Payment Test Model Test 4: Greater Washington Multi-Payer Data Aggregation Solution

Purpose

This payment model will test whether increasing providers' access to patient data across multiple payers increases adoption of value-based reimbursement arrangements. This payment model leverages other Healthier Washington strategies and accelerates the long-term vision of Healthier Washington through payment redesign.

Background

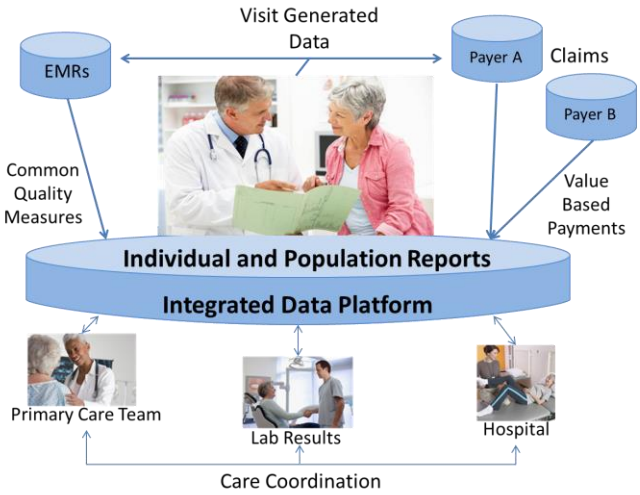
Improved performance and new accountability realized through new value-based reimbursement strategies is an essential component toward achieving the Triple Aim. Some providers and provider organizations struggle to take on new value-based payment strategies and population management responsibilities without a unified view of their patients across multiple payers, which requires integrated clinical and claims data.

Multiple innovative efforts around common infrastructure that empowers providers to take on new forms of reimbursement are emerging across Washington State. Payment model 4 provides resources and state-purchased health care data that will accelerate building this new capacity through a lead organization while using common measures and care transformation, evidence-based principles and Bree Collaborative recommendations.

Approach

The payment model will provide financial support to a lead organization, possessing demonstrable leadership skills and successful experience convening payers and provider systems, to advance an existing data aggregation solution and increase value-based reimbursement strategies.

Improved performance would be further supported through aligned principles of clinical and financial accountability centered on the Statewide Common Measure Set. With financial support for the payment model, the lead organization will leverage the integrated data platform to engage multiple payers and providers and assure steady adoption of value-based contracts in order to achieve the Triple Aim of better health, better care and lower costs.



Intent of Request for Applications (RFA)

The HCA released an RFA on September 14, 2015 to select a lead organization through an open and transparent competitive process. *HCA will not procure any products under this funding opportunity.*

- Period of performance: January 1, 2016 to December 31, 2018.

Lead Organization Requirements

- Be an established health care organization with capacity to leverage and expand an existing data aggregation solution that currently includes the participation of at least one or more payers and/or provider group.
- Demonstrated payer/provider commitments and readiness to incorporate a minimum of 25,000 enrollees from state purchased health care programs and 25,000 commercially insured lives in the model test by year one, expanding significantly, including Medicare enrollees, by years two and three.
- Proven leadership capabilities and in-kind resource commitments to convene partners and expand the data solution to include additional payers including Exchange Qualified Health Plans and additional providers over the duration of the funding opportunity.
- Agreement of all partners under the proposed lead organization to adopt value-based reimbursement strategies for 80 percent of purchasing efforts by the end of the funding opportunity.
- Use of Washington Performance Measure Set for provider performance measurement and reporting, and for all value-based payment models developed in concert with the data aggregation solution.
- Commitment to align with other Healthier Washington initiatives during the period of performance of the contract. For example, implement payment model 3 financial, quality, and care transformation strategies.
- Capacity and commitment to leverage the State Health Information Exchange, when fully operational, for clinical data exchange interoperability needs.
- Provide actionable data and analytical tools to providers.
- Ability to make significant in-kind investments to support Triple Aim achievement to implement this model test.

State Commitments

- Will share Public Employee Benefits and Medicaid data in year one, and work with CMS to share Medicare data beginning in year two of the funding opportunity.
- Will actively share and provide technical assistance to incorporate elements of the financial and quality model and care transformation strategies used in the support of payment model 3 and expand as appropriate/applicable.
- Will assist with defining care transformation strategies and requirements for payment model 4 participants.
- Will explore additional ways of leveraging state purchasing power to incentivize broader provider and payer participation in payment model 4, starting in year two, to include potential changes in state contracts.
- Award $1 million over three years ($500,000 in year one, $250,000 in years two and three), contingent on CMMI approval and lead organization performance.