

*In this issue, learn about Value-Based Purchasing as explained by the Health Care Authority, the new Public Charge Grounds proposed rule and more!*



A Monthly Insight into the Greater Columbia ACH



# GCACH report



## Value-Based Purchasing Explained by the Health Care Authority

*Written by Lauren Johnson, Communication & Administrative Coordinator*

During Greater Columbia Accountable Community of Health's November Leadership Council meeting, the Health Care Authority's (HCA) Senior Health Policy Analyst, J.D. Fischer presented "The What, Why and How of Value-Based Purchasing." Value-based purchasing (VBP) is a payment model that offers financial incentives to physicians, hospitals and other healthcare providers for meeting certain performance measures. The purpose of VBP is for providers to assume more accountability for the quality and cost of care, incentivizing higher-value care.

During the presentation, J.D. presented examples of a transformed, value-based system with the HCA's goal of a healthier Washington in mind. This included integrated systems that pay for and deliver whole person care, coordinated care and transitions, engaged and activated members who are connected to the care they need and empowered to take a greater role in their health, and standardized performance measurements.

HCA plans to drive the value-based purchasing model by implementing risk sharing at the provider level,

(Washington purchases health care coverage for more than 2 million people through Washington Apple Health (Medicaid) and the public employee and retiree benefits), quality measures from Washington Statewide Common Measure Set, the Quality Improvement Model (rewarding improvement and attainment), and care transformation strategies based on the Bree Collaborative recommendations.

J.D. also stated, "one size does not fit all." HCA recognizes that providers are uniquely situated and empowered to maximize their strengths. J.D. also noted that arrangements will vary depending on provider's strengths and capabilities, and is possible to change over time. For more information on value-based purchasing, visit <https://www.hca.wa.gov/about-hca/value-based-purchasing>.

# Washington Financial Executor (WAFE) Portal Update

Written by Becky Kolln, Director of Finance and Contracts

The WAFE Portal closed for payments until approximately December 17, 2018, which would make our next payment date December 28, 2018. However, before the portal closed, GCACH was able to pay out almost **\$500,000** to our providers. While the portal is closed, our providers are still working hard to complete the contract milestones in preparation for the next payment cycle.

GCACH is putting the finishing touches on the Practice Transformation Contract template which will kick off the next phase of portal payments.

## WAFE Payments and Contracts

	Total Paid
LOI Submission	\$47,000
Project Facilitator Total	\$60,000
Participates as a Board Member	\$9,000
Registration in the WAFE Portal	\$47,000
CSA Submission	\$39,000
BHO Contracts	\$1,250,310
Total	\$1,452,310

Total payments made to providers.

current topics >>>

## The New Public Charge Grounds Proposed Rule

Written by Rubén Peralta, Community & Tribal Engagement Specialist

The new “**Inadmissibility on Public Charge Grounds Rule**” proposed by the Department of Homeland Security poses a threat to the health of our community and our nation. If enacted, for the first time, the federal government could consider the use of health, nutrition and housing programs to deny lawfully present immigrants a “green card”, visa adjustments/extensions or entry to the U.S. As a result, millions of legal immigrants might dis-enroll from Medicaid, SNAP (food stamps) and housing supports rather than risk their legal status. It specifically targets the working poor – those with wages under 250% of the Federal Poverty Level (\$30,350 annual wages or salary) as well as the sick, the young and the elderly. Children of immigrants would be particularly hard hit.

US Citizenship and Immigration Services (USCIS) is taking **public comments through December 10, 2018**. Greater Columbia Accountable Community of Health has obtained the Tool Kit, Summary Briefing, and “How to Comment” document from HealthierHere to support our partners in learning about and commenting on this critical issue.

- To view the [Toolkit](https://gcach.org/apps/website_resources/record/743f1cb01aaeb427560e57aed2bccb84/inadmissibilityonpublicchargegroundsproposedruletoolkit.pdf), please visit our website at:  
[https://gcach.org/apps/website\\_resources/record/743f1cb01aaeb427560e57aed2bccb84/inadmissibilityonpublicchargegroundsproposedruletoolkit.pdf](https://gcach.org/apps/website_resources/record/743f1cb01aaeb427560e57aed2bccb84/inadmissibilityonpublicchargegroundsproposedruletoolkit.pdf).
- To view the [Summary Briefing](https://gcach.org/apps/website_resources/record/82c83c9740317cc7adc46fc2502cb7d9/inadmissibilityonpublicchargegroundsproposedrulesummarybriefing.pdf), please visit our website at:  
[https://gcach.org/apps/website\\_resources/record/82c83c9740317cc7adc46fc2502cb7d9/inadmissibilityonpublicchargegroundsproposedrulesummarybriefing.pdf](https://gcach.org/apps/website_resources/record/82c83c9740317cc7adc46fc2502cb7d9/inadmissibilityonpublicchargegroundsproposedrulesummarybriefing.pdf).
- To view the “[How to Comment](https://gcach.org/apps/website_resources/record/5bdd09b2a1003500ba3dfeed7da55691/inadmissibilityonpublicchargegroundsproposedrulehowtocomment.pdf)” document, please visit our website at:  
[https://gcach.org/apps/website\\_resources/record/5bdd09b2a1003500ba3dfeed7da55691/inadmissibilityonpublicchargegroundsproposedrulehowtocomment.pdf](https://gcach.org/apps/website_resources/record/5bdd09b2a1003500ba3dfeed7da55691/inadmissibilityonpublicchargegroundsproposedrulehowtocomment.pdf).
- To view [GCACH’s Letter](https://gcach.org/apps/website_resources/record/045879e3a9198dcb0ec50826f39f554e/1232018rulechan gesonlegalimmigrantscarolmoser.pdf), please visit our website at:  
[https://gcach.org/apps/website\\_resources/record/045879e3a9198dcb0ec50826f39f554e/1232018rulechan gesonlegalimmigrantscarolmoser.pdf](https://gcach.org/apps/website_resources/record/045879e3a9198dcb0ec50826f39f554e/1232018rulechan gesonlegalimmigrantscarolmoser.pdf).

# Farewell to a Productive and Exciting 2018!

GCACH Staff

## 2018 Year in Review - By the Numbers

Jan	4 GCACH Staff (Carol, Wes, Megan, Kylee) 6 Local Health Improvement Networks initiated through contracts with GCACH
Feb	\$14,424,340 received for Project Plan Application Due Nov 16, 2017 17 Members appointed to the Practice Transformation Workgroup
Apr	Practice Transformation Workgroup had first meeting April 12 with 17 attendees
May	\$4,073,566 received for Integration Managed Care Incentive Funding 63 organizations completed and returned Current State Assessments
Jun	9 GCACH Staff (Carol, Wes, Lauren, Sam, Rubén, Diane, Jenna, Becky, Martin) 2 Cars leased for GCACH staff 85 attendees at Leadership Council Meeting (Highest # of Participants)
July	17 Organizations begin Transition to Mid-Adopter 23 Organizations chosen for 1st PCMH Cohort Semi-Annual Report Due July 31
Aug	67 people attended MCO meet and greet meeting
Sept	75 attended PCMH Kick-off Celebration
Oct	Implementation Plan Due October 1 50 people attended the Leadership Council Health Fair 80 people attended the Crisis Services Community Meeting at the Yakama Nation
Nov	\$11,530,243 received for Semi-Annual Report \$1.4 million approved for Community Health Fund 22 Practice Transformation Kick Off Meetings 1,427 surveys gathered in the GCACH region to determine SDOH
Dec	\$2,882,561 Implementation Plan (paid in 2019) 17 PTIW's completed for IMC 20 PTIW's completed for Practice Transformation 16,424 miles travelled in leased cars since June



*We wish you a happy and healthy holiday season!*

# Getting Better in December

*Written by Jenna Shelton, Practice Transformation Navigator*

The Practice Transformation Navigators are gearing up for another busy month! To date, the Navigators have completed 22 kick off meetings, 19 assessments, and 11 Practice Transformation Implementation Workplans (PTIWs). During its routine provider meetings, the Practice Transformation team in conjunction with the practices have discovered ways to enhance the use of Electronic Health Records (EHRs), maximize potential reimbursement and eliminate waste from current workflows. This has been very rewarding for the Navigators and the practices. The Navigators are excited to continue to build relationships and work together with the practices.

## Behavioral Health IMC December Update

*Written by Diane Halo, Project Manager for IMC*

The Behavioral Health (BH) Providers have been busy this month preparing for January 1, 2019, the launch date of fully integrated managed care! During the November convenings, the BH Providers focused on testing with the Managed Care Organizations (MCOs), registering their National Provider Identifier (NPI) numbers with the Health Care Authority (HCA), and discussing contingency funds.

Of the 17 BH Providers, 15 have signed their contract with GCACH. Ten BH Providers were paid in full while the other five were paid for completion of their Maine Health Access Foundation (MeHAF) assessments and the Billing IT Toolkit Self-Assessments. The Washington Financial Executor (WAFE) Portal will be down until December 28th. GCACH's goal is to pay all BH Providers by January 1, 2019.

GCACH held three Provider Readiness Workgroup meetings in November; [November 1, 2018](#); [November 15, 2018](#) and [November 29, 2018](#). During the first meeting, the Director and Chief Financial Officer (CFO) of Greater Columbia Behavioral Health, Troy Wilson, announced that the Behavioral Health Organization (BHO) will become the Behavioral Health Administrative Service Organization (BH-ASO) as of January 1, 2019—of which Troy Wilson will be the Director. Troy also addressed several questions from the BH Providers about the plans for the ASO. We also discussed some of the lessons learned from other integrated regions.

During the [November 15, 2018](#) Provider Readiness Workgroup convening, HCA discussed the Rapid Response Calls that will begin on January 2, 2019 as well as the Early Warning Indicators. The Rapid Response Calls will occur daily to monitor emerging systemic issues or questions needing immediate attention. GCACH plans to ask the BH Providers to review the number of screenings and the type of assessments conducted each month. Beginning in February 2019, monthly webinars will be conducted to review data collected from the indicator reports. Lastly, during the [November 29, 2018](#) meeting, the group discussed the use of the contingency funds and the possibility of hiring a consultant for the BH Providers as they transition to IMC in 2019.

The Integrated Managed Care (IMC) Communications Workgroup Meeting met on [December 11, 2018](#) to discuss concerns from the consumers. The group said things are going smoothly and there has not been any issues reported. The final IMC Workgroup is scheduled for February 12, 2019 to discuss lessons learned.

The Early Warning System (EWS) Workgroup met on [December 11, 2018](#) to discuss standard indicators and Rapid Response Calls. The purpose of these calls is to respond to emerging systemic issues or questions needing immediate attention or resolution. EWS Webinars will begin in February to review the data gathered from the indicators.

# Congratulations to the Yakima County Health Care Coalition!

*Written by Rubén Peralta, Community & Tribal Engagement Specialist*

Congratulations to the Yakima County Health Care Coalition (YCHCC) for completing the selection of their Social Determinants of Health priorities, and the Third-Party Administrator. GCACH has entered into a contract with the Yakima Valley Community Foundation (YVCF) to administer YCHCC's Community Health Fund allocation.

In 2018, the YVCF managed 75 funds to support the Yakima County community. They distributed nearly \$2.35 million in grants and scholarships to 105 charitable organizations. Yakima county has 116,133 Medicaid consumers. That is 46.3% of the total Medicaid consumer population within GCACH's region. The Foundation will administer GCACH's contribution of \$529,084 and will leverage \$370,913 of their own funds to grant \$300,000 per year for three years.

Other Local Health Improvement Networks are getting closer to completing the process as well, such as Kittitas County Health Network, and the Southeast Washington Health Partnership (SEWAHP).

# Director of Finance & Contracts to Host Practice Transformation Agreement Webinar!

*Written by Becky Kolln, Director of Finance & Contracts*

GCACH's Director of Finance & Contracts, Becky Kolln, will be hosting a Practice Transformation Agreement Webinar on Thursday, January 3, 2019 from 10:00 am – 11:00 am (call-in information is listed below).

Because of the complexity of the Practice Transformation Agreement, and accompanying Reporting Toolkit, Becky will be hosting a webinar on January 3, 2019 at 10:00 am to walk our providers through the contract details and answer questions. We will also be hosting a walk-through of the Reporting Toolkit.

The webinar will give providers an opportunity to ask questions of the designers of the agreement and Reporting Toolkit, and will be recorded so that you can access it through the GCACH website. The Practice Transformation Navigators are also available to assist your organization in understanding these documents as well.

To join the meeting from your computer, tablet or smartphone, visit <https://global.gotomeeting.com/join/537220957>.

You can also dial in using your phone: +1 (571) 317-3122 Access Code: 537-220-957.

