

Community Health Plan of Washington

Medicaid in Era of Accountability and Shared Responsibility -

**Opportunities & Pitfalls for
Payers, Providers, and State**



**COMMUNITY HEALTH PLAN
of Washington™**

**October 1-2, 2018
Chicago, Illinois**

Community Health Plan of Washington



We are a local, Washington-based Health Plan with long-established ties to communities throughout the State and well-equipped to facilitate and coordinate with local resources on behalf of our members.



As a not-for-profit company, we make decisions that are motivated by the best interests of our members, providers and communities within the State of Washington. We are governed by community organizations (Community Health Centers) that are in turn governed by individuals that receive care within those organizations.

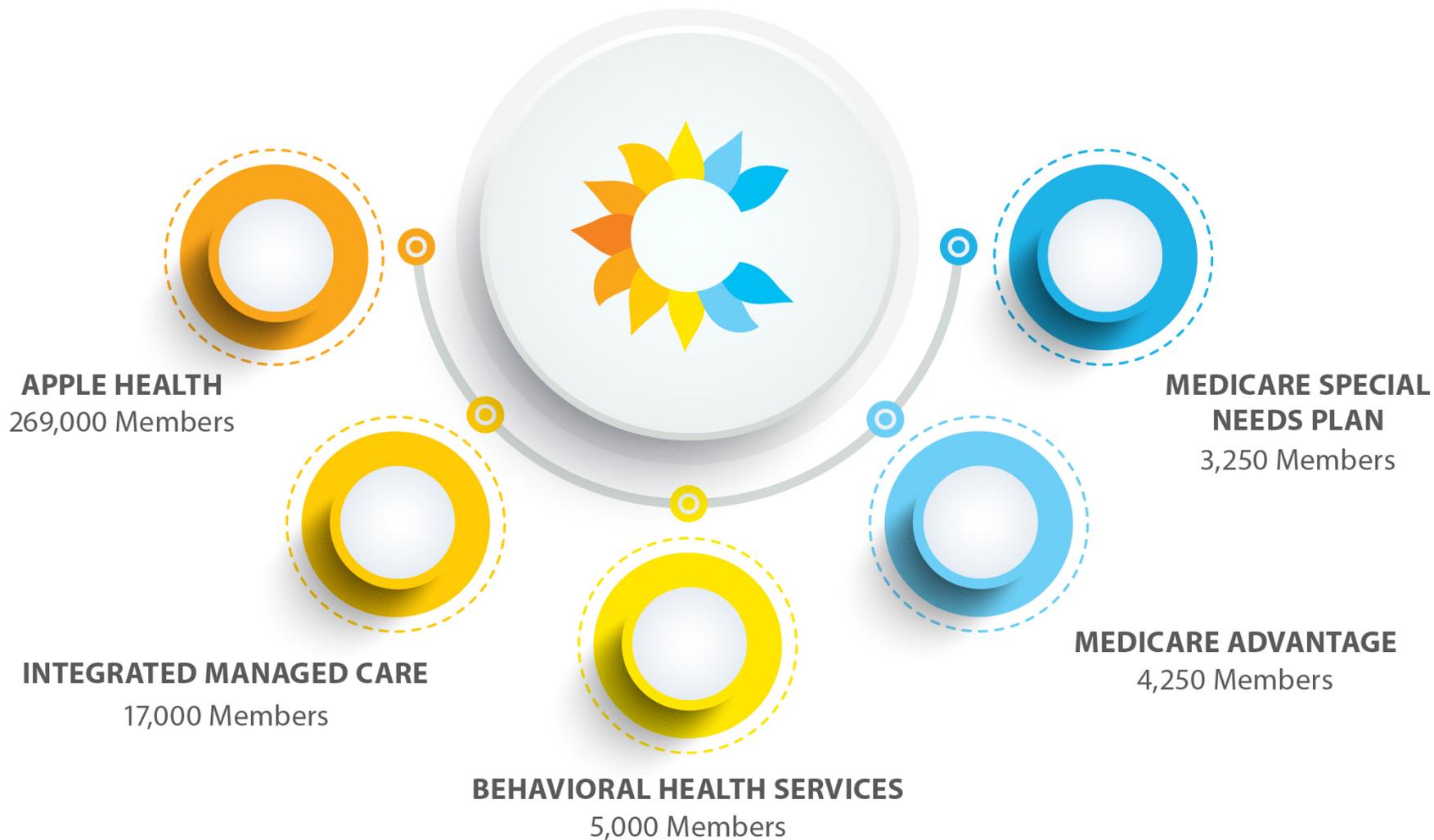


The health of our members is our primary concern. Our programs are designed to proactively identify and address the behavioral, social, and medical needs of our members and to recognize the whole person's needs.

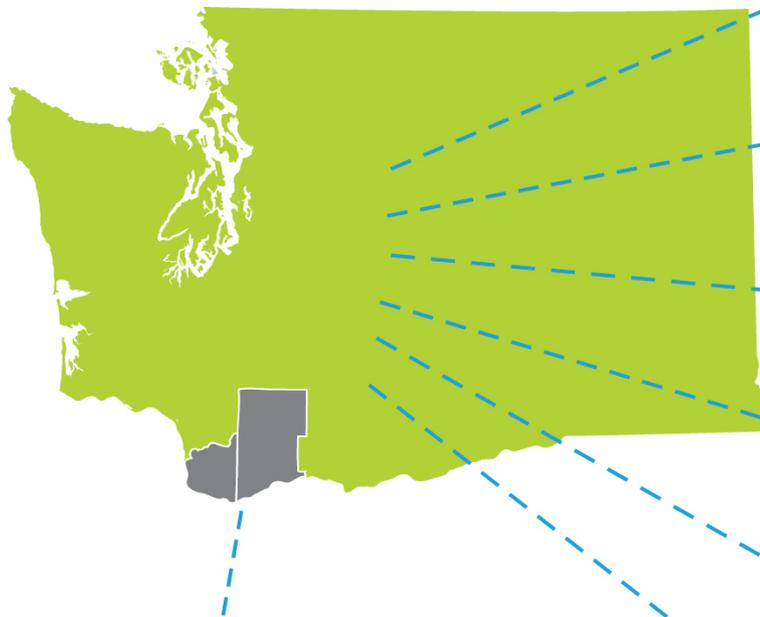


The vision of CHPW is to provide services and supports that impact the health and well-being of our members, both directly and through our valued partnerships with community-based providers. We meet this challenge by identifying and addressing needs that impact the health of our members both within the clinical setting and beyond.

Who Do We Serve?



Provider Network



Providing Integrated Managed Care in SW counties since 2016



20 Community Health Centers with more than 130 clinics



More than 2,500 Primary Care Providers



More than 14,000 Contracted Specialists



Behavioral Health Network state wide

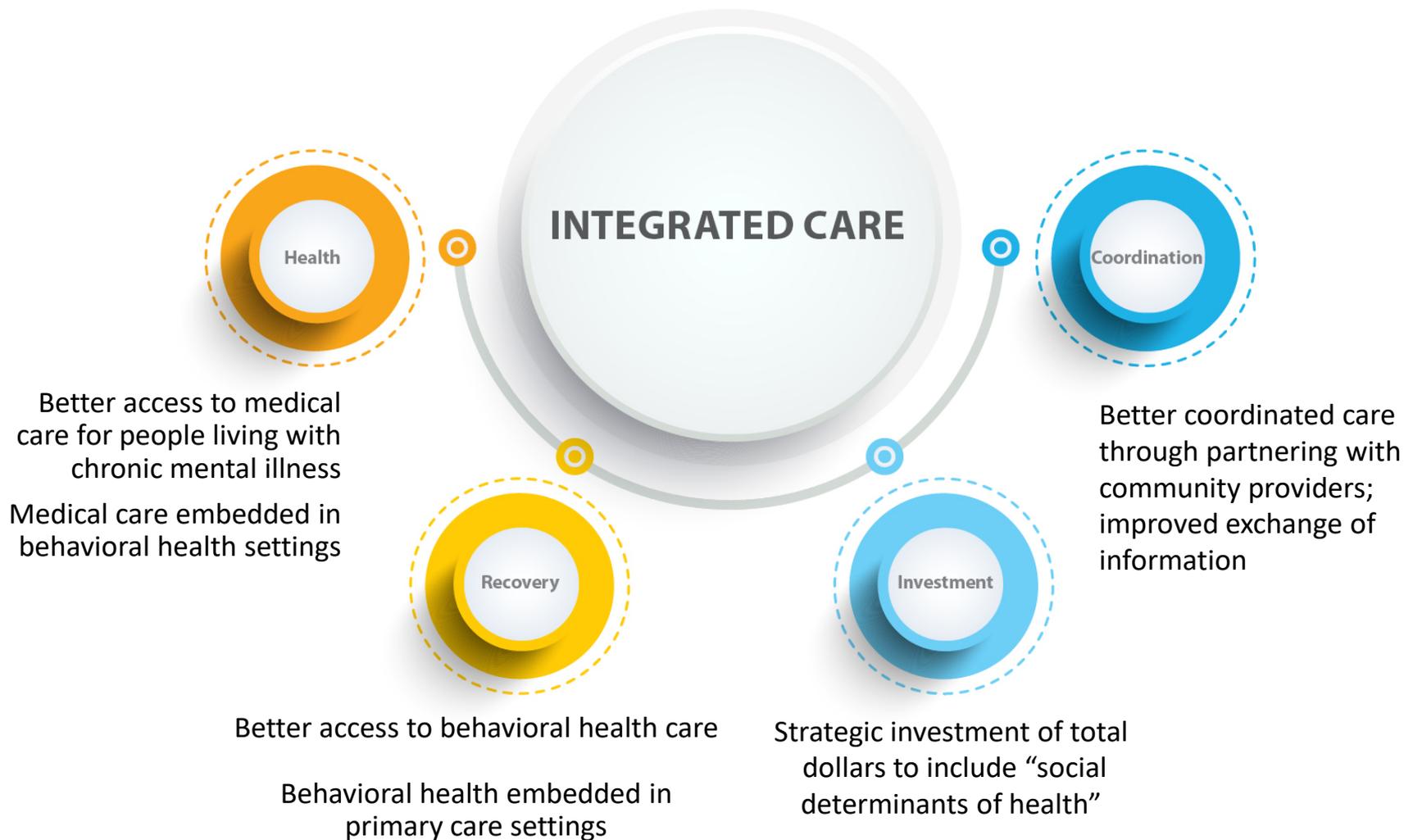


More than 100 hospitals



Statewide presence

Goals of Integrated Care



Savings Investment in Our Community



Partnership with CHC's & UW's AIMS Center for Mental Health Integration with Primary Care

2008 Challenge

Provide a mental health benefit for GAU/Disability Lifeline population in King & Pierce County

- Chronic physical conditions
- Mental Illness
- Substance Abuse
- High healthcare utilization

Solution: MHIP

Implement the Collaborative Care model for integrating mental health services in primary care settings with:

- Co-located behavioral health provider
- Psychiatric Case Consultation
- Population Health Registry

Pilot Outcomes

- Reduced inpatient medical admissions
- Smaller increase in inpatient psychiatric costs
- Decrease in arrests
- Smaller increase in homelessness
- Significantly fewer days in hospital
- 16% decrease in ER Expenses
- 25% decrease in Inpatient Expenses
- 24% decrease in Inpatient Admissions
- 8% increase in PCP Visits

Yakima Neighborhood Health Services Homeless Medical Respite Program

- This program focuses on individuals that are difficult to discharge and have moved beyond the need for a hospital but still need respite care to maintain health and not readmit.
- YNHS has housing for people and support staff that provide care for those individuals while they are recuperating.
- This program ensures adequate care and support instead of being discharged to the street, where they are more likely to exacerbate their illness and readmit.
- Opportunity to connect the individuals to further support and coordination services offered by the plan, provider and/or other community partners.
- Average stay in 2017 was 21 days. Cost savings on IP and ED expenses.

CHPW

- Our advanced payment arrangements with YNHS allow for flexibility in investment in specific supports and services to ensure care for these individuals.
- Partner in technical assistance, training and troubleshooting issues that might be barriers to the individuals getting the right care, such as eligibility.
- Meeting regularly to develop additional support and services that CHPW can assist the member with or connection to other benefits

Challenges

- Rate development doesn't build in costs of community investments and ROI is usually over a period of years.
- Investments require long term commitments and trusted relationships.
- Parties need to be nimble and able to make changes to business models and processes.
- Uncertainty with Federal Medicaid funding.