

## **Washington Accountable Communities of Health Managed Care Organizations Participation and Representation**

The representation of Managed Care Organizations (“MCO”) in the governance structures of Accountable Communities of Health (ACH) has been raised in many regions; in most regions, the interim steering committees or coordinating units have asked MCOs to develop their own representation mechanics and system for selection of a sector representative.

This document represents thoughts and a preliminary agreement of all MCOs operating in more than one ACH region about the role of Managed Care in ACHs and proposes a set of principles and mechanisms that would determine how MCOs are represented on ACH governance boards.

### **What is an MCO?**

As the formation of ACHs moves forward and a diverse set of organizations from different sectors join the conversation in steering committees and boards across the state, it has become apparent that there are varying degrees of knowledge, and to some extent confusion, with respect to what MCOs actually do. Therefore, we believe it is important to start by clarifying the role that MCOs play in delivering care for Washington’s 1.4 million Medicaid recipients.

Medicaid MCOs deliver or arrange for the delivery of healthcare benefits and services for Apple Health enrollees with the overarching goal of improving population health, increasing access to care, and reducing costs. As risk-bearing entities, MCOs receive payment from the state and assume financial risk for the cost of covered healthcare services through profit-limited contracts. As a consequence, MCOs work to improve health and reduce costs for their members.

In practice, this means MCOs already have significant resources invested in each and every region across the state. Each MCO contracts with a network of providers, including physical and behavioral healthcare providers, hospitals, clinics, independent physicians and others, to ensure that their members have access to care. To support these networks, MCOs hire staff on a local and regional basis.

This role goes far beyond paying claims and approving or denying authorization for services; it focuses on delivering the right kind of care, in the right place, and at the right time. MCOs actively work to create and coordinate healthcare solutions for their members across the counties and regions they serve. In addition to clinical support, including case management for complex conditions, disease management, prevention programs and care coordination, MCOs partner with several community-based organizations and agencies on a local and regional basis to address and integrate the social determinants of health into our services. MCOs can leverage these resources and their experience to work with ACHs to develop health improvements tailored to each region’s particular needs.

Because of their role and relevance to the success of programs for health improvement in every region, MCOs are needed as a voice and as a creative partner in ACH Governing Boards.

### **Basic Principles:**

To address the need for sector-based representation in ACH Governing Boards, MCOs will collaborate in an industry focused working group where all organizations present in a given region have equal rights to:

- Sharing and receiving information about priorities and initiatives being discussed within the ACH
- Formulating proposals and opinions about issues related to the work of the community of health
- Contributing with MCO specific ideas and resources to support ACH initiatives
- Neutrality of elected representatives throughout the existence of the MCO working group

- Right to debate and to make a case for specific ideas or to support or question positions for vote on behalf of MCOs at the Governing Board

All MCOs commit to working primarily to contribute and to support the goals and initiatives of the Governing Board in each region and to be active participants in health improvement initiatives across each region.

### **MCO Value Proposition**

Managed Care Organizations are a key contributor to the development of ACHs, not only as risk-bearing entities, but more importantly as experts in coordinating care of community members by leveraging strong clinical, analytic and communication capabilities. MCOs participating in the region's workgroups are able to contribute with:

- **Data sharing:** Statistics coming from MCO operations across the region allow for the consolidation of information in a way that helps the ACH make informed decisions towards the achievement of its goals and the triple aim.
- **Resource sharing:** Population health challenges across the region are large and diverse; developing initiatives that can make significant impact across the region will require MCOs, delivery systems and communities at large to frequently work together and share resources over a single specific goal.
- **Leverage:** The development of a strong ACH will require significant effort in a variety of capacities, including advocacy in favor of the ACH itself; MCO working groups in each region will contribute with their knowledge and influence statewide to support geographic integration efforts, development of funding streams, and all initiatives that may be needed to ensure the successful implementation of ACH goals in every region.
- **Active Engagement:** As new initiatives are developed and implemented to achieve ACHs' specific goals, MCOs will actively participate in these additional working groups, as appropriate, and will contribute with their resources to ensure achievement of group specific goals.

It is important to know that MCOs will contribute to the ACH's regular work well beyond participating on the Governing Board; more importantly they will be active participants of the Leadership Council and of additional work groups launched by the ACH to pursue ACH health improvement initiatives.

### **MCO Proposal for Representation on Governing Boards**

Each individual MCO offers a unique experience in any given region. Considering this, and the fact that an important component of the ACH role is to partner with regional stakeholders to achieve a number of significant elements of the health innovation plan (including delivery system payment reform), broad MCO participation in ACH Governing Board discussions is essential. MCOs suggest the active participation of all MCOs at the ACH Governing Board with voting limitations at the ACHs Governing Board, which could be implemented with the following guidelines:

All Medicaid managed care plans under contract with the Washington Health Care Authority to serve one or more Counties in the region are invited to participate as MCO sector representatives to the Governing Board.

- MCOs (as a sector) receive only one vote and accept responsibility for developing internal voting mechanisms to allow participation without impacting the dynamics of the Board Meetings.
- The Backbone Organization supporting the ACH agrees to produce and distribute materials and information related to an upcoming Governance Board decision or vote a minimum of 5 business days in advance of the

Governance Board meeting, so these materials can be reviewed and analyzed by all Members of the MCO sector and a collective position can be determined in advance of the Governing Board meeting.

- The Governing Board agrees to allow MCO Representatives to be present at the meetings, which are already expected to be open to Community Stakeholders, and to make comments when necessary; Governing Board also agrees to allow for MCOs to Caucus and take internal vote when necessary.
- MCOs agree to refrain from unnecessary internal discussions during Board Meetings, and from stating MCO specific statements that could be considered irrelevant to the larger audience of other Board members.
- MCOs agree to name one spokesperson who will represent all MCOs in voting situations. The Spokesperson will be one of the MCO sector Representatives participating in Board Meeting for that region. The position of Spokesperson will rotate on a pre-established annual basis; there will be an alternate spokesperson who will represent the workgroup if the designated spokesperson is absent; this representative will be the person appointed for the next annual period.
- MCO workgroup will meet regularly between Governing Board meetings.

#### **MCO Workgroup Spokesperson Role**

Following these principles, the MCOs Spokesperson to the Governing Board will have to abide by the following Code of Ethics

MCO Spokesperson to the Governing Board will:

- Represent all MCOs equally at the Governing Board
- Communicate Governing Board discussions to workgroup members in a neutral and accurate manner
- Be responsible for briefing the MCO workgroup ahead of time on specific topics likely to become subjects up for a vote, and contribute to developing an MCO workgroup position by consensus or by vote when necessary

Key responsibilities assigned to MCOs spokesperson include:

- Speaking on behalf of all MCOs for voting purposes at Board Meetings
- Moderate MCO conversations including caucus sessions and ensure that there is an effective outcome in situations where a vote or other deliverables are expected by the ACH Governing Board
- Convene workgroup meetings and provide logistic resources including location, phone systems, etc.

MCO Representatives from the five Health Plans currently serving the Greater Columbia and North Central COH regions met on June 24, 2015 and agreed to the below annual MCO Spokesperson rotation schedule:

Year(s)	North Central (COH) - MCO Spokesperson (1 year terms)	Greater Columbia (COH) – MCO Spokesperson (1 year terms)
July 1, 2015-June 30, 2016	Molina	Coordinated Care
July 1, 2016-June 30, 2017	CHPW	United Healthcare
July 1, 2017-June 30, 2018	Coordinated Care	Amerigroup
July 1, 2018-June 30, 2019	United Healthcare	Molina
July 1, 2019-June 30, 2020	Amerigroup	CHP

#### **In Summary**

The Healthier Washington Framework sets clear expectations about the interaction and collaboration of Managed Care Organizations with Accountable Communities of Health; this suggested operating mechanics for an MCO working group within each ACH allows for strong but prudent representation of MCOs in the top governing board entity.