

In this issue, learn about the initial cohort for Practice Transformation, WAFE Portal Update, submission of GCACH's Semi-Annual Report (SAR) and more!



A Monthly Insight into the Greater Columbia ACH



GCACH report



Organizations Selected for Practice Transformation

Greater Columbia has embraced Practice Transformation, and more specifically, the Patient Centered Medical Home model of care as the foundation for transforming our regional health care delivery system. The PCMH model of care is a strategic way to strengthen primary care, improve reimbursement for services, and will help providers be successful in value-based payment contracts, thus it provides sustainability beyond the life of the Medicaid Waiver.

The following organizations have been selected by the Board of Directors as the initial cohort for Practice Transformation and project implementation. Congratulations to these organizations and thank you for being our partners!

- CBHA Columbia Basin Health Association
- CHAS Health
- Columbia County Health System
- Community Health of Central Washington
- Comprehensive Healthcare
- Garfield County Hospital District/Pomeroy Medical Clinic
- Kadlec Regional Medical Center
- Kittitas County Public Hospital District #1 Kittitas Valley Healthcare
- Lourdes Health
- Memorial Physicians
- Palouse Medical
- Prosser Memorial Health
- Providence St. Mary Medical Center
- Pullman Regional Hospital
- Quality Behavioral Health
- Student Health Options dba The Health Center
- Tri Cities Community Health
- Yakima Neighborhood Health Services
- Yakima Valley Farm Workers Clinic
- Astria SHC Medical- Yakima dba Astria Regional Medical Center
- Astria Sunnyside Hospital
- Astria Toppenish Hospital
- Catholic Charities Serving Central Washington

Practice Transformation Assessments

During Practice Transformation the Practice Transformation Navigators will partner with primary care practices and Behavioral Health Agencies (BHA) to complete the following assessments: Patient Centered Medical Home Assessment (PCMH-A), Maine Health Access Foundation (MeHAF), and Billing and IT Self-Assessment Toolkit.

PCMH-A & MeHAF

The PCMH-A and the MeHAF assess a practices/BHA's current state based on 8 categories: Engaged Leadership, Quality Improvement (QI) strategy, Empanelment, Continuous & Team-Based Healing Relationships, Organized, Evidence-Based Care, Patient Centered Interactions, Enhanced Access, and Care Coordination.

Billing & IT Self-Assessment

The Billing and IT Self-Assessment Survey is designed to obtain information on a BHA's IT and billing practices in order to identify potential operational and technical gaps that may exist during the transition to Integrated Managed Care (IMC). Typically, the Practice Transformation Navigators spend 2 hours completing these assessments with staff from BHAs and primary care practices.



Yakama Nation Update

The Yakama Nation and GCACH have had a very busy and productive six-week period working on ways to improve the health of tribal members. Every interaction is filled with education about the unmet health needs of the Yakamas with the realization that those needs can be met through collaboration by multiple organizations responsible for their health. GCACH staff have attended five meetings in Toppenish since June 18th and are collaborating on ways that Astria Toppenish Hospital, the Yakama Nation, and GCACH can best utilize Astria's new Detox Center, scheduled to open very soon.

The GCACH commends the Yakama Nation and Astria for adopting such a collaborative approach to their population's health and for the progress they've made so far. The genuine care and passion that drives you is contagious. GCACH will be there every step of the way providing as much support as we can.

Busy, Busy, Busy

The work continues for the Practice Transformation team. During the month of August, they have been meeting with behavioral health agencies in Walla Walla, Kennewick and Yakima. They have continued to work with BHA's to complete their MeHAF and Billing and Information Technology Toolkit. All of the agencies that they have been working with have been wonderful and have welcomed them with open arms. Now that the priority organizations for Practice Transformation have been selected, the team will start to contact the 23 initial priority organizations and set up kickoff meetings. The kickoff meeting with these organizations will consist of meeting key staff that will undertake the transformation project, discussing goals, what their current state is and the things that are going well in their organizations. The Practice Transformation team will continue to participate in the Early Warning System Workgroups, Integrated Managed Care Communication Workgroup and Provider Readiness Workgroup. Also, this month the team will attend a PreManage/EDIE presentation and they will also work with a BHA to learn their EHR system (KeyNotes).



Families Forward WA Grant

The Benton-Franklin Workforce Development Council (BFWDC) received a new contract called Families Forward Washington in the amount of \$682,706 to find reemployment opportunities and training services for 100 noncustodial parents. The BFWDC is the fifth location in the country to offer Families Forward. The key objective is to improve the earnings capacity of noncustodial parents, thereby increasing their ability to support their children. The BFWDC is issuing a Request for Information (RFI) to assist in the award of \$477,894 to a local service provider dedicated to ensuring the success of Families Forward Washington. For agencies interested in responding to the RFI, visit www.bentonfranklinwdc.com for more information.

The deadline is August 24, 2018.



Semi-Annual Report

Two times per year, ACHs seeking payment under the demonstration are required to submit reports that include the information and data necessary to evaluate ACH projects using a standardized reporting form developed by the state. ACHs must use the document to report on their progress against the milestones and metrics described in their approved Project Plans. Our first semi-annual report (SAR) was due July 31st, and all GCACH staff pitched in to answer the 40 multi-part questions. We also relied heavily on the project information updates from the Leadership Council meeting in June to inform the report.

The report included the following milestones:

- Assessment of Current State Capacity
- Strategy Development for Domain 1 Focus Areas
- Defining Medicaid Transformation Evidence-based Approaches or Promising Practice, Strategies, and Target Populations
- Identification of Partnering Providers
- ACH Organization Updates on Tribal Engagement, Partnering Provider Engagement, and Community Engagement
- Health Equity Activities
- Budget and Funds Flow

It took over 80 pages to report on our progress (not including attachments) because we had a lot to report on! A big THANK YOU for everyone's contributions. You can access the report by clicking [here](#), or accessing it through our website.

WAFE Portal Update

Payments continue to roll out bi-weekly within the Washington Financial Executor (WAFE) Portal. The stipend amount is based on the following: submission of LOI, registration within the WAFE Portal, participation as a project facilitator, participation as a GCACH board member and submitting a completed Current State Assessment (CSA). In July, 44 providers received payments totaling \$44,000 for submitting a completed CSA. The next payment date is scheduled for August 10, 2018.

Becky and Diane have been working with the providers who have had payments rejected in the portal so they can receive payment on the following cycle. Please contact [Becky Kolln](#) if you think you are owed a payment and have yet to receive funds.

Qualified providers will see payments through the end of the year for Direct Messaging, Base Population Health Funds, Integrated Managed Care and Practice Transformation.

The table below shows the actual amount of funds that GCACH has paid to providers totaling \$235,000.00.

WAFE Portal Payments	
Use Category	Total Allocated
LOI Submission	\$58,000.00
Project Facilitator Total	\$60,000.00
Participates as a Board Member	\$11,000.00
Registration in the WAFE Portal	\$59,000.00
CSA Submission	\$47,000.00
Total	\$235,000.00

Integrated Managed Care (IMC) Update

GCACH has been busy working with the Behavioral Health (BH) Providers, the Health Care Authority (HCA), and the Managed Care Organizations (MCOs) to get ready for Integrated Managed Care (IMC). The GCACH Team have meet with 10 of the 17 BH providers to the complete their MeHAF and the Billing/IT Toolkit Assessments. The Practice Transformation team plans to meet with the remainder of the BH Providers this month. The team's goal is to have all of the BH Providers' transformation/transition plans completed. Once the assessments are completed, the Behavioral Health Incentive Funds will be released. GCACH has also been busy with IMC Workgroup Meetings.

GCACH created a document containing questions directed towards MCOs and the HCA for the Provider Readiness Workgroup. Once the questions are received, they will be sent to the MCOs and the HCA to answer, and then the answers will be presented to the Provider Readiness Workgroup. The MCOs and HCA reviewed the 33 questions that the BH Providers submitted. This was very useful information for the providers get ready for Integrated Managed Care (IMC). The next Provider Readiness Workgroup will be on August 23, 2018, the MCOs from Amerigroup, Molina, Coordinated Care, and Community Health Plan of Washington will be here in person to do a meet and greet with the BH Providers. This will give the BH Providers a chance to get to know them in person.

The Integrated Managed Care (IMC) Communications Workgroup met on August 14, 2018. During the meeting, the group reviewed four documents that will go to the consumers. We also created a Consumer Engagement Communications Plan to ensure all information is delivered to the consumer within the time allotted. This will help us make sure we get the right information out to the consumers in the timeline we need. The next IMC Communications Workgroup will be September 11, 2018.

The Early Warning System (EWS) Workgroup met on August 14, 2018. At this meeting we went over the Standard Indicators that we want to track when IMC is implemented. The main categories we are tracking are Provider Payments, EDIE Data, Crisis System, and State Hospitals. We also discussed other system issues that we may want to track regarding GCACH region. The next EWS Workgroup will be September 11, 2018.

Check Out Our New Car!

In July, GCACH leased a 2018 Nissan Sentra SV. The leased car will be used by all GCACH staff to travel to meetings, conventions and site visits, eliminating the burden of putting miles on personal vehicles and gas reimbursement expenses.

With the help of Loni's Signs, located in Pasco, we get to travel in style! GCACH added our company logo, phone number, website, and slogan to our vehicle in hopes of raising awareness and curiosity while on the go!



Map of Selected Organizations for Practice Transformation

Out of the 57 CSAs received, GCACH has selected 23 organizations as the initial cohort for Practice Transformation. As shown below, GCACH has chosen at least one organization from each county in the Greater Columbia Region. The graph highlights the 23 partnering organizations color-coded by sector. Please view the Legend for more information.

