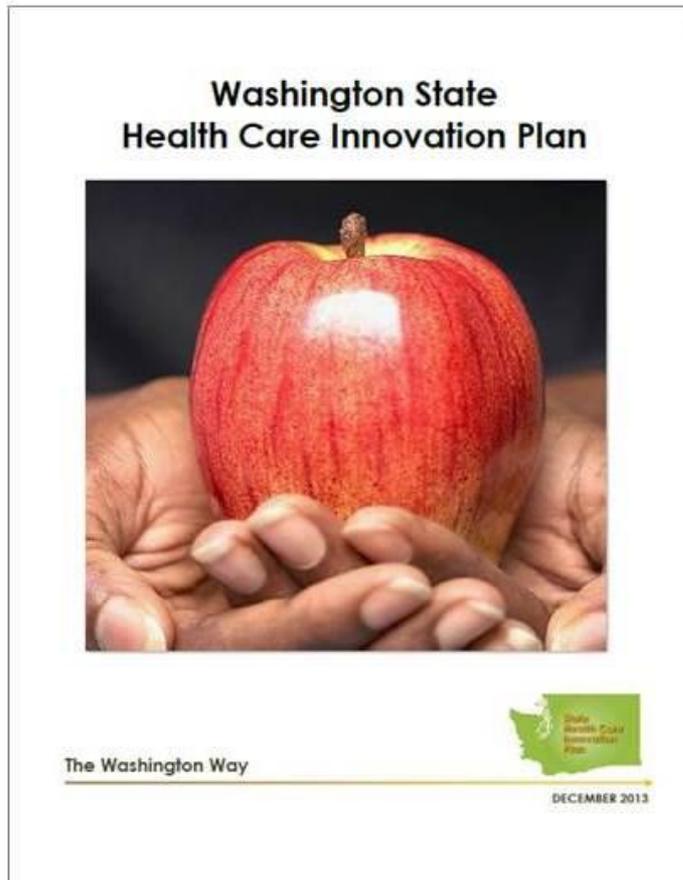
A healthier Washington achieved through the Triple Aim

National Triple Aim:

- Better Health
- Better Care
- Lower Cost



State Health Care Innovation Plan

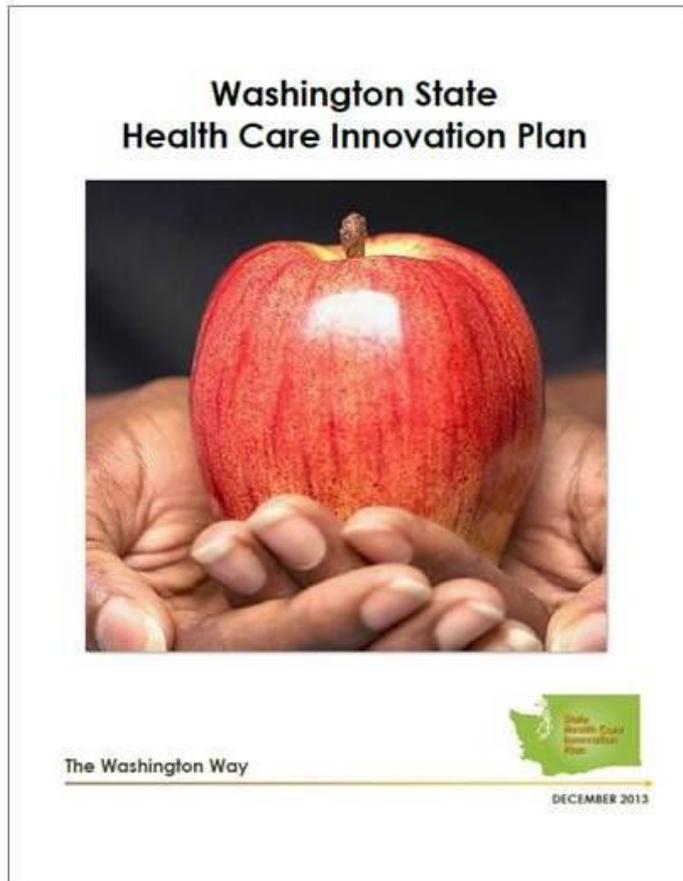


Completed: December 2013

- **\$1 million** CMS Round 1 SIM pre-test award
- **8-month** planning process
- **12 State agencies**
- **More than 100** meetings & public presentations
- **Hundreds of thought-leaders** engaged throughout the state
- **Dozens** of hospitals, organizations, and MDs
- **770 Feedback Network** members

http://www.hca.wa.gov/shcip/Documents/SHCIP_InnovationPlan.pdf

State Health Care Innovation Plan



Goal - a Healthier Washington

- **Washington's road map** for collaborative transformation
- **The plan engages everyone** for better health, better care and reduced cost

Critical - Legislation Enacted

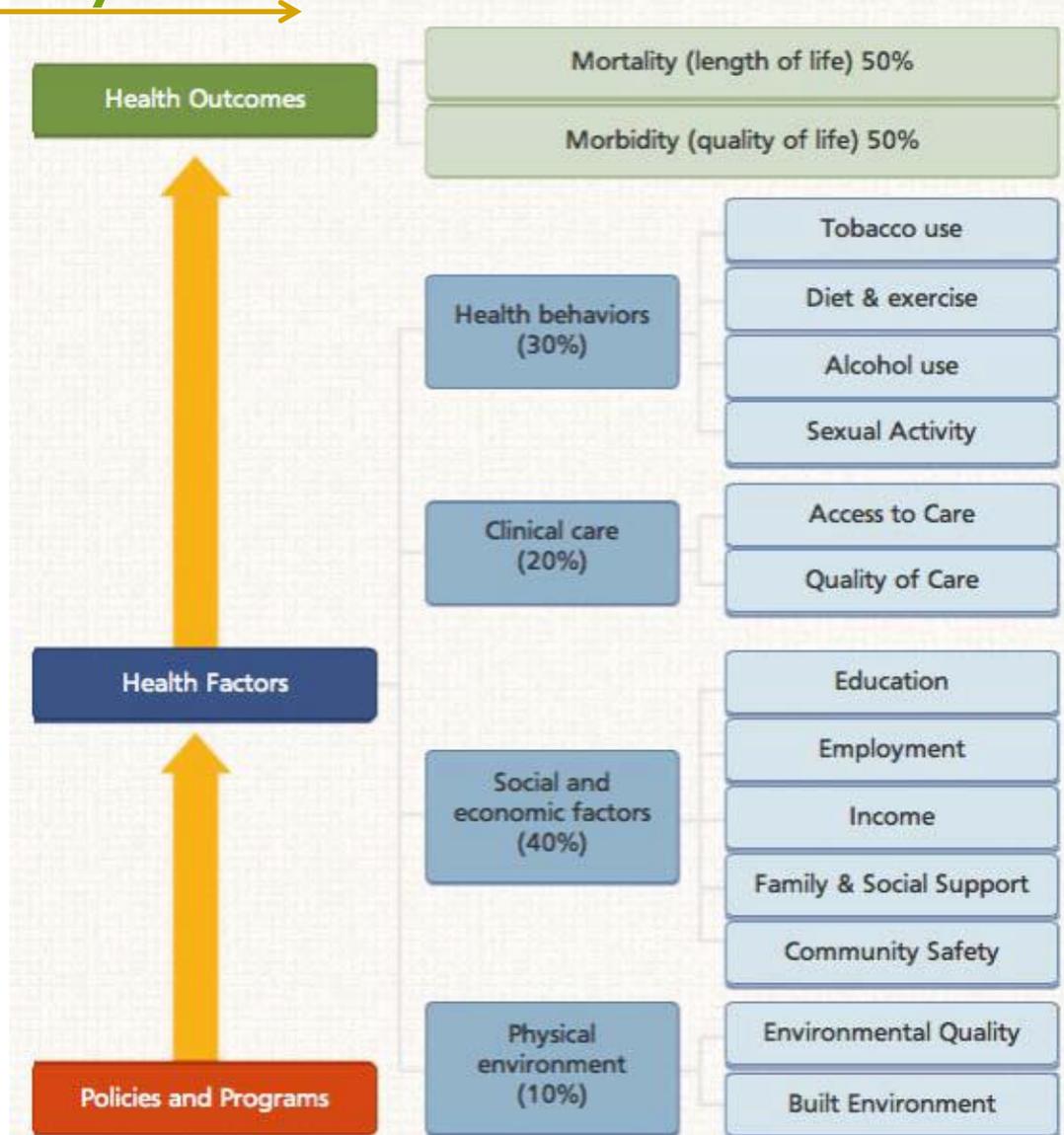
- **E2SHB 2572** – Purchasing reform, greater transparency, empowered communities
- **E2SSB 6312** – Integrated whole-person care

Potential - Federal Financing

- **\$700 million** for Round 2 State Innovation Models just announced

The Washington Way

A framework to achieve a healthier Washington



Three Core Strategies

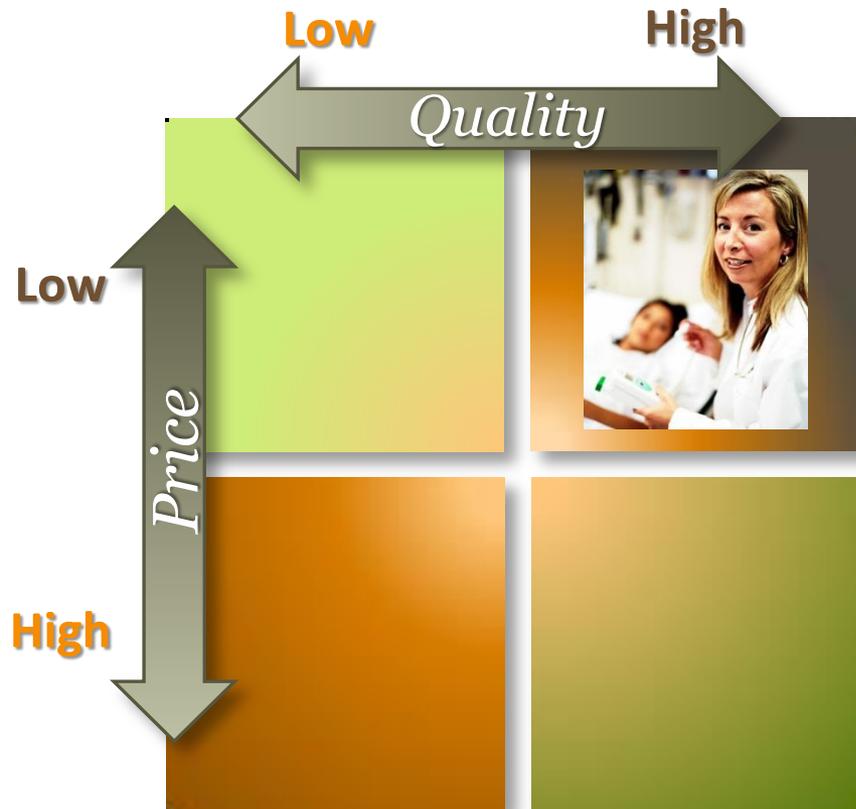
Supported
by
HB 2572
and
SB 6312

- **Build healthy communities and people** through prevention and early mitigation of disease throughout the life course
- **Drive value-based purchasing** across the community, starting with the State as “first mover”
- **Improve chronic illness care** through better integration of care and social supports, particularly for individuals with physical and behavioral health co-morbidities
(more than 1 illness)

Seven Building Blocks

- **Quality and price** transparency
- **Person and family** engagement
- **Regionalize** transformation
- **Accountable Communities of Health (ACHs)**
- **Leverage and align** state data
- **Practice transformation** support
- **Workforce capacity** and flexibility

1. Quality and Price Transparency



2. Person and Family Engagement



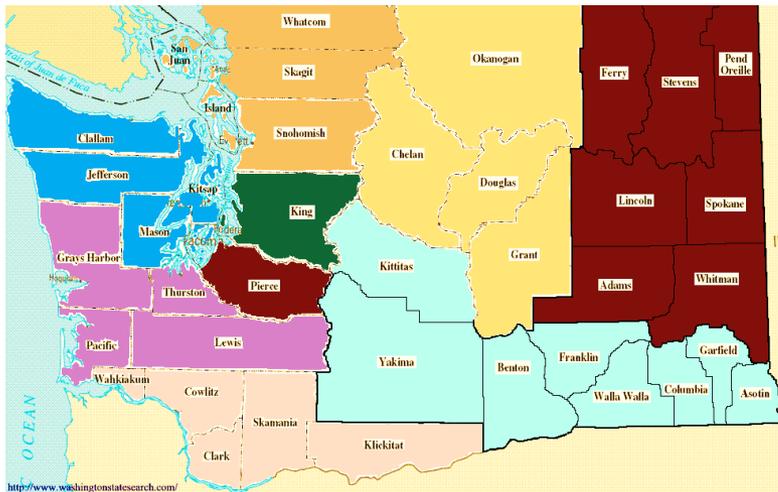
Activate and Engage Individuals and Families in their Health Care

- **Develop methods** for consumers to access and understand quality and price information
- **Encourage and support** the use of information and tools by professionals and employers
- **Support communities** in developing healthy social and physical environments to support healthy individual and family choices

3. Regionalize transformation



Example: 7 Regions

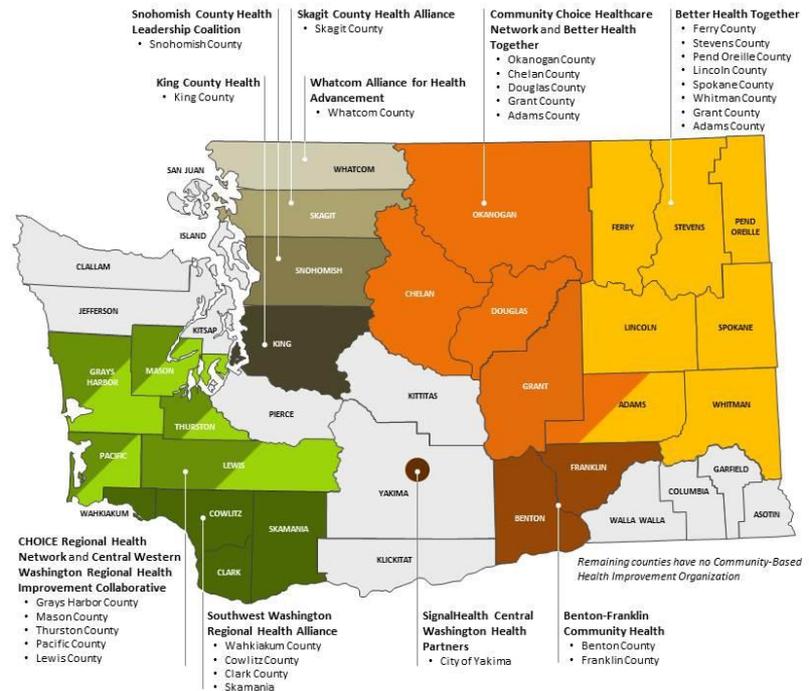


Example: 9 Regions

Regions will be determined
in partnership with
Legislative Task Force
& Counties

4. Create Accountable Communities of Health (ACH)

- **Collectively** impact health through regionally driven priorities and solutions
- **Medicaid purchasing** alignment
- Develop a **region-wide health assessment** and regional health improvement plan
- **Driver of accountability** for results
- **Forum** for harmonizing payment models, performance measures and investments
- Health coordination and **workforce development**

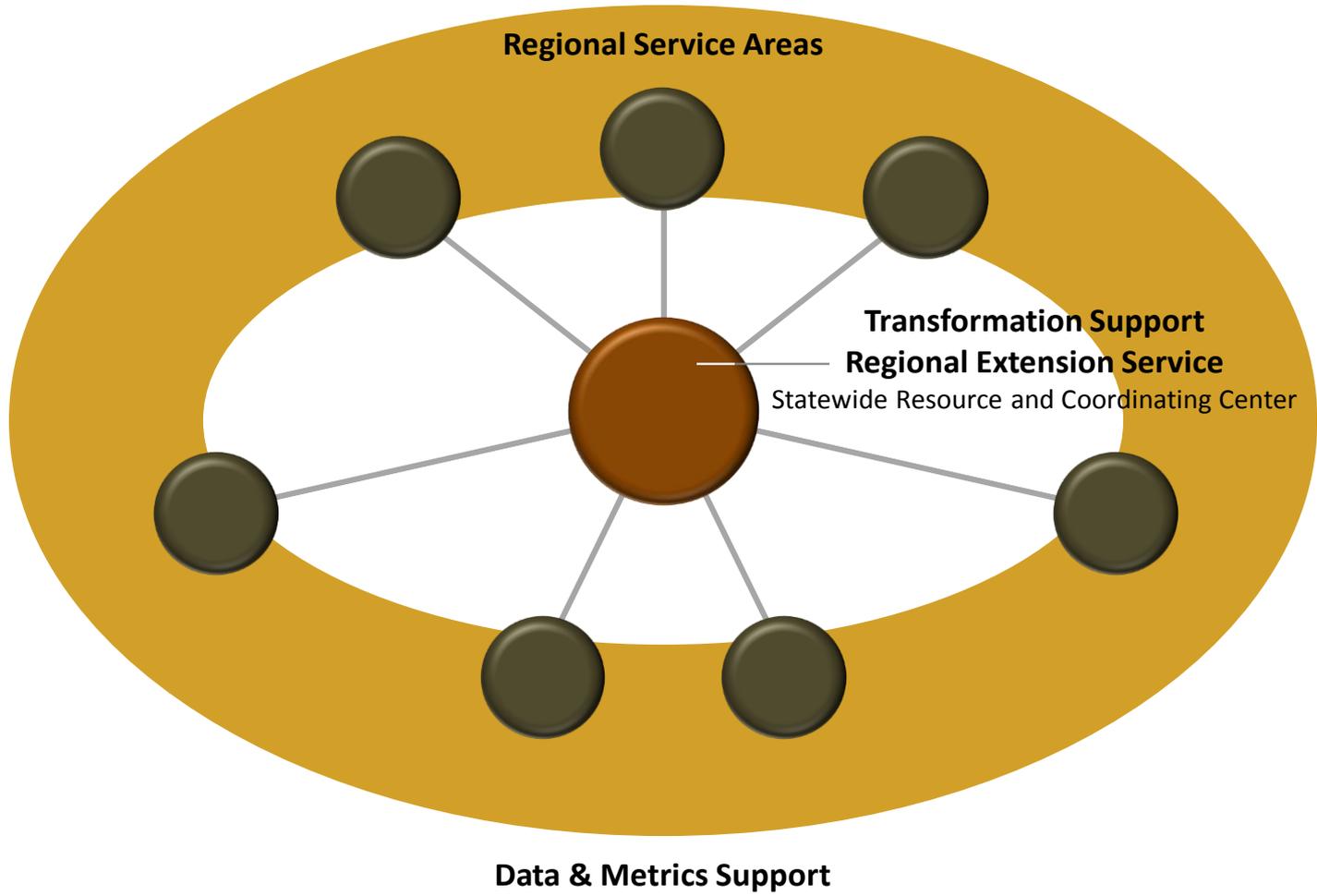


5. Leverage and align state data →



Sophisticated Data Analytics +
World Renowned Health Mapping = New Insight +
Targeted Community Approaches

6. Provide practice transformation support



7. Workforce capacity and flexibility

- **Evolve our workforce capacity & payment structures** to meet changing demands
- **Train our workforce** for whole-person, team-based care that addresses the needs of:
 - Integrated care (physical and behavioral health) involving the whole community
 - An aging population
 - Those with co-morbidities at greatest risk of poor health (*requiring effective preventive approaches*)
- **Encourage the workforce** to focus on:
 - Working adaptively and at top of skill level practice
 - Utilizing technical skills and tools to make the best use of health information technology
 - Preventive education and care

State Innovation Models (SIM) Funding

Round 1 – Test and Design Grants:

- \$250 million to 6 Test states: Arkansas, Oregon, Maine, Massachusetts, Minnesota, Vermont (\$50 million max)
- 19 Design and “Pre-Test” states, including Washington

Round 2 – Testing Grant:

- \$700 million in funding for up to 12 Test states
- Range: \$20 to \$100 million per state, based on scope and population, distributed over 4 years
- Additional model design grants available

Federal Announcement:

<http://www.hhs.gov/news/press/2014pres/05/20140522a.html>

Round 2 Timeline



ITEM	DUE DATE
Mandatory Letter of Intent	June 6, 2014
Application Due	July 21, 2014
Announcement of Awards	October 31, 2014
Period of Performance: Test	January 1, 2015 – December 31, 2018

Round 2 Applicants: →

- Must articulate a **broad vision** for statewide health care transformation
- Describe **ambitious, realizable programs** in identified areas
- Commit to using the **full range of regulatory, payment, and policy authorities** available to facilitate transformation
- Commit to **sustaining model** after the design and/or test period concludes
- Awards will be made in part on a proposal's potential to impact the health of **the entire state population**

Key Areas for SIM Support:

Numerous and varied. Examples could be:

- Convening **stakeholders**
- Engaging **consumers and providers**
- Planning for or implementing an **all-payer claims database**
- Aligning **quality measures** across payers
- Advancing **population health**
- Implementing **delivery system & payment reform**
- Providing **technical assistance** to delivery systems
- **Sustainability** planning

Other Innovation Plan Efforts In Progress:

- **Governor's Performance Measures Coordinating Committee** will have AI/AN representation (*Announcement coming this week*)
- **HCA/King County Joint Request for Information** will share most of the information on the steps participating communities and organizations are planning or taking for health care transformation
- **Community of Health Planning Grant:** Letter of Intent included from Tribal organization

Your Thoughts are Needed

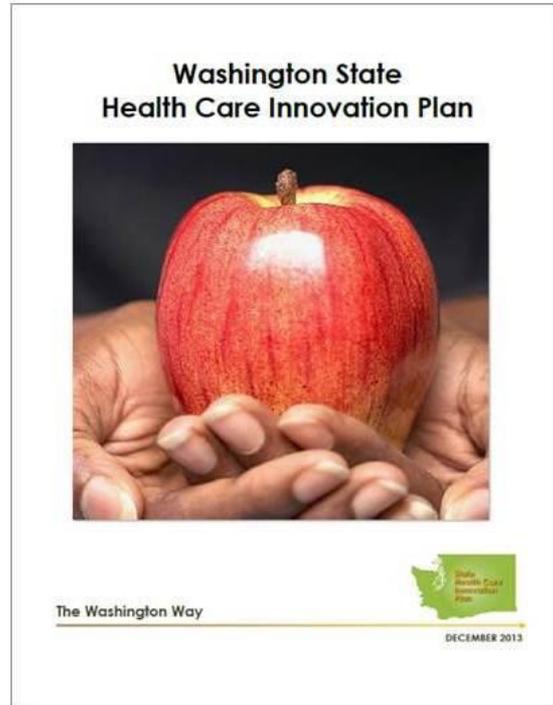
- How should we approach **ACHs & AI/AN Tribal nations in Washington?**



- One **“virtual” ACH** for all Tribes?
- Tribes participate within **regional ACHs**?

- Other thoughts on how we work together to achieve **better health, better care & lower cost for AI/AN in WA?**

Contact Us



Stay informed via the Innovation Plan website:

<http://www.hca.wa.gov/shcip>

Share your thoughts and asked to stay engaged by emailing the Help Desk: simquestions@hca.wa.gov

Laura Kate Zaichkin

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(360) 725-1635

Comments & Closing



For written comments, submit to:

Karol Dixon

HCA Tribal Affairs Administrator

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360-725-1649