Washington State Health Care Authority

Initial draft of the quality, value, and affordability standards for Cascade Care public option plans offered for 2021, as directed by Senate Bill 5526

Read an overview of Cascade Care's procurement standards

Procurement Standards	Resources/Additional Information
Quality and Value Standards	
Participating Cascade Care public option carriers are required to implement Bree Collaborative 'health plan' recommendations and report on progress. For year one: • All carriers will be required to report on the following topics: elective total knee and total hip replacement bundle and warranty (2013 and 2017); hospital readmissions (2014); behavioral health integration (2017); opioid use disorder treatment (2017); and low back pain (2013), AND • Each carrier will be required to choose and report on three (3) additional Bree recommendations. Carriers are encouraged to select topics where there's opportunity of improvement and/or significant efforts are already underway. Carriers will be required to declare their three topics and provide a rationale for selection in their procurement response.	Bree Collaborative: http://www.breecollaborative.org Implementation of Bree Collaborative Health Plan Recommendations website: http://www.breecollaborative.org/implementation/health-plans/ Of the 22 total Bree recommendations, these topics were selected to align with other statewide initiatives; for their relevancy to individual market; and to start with a manageable set of recommendations. In addition to general survey feedback, input on whether the topics and approach meet the health needs of individual market members/patients and recommended timeline for full Bree implementation is appreciated.
Participating Cascade Care public option carriers are required to provide a baseline report on alignment of their coverage criteria to Health Technology Clinical Committee (HTCC) decisions in their procurement response. For year one, carrier is expected to be aligned with at least 50% of decisions and submit a plan for aligning to HTCC decisions.	HCA Health Technology Assessment (HTA) coverage decisions: https://www.hca.wa.gov/about-hca/health-technology-assessment Summary of HTA topics: https://www.hca.wa.gov/assets/program/htcc-decisions-matrix.pdf Selecting a percent of the current HTCC decisions would give carriers more flexibility, acknowledging full compliance may take more time than the first year. In

	addition to general survey feedback, input is appreciated the proposed approach of percent of HTCC decisions versus selecting specific HTCC decisions; information on the current state of carrier HTCC alignment; and recommended timeline for full implementation.
In addition to the Quality Rating System (QRS) measures required for all plans offered on the Health Benefit Exchange, participating Cascade Care public option carriers are required to report on the following quality metrics from the Washington State Common Measure Set, reporting each metric by region, sex, and age group, and, to the extent the carrier is in possession of the data, by race, ethnicity, and language: • Ambulatory Care (AMB) – Emergency Department Visits per 1,000 • Comprehensive Diabetes Care (CDC) – Blood Pressure Control (<140/90 mm Hg) • Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) • Follow-up After Emergency Department Visit for Mental Illness (FUM) • Asthma Medication Ratio (AMR) • Mental Health Service Penetration (Broad Version) • Oral Health: Primary Caries Prevention Offered by Primary Care • Patient Experience with Primary Care: How Well Providers Communicate with Patients • Patient Experience with Primary Care: How Well Providers Use Information to Coordinate Patient Care • Inpatient 30-day Psychiatric Inpatient Readmissions • Statin Therapy for Patients with Cardiovascular Disease • Substance Use Disorder Service Penetration • Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) Carriers that report that they are not in possession of race, ethnicity, and language data for their Qualified Health Plan (QHP) population must submit and implement a plan to collect this data for their population enrolled in a procured QHP.	Washington Statewide Common Measure Set: https://www.hca.wa.gov/about-hca/healthier-washington/performance-measures These selected metrics from the Statewide Common Measure Set are relevant to the individual market, allow efficiency in carrier reporting, and align with metrics in state purchasing contracts. In addition to general survey feedback, input on applicability of the select measures to individual market members/patients, cadence of adding or changing, and reporting by demographics is appreciated.
Participating Cascade Care public option carriers must meet additional participation requirements to reduce barriers to maintaining and improving health and align to state agency value-based purchasing. These requirements may include, but are not limited to, standards for utilization management to reduce administrative burden	Annual Paying for Value Survey: https://www.hca.wa.gov/about-hca/healthier-washington/paying-value#value-based-payment-survey

and increase transparency and clinical effectiveness; population health management; high-value, proven care; health equity; primary care; care coordination and chronic disease management; wellness and prevention; prevention of wasteful and harmful care; and patient engagement. For year one, carriers will be deemed to meet these requirements by participating in HCA's annual Paying for Value Survey and completing HCA' Primary Care Expenditure template for the population enrolled in a procured QHP. Carriers will also be required to submit a report including descriptions on utilizing and/or implementing the following: 1. Utilization review selection criteria and process, and which national accreditation standard(s) were achieved; 2. Complex case and chronic condition management; 3. Population health management strategies, including closure of care gaps and promotion of preventive services; 4. Strategies to identify and address health inequities; 5. Web-based or other tools utilized to encourage patient engagement, such as application to allow patients to schedule appointments, refill prescriptions, and other functions; 6. Shared decision making programs (see information at HCA Shared Decision Making and/or the Bree Collaborative Shared Decision Making Report); 7. Approach to encourage provider use of certified Electronic Health Record (EHR) systems as defined by the Office of the National Coordinator and providers' contribution of clinical data from its EHR system to the state Clinical Data Repository (CDR) hosted by OneHealthPort; 8. Programs to support active participation of providers in at least one Accountable Community of Health, including various workgroups and committees; and 9. Participation in multi-payer and data sharing initiatives to reduce variation in care, improve value and reduce overall cost of care.	Example of current PEBB/SEBB Primary Care Expenditure template: public://program/pebb-and-sebb-primary-care-spend-template.xlsx HCA's Value-based Purchasing Roadmap: https://www.hca.wa.gov/assets/program/vbp-roadmap.pdf HCA Shared Decision Making: https://www.hca.wa.gov/about-hca/healthier-washington/shared-decision-making In addition to general survey feedback, we appreciate public comment and feedback on any of the participation topics that should be emphasized in year one based on unique needs of individual market members/patients.
Affordability Standards	

Participating Cascade Care public option carriers are required to cap reimbursement of providers and facilities for all covered benefits in the statewide aggregate, excluding pharmacy benefits, to one hundred sixty percent (160%) of the total amount Medicare would have reimbursed provider and facilities for the same or similar services	Milliman draft preliminary proposed Medicare approach report: https://www.hca.wa.gov/assets/program/draft-medicare-methodology-report-20191212.pdf For additional information, please refer to webinar recordings (posted on the HCA Cascade Care webpage) which include presentations by Milliman on the proposed methodology cap approach.
Participating Cascade Care public option carriers are required to meet reimbursement requirements for Critical Access Hospitals (CAH) and Sole Community Hospitals certified by the federal Centers of Medicare and Medicaid Services (CMS): reimbursement may not be less than one hundred and one percent (101%) of Medicare's allowable costs.	CMS Critical Access Hospital designation definition (through the Balanced Budget Act of 1997): Public Law 105-33 CMS Sole Community Hospital designation: Section 1886(d)(5)(D)(iii) of the Social Security Act: https://www.ssa.gov/OP_Home/ssact/title18/1886.htm#act-1886-d-5-d-iii
Reimbursement for primary care services, defined by HCA, provided by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine, may not be less than one hundred thirty-five percent (135%) of the amount that would have been reimbursed under Medicare for the same or similar services.	See Tab 3 in HCA PEBB/SEBB primary care expenditure template for HCA definitions of primary care 'services'