



October 9, 2015

Submitted Electronically to [Medicaid.gov](https://www.Medicaid.gov)

Victoria Wachino
Director
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services (CMS)
200 Independence Ave, SW
Washington, DC 20201

RE: Public Comments Regarding Washington State's Application for a Section 1115 Waiver Demonstration – the Washington State Medicaid Transformation Waiver

Dear Ms. Wachino:

The Community Health Plan of Washington (CHPW) appreciates the opportunity to provide comments in support of Washington's approach and vision for the Washington State Medicaid Transformation Waiver submitted August 24th. The waiver application provides the next step for Washington to build upon our success with the Medicaid expansion and support the vision of a Healthier Washington. It provides the necessary flexibility and authority to invest in building capacity across our delivery system, and scale and spread successful models of care to address the needs of the whole person and social determinants of health. As the state's only not-for-profit, community-based Medicaid managed care plan, CHPW has been at the table throughout Washington's health system transformation and is committed to sustaining a system of better care and smarter spending, which will result in healthier people.

To further support the waiver, we are including comments that highlight areas critical for refinement moving forward.

Support for Behavioral Health Integration in Primary Care

Washington is currently on the path towards fully integrated physical and behavioral health managed care by 2020. All regions and managed care organizations in our state are fully invested in efforts to implement key systems changes. The waiver will provide an important opportunity to augment administrative and financial integration with integration at the delivery system level to ensure we are most effectively meeting the needs of individuals with behavioral health issues. The waiver can help bring proven models to scale that integrate behavioral health in primary care to achieve maximum health outcomes and savings for our state.



The Mental Health Integration Program (MHIP) is a model with proven success. The MHIP model, first piloted with vulnerable enrollees and expanded to all CHPW Medicaid enrollees with mental health needs, includes brief mental health interventions within the primary care clinic. Care coordinators, consulting psychiatrists and shared care plans serve as critical resources to support providers and improve health outcomes. The model also relies on a stepped care approach to ensure that patients with more intense needs are referred to the most appropriate care setting. MHIP also includes the Screening, Brief Intervention and Referral to Treatment (SBIRT) program, an evidence-based integrated and comprehensive treatment program for substance abuse disorders. MHIP has reduced hospital costs and demonstrated improved outcomes in participants' depression scores.

CHPW encourages expansion of the MHIP model to leverage a demonstrated success with integration of behavioral health into primary care. We are committed to working with the state to provide technical assistance needed to bring the model to scale in various care settings and regions throughout Washington.

Support for Connecting Care Coordination and the Primary Care System

We recognize the importance of care coordination for vulnerable populations to improve health outcomes and reduce costs. As part of CHPW's close relationship and work with community health centers throughout the state, we see the importance of connectivity across the primary care system, community and social supports. The waiver offers an unprecedented opportunity to connect critical social supports, such as supportive housing, with the primary care system in ways that leverage existing relationships to most effectively address whole person care. As the waiver initiatives create new roles in coordination and foundational community supports there will need to be a thoughtful approach to building deliberate partnerships and connections to primary care. Ultimately, the reformed system will be made up of an integrated, team-based approach that allows the care to be person and family centered.

Value Based Payment and Rate Reform to Recognize Investments in Whole Person Care

In Washington, managed care organizations deliver benefits for nearly all Medicaid enrollees and are a key partner with the state in efforts to reduce Medicaid costs, while providing high quality care. As the state embarks on developing value based payment models and shared savings approaches, it is critical for CMS, the Health Care Authority (HCA) and managed care organizations to work together to ensure rates are adequate to cover costs and shared savings calculations are negotiated up-front to the extent possible. The importance of upfront agreement is underscored by CHPW's experience with initiating MHIP for a statewide non-Medicaid population. While the state was provided direction to share 95% of the hospital savings in the first year, the process of calculating savings was challenging and involved many months of negotiations long after that year concluded.

As large scale service delivery changes are implemented and the health delivery system becomes more diverse with the inclusion of other systems such as housing and criminal justice, there will

likely be assumptions on many fronts about how much savings specific interventions will yield, where savings reside and how this will impact rate development. As we move toward a system that recognizes the need to invest in non-traditional services, the rate setting process needs to accommodate for those investments, to support a whole person approach.

We are committed to providing energy and resources to partner with HCA and CMS as we consider various options and work together to determine a fair approach for value based payment models and reinvestment of resources to sustain efforts and adequately cover the cost of coverage in a new era of health care reform.

Development of Accountable Communities of Health (ACH) Role and Readiness

The role of Accountable Communities of Health (ACHs) as the coordinating entity will be important for establishing a community-led, multi-sector approach for service delivery reform and truly addressing the 80/20 proposition. However, to perform this role effectively, the ACH must reflect its delivery system community since the ACH is only as powerful as the activated membership that can execute the reforms. To this end, we support the further development of the ACHs to ensure they have the capacity, strategic direction and community based membership that is made up of managed care and provider systems, including community health centers, which have the skill sets and community familiarity to guide the development and implementation of proposed transformation projects. Full participation and involvement from various sectors will help communities effectively utilize their regional resources. We support the development of readiness criteria through a Coordinating Entity work group, and a clear role and involvement from managed care and the core elements of the delivery system in governance to ensure total system participation.

Expansion of Long-Term Care Services and Supports

In the waiver, we are encouraged to see the state's commitment to helping our state's elderly population stay in their homes, while being able to access care with better support for home and community based workers providing care. We recognize that as the state experiences an "age wave" over the next several decades, there is a strong need for affordable, quality health care for this segment of the population.

We also encourage the state to ensure investments are made to educate both health care professionals and potential enrollees about the Medicaid Alternative Care (MAC) and the Tailored Supports for Older Adults (TSOA) programs. These efforts should be done in coordination with managed care organizations and developed in a culturally and linguistically appropriate manner. The same coordination efforts should take place for other initiatives targeting vulnerable populations, such as supportive housing and supported employment.

Transparency in Development and Engagement

The Healthier Washington initiative has set a new bar for stakeholder engagement across the state in collectively developing this ambitious vision and the necessary components to achieve it. Within the recently submitted Medicaid Transformation Waiver, the state has proposed a number of work

groups to further develop the details to underpin this vision. We support this collaborative approach to development. CHPW encourages the state to develop transparent and public processes for these work groups, allowing individuals not serving directly on the work group to learn more through observing and sharing of materials. Many of the specific elements addressed in this letter are expected to be key topics covered within proposed work group efforts. In addition, we would encourage the state to update key stakeholders and the public regarding the negotiation progress. While we recognize the unique federal-state relationship when negotiating Section 1115 waivers, Washington's Medicaid Transformation waiver is proposing unprecedented engagement of communities and it would be appropriate for community engagement to be maintained throughout the process. This will support the rapid timeline Washington has projected to guarantee it can capitalize on assets the waiver provides to support the vision of Healthier Washington.

Thank you for the opportunity to provide comments in support of Washington's Medicaid Transformation Waiver. If you have any questions about our comments, please do not hesitate to contact me at Lance.Hunsinger@chpw.org or (206) 515-4710.

A handwritten signature in black ink, appearing to read "Lance Hunsinger". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Lance Hunsinger
Chief Executive Officer
Community Health Plan of Washington