



HCA Global Waiver Team Visit to CPAA: June 9, 2016

Questions for HCA to consider

Paraphrased answers from HCA's presentation and discussion are in green font following each question.

Priming Question

What is the overall role of the ACH with regards to the Medicaid Global Waiver plan?

Global Waiver Governance

1. There are 7 counties in the CPAA region. When making their recommendations to the HCA it appears that HMA looked closely at Coordinated Care Organizations in Oregon, which are made up of small counties. Will HMA's governance and structure recommendations be feasible for Washington's ACHs, which need to represent larger multi-county areas?

HCA stresses that the recommendations from HMA are not edicts, and the HCA wants to avoid a one-size-fits-all approach for the ACHs. The main idea is that each ACH will have one entity that is formally responsible and accountable for global waiver projects. Whatever entities come forward, the ACHs should be nimble enough to make decisions while being representative of their regions and local communities.

2. How would the Global Waiver structure (potentially having a smaller decision making board specifically) work with the possibility of each tribe having a single vote (as stated in the Tribal Engagement Letter)? Is this something the HCA is thinking about? There are 7 federally recognized tribes in the CPAA region.

The Tribal Workshop later in June will be a good time to address these questions. Again, the main focus is that the ACH has a formal decision-making structure and an accountable entity that will be responsible for making difficult or controversial decisions in the region.

Community Engagement/Quick Decision Making

3. How will CPAA be able to both engage the local communities input and make rapid decisions in the vein of what is presented with the framework? Aren't these ideas slightly contradictory?

HCA will provide guidance for project application expectations, which will include community engagement requirements. ACHs will need to balance community representation with nimble decision-making, but the project submission process should encourage the development of community linkages.

Accountability

4. What is meant, more specifically, by the word accountability when the HCA or HMA consultants talk about ACHs?

The ACHs are accountable both to their communities and to HCA for project performance. Projects will be planned up front to ensure that they are based on evidence-based or promising practices, and will be evaluated based on data generated by the sponsored party or the state. Global waiver payments will only be paid out once milestones are reached, so it will be important to plan milestones that are early and often enough for funding to come through to keep projects moving.

5. Are ACHs accountable to improving a metric/measure or having a high return on investment?

The focus is more on improving value, with the assumption being that meeting metrics will demonstrate a return on investment. Payments will be tied to milestones that can be measured across the state, so milestones will be linked to the common measure set. Waiver related activities will be geared toward generating savings to the system, so there will be elements of cost savings and cost efficiency strategies in the metrics. Year zero funding will help with the capacity to plan with logic models, with a focus on projects that can generate enough return within the five year period to warrant the investment. It's possible that social determinants could be added to the common measure set, but having commonality to share learnings and improvements across regions will continue to be important.

Conflict of Interest

6. How would you see conflicts of interest interacting with this new system, especially with a larger decision making body?

HCA will not advise on handling conflicts of interest, but points out that ACHs should have a way to deal with the issue, and especially the appearance of conflicts of interest.

7. Is there a clear vision for how to manage risk and conflict?

There will be clear milestones and metrics for handling risks. ACHs should learn from each other and share how conflict is being handled in the different regions.

Transformation Projects/CPAA Regional Health Improvement Plan

8. Will the ACH still have authority to set transformation projects, and how much of this will be directed from the HCA vs. open for ACHs to set?

The ACHs will have authority over the specific projects within the project framework. HCA would expect each ACH to have one project corresponding to each of the five framework categories, and would be cautious of ACHs taking on too many projects.

9. How does the Global Waiver include Social Determinants (or how does Social Determinants work fit into the global waiver framework)?

There is one reference to care coordination within the project framework that would include social determinant services. Also Initiative 3 of the waiver addresses targeted foundational community supports (specifically, supportive housing and supported employment), which will be social determinant work outside of ACHs. For specific project proposals, the social service partners would need to have a clear link to delivery system reform.

10. How do you see the global waiver transformation projects aligning with the CPAA's Regional Health Improvement Plan?

Cascade Pacific Action Alliance

Questions for HCA to Consider: June 9, 2016

HCA sees the CPAA's RHIP as aligning well with the project framework.

11. How does the global waiver address the clinical workforce capacity issues within the region?

Domain 1 of the framework talks about capacity building and workforce development in service to the other two domains.

Financial Management/Sustainability

12. Does the HCA have a plan for how shared savings across sectors would work in the ACH regions?

The HCA is currently working on this plan, in which value based purchasing will be key. Specifically, HCA is working on establishing rules and incentives within Managed Care Organization (MCO) contracts, which will begin to shift in 2017. HCA expects there to be alignment between the MCO contracts and ACH performance metrics.

13. Is HCA going to dictate how the shared savings will be used?

The shared savings decisions will be based more on milestones and incentives, and HCA expects the ACHs will be given the opportunity to decide how the dollars are reinvested.

14. Who sets the benchmarks for data and is value based payment tied to the data? Should this be aligned with MCO contracts?

This slide from the presentation: [Washington State Value-Based Purchasing Framework](#), shows the flow of value based purchasing responsibility.

15. Do we know what level of funding each ACH is potentially going to be managing?

HCA is still negotiating with CMS about the overall waiver budget, so ACH funding levels are not yet known. HCA is optimistic that negotiations will be complete by the end of this summer.

16. Is there a map or diagram of the options for financial management that can be shared with ACHs?

There will be one financial executor to handle the accounting for all ACHs. Each ACH will still have the authority over when and where the funds are directed based on meeting milestones, but the single executor will issue payments directly to the organizations performing activities.

17. There should be significant ACH input into this decision (single executor or not) especially if a single executor for all nine regions needs to be chosen. Will the financial management entity (if single executor?) will be responsible for performance evaluation, and how will this work with funding eventually being tied to outcomes?

The single executor will only be responsible for financial accounting. Performance evaluation of projects will be the responsibility of the ACHs.