



## CPAA Council Meeting Summary: April 14, 2016

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### Welcome and Introductions

The April 14<sup>th</sup> Council meeting of the Cascade Pacific Action Alliance was held at Summit Pacific Medical Center in Elma, WA. The goals of the meeting were to review the HCA contract deliverables, review and approve the CPAA budget, review and approve the Council and Support Team Charters, learn about Medicaid Managed Care, discuss whether the CPAA should function as a coordinating entity for Global Waiver, and review HCA recommendations for Global Waiver coordinating entities.

### Contract Deliverables

The Council reviewed the contract document, especially items due to report to HCA on April 29. No questions, comments, or decisions were made.

### CPAA Budget

Randy Barker, the CPAA Finance Chair presented the budget for the group and reminded everyone of the creation of the Finance Committee. Finance Committee has met and discussed the budget and recommends that the Council approve this budget.

Staff clarified a few points about the budget:

- The salary budget includes 1.0 FTE for the Youth Marijuana Prevention and Education Program, and almost 3.0 FTEs for general CPAA operations.
- The surplus in the budget is allowed in our contract with HCA and will be rolled over into revenue for the next fiscal year.
- This is the annual budget for FY2016, which runs October 2015 through September 2016. The budget projections due to HCA on April 29 will look a little different in terms of timelines, as that contract runs on a calendar year.
- Going forward, the annual budget will be reviewed by the CPAA Finance Committee and approved by the CPAA Council before the next Fiscal Year starts in September.

After reviewing these clarifications, the Council came to consensus to approve the budget.

### Council and Support Team Charters

The Council reviewed the Support Team Charter. There were no questions or clarifications, so the group came to consensus and approved the Support Team Charter.

The Council also reviewed the CPAA Council Charter and acknowledged that this current charter is a confirmation of the work the ACH has done to date, and it could change if the Council decides to be a coordinating entity. With that one clarification, the group approved the CPAA Council Charter.



## Shared Learning: Intro to Medicaid Managed Care

The five Washington Managed Care Organizations (MCOs) collectively prepared a presentation to provide a basic introduction on how managed care works in the state, and to provide a discussion about potential opportunities and challenges for MCOs and Accountable Communities of Health working together. The presenters included Andrea Tull with Coordinated Care, Kat Latet with Community Health Plan of Washington, Caitlin Safford with Amerigroup, Randy Barker with Molina, and Allan Fisher with UnitedHealthcare. The presentation can be viewed on the [Cascade Pacific Action Alliance page at crhn.org](http://crhn.org).

The group discussed the opportunity to bring care coordination groups together to create a way to better align care coordination in our region's communities in order to minimize duplication of work. The CPAA Council also wants to continue discussing how to work together to figure out value-based purchasing, how to incentivize improvement of the social determinants of health, how to best coordinate the use of Community Health Workers, and how to share and reinvest savings.

## Pre-Check on CPAA Functioning as a Coordinating Entity for Global Waiver

With the information known so far from the past several months, the Council had a pulse check about whether the CPAA should become a coordinating entity for global Medicaid Waiver transformation activities. There were a lot of sideways thumbs, meaning there are still questions concerning global waiver that need to be discussed.

## Review Recommendations from Health Management Associates

The Council was reminded that the ACH is looking at improving health for all populations in our region; the global waiver would be a way to reach one slice—the Medicaid population. Backbone staff has requested legal counsel to research options for the CPAA to function as a coordinating entity, taking its current configuration into account.

The group reviewed the [Memo from Health Management Associates \(HMA\) dated March 2, 2016](#), and the [Memo from HMA that listed suggested questions and required documentation for ACH certification for the purposes of the Medicaid waiver](#).

The points they particularly made note of from both documents were:

- The recommendation that ACHs be prepared to serve as a single point of accountability
- The definition of a coordinating entity as a final decision-making authority and an accountable contract partner for state.
- ACHs are the logical organizations to serve this role; there is not another model existing.
- ACHs should become legal entities in order to serve these functions.
- The CPAA has already taken on some of the Accountabilities on page 3 of the memo.
- ACH should have authority for setting transformation projects.
- Governance requirements focus ACH membership on clinical care delivery system.



- ACH should be able to handle finances with transparency.
- ACHs should create Transformation Program Advisory Committees.

After reviewing the documents, the group split up into small table discussions to further explore the concerns and opportunities surrounding becoming a coordinating entity. Some of the main points that came out of those conversations included:

- ACHs need robust representation of hospital systems in order to accomplish transformation activities.
- The requirement to be a legal entity seems non-negotiable.
- It is important to maintain representation of all counties, and to increase representation of consumers and tribes.
- A larger decision-making body could cause too many conflicts of interest.
- Does the waiver help the CPAA accomplish its mission?
- The CPAA probably needs a more robust decision-making process with more transparency and accountability.
- Moving through these decisions too quickly without sufficient time to engage local communities could be detrimental.
- Since HMA looked closely at Coordinated Care Organizations in Oregon, which are made up of small counties, will their governance and structure recommendations be feasible for Washington's ACHs, which need to represent larger multi-county areas?
- Some diagrams about funding flows would be helpful.
- "Accountability" needs further definition and clarification.  
Coordinating entity requirements and waiver funding could challenge the CPAA's current structure.

## Post-Check on CPAA Functioning as a Coordinating Entity for Global Waiver

After discussing the potential opportunities and challenges, the Council seemed to agree that there remained many unanswered questions, but they came to consensus on wanting to continue to explore the option of becoming a coordinating entity and what that means for global Medicaid waiver activities.

### Next Steps

- The next CPAA Council Meeting will be **May 12, 2016, 1:00PM–4:00PM** at Summit Pacific Medical Center.