

HAT Meeting Notes November 5, 2012

Updates were provided on the status of Strategy 1 – Health Homes, the Managed-Fee-For-Service financial model.

Bea Rector provided an update on the newly signed Memorandum of Understanding, agreed to between the state and the Centers for Medicare and Medicaid on October 25th.

The group discussed several health home related questions, including how the state will be leveraging the additional federal match for health home services provided by MCO's (at appx \$22 pmpm) to pay for fee-for-service health home slots. Members asked about the role of CCO health home coordinators and authorizing providers and discussed value to a beneficiary of the added layer of coordination and coordination staff. There was interest in better understanding how evaluation of the demonstration will be managed.

Because of the number of questions still coming forward even from HAT members about how health homes will work, there is a strong indication of need for more descriptive materials such as fact sheets an organizational chart, scenarios, or a brochure. A small sub-set of the team will be convened to review draft materials the state is producing to ensure they will address questions such as:

- Enrollment and assignment processes.
- Definition of terms such as essential partner.
- The incentive for a provider to be a network partner.
- Purpose and expected outcome of more care coordination.
- Distinguishing between the roles of a state case managers and health home care coordinators.
- Who would be health home coordinators for people in long term living.

Team members provided feedback on the health home participants potentially missing based on the Review the Tacoma Forum - Coverage Area participation matrix. The following community resources were identified:

- Metropolitan Development Council
- Veterans organizations
- Developmental disability organizations
- Personal care providers through agencies
- TACID – independent living organizations
- Chemical dependency entities such as listed below (good source is the DBHR "green book"):
 - Pioneer
 - Greater Lakes
 - Novo
- List of providers currently serving the high cost/high risk beneficiaries
- Minority based entities serving those beneficiaries
- Entities serving minority beneficiaries

Discussions regarding network capacity also included how to measure that which would be required for start-up (certification) and what would be expected to increase over time. Members wanted specific

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performance measures added to the contracts and the process of corrective action would take place if those measures were not reached.

HAT members asked that consideration of their previous input be more apparent in subsequent materials – for example the *Essential Requirements* document. Several changes were made to this document based on feedback received over the summer, but it would be useful to have a summary of those changes. The state need to improve ways to demonstrate the specific impact of HAT member input.

Updates were provided on the status of Strategy 2 – fully capitated financial model. At the time of the meeting, three counties were still participating in discussions, King, Snohomish, and Whatcom. Subsequently, Whatcom withdrew from the conversations. No new timeline yet developed for Strategy 2, but anticipate early 2013 for release of the RFP. Still targeting 1/1/14 enrollment start date.

Next Steps

- Members would like a meeting sooner than the currently scheduled one January 24 given everything that is happening. Prefer to have a meeting before session starts.
- Small sub-group of members need to meet and review materials developed for communicating about health homes.
- Next version of the Strategy 2 contract will be circulated for comment.