

North Central ACH Advisory Committee Meeting Schedule

Date	Location	Topic
Jan. 6 10:00 – 11:00 AM	Conference Call	What is FIMC; Medicaid Contracting Integration Timeline; Introduction to the Advisory Committee and potential topics to cover
Jan. 11 10:00 – 11:30 AM	Confluence Technology Center	Provider/System strengths and community needs of NCW; Southwest Washington Integration: Lessons learned, Strengths, Challenges
Jan. 25 10:00 - 11:30 AM	Wenatchee Valley College	Crisis system funding flow and overview; Administrative services RFP overview
Feb. 8 10:00 – 11:30 AM	Confluence Technology Center	Rate Setting
Feb. 22 10:00 – 11:30 AM	Confluence Technology Center	Administrative Services RFP comments; Report of providers from SWWA field trip
Mar. 8 10:00 – 11:30 AM	Okanogan Behavioral Healthcare	Continuance of committees (FYSPRT, Community BH Board, CLIP committee, others); Advisory Committee Workgroups
Mar. 22 10:00 – 11:30 AM	Confluence Technology Center	Early Warning System
Apr. 5 10:00 – 11:30 AM	Cancelled	Cancelled
Apr. 19 10:00 – 11:30 AM	Quincy Community Health Center 1450 1st Ave SW Quincy, WA 98848	Tabletop exercise: Variety of complex patient care scenarios (email Sheila to facilitate)
May 3 10:00 – 11:30 AM	Confluence Technology Center	How do we define and measure FIMC success? (Email Kirsta and David to present 1 st half)
May 17 10:00 – 11:30 AM	Cancelled	Cancelled
May 31 10:00 – 11:30 AM	Confluence Technology Center	MCO RFP update, Qualis Behavioral Health IT Assessment Report Presentation, Workgroup Reports, FIMC Next Steps Work Plan – June-December
June 21 10:00 – 11:30 AM	Confluence Technology Center	BHO Close out plan, Apparently Successful Bidder MCO Presentations
July 12	Confluence Technology Center	Apparently Successful ASO

10:00 – 11:30 AM		Bidder: Beacon Health Options, Workgroup Reports
August 9 th 10:00 – 11:30 AM	Cancelled	Cancelled
September 20 th 10:00 – 11:30 AM	Confluence Technology Center	Early Warning System

Additional Topics:

- Metrics for an Early Warning System
- Knowledge Transfer:
 - Are there topics, presentations, etc. that would be helpful to get, or to give?
- Provider Technical Assistance needs
 - What help do providers need, related to the financial transition?
- Communication Assistance:
 - What strategies should we use to communicate with consumers, patients, community members, etc. about what is happening
 - Are there documents that would be helpful for us to provider to you, to assist you in spreading the message?
 - Are there other avenues/groups we should consider using to spread the word?
- Supportive services (ie. Women’s Resource Center); Collaboration between MCOs and housing services
- Regional Variance
 - Are there things we might not have considered, specific to your region we should be made aware of?
- Regional Hosted Electronic Health Record system that includes Billing (Skip Rosenthal); Netsmart
- Electronic Medical Records and Data Submission
- Input from our hospitals on they would be impacted and the financial burden by the State having some of Eastern/Western State Hospital go to local hospitals.
- Limitations on type of provider for Dual-eligible enrollees (certain types of providers are not eligible for Medicare-diminished capacity to care for that patient)
- HCA Conceptual Model of all parts of Integration and how they fit together (Alice Lind)
- Consumer engagement (consumers/patients/families/NAMI/advocates)
- Patients in border counties
- Zip codes crossing county boundaries (start with discussing with ACH/HCA/BHO team; then present to whole AC once relatively figured out)
- Interpreters – New contract from HCA – NC ACH providers review and provide feedback
- Regional approach to compatible EMRs – disparate EHRs being able to communicate up so that providers have access to information on patients for example who go into crisis and the provider needs to know background on that patient (who is there PCP, who are they established) in order to provide informed care and stabilize the patient and returned to the community. Regional approach to this and who are the partners needed (Law Enforcement, ERs, public health, crisis services, behavioral health providers, etc).
- A system development around transportation – police, EMS, Medicaid funded drivers – getting patients to various types of services in the region. A regional approach to getting patients to services, getting connected by transportation, and how the referrals get made?

- Bring SWWA providers, etc. to talk to AC on certain topics (HER, transportation?, Interpretive services, Consumer engagement, Crisis services, MCO relationships, billing)
- Rick Hourigan question from SWWA provider visit: “What are we doing, what the checkboxes that we need to make sure are checked at this point. Instead of just focusing on what they didn’t do, what does that tell us we need to be doing here differently to set up our behavioral health providers with standards and measurements, we need to understand how they can relate back to us physical health and vice versa. How can we start setting that up. Not what they didn’t do but what we need to do differently and how do we accomplish that going forward.”
- Vanessa Gastonson? From SWWA present?
- June - At a June meeting the BHO will present their “technical” transition plan, data retention plans that are in place (for BHO and providers), Qualis assessment report. Then there will be a discussion to identify and address gaps that are not addressed in the above.
- Data Reporting Requirements – workgroup? Darla Boothman

From the Advisory Committee 2-22-17

- SWWA doesn't have info on how modified service delivery model with managed care and the ASO is driving cost. Lack of clarity on outcomes and cost containment. What are we going to build; what is missing in order to gather that type of information?
- How does this look and what are the impacts to the social service providers and their clients/patients? Data sharing with social service organizations (ie. homeless agency). Functional relationships between multiple providers in talking about the realities of the work.
- More elected officials working side by side with us on this.
- Goal: to be able to tell someone clearly and simply what we are about and how to access services.
- Have some scenarios that the advisory committee or CHIs work through the questions that we know we have and the questions that we haven't even thought of yet. How would we ultimately want to work together as an ACH to manage a certain situation?
- What can the Advisory Committee do to help identify the risks (BHO transition, Funding, IT) and work to develop a plan to avoid them? – June meeting
- Courtney Ward – the BHO is working a transition plan for continuing all the responsibilities of the BHO. The BHO will also have a knowledge transfer with the awarded MCOs.
- How many players are out there doing certain things that could be coordinated better (ei. housing)?
- Address:
 - Access to information and communication.
 - Crisis system.
 - Resources, especially beds (include better diversion). Different levels of care; crisis stabilization units, outreach diversion programs.
- Take a snapshot and look at data on where we are now to be able to compare next year.

Workgroups

- Rates
- IT/EHR
- Early Warning System
- Consumer Engagement