

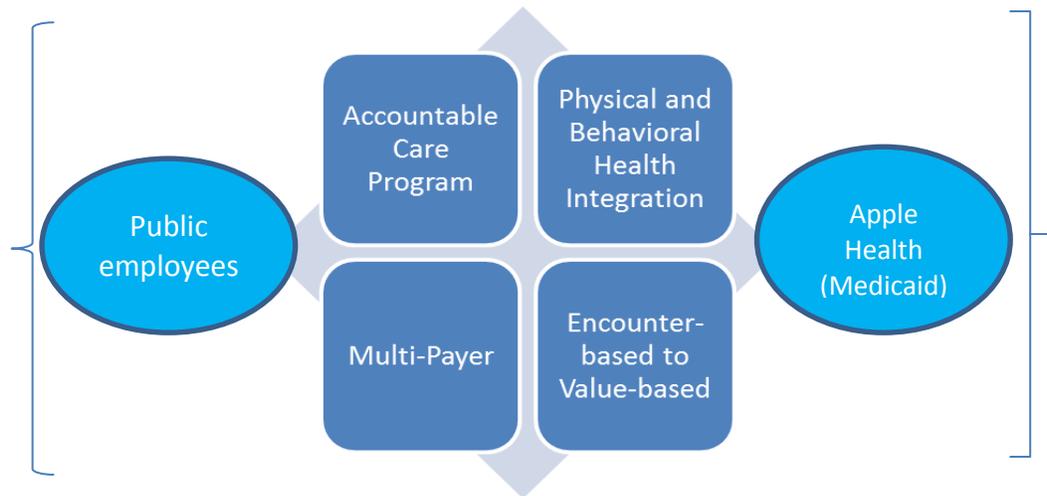


Four payment models have been designed to support health care delivery system transformation. They make up Healthier Washington’s “paying for value” strategy.

By paying providers for the value of health care delivered and improved health outcomes it moves the state away from paying a fee for every service and rewards quality.

The state is leveraging its market purchasing power of almost 2 million combined public employees and Apple Health (Medicaid) clients. The goal of the strategy is to accelerate adoption of value-based reimbursement.

The four payment models test different approaches and strategies, two with PEBB and two with Apple Health.



- Accountable Care Program (ACP):** ACP tests an accountable care approach starting with public employees (state, higher-education and school districts enrolled through the Public Employees Benefits Board program). The two selected ACPs assume clinical, financial and patient experience responsibility for a defined population of public employees. Reimbursement is based on performance across financial guarantees and measures from the Washington State Common Measure set. The two selected ACPs will be available to public employees beginning in January 2016. Targeting 2017, HCA will work with private and public employers to replicate the payment model, to further accelerate market transformation.

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- **Multi-Payer:** This model leverages existing data aggregation solutions and analytic tools to support providers to coordinate and manage care, share risk and engage a sizeable population across multiple payers.
 - **Physical and Behavioral Health Integration:** This model tests how integrated Apple Health financing for physical and behavioral health accelerates delivery of whole-person care. Starting in April 2016, Apple Health beneficiaries in Southwest Washington will have the full continuum of comprehensive physical and behavioral services provided through Apple Health managed care plans. The selected managed care plans will coordinate care across physical and behavioral health systems, enhancing service delivery for enrollees with complex, high risk, co-occurring disorders. The use of co-located services and coordinated protocols between physical and behavioral health care settings will promote continuity of care and services. The state will transition towards fully-integrated Apple Health purchasing statewide in 2020.
 - **Encounter-based to Value-based:** This model tests value-based payments in Medicaid for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), and pursues new flexibility in delivery and financial incentives for participating Critical Access Hospitals (CAHs). For FQHCs and RHCs it begins to shift the focus of payment from volume of services and visits by introducing financial flexibility into the care delivery system. For CAHs, this model test right-sizes payment approaches that encourage long-term sustainability to meet changing community needs.

All the payment models are set to launch in 2016 and will evolve over the course of the initiative.

Fact sheet produced by the Washington State Health Care Authority, July 2015

Healthier Washington is Governor Jay Inslee's multi-sector partnership to improve health, transform health care delivery, and reduce costs. The Health Care Authority provides strategic oversight for this initiative. The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.