

Progress on HB 1738 Report Recommendations for HCA Purchasing Options

Joint Select Committee on Health Reform Implementation

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Current Medicaid Purchasing Shared

HCA primarily purchases:

- Medical coverage and service

DSHS (Aging and Disability Services) primarily purchases:

- Long term services and supports
- Mental health recovery and treatment
- Alcohol and substance abuse recovery and treatment
- Supports for individuals with intellectual disabilities



HB 1738 Requires DSHS and HCA to:

Consider options for more effective purchasing and delivery of care for people who need:

- Behavioral Health Services
- Long Term Care Services
- Developmental Disability Services

Report to Governor and Legislature:

- December 2011 – preliminary recommendations
- December 2012 – implementation plan
- November 2013 – progress on purchasing coordination



“Strawman” of Potential Options Developed

1. Keep the status quo
2. Enhance primary care coordination with integrated community services
3. Transfer all behavioral health treatment and services purchasing to HCA
4. Pilot integrated financing and delivery through managed care and health home models
5. Transfer all health care-related purchasing to the HCA
6. Placeholder for additional ideas



Broad Gathering of Stakeholder/Tribal Input

Varied opportunities for input on options:

- Survey distributed to 1,000+ recipients (65 written responses)
- Informal presentations at 20+ meetings
- Further Tribal government video conference in November
- Dual eligibles focus groups provide useful insights

Received emails, survey responses, ideas, concerns from:

- Beneficiaries and families, community providers, local government providers, health plans, professional associations, ADSA/OFM/HCA staff, collateral providers (e.g., police, courts, schools)



Sample Snapshot of Input Shows...

Considerable agreement (shared by dual eligibles focus groups)

- The status quo is not acceptable
- Phase in change – stabilize current HCA purchasing consolidation, plan for Medicaid expansion, build upon what is working while making improvements
- Align financial incentives toward integrated service delivery
- Improve coordination across medical and social services
- Allow for flexibility based on population need
- Decrease duplication and clarify accountability for outcomes

Some contradictions

- Change is feared (*don't rush*) while also seen as necessary (*move now*)
- Enhance individual choice (*services and providers*) and decrease system complexity



Immediate Next Steps For DSHS/HCA

November:

- Continue accepting/consolidating comments on options
- Brainstorm with Tribal representatives
- Align analysis with delivery system plans for dual eligibles and health homes
- Draft preliminary recommendations that will suggest phased improvements and outline benefits and risks for each phase

December:

- Preliminary report available

