

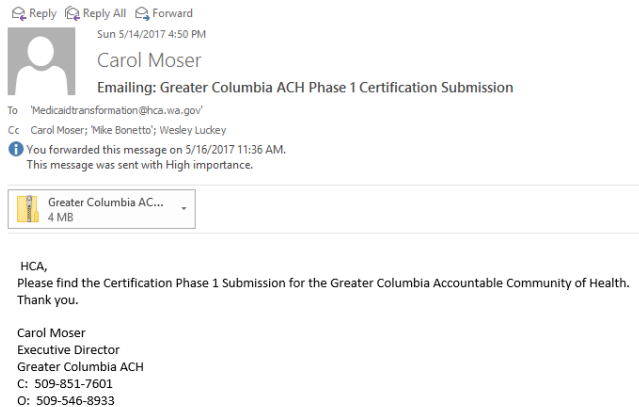
Greater Columbia ACH

Director's Report

May 18, 2017



1 PHASE 1 CERTIFICATION COMPLETED!



The Phase 1 certification document was submitted on May 14, at 4:50pm. Yep, I celebrated Mother’s Day by getting this labor of love into the hands of the Health Care Authority. Thank you to Wes, Aisling, Jordan, Mike, Jay, and my husband Ken, for helping shape, edit, and giving words of encouragement when needed. I am hopeful that it passes the Health Care Authority’s certification criteria with flying colors!

The certification process ensures that each ACH is capable of serving as the regional lead entity and single point of performance accountability to the state for transformation projects under the Medicaid Transformation Project Demonstration. The criteria were established by the state in alignment with the Demonstration Special Terms and Conditions. Each ACH is eligible to receive up to \$1 million for successful demonstration of Phase I expectations. We will be posting the entire document on the GCACH website, and expect to hear the results by the end of May. Stay posted!

2 MEETINGS, MEETINGS, AND MORE MEETINGS!

At our April 20th meeting, our Priority Work groups “re-formed” into 8 Project Teams for each of the Medicaid Demonstration Project Categories. The Facilitators of each team have also formed a separate work group called the Project Advisory Committee (PAC). Needless to say, supporting the work of these new Project Teams is very important is helping select the right approaches and bringing new subject matter expertise to the table. Staff is truly amazed at the level of effort exhibited by our partners and community members! Thank you! We believe that this approach has been a wonderful example of collaboration and collective impact! Special thanks to our Project Team Facilitators: Rhonda, Jorge, Stein, Karla, Becky, Carla, Stan, Heidi, Mark, and Bertha for outstanding leadership thus far.

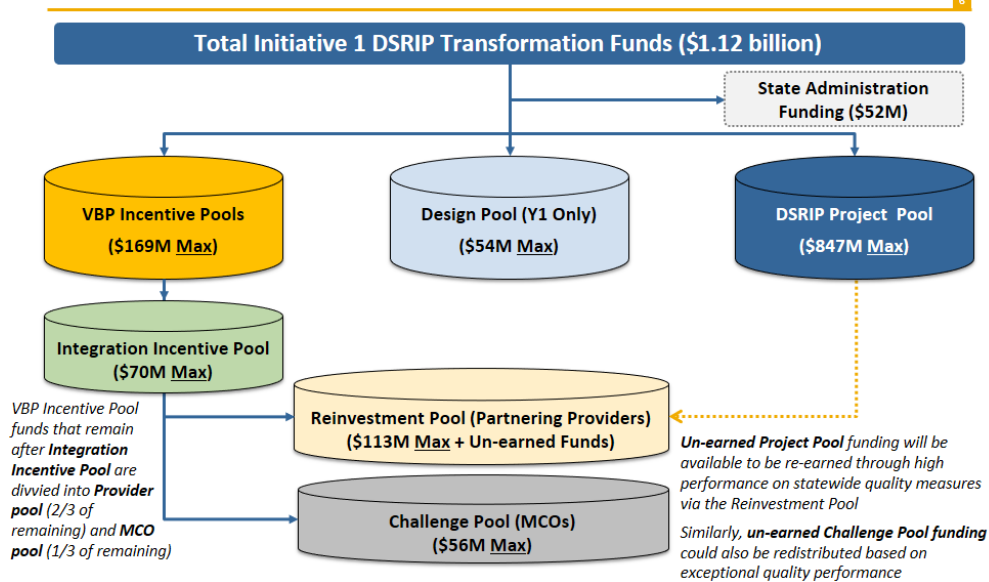
Proposed “Re-Formation” of Priority Work Groups to Project Teams (May 2017)

GCACH Priority Work Group	Medicaid Demonstration Project Team
Behavioral Health	Bi-Direction Integration of Care & Primary Care Transformation (2A)
	Addressing Opioid Use Public Health Crisis (3A)
Care Coordination	Community-Based Care Coordination (2B)
	Transitional Care (2C)
	Diversion Interventions (2D)
Healthy Youth & Equitable Communities	Reproductive and Maternal/Child Health (3B)
Oral Health	Access to Oral Health Services (3C)
Diabetes/Obesity	Chronic Disease Prevention and Control (3D)

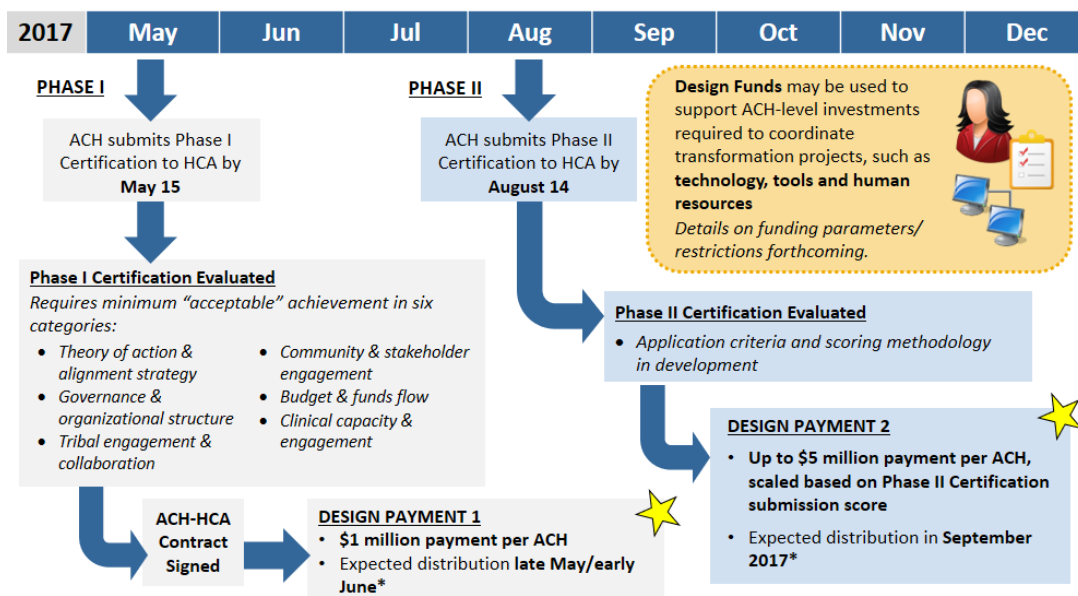
3 MANATT TRAINING ON FUNDS FLOW

Manatt, the successful bidder for the Technical Assistant contract did a deep dive on April 27 in Olympia to explain how the funding for the Medicaid Demonstration would roll out. The graphics below show the various funding pools and amounts allocated to each pool, the timeline for design funding, and potential funding allocations to each ACH.

Initiative 1 Funds Will Flow to Participants through Several Distinct “Pools”



Each ACH is Eligible for Up to \$6 million of Design Pool Funding



ACH		Estimated Potential Project Pool Funding (millions)**					
ACH Name	Est. % Medicaid Attribution*	TOTAL	Y1	Y2	Y3	Y4	Y5
Olympic Community of Health	4.5%	\$38	\$6	\$9	\$9	\$8	\$7
North Central	5%	\$42	\$7	\$10	\$9	\$9	\$8
Southwest Washington	6.5%	\$55	\$9	\$13	\$12	\$11	\$10
Cascade Pacific Action Alliance	10%	\$85	\$14	\$19	\$19	\$18	\$15
Better Health Together	10.5%	\$89	\$15	\$20	\$20	\$18	\$16
Pierce County	12%	\$102	\$17	\$23	\$23	\$21	\$18
Greater Columbia	14%	\$119	\$19	\$27	\$26	\$25	\$21
North Sound	15%	\$127	\$21	\$29	\$28	\$26	\$23
King County	22.5%	\$191	\$31	\$43	\$43	\$39	\$34
STATEWIDE PROJECT POOL FUNDS	100%	\$847	\$138	\$193	\$189	\$175	\$152

Statewide Potential Project Funding Based on Project Weights

- Projects associated with Domain 1 (“Health Systems and Community Capacity Building”) are not tied to specific incentive funding under the Project Pool, but are foundational to receipt of other incentives
- Each project within Domains 2 and 3 of the Project Toolkit is associated with a **project weight**, based on factors including alignment with statewide measures, potential to address population health needs, potential to generate cost savings, and evidence base

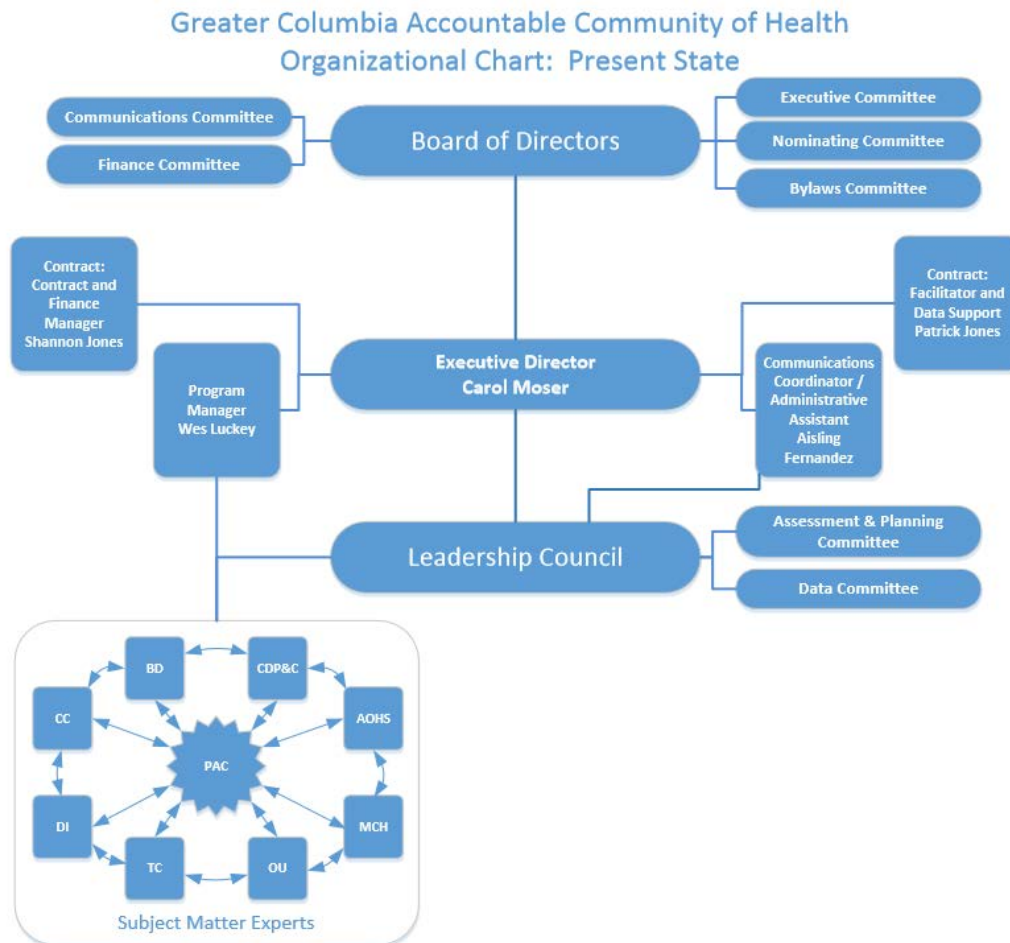
Project Weighting		Example Statewide Project Funding (millions)*					
Project Name	Weight *	TOTAL	Y1	Y2	Y3	Y4	Y5
2A: Bi-Directional Integration of Care and Primary Care Transformation	32%	\$271	\$44	\$62	\$60	\$56	\$49
2B: Community-Based Care Coordination	22%	\$186	\$30	\$42	\$42	\$39	\$33
2C: Transitional Care	13%	\$110	\$18	\$25	\$25	\$23	\$20
2D: Diversions Interventions	13%	\$110	\$18	\$25	\$25	\$23	\$20
3A: Addressing the Opioid Use Crisis	4%	\$34	\$6	\$8	\$8	\$7	\$6
3B: Maternal and Child Health	5%	\$42	\$7	\$10	\$9	\$9	\$8
3C: Access to Oral Health Services	3%	\$25	\$4	\$6	\$6	\$5	\$5
3D: Chronic Disease Prevention / Control	8%	\$68	\$11	\$15	\$15	\$14	\$12
STATEWIDE PROJECT POOL FUNDS	100%	\$847	\$138	\$193	\$189	\$175	\$152

4 POTENTIAL FUNDING FOR EACH PROJECT CATEGORY

Based on the potential funding for each ACH, and knowing the project weights, Wes has figured out what the funding may look like for GCACH project categories.

Domain	Project	Priority Weight	Total Baseline Budget Per Domain	Annual Baseline Budget Per Domain
2A	Bi-Directional Integrated Care	32%	\$ 38,080,000	\$ 7,616,000
2B	Care Coordination	22%	\$ 26,180,000	\$ 5,236,000
2C	Transitional Care	13%	\$ 15,470,000	\$ 3,094,000
2D	Diversion Interventions	13%	\$ 15,470,000	\$ 3,094,000
3A	Opioid Crisis	4%	\$ 4,760,000	\$ 952,000
3B	Maternal Child Health	5%	\$ 5,950,000	\$ 1,190,000
3C	Oral Health Services	3%	\$ 3,570,000	\$ 714,000
3D	Chronic Disease Management	8%	\$ 9,520,000	\$ 1,904,000
			\$ 119,000,000	\$ 23,800,000

5 NEW & IMPROVED ORG CHART



One of the attachments for the Certification was an organizational chart of our governance structure. Thank you Wes, for visualizing our awesome organization!

6 PRESENTATIONS & TRAININGS

Wes and I traveled to Clarkston on April 28th for a Northwest Rural Health Network/ Southeast Washington Collaboration Planning session. Representatives from the hospitals, Behavioral Health Organizations (BHOs), and CHAS Health were on hand to discuss the GCACH project selection process and receive the data report that Wes gave at the April Leadership meeting. Thank you to Jac Davies for arranging this productive planning session. We also participated in a meeting of the Governor's Interagency Council on Health Disparities in Yakima on May 10th. While in Yakima, we were able to meet with Dr. Diane Liebe, The Children's Village Clinic Medical Director and tour this amazing facility. We attended a Pathways Hub training in Spokane on May 17.