Joint Legislative Executive Committee on Aging and Disability

Health Care Authority Initiatives

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Washington State Medicaid Challenges

- Medicaid delivery system silos
  - Managed care, fee-for-service
  - County-based behavioral health
  - Dual-eligibles (Medicare & Medicaid)
  - Long-term services and supports
- Fragmented service delivery & lack of overall accountability
- Service needs and risk factors overlap in high-risk populations
- Incentives and reimbursement structures not aligned to achieve outcomes
Medicaid Initiatives

• Three major cross administration initiatives:
  ▪ Transition blind and disabled populations into managed care
  ▪ Health Homes
  ▪ Duals Strategies (Medicare & Medicaid)

• Initiatives designed to provide integrated and coordinated care for clients served by State programs

• Focus on high-risk populations and clients with complex care needs
Transition Blind and Disabled Populations into Managed Care

- To promote coordination of care for Medicaid enrollees, HCA has transitioned Medicaid populations from fee-for-service to coverage by a Healthy Options health plan.

- Phased in enrollment into managed care for disabled and blind populations began July 2012

- Program evaluation is under way as part of the 1915b waiver evaluation.
Health Homes

Goals:

- Person-centered health action goals to improve health, health-related outcomes
- Coordinate across the full continuum of services and ensure care transitions
- Facilitate delivery of evidence-based health care services
- Increase self-management of health goals
- Single point of contact responsible to bridge systems of care
Health Homes

• Health homes are a natural vehicle to align delivery of care and provide an array of care coordination activities based on client need.

• Primary care health homes and community-based health homes (mental health centers, aging networks, other community providers).

• Managed care plan Health Home requirements began in July 2013; Health Homes for FFS clients rolled out July 1 through October 2013.

• Increased federal financing and state match enhancement will be used to leverage FFS health home individuals.
Duals Strategies

• Collaborative effort by DSHS and HCA to design innovative care models for individuals eligible for both Medicare and Medicaid.
• Washington one of 15 participating states.
• Seeks shared savings with Medicare, but real goal to improve care.

• **Strategy 1:** Health homes, enhanced integration and coordination of care, began mid-2013.

• **Strategy 2:** Full managed care benefit package integrated care pilots in King and Snohomish Counties to begin in 2014.
  
  - *Three way contract with CMS*
  - *Two participating plans: Regence and United*
Does the State Health Care Innovation Plan Have the Potential to Influence Improvements?

- Reduce “Medicaid delivery system silos”
  - The state plan is being developed to focus on payment reform and a whole-person approach to care that mitigates silos and connects physical and behavioral health, with a goal of improving the long-term health outcomes of Washingtonians at reduced cost
  - Reducing the number of chronically ill through better health outcomes has the potential to reduce the amount of Medicaid services needed as our state’s population ages

- Reduce “fragmented service delivery” & “improve accountability”
  - The state plan is being developed in part to reduce fragmentation and to improve accountability
For More Information:

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