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In this issue, learn about Social Determinants of Health and Adverse Childhood Experiences, the Tri-Cities Opioid Forum, free webinars, and more!

2018
October



A Monthly Insight into the Greater Columbia ACH



GCACH report



Practice Transformation October Update

Written by Jenna Shelton, Practice Transformation Navigator

October has been a busy month for the Practice Transformation team. The team continued working with Behavioral Health Providers participating in the Integrated Managed Care (IMC) transition. All 17 Behavioral Health Providers have completed MeHAF and Billing and IT Self-Assessment Toolkits. Many Behavioral Health Providers have received funding for completing the assessments. Several have also submitted their 2018 budget for IMC funds.

The Practice Transformation team has been traveling across the region and has completed 19 of the 23 Kick-Off meetings. During the Kick-Off, the transformation team meets with senior leadership and practice transformation champions to discuss the role and expectations. Out of the 19 organizations that participated in the Kick-Off meeting, 12 have completed a PCMH-A and/or MeHAF with the transformation team. Six

organizations have reviewed their Practice Transformation Implementation Workplan (PTIW).

In addition to assisting organizations with practice transformation deliverables, the transformation navigators plan on attending the BHO symposium in Yakima and the Medicaid Transformation Learning Symposium in Seattle.



GCACH's Practice Transformation Team, Jenna Shelton, Sam Werdel, and Martin Sanchez.

Washington Financial Executor (WAFE) Portal Update

<<< *financials*

Written by Becky Kolln, Director of Finance and Contracts

GCACH is working with seventeen Behavioral Health Providers to sign contracts for the design, development and implementation of a Fully-Integrated Managed Care (FMIC) plan for integration as Mid-Adopters on January 1, 2018.

Twelve of the seventeen Behavioral Health Providers have signed contracts. GCACH staff are working closely with the remaining providers to finish the contract negotiations.

The next payment date is October 19, 2018.

WAFE Payments and Contracts

Use Category	Amount per Organization	Total Paid
LOI Submission	\$ 1,000.00	\$ 46,000.00
Project Facilitator Total	\$ 5,000.00	\$ 60,000.00
Participates as a Board Member	\$ 1,000.00	\$ 9,000.00
Registration in the WAFE Portal	\$ 1,000.00	\$ 46,000.00
CSA Submission	\$ 1,000.00	\$ 39,000.00
MeHAF	\$ 10,000.00	\$ 90,000.00
Billing Toolkit	\$ 10,000.00	\$ 90,000.00
Total		\$ 380,000.00

Total payments made to providers.

Help Plan the Tri-Cities Opioid Forum

Written by Lauren Johnson, Communication & Administrative Coordinator

In January, the Centers for Disease Control and Prevention reported that average life expectancy in the U.S. had decreased for the second year in a row because of drug overdoses. And this July, the Tri-City Herald reported that opioids claim a life in Kennewick almost every month.

The Tri-Cities Alliance for the Common Good, a group of churches, labor unions, and non-profits, will be gathering a panel of experts on addiction to share their knowledge and jumpstart a conversation about what people in our community can do to put an end to opioid abuse and start healing our families and neighborhoods.

The event is planned for 7:00 pm on Monday, October 29th, and will take place at [Northwest United Protestant Church; 1315 Wright Ave., Richland, WA.](#)

current topics >>>

Free Webinars: EDIE and PreManage

Written by Lauren Johnson, Communication & Administrative Coordinator

Collective Medical Technologies is hosting free webinars for EDIE and PreManage. See below for additional information:

EDIE for Beginners - Every First Thursday of the Month at 10 am Pacific time:

- [JOIN WEBEX MEETING](#)
- Meeting number: 800 754 411
- Meeting password: fGjsFMsQ
- JOIN BY PHONE: +1-415-655-0002 US Toll
- Access code: 800 754 411

PreManage for Beginners - Every Second Thursday of the Month at 10 am Pacific time:

- [JOIN WEBEX MEETING](#)
- Meeting number: 806 419 626
- Meeting password: vSj7BUPM
- JOIN BY PHONE: +1-415-655-0002 US Toll
- Access code: 806 419 626

Behavioral Health IMC Update

Written by Diane Halo, Project Manager for IMC

The Health Care Authority sent a letter to consumers at the end of September to advise them that as of January 1, 2019, Apple Health is shifting to whole-person care. This means care is coordinated so that people get the help they need, for physical and behavioral health (mental health and substance use disorder treatment). The plans in this area are Molina, Community Health Plan of Washington, Coordinated Care, and Amerigroup. The change will be automatic so that no one loses coverage. United Healthcare will no longer be available in this area. Clients enrolled in United Healthcare will be switched to one of the four available plans and a notification will be sent out on November 20, 2018 informing members of this change. Members will have the option to change their plan to one in that is provided in our area. If they don't select a plan they will be automatically enrolled into a plan, which they can change at any time to one of the four plans available. The next notification letter will be sent out late November/early December.

The Integrated Managed Care (IMC) Communications Workgroup met on [October 9, 2018](#). We finalized some documents for the providers to have in their offices to help with questions from the clients about the changes coming January 1, 2019. These documents are available on our website to help providers with questions they may get from their clients. Also, we discussed strategies for getting this information out to the community which may include radio, social media, and newspaper press releases. The next IMC Communications Workgroup will be [November 13, 2018](#).

The Early Warning System (EWS) Workgroup met on [October 9, 2018](#). The purpose of the EWS is to address immediate issues that are arising from the transition to integrated managed care. The EWS is both a data measurement and a regular communications process. At the October 9th meeting we discussed the indicators for the Greater Columbia Region when IMC is implemented. Some of the Indicators include: behavioral health claims status, top 5 reasons a BH claim or encounter is rejected and sent back to the provider, ED utilization, crisis hotline incoming calls, calls answered, and calls answered within 30 seconds, Designated Crisis Responder (DCR) response times, involuntary treatment act investigations, and more. The next EWS Workgroup will be [November 13, 2018](#).

The Provider Readiness Workgroup meeting on October 4th was cancelled because HCA had a Webinar about the SERI Guide on October 5th from 1-2:30 pm. The next Provider Readiness Meeting will be [October 18, 2018](#). Amerigroup, Community Health Plan of Washington, Coordinated Care and Molina Healthcare are hosting a symposium for Behavioral Health Providers on October 22nd (Yakima), October 23rd (Tri-Cities) and October 24th (Walla Walla). The purpose of the Symposium is to provide detailed instruction on the clinical and operational requirements and processes for providers in Greater Columbia in making the change to Integrated Managed Care, which has a go live date of January 1, 2019. It is very important that the individuals that perform the operational and clinical work for your organization attend the symposium.



Greater Columbia Scores 100% on Semi-Annual Report (SAR)!

Written by Carol Moser, Executive Director

Greater Columbia received some great news on October 2, 2018! We completed all required milestones and the pay for reporting deliverables in our semi-annual report (SAR) for the reporting period January 1 – June 30, 2018 scoring 100% of the total achievement values with no findings. Funding totaled a little over \$11.5 million with \$2.3 million coming from a match from intergovernmental transfers. The Implementation Plan, due October 1, 2018, is worth one achievement value. Both documents can be accessed through [the GCACH website](#) under the Resources tab.

This semi-annual report focused on strategies for Domain 1 focus areas (systems for population

health management, workforce, value-based payment), an assessment of our current state capacity, defined evidence-based approaches in each of our four project areas, and identification of our partnering providers.

Semi-annual Report for January 1 – June 30, 2018	
P4R Deliverables and Milestones	Achievement Values Earned
Completed Semi-annual Report	1.0
Milestone 1: Capacity Assessment	1.0
Milestone 2: Domain I	1.0
Milestone 3: Evidence-based Approaches and Target Populations	1.0
Milestone 4: Partnering Providers	1.0
Achievement Values Earned	5.0
Number of Projects Conducted by Greater Columbia ACH	4.0
Total AVs Earned	20.0/20.0 (100%)

Social Determinants of Health and Adverse Childhood Experiences (ACEs)

Written by Rubén Peralta, Community & Tribal Engagement Specialist

By now, most of us working in or around health care are aware of the effects social determinants have on a population's health outcomes. Furthermore, we are familiar with the research conducted by Dr. Vincent Felitti and Dr. Robert Anda on ten of these Social Determinants of Health, better known as Adverse Childhood Experiences (ACEs).

Since the study, three discoveries have been made that, together, point toward hope for the next generation. First, in the ACEs study conducted in 1996, it was found that the impact of childhood trauma on the biological development of the brain is the most significant determinant of nearly every negative health outcome – behaviorally, mentally, socially, emotionally and physically. In that same study, and many confirming studies, it was also found that almost no one escapes childhood without experiencing trauma. Last, just as trauma changes the brain in unhealthy ways, the influence of caring adults and positive environments can influence it in healthy ways.

In addition to creating the Community Health Fund to address Social Determinants of Health within our region, GCACH is exploring ways to engage existing efforts that address ACEs specifically by helping bring awareness to the public and helping to increase capacity in resiliency building programs. To this end, GCACH's Community and Tribal Engagement Specialist, Rubén Peralta, attended the ACEs & Resilience Community of Practice Conference in Pasco. The attendees were mostly people whose jobs put them in the front lines with the public affected by ACEs. It is within groups like this that GCACH can find champions and guidance on how our resources can be best utilized to build resiliency.