Produced by Myers and Stauffer on behalf of the Washington Health Care Authority

Medicaid Transformation
Accountable Communities of Health
Semi-annual Reporting Guidance

SAR 6.0

Reporting Period:

July 1, 2020 – December 31, 2020

DY4 Q3-Q4

Updated Template Release Date: December 28, 2020

ACH contact information

Include in the semi-annual report the contact information for the primary ACH representative. The primary contact will be used for all correspondence relating to the ACH's semi-annual report. If secondary contacts should be included in communications, also include their information.

ACH name:	Elevate Health of Washington
Primary contact name **Phone number** **E-mail address**	Alisha Fehrenbacher (253) 370-9242 alisha@elevatehealth.org
Secondary contact name **Phone number** **E-mail address**	Courtney Schwartz (253) 720-0376 courtney@elevatehealth.org

Section 1. ACH organizational updates

The following sub-sections are required components of the ACH's semi-annual report. ACHs may submit reports in the formats of their choosing, as long as all required elements are clearly addressed.

Attestations

The ACH attests to complying with the items listed below during the reporting period. Upon request, the ACH shall have available for review by the IA and HCA all supporting data and/or back-up documentation related to the attestations provided.

Foundational ACH requirements	Yes	No
1. The ACH has an organizational structure that reflects the capability to make decisions and be accountable for financial, clinical, community, data, and program management and strategy development domains.	X	
2. The ACH has an Executive Director.	X	
3. The ACH has a decision-making body that represents all counties in its region and includes one or more voting partners from the following categories: • Primary care providers • Behavioral health providers • Health plans, hospitals, or health systems • Local public health jurisdictions • Tribes/Indian Health Service (IHS) facilities/Urban Indian Health Programs (UIHPs) in the region • Multiple community partners and community-based organizations that provide social and support services reflective of the social determinants of health for a variety of populations in its region.	X	
4. At least 50 percent of the ACH's decision-making body consists of non-clinic, non-payer participants.	X	
5. Meetings of the ACH's decision-making body are open to the public.	X	
6. Within the last 12 months, the ACH has completed an organizational self-assessment of internal controls and risks (using this template or a similar format) that addresses internal controls, including financial audits.[1]	X	
7. The ACH maintained ongoing compliance with the Model ACH Tribal Collaboration and Communication Policy.	X	
8. The ACH conducted communication, outreach, and engagement activities to provide opportunities for community members to inform transformation activities and to receive updates on progress.	X	

[1] https://wahca.box.com/s/nfesjaldc5m1ye6a0bhiouu5xeme0h26

If unable to attest to one or more of the above items, provide a brief explanation of how and when the ACH will come into compliance with the requirements. Identify the specific attestation number when providing the response.

Documentation

The ACH should provide applicable documents or additional context for clarity that addresses the following:

9. **Key staff position changes.** If key staff changes occurred during the reporting period, include as an attachment a current organizational chart. Use **_bold italicized font_** to highlight changes to key staff positions during the reporting period.

   - Include staff names and titles in the organizational chart. For vacant positions, mark each applicable position as "vacant" on the organizational chart.

   - Provide a narrative explanation of the organizational changes.

   **If applicable, include current organizational chart.**

   Please find attached the most current organizational chart embedded here:

   [PDF icon] Org Chart and Narrative

10. **Budget/funds flow.**

   a) Financial Executor Portal activity for the reporting period.

   No clarifications to the Portal report.

   b) The ACH is asked to provide additional context to add clarity about the portal activity payments made outside the portal.

   - For COVID-19 related payments made outside the portal during the reporting period, populate and submit the payment reconciliation spreadsheet.[2]

     There were no Financial Executor Portal activity payments made outside of the Portal during this reporting period as the Portal has been open for payments on a weekly basis.

   - For payments not related to COVID-19 made outside the portal during the reporting period, populate and submit the payment reconciliation spreadsheet.[3]

     There were no Financial Executor Portal activity payments made outside of the Portal during this reporting period as the Portal has been open for payments on a weekly basis.

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[2] The HCA issued COVID 19 reconciliation spreadsheet can be found at the following link:
https://hca.wa.gov/assets/program/payment-reconciliation-template-covid.xlsx.

[3] The HCA issued non -COVID reconciliation spreadsheet can be found at the following link:
https://hca.wa.gov/assets/program/payment-reconciliation-form-sar-5.0-noncovid.xlsx.

11. **Incentives to support integrated managed care.** Regardless of integrated managed care implementation date, provide the following information regarding ACH incentives to support the region in transition to integrated managed care.

a) List of use and expenditures that reflect a cumulative accounting of all incentives distributed or projected to support the transition to integrated managed care. It is not limited to the reporting period.

  i. ACHs may use the table below or an alternative format as long as the required information is captured.

  ii. Include any earned Integration Incentives, Project Incentives or other funds that have been or will be used.

Use of Incentives to Assist Medicaid Behavioral Health Providers		
Description of Use	**Expenditures ($)**	
	Actual	**Projected**
Allocation of integration incentive funds to Pierce County to be used to support projects around integration, transitions of care and crisis/diversion	$4,410,000	$120,000
Transition support incentives to behavioral health providers	$1,000,000	-
Regional investments in IMC Learning Network	$555,000	$200,000
Direct technical assistance from Strategic Improvement Team	$2,150,000	$600,000
Sponsorship and management of the Whole-Person Care Collaborative for primary care and BH clinic teams	$548,000	-
Investments in centralized technical assistance and data tools for behavioral health	$950,000	-
TOTAL	**$9,613,000**	**$920,000**

Section 2. Project implementation status update

The following sub-sections are required components of the ACH's semi-annual report unless otherwise noted. ACHs may report in the format of their choosing, as long as all required elements are addressed.

Attachments

The ACH should provide applicable attachments or additional context that addresses the following:

12. Implementation work plan

The reporting requirements for the implementation work plan updates are temporarily replaced with COVID-19 related responses in the "Narrative Responses" section. The submission of an updated implementation work plan is considered optional for this reporting period but is encouraged to the extent the ACH has an updated work plan.

Implementation plans are "living documents" that outline key work steps and plans to be conducted within the time frame of the Medicaid Transformation. The ACH's implementation plan (work plan) is a key resource that allows HCA to understand how the ACH is moving forward and tracking progress. These plans provide HCA information to monitor ACH activities and project implementation timelines.

- Optional: The ACH <u>may</u> submit an **updated implementation plan** reflecting *progress made during the reporting period.*

Elevate Health is not submitting an updated implementation plan during this reporting cycle due to the extra focus on COVID-19 response efforts in the community with partners and providers.

13. Partnering provider roster.

The roster should reflect **all partnering providers** that are participating in project implementation efforts through the ACH under Medicaid Transformation.[4] To earn the achievement value associated with this reporting component, ACHs are required to update and submit the list of partnering provider sites that are participating in Medicaid Transformation Project Toolkit activities in partnership with the ACH. ACHs should maintain the roster provided by HCA at the time of the SAR4 release for the remaining semi-annual reporting periods.

Instructions:

a) For each partnering provider site identified as participating in transformation activities, the ACH should indicate:

    i. Whether the partnering provider site is pursing tactics or strategies in support of specific project areas from the Project Toolkit. Populate the appropriate project column(s) with Y/N.

    ii. When the partnering provider site starts and ends engagement in transformation activities according to project area by indicating the quarter and year.

b) Update partnering provider site information as needed over each reporting period.

    Submit updated partnering provider roster.

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[4] Partnering providers are defined as any traditional and non-traditional Medicaid providers and organizations that have committed to participate in the ACH's projects. Traditional Medicaid providers are those that bill for services, either to a managed care organization or to the state directly (e.g., hospitals, primary care providers). Non-traditional Medicaid partners may receive some Medicaid funding through programs that provide grant dollars, etc., but they do not provide billable healthcare services to Medicaid members (e.g., behavioral health organizations, community-based organizations, fire districts).

The updated partnering provider roster is attached and embedded here:

Elevate Health.SAR6
Provider Roster.2.01.x

Documentation

The ACH should provide documentation that addresses the following:

14. Quality improvement strategy update

The reporting requirements for the quality improvement strategy updates are temporarily replaced with COVID-19 related responses in the "Narrative Responses" section. The submission of quality improvement strategy updates are considered ***optional*** for this reporting period but are encouraged to the extent the ACH has an updated quality improvement strategy to keep HCA and the IA apprised of quality improvement activities and findings. If submitting updates, ACHs may determine the format to convey this information.[5]

Elevate Health does not have additional input to provide to the quality improvement strategy during this reporting cycle.

Narrative responses

ACHs must provide ***concise*** responses to the following prompts:

15. COVID-19

a) Provide an update on ACH activities in response to COVID-19 during the reporting period. Include a summary of how DSRIP activities and timelines have changed (i.e., which projects remain on track, which projects or areas of focus have expanded, which capacity building efforts have emerged, etc.).

Positioned at the intersection of public health, social services, and health delivery systems, Elevate Health has continued to adapt and respond to critical community needs in the climate of the ongoing COVID-19 crisis. OnePierce Community Resiliency Fund (OnePierce) also facilitated the administration and distribution of CARES Act funds on top of Elevate Health's own philanthropic and emergency funding. These funding interventions provided vital support to our community behavioral health partners to meet the increasing demand for services and facilitated the essential delivery of CARES Act services by the lending of supportive bridge capital. In addition to OnePierce' s efforts, Elevate Health has continued to leverage the Care Continuum Network's (CCN) care coordination programs to scale its approach to meet public health ends and provide support to the most vulnerable populations during the COVID-

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[5] Reporting requirements for the quality improvement strategy updates will be fulfilled by COVID-19 context in the "Narrative Responses" section

19 pandemic in our community. Many ACH activities have pivoted to address new needs or slowed/paused due to partners' involvement in emergency pandemic response.

- *OnePierce Community Resiliency Fund*
  OnePierce Community Resiliency Fund, the investment arm of Elevate Health, has three primary programs. COVID-19 impacted these three programs differently: 1) there was an increased need for grants and urgent funds; 2) there was an unanticipated need for community loans; and 3) there was a pause on health innovation funds.

  1. *Grants: Nonrepayable funding*

     During the reporting period, the grants program passed through $1.5M in CARES Act funding from Pierce County to 21 behavioral health providers. These funds were awarded through a competitive process and actively managed from July to December 2020. Providers used the funds to purchase PPE, cleaning services and supplies, social distancing modifications to office spaces, and telehealth equipment. Funds were also used to reimburse clinical and support staff for overtime or other increases in time due to COVID-19, as well as for staff training, communications, and outreach. Per CARES Act guidelines, expenses for providers were reimbursed following proof of payment.

     2. *Community loans: Repayable funding plus zero or low interest due*

     During the reporting period, OnePierce approved two low-interest loans for the pre-development work of new affordable and supportive housing units. This was an example of 'business as usual' during COVID-19. However, the loan program was also utilized in an unexpected way as a result of the pandemic: some providers contracted for CARES Act funding to Pierce County did not have the upfront funds to deliver services or make purchases prior to reimbursement. To be responsive to this potential restraint, OnePierce, together with Pierce County and a coalition of philanthropic entities led by Greater Tacoma Community Foundation, offered up to $2.5M in zero-interest loans to providers contracted to Pierce County to support their utilization of CARES Act funds for pandemic response.

     3. *Health innovation funds: Nonrepayable funding that supports system transformation in collaboration with Elevate Health partners*

     The health innovation funds were paused during pandemic response, as the grants and loans addressed more urgent needs identified by providers.

- *Care Coordination through the Care Continuum Network (CCN): On Track*
  The CCN consists of three care coordination programs (Pathways, CHAT, and Health Homes) that support vulnerable populations by addressing both health and social support needs. The support we have continued to offer through care coordination has become critical as our community addresses the clinical and social support needs of individuals who are at high-risk for contracting COVID-19, as well as those exposed to, and positive for the virus. While the three distinctive care coordination programs administered through the CCN inherently address the social

determinants of health (SDoH), the scope of these models was assessed to be too broad for the specific focus of COVID-19 public health response for isolation and quarantine. As such, Elevate Health applied for (July 2020) and received CARES Act funding through Pierce County Health and Human Services (November 2020), with which we developed a COVID-19 clinical intervention workflow and program specific to the address of SDoH needs to support isolation and quarantine. This program launched in December 2020. Elevate Health was able to reinvest these monies back into our partner CHW workforces to administer this program to better meet the target aims of our local public health jurisdiction.

In addition to the County CARES Act funding, Elevate Health also convened the community in address of the DOH Care Connect Washington Regional Care Coordination Hub initiative, and received regional endorsement to apply as the provider of these services in Pierce County. As such, Elevate Health submitted the ROI and Budget Tool in December 2020, and is presently in process of contracting with the DOH to provide these responsive services. For this effort, we will utilize these monies to increase workforce capacities, provide resources in address of food scarcity, housing, and other urgent pandemic related SDoH needs. Elevate Health is working directly with the Tacoma Pierce County Health Department (TPCHD) in partnership to develop referral workflows to ensure timeliness of service provision to our community clients.

- *Care Continuum Network Initiatives*

  - *Potentially Preventable Hospitalizations (PPH) CHF Pilot: On Track*
    The Potentially Preventable Hospitalizations initiative targets community-based interventions for those regions with the highest state-wide rates of PPH. With a focus on population health cohorts within the six highest-risk zip codes in Pierce County, Elevate Health is launching a pilot supported by the Tacoma Pierce County Health Department to assess the efficacy of care coordination interventions with CHF patients with two partner organizations, Community Health Clinics and Franciscan Medical Group Clinics in the 98444 zip code. During this reporting period, Elevate Health has developed the pilot logic model, identified key performance indicators, engaged partners, developed CHF in-scope curriculum for community health workers, formalized a specialized model and workflow within Innovaccer, and completed all necessary operational documents (policies and procedures, training materials, and consents). At the writing of this report, Elevate Health is in the contracting phase of this project, with a plan for implementation mid-February 2021. In addition to managing and operationalizing this pilot, Elevate Health is also funding salary for one of two participating community health workers for the duration of the pilot (through June 20, 2021). While this is not a COVID-specific initiative, community health workers will undoubtedly serve CHF-identified patients affected by, or at risk for COVID-19, and provide necessary and timely interventions around SDoH needs.

  - *Pierce County Opioid Task Force: Delayed, though Progressing*
    The Pierce County Opioid Task Force (OTF) is a group of local and state stakeholders who actively work to find real and sustainable solutions to the

opioid epidemic. During the COVID-19 pandemic, the frequency of task force meetings was reduced from weekly to monthly. This was a result of more critical needs for the staff and organizations involved in emergency crisis response. During this reporting period, TPCHD's OTF Coordinator exited the position, leaving TPCHD with only one representative. To better meet the demands of our community engagements, Elevate Health hired a Director of Clinical Integration and Transformation as well as a Data Analyst during this reporting period who have actively engaged in forward efforts with TPCHD for the OTF. Elevate Health has worked with TPCHD to vet potential hires for the OTF Coordinator position, and developed a business plan with documented goals, strategies, and tactics around the promotion of the OTF in the community. Additionally, Elevate Health is organizing the 3rd Annual Pierce County Opioid Summit for the Spring of 2021, in which sessions will focus on how the COVID-19 pandemic is affecting the care and services needed to help combat the opioid epidemic.

- *Emergency Medical Services Fire Districts: Delayed, though Progressing*
  In 2020, Elevate Health partnered with seven (7) EMS Fire Districts on a plan to reduce avoidable 9-1-1 calls and EMS transports. This collaborative aimed to develop best practices and strategies in accomplishing the goal of reducing avoidable EMS service usage. Initial goals set forth in collaboration with the Fire Districts around the implementation of telehealth services were derailed because of the COVID-19 crisis. As such, Elevate Health met with each of the Fire Districts during the reporting period to outline individual and collective DSRIP goals. Elevate Health is in the planning phases of this work with rural Fire Districts in Key Peninsula, Orting and Graham, as well as with Comprehensive Life Resources' Mobile Community Intervention Response Team (MCIRT). Together with the MCIRT team, the aims of this project include providing community-based education to address stigma, crisis management, managing stress during COVID, and promoting connection to services to support wellness. Elevate Health is also coordinating with our Community Advisor Council (CAC) whose members will assist with ambassadorship and advocacy around this initiative in the local community.

b) Describe any DSRIP activities that enabled COVID-19 response activities through improved delivery system infrastructure (e.g., care coordination, information exchange, telehealth access, data analytics, population health training and technical assistance, etc.), as applicable. Indicate whether this applied to specified sub-populations within your region. Describe any lessons learned that the ACH will use to support projects or partnerships moving forward.

OnePierce Community Resiliency Fund
The funding relationships developed by OnePierce Community Resiliency Fund with behavioral health providers enabled OnePierce to allocate CARES Act dollars for behavioral health in a quick and efficient manner, maximizing providers' time to spend the dollars before December 31. In addition, these relationships provided the basis for ad hoc technical assistance to contracted providers' finance and accounting teams regarding the requirements of federal audits for CARES funding.

Care Coordination through the Care Continuum Network: On-Track

Through our initial CARES Act COVID-19 Care Coordination response initiative, Elevate Health has been able to expand our network of community providers with two additional organizations taking part in these activities, to include Integrity Nurse Consultants and CHI Franciscan Health. Elevate Health strategically developed our COVID-19 response workflow within our data platform, Innovaccer, to sit outside of our requisite care coordination programs. We were able to leverage our nimble technology partners to create this workflow on a short timeline to respond to the public health needs around SDoH due to the pandemic. Thus, providers administering any of the three programs were able to participate in COVID-19 response work by means of the grant. Additionally, this allowed providers to draw from their own organizations to serve those exposed, positive, or at risk for COVID-19, in addition to those referred through the Hub by the Health Department. As stated in Section 15.a), TPCHD is also working to develop a unique dashboard for Elevate Health via their new ArcGIS platform, to assist with streamlined information exchange and referral processes for COVID-19 response care coordination work.

Shared Data Platform: On-Track

In an effort to overcome technological silos which fail to facilitate timely, equitable, cohesive, integrated, whole-person care, Elevate Health is actively collaborating with data activation platform, Innovaccer. During this reporting period, Elevate Health has worked with Innovaccer to develop a Care Coordination workflow in response to COVID-19. Additionally, Elevate Health has hosted community-based organizations (CBOs) for demonstrations on Innovaccer's closed-loop referral product, which offers a solution for continuity of care in and amongst CBOs.

c) Describe any DSRIP activities that enabled the ACH and partners to respond to and navigate the COVID-19 pandemic (e.g., care coordination, information exchange, telehealth access, data analytics, population health training and technical assistance, etc.), as applicable. If applicable, indicate whether certain activities applied to specified sub-populations within your region. Describe any lessons learned that the ACH will use to support projects and partnerships moving forward.

- *OnePierce Community Resiliency Fund*
  In partnership with Pierce County, Greater Tacoma Community Foundation and partner philanthropies, OnePierce Community Resiliency Fund (OnePierce), the community investment arm of Elevate Health, approved up to $2.5M in zero-interest loans for the upfront funding of contracts that are reimbursed by County CARES Act dollars. This allows federal funds to be accessed by providers with fewer reserves or lines of credit to draw from. It also pilots a new public-private partnership model in which government contractors and philanthropy use impact investing as a tool to support providers in accessing funds. The loans are underwritten by a consortium of local philanthropic funders.

  Pierce County CARES Act contracts are paid only by reimbursement, which favors providers with high cash reserves and established relationships with banks. As a community asset unique to Pierce County, OnePierce reduces the barriers to accessing CARES Act funding through bridge loans and extends the County's ability to administer the funds to providers and community-based organizations.

  Without bridge loans, newer or smaller providers may not be able to access upfront funding that is critical to drawing down federal funds. Offering equitable access to

federal funding allows smaller providers and community-based organizations to continue serving underserved communities. By supporting these providers, bridge loans support equitable finance and health equity.

Of the $2.5 million approved; almost $850,000 have been awarded with the understanding the bridge loans are to be repaid to OnePierce by the end of January. Below are the organizations that have accessed funding in Pierce County:

- *Tacoma Ministerial Alliance*
- *Our Sisters House*
- *St. Vincent de Paul of Tacoma*
- *Casteele, Williams, & Associates*
- *Associated Ministries*
- *Foundation for Multicultural Solutions*
- *Greentrike*
- *Metropolitan Development Council*

OnePierce's backing of CARES Act funding aligns with the $4.5M in funding it awarded in its inaugural year to improve health equity in Pierce County.

- *Care Coordination through the Care Continuum Network*
The CCN initiated active work with the Tacoma Pierce County Health Department's (TPCHD) Health Equity Administration in November of 2020 to innovate around policies to advance health equity given recently published research findings from their Pierce County COVID-19 Health Equity Assessment. Primary policy areas born of assessed needs necessitate SDoH interventions largely provisioned by care coordination services. These policy areas include COVID-19 specific care, economic stability, educational access, housing accessibility, social connectedness, food accessibility, behavioral and physical healthcare access, early childhood development, and youth behavioral health. A primary strategy born of this equity research is the development of a more robust community health worker infrastructure, with a focus on BIPOC workforce development. The TPCHD committed to active partnership and participation in Elevate Health's efforts to sustain and scale community-based care coordination services in our local community to improve whole-person health delivery. Elevate Health initiated the planning phase of a large-scale pilot for 2021 for the evidence-based Pathways Community Hub model with a proposed value-based payment structure. In addition to TPCHD, Elevate Health has hosted conversations with Dr. Mark and Dr. Sarah Redding (founders of the Pathways Community Hub Institute), local MCO's (CHPW and Coordinated Care), as well as large healthcare systems (Common Spirit/CHI Franciscan Health), with active interest in participation.

In addition to greater macro efforts, the CCN worked to expand care coordination services within the BIPOC community. Elevate Health established and engaged two community partners working expressly in service to address the evidence-based health and behavioral health disparities in the black community: Casteele Williams and Associates (Behavioral Health, Domestic Violence, and Intensive Wrap Services for Youth) and Quilted Health (Midwifery Organization for black women). Elevate Health is funding a community health worker in each of these organizations for one year to encourage integration and whole-person care; as of the writing of this report, Elevate Health entered the contracting phase of these endeavors with both

partners. Additionally, Elevate Health initiated conversations with the Puyallup Tribe to embed a community health worker as integral to the Nurse Family Partnership program.

d) Describe how your ACH included Tribes/IHCPs in your COVID-19 response activities.

Elevate Health's existing work with the Puyallup Tribe of Nations provided a platform for communication during COVID-19 response. The Nurse Family Partnership Program funded by Elevate Health to improve maternal-child outcomes has remained operational, with staff conducting visits and follow-ups with clients utilizing telephonic and virtual technologies. Elevate Health supported the Tribe in the provision of face masks acquired from state and local resources. As stated above, Elevate Health has also initiated conversations with the Puyallup Tribe to embed an in-culture community health worker as part of integration efforts with the Nurse Family Partnership program.

e) Specific to partnering providers, describe how the ACH has adjusted contracts, reporting, type of provider engaged, and/or payment strategies.

During this reporting period, Elevate Health loosened contractual reporting requirements for partner organizations given their limited capacities to support standard operations. Additionally, as described throughout Section 15, Elevate Health specifically sought to intervene with funding for care coordinators for organizations serving BIPOC communities disproportionately affected by the pandemic.

f) Describe specific risks/issues that emerged during the reporting period (e.g., workforce, information exchange, access). Also highlight any mitigation strategies or activities that shifted as a result, if applicable. Indicate whether this applied to specified sub-populations within your region.

Risks/issues for Pierce County during this reporting period continue to reflect many of the challenges faced across the state. Elevate Health has played a specific role in mitigating some of the following risks:

- *Worsening Health Disparities for People of Color*

  The COVID-19 pandemic has only served to worsen health-care disparities in economically suppressed communities of color. To address this concern, Elevate Health has engaged with the African American Faith community to develop strategies that will address the pandemic's impact on residents of Tacoma's Hilltop district, which has historically been a low-income neighborhood impacted by rapid gentrification. During this reporting period, Elevate Health has initiated funding conversations with Tacoma Ministerial Alliance (TMA) around in-culture initiatives in respond to the COVID-19 pandemic. TMA is currently in the assessment and planning phase of their proposal for funding. Elevate Health has also funded a community-service kitchen for Allen AME church in Tacoma. Please also see care coordination efforts as above with Casteele Williams and Associates, Quilted Health, and the Puyallup Tribe of Nations.

- *Workforce Shortages in Behavioral Health*

  OnePierce has continued to manage the allocation and reporting for the $1.5 million in CARES Act on behalf of Pierce County, distributed to behavioral

health partners. Working with partners to secure workforce training and expansion region wide focused on equity in the workforce to support all.

g) Highlight one best practice or "bright spot" that emerged during this reporting period as a result of COVID-19, if applicable.

Elevate Health developed a COVID-19 Care Coordination model for assessing and addressing SDoH needs. This model was developed to be utilized with any other community care coordination program, so as to increase workforce capacity for COVID-19 response with an agnostic workflow, and better accommodate CARES Act funding structures and audit requirements. Please see Section 15.a) for additional details. The programmatic work to include the workflow developed for local CARES Act funding has established foundations for the DOH Care Connect work we will be undertaking as the Regional Care Coordination Hub.

16. **Scale and sustain update**

Per the Project Toolkit, ACH SAR 6 must include a section on scale and sustain activities undertaken by ACHs during the reporting period. This section will appear in each SAR thereafter, with questions revised and added to reflect the current phase of work. In answering these questions, please focus on activities that took place during the six-month reporting period. Recognizing P4P incentives for DY4 and DY5 will be paid out in 2022 and 2023, have these funds been obligated? In addition to answering yes/no, please provide relevant context regarding this question and each of the following components.

Yes, with a portion of the P4P incentives earned, Elevate Health has obligated funds to support community-based care coordination activities through the Care Continuum Network with ACH partners, associated providers, and community-based organizations that include a shared data platform increasing access and quality working toward equity and community health.

No, not all P4P incentives have officially been obligated but Elevate Health is committed to healthcare transformation, equity, increased access, quality improvement, improved experience of care and lowered cost of care serving the community, partners, and providers. Elevate Health aims to support community organizations and all providers to ensure improved equitable access to care for all.

The components of incentive obligations are noted below:

    i.   What types of entities are those funds obligated to?

    Funds will continue to support community-clinical linkages, strategic improvement, and shared data platform efforts. Partners, traditional or nontraditional Medicaid providers, that participate in the Care Continuum Network either as care coordination agencies or referral agencies that support the clients in need.

    ii.   Will the ACH retain some of this funding for post-2021 admin?

Elevate Health intends to maintain an overhead of less than eight percent but expects to secure a portion of this overhead through contracts other than P4P incentives after 2021.

    iii.   Are providers receiving any of these funds for P4P or for future deliverables?

Elevate Health expects to maintain similar requirements for any partner and/or provider either traditional or nontraditional to ensure clear future deliverables for P4P incentives received.

a)   If applicable, describe how any other P4R or P4P funds (already earned or to be earned before the end of the DSRIP period) have been obligated for ACH or provider payments post-2021.

Not applicable

b)   Assessment of DSRIP sustainability:

    i.   Describe activities and/or conversations, if any, your ACH has supported with partners related to sustainability priorities and mechanisms. For example, have there been activities or conversations around defining sustainability, evaluating results, or establishing criteria to determine what DSRIP activities would continue post-DSRIP funding?

Elevate Health has been facilitating conversations with community members, multi-sector partners, providers and managed care organizations throughout the region capturing equitable care, access gaps, and barriers that exist or have expanded within the region during the pandemic. There is evidence that care management services – particularly when provided at the point of care – not only improve quality but reduce costly and avoidable hospital and skilled nursing facility admissions and emergency room visits[6]. There are mechanisms within the Care Continuum Network for the region such as the existing Pathways Community Hub, Community Health Action Teams and Health Homes, that address not only care coordination but also social determinants of health (SDoH). These mechanisms provide community-based care coordination services to rising risk (Pathways) clients up to the most vulnerable and medically complex individuals within the region (Health Homes). Through Pathways and Health Homes, clients can be linked with public health, provider, and managed care organization care management to ensure equitable community and clinical linkages improving community health.

Elevate Health is a Health Homes lead organization in Pierce County contracted with the HCA and seeks to partner with managed care organizations aiming to meet established metrics to better support barriers in care delivery, increase transformation activities and support gaps in capacity building in the region with the populations they serve. Elevate Health seeks to increase communication and support providers through the Care Continuum Network to enhance equity, support workforce development, provide support for smaller behavioral health and substance use providers with back office services, provide braided strategic quality improvement services, provide essential evidence-based care coordination that

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[6] https://innovation.cms.gov/files/reports/fai-wa-prelimppone.pdf

includes social determinants of health supports to clients, and generate revenue with funders and investors for purposes of sustainable community investment.

ii. Describe activities and/or conversations, if any, your ACH has supported during this reporting period with partners and other stakeholders regarding the continuation of DSRIP funded activities (e.g., capacity building, practice transformation, and collaboration among partners), beyond waiver funding. If you have not supported related activities and/or conversations during the reporting period, please explain why.

Elevate Health is constantly performing environmental scanning to identify additional partnership opportunities with providers, community-based organizations, managed care organizations, and other payors based on gaps and needs within the community. Leading with equity and based on the 9-Life Stages of the Colorado Opportunity Project[7], the CCN is a "care traffic control" hub-and-spoke model and will seek to scale and spread existing Health Homes and the Community Health Action Teams (CHAT) within this and neighboring communities as appropriate.

Given the overwhelming need for targeted and equitable care in Pierce County, Elevate Health has leveraged the evidenced-based Pathways Community Hub model as a foundational solution to establishing whole-person care in the region. The Pathways HUB model is approved by the Agency of Health Research and Quality (AHRQ)[8] and designed to promote accountable community-wide approaches to effectively address risk factors, improve health, and reduce cost.

Elevate Health provides value-add to the Pierce County, Washington region by:
- *Formalizing a community referral model, linking community resources and organizations with the health and social services system*
- *Developing and Administering Care Coordination programs to address the 80% of social determinant of health needs which are modifiable contributors to whole person health[9]*
- *Developing value-based payment models for the maintenance and sustainability of care coordination programs*
- *Providing investment for shared community infrastructure*
- *Facilitating selection and agreement of common outcomes*
- *Supporting the move to braid private and public funding moving to equitable health and well-being for all.*

Additional efforts we have undertaken in our role as a community convenor, improvement and systems aggregator include:
- *Being a strong partner, investing $37 million with local providers, health systems, community capacity building, integration incentives and provider engagement – with an additional $8.5M planned investment in 2021.*

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[7]https://s18637.pcdn.co/wp-content/uploads/sites/26/opportunity-framework.gif

[8] https://pchi-hub.com/; https://www.innovations.ahrq.gov/sites/default/files/Guides/CommunityHubManual.pdf

[9] https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/

- *First to launch and receive certification of the Pathways Community HUB model program engaging communities in finding those at mid to rising risk and assuring they connect to evidence based social, medical, and behavioral health intervention.*
- *Working in the developmental phase to bring a medical and dental school to Pierce County that will provide graduate medical education for behavioral health, oral health, and medical primary care providers to the region.*
- *Investing in a faith-based program to support this community by providing individuals with the skills, education, and support services they need to be successfully employed.*
- *Committing to serve as the Washington Department of Health's Care Coordination Hub for Pierce County to support the care coordination response for individuals and families impacted by COVID-19.*

iii. Describe activities and/or conversations, if any, your ACH has supported during this reporting period with partners and other stakeholders regarding the continuation and/or scaling of specific DSRIP project toolkit evidence-based models and/or pilots (e.g., Community Based Care Coordination, CoCM). If you have not supported related activities and/or conversations during the reporting period, please explain why.

Elevate Health has been meeting individually and in planning meetings with partners and providers participating in the DSRIP project toolkit and new partners that are interested in supporting the effort to transforming the health care delivery system moving toward equitable care and access for all. The conversations have been focused on all eight project toolkit areas and how our region will continue to sustain and expand the projects while securing contracts that support the efforts. Elevate Health participates with the County through the Regional System of Care workgroups and Committee and has facilitated the Provider Integration Panel. As a neutral convenor, Elevate Health will continue to convene, assemble, and organize local community, partners, providers, managed care organization, leaders, and legislators for the benefit of equitable physical health, behavioral health, and social service establishing community connections, health innovations and continuums of care for whole person health.

In addition to the expansion of the agency's Care Continuum Network (Pathways, Community Health Action Teams and Health Homes linking to other community services and programs), there are several DSRIP-related pilot programs that are in development or underway within the region. A snapshot of these programs include:

- ***Medical Respite- Integrated Services for the Displaced Population:*** *These partnerships will seek to expand services including case management, psychiatric support, physical health rehabilitation, and end of life focusing on equitable, whole person care. These enhanced services will give individuals unable to access traditional resource structures an environment to heal, recover, and access interventions to improve their health outcomes as well as provide compassionate care at the end of life.*

- ***Opioid Task Force:*** *In partnership with Tacoma Pierce County Health Department, launch an Opioid Task Force, focused on wellness and whole spectrum of prevention.*
- ***Potentially Preventable Hospitalizations Program for CHF:*** *In partnership with Tacoma Pierce County Health Department, demonstrate the efficacy of care coordination intervention with a population health diagnosis such as CHF, and proof the Pathways model.*
- ***Pediatric Collaborative Care Model:*** *In partnership with HopeSparks, Pediatrics Northwest and MultiCare Health System, continue to expand and grow the Pediatric Collaborative Care Model built with fidelity to AIMS Collaborative Care Model (CoCM). Seek additional partners and providers to expand program and work with Managed Care Organizations and payers for value-based contracts for partnering providers.*
- ***Integrated Care Model with Care Coordination Services in a Non-Traditional Medical Setting:*** *In partnership with MultiCare Health System, develop a pilot to demonstrate the efficacy of integrated care coordination in a non-traditional medical setting (Multicare's Mobile Integrated Care Unit) with a known cohort of individuals with behavioral health diagnosis.*

17. Regional integrated managed care implementation update

a) For <u>**2020 adopters**</u>, briefly describe the primary integrated managed care-related challenges in the region after the transition to integrated managed care. Challenges may include issues with client enrollment/eligibility, provider payment, data/HIT, etc. What steps has the ACH taken, in partnership with providers and MCOs, to address these challenges?

N/A

b) For <u>**all early- and mid-adopters**</u>, briefly describe any challenges the region continues to experience due to the implementation of integrated managed care. What steps has the ACH taken during the reporting period, or what steps does the ACH plan to take, to address these challenges?

- *<u>Challenge</u>: Providers have reported payment is still delayed by certain payers. Payers have requested that providers reach out to them directly to address payment concerns. Additionally, providers have reported initial information provided for authorization impacts delays or denials in authorization. Furthermore, providers cite that denials are laborious and costly in that the back-forth utilization review process and second level review requires additional staffing and time investments.*
  - *<u>Means of Address</u>: Elevate Health addressed these issues by bringing concerns forward during joint monthly meetings. Elevate Health provided a neutral space and mediated concerns, facilitating an environment of open communication. Elevate Health also modified its approach to these monthly meetings, and divided them to allow time for providers to discuss concerns without payers present. This allowed more space for providers to problem solve together. When payers join*

the meeting, providers can share a more comprehensive list of concerns and propositions for solution-focused work.

- *Challenge: One recent challenge has been posed by the "No Wrong Door" ESHB 2642 legislation. SUD providers have had the largest learning curve in working through integration with several managed care organizations (MCOs) rather than one behavioral health organization. The information shared was perceived by some to not have been pushed out in a timely fashion before the ESHB 2642 went into effect. The new legislation regarding authorization language to "honor authorizations vs pre authorizations" continues to be addressed via HCA Rapid Response Calls.*
    - *Means of Address: Elevate Health addressed these issues by pushing out information from the MCOs and the notes for the HCA Rapid Response Calls. The December 2020 IMC meeting hosted by Elevate Health addressed these concerns. Elevate Health will continue to work with MCO, HCA and SUD providers to streamline the process by sharing information and maintaining open and respectful communication around solutions.*

c) For **all regions**, what steps has the ACH taken, or what steps does the ACH plan to take, to support coordination with local, regional, and statewide partners to design and implement strategies to address gaps and barriers impacting the health system in response to integrated managed care implementation?

Elevate Health continues to bridge the gap of communication and information sharing between the providers and payors of Pierce County. Elevate Health also has invited additional providers to the table to learn the services and processes of our MCO partners. Elevate Health hired a new Director of Clinical Integration and Transformation in August 2020 to assume responsibility for this work with local, regional, and statewide partners. It was our goal to choose a candidate with a clinical background and experience working with various healthcare, behavioral health, and managed care organizations, which we have successfully accomplished. As such, we have hosted 1:1 meetings with several providers and payers this reporting period to openly engage conversation about improvements of the IMC meeting with the goal of addressing challenges. Ongoing relationship building and collaboration is a key tactic for Elevate Health as we move into 2021.

The Elevate Health IMC Facilitator (Director of Clinical Integration and Transformation) also engages in meetings with WA State ACHs and MCOs to improve processes and build standard practices. The Regional System of Care Committee and the Oversight Integration Board include some members of the IMC group. These individuals are focused on improving systems and addressing gaps and barriers to care impacting our community. In 2021, Elevate Health will reinstitute the Provider Integration Panel and form work groups to address identified gaps/barriers focusing on solutions.

d) For **all regions**, how are you supporting efforts to measure and report on clinical integration?

Measuring and reporting on clinical integration efforts is part of our strategy for 2021

as we reinstitute our Provider Integration Panels and continue with our IMC work. We plan to utilize our working sessions to establish reporting pillars, utilize surveys, and integrate our VBP and P4P data to further inform our efforts.

Attestations

The ACH attests to complying with the items listed below during the reporting period. Upon request, the ACH shall have available for review by the IA and HCA all supporting data and/or back-up documentation related to the attestations provided.

	Yes	No
18. The ACH supported Independent External Evaluator (IEE) activities to understand stakeholders' and partners' successes and challenges with Medicaid Transformation project implementation. ACH support or engagement may include, but is not limited to: • Identification of partnering provider candidates for key informant interviews. • ACH participation in key informant interviews. Note: Participation in interviews for the evaluation is voluntary. • Directing the IEE to public-facing documents (e.g., fact sheets for providers or community members) that help the IEE understand ACH transformation projects and related activities.	X	

If the ACH checked "No" in item above, provide the ACH's rationale for not supporting IEE activities for evaluation of Medicaid Transformation during the reporting period.

Section 3. Value-based Payment

This section outlines questions specific to **value-based payment (VBP) milestones** in support of the objectives of Domain 1 (Health and Community Systems Capacity Building), to be completed by DY 4, Q4.

*Note: The reporting period for VBP milestones cover the **full calendar year** (January 1 through December 31, 2020).*

Narrative responses

19. Identification of barriers impeding the move toward value-based care

a) Describe the barriers the region is facing regarding implementation of value-based care and methods the ACH continues to use to identify providers struggling to implement practice transformation and move toward value-based care.

Small providers, especially regional behavioral health and substance use providers have scarce resources financially. Coupled with workforce shortages to serve their clients under normal circumstances (which have been stretched even thinner during the COVID-19 pandemic), it has often resulted in limited capacity for adopting complex clinical transformation efforts and health innovations for a segment of the population. This causes practices to have competing practice models for various populations further producing inequities in the market.

The complexities of working to change practices to value-based care for the population and during a pandemic, while managing relationships with multiple managed care organizations that have competing models, deliverables, and practices, have caused additional strain on the providers that the region has been working to overcome throughout the waiver. Providers have noted the COVID-19 pandemic has affected their capacities by decreasing their abilities to take on additional risks and/or VBP contracts. The obstacles in transitioning to value-based care contracting with multiple agencies pose capacity challenges in that the implementation of these complex structures require time and resources in competition with direct client/patient care. Our providers and partners have cited several challenges in 2020 to participating and ensuring success in VBP, among which include (though are not limited to):

- *Lack of interoperability of data systems*

- *Lack of access to comprehensive data on patient populations*

- *Inability to adequately understand and analyze payment models*

- *Lack of timely cost data*

- *Insufficient payment volume by payer to assume clinical risk*

- *Differing clinical protocols and/or guidelines associated with training for providers*

- *Misaligned incentives*

- *Implementation of state-based initiatives*

Moreover, most respondents from the 2020 survey sited they have not made notable progress in terms of decreasing the barriers they noted in the 2019 survey, the top three of which were: "lack of timely cost data to assist with financial management, lack of access to comprehensive data on patient populations, and misaligned incentives and/or contract requirements."

In its role as neutral convener and change agent, Elevate Health has continued to serve as a resource through community facilitation, supporting providers with capacity building toward the end of transitioning to high value-based care models.

20. Support providers to implement strategies to move toward value-based care

a) Describe how the ACH has helped providers overcome barriers; indicate if the scope or intensity of support has been different for small providers (25 FTEs or fewer), or behavioral health providers.

Elevate Health provides a table for all providers and community-based agencies to continue working on transformation efforts while serving the high needs of clients/patients affected by the pandemic. The resources and support for all providers was intensified throughout 2020, though Elevate Health made concentrated efforts to support smaller providers with less than 25 FTEs to increase funding, administration support, strategic improvement, and long-range planning.

21. Continue to support regional VBP attainment assessments by encouraging and/or incentivizing completion of the state-issued Paying for Value Provider Survey

a) Provide an example of the ACH's efforts to support completion of the state's 2020 provider Paying for Value Survey. The ACH should indicate new tactics, if any, compared to tactics employed in prior years. The response should also specify if incentives were offered, and if so, include a description of the incentives.

The team at Elevate Health continued to encourage providers to complete the state's 2020 provider Paying for Value Survey, as part of the partnership with Elevate Health providers are encouraged to remain engaged in the state surveys to support the transformation efforts.   The agreements between the providers and Elevate Health include reporting for incentive payments. Please note sections 15 and 16 for Elevate Health's micro, mezzo, and macro-level Care Continuum Network (CCN) initiatives addressing care coordination partnerships and plans to scale, spread and sustain VBP structures.

b) Describe how the ACH utilized individual responses and/or aggregate data, provided by HCA to the ACH from previous state-issued provider Paying for Value Surveys, to inform communications and/or identify providers in need of technical support.

Through the strategic improvement and health innovations process, the Elevate Health team utilizes data to inform interviews, strategic planning sessions and provider

engagement activities to ensure engagement, communication, and feedback. For example, our 2020 Paying for Value Provider survey revealed telling information as to how our partners are utilizing demographics to collect information on health disparities. Most providers identified they are using primarily race, ethnicity, language, and "other" (disability, sexual orientation, gender identify). Elevate Health is developing data strategy to aggregate this information with other demographics to include zip code, population health diagnosis, and utilization indicators to create a more robust picture of the collective community needs. Our data platform efforts in terms of creating bi-directional data feeds with partnering organizations will serve to increase the amount of data available for community analysis and address the "lack of interoperable systems" cited by many of our partner and provider organizations in the 2020 survey. Additionally, our partners have indicated a desire to improve access to telehealth services. Although Elevate Health engaged this work during the pandemic response, it is clear from survey data this need remains as a gap in the community. As such, 2021 partner strategies will focus on innovation and integration of telehealth, to include rural communities (an identified gap area).

Section 4. Pay-for-Reporting (P4R) metrics

Documentation

22. P4R Metrics

The reporting requirements for the P4R Metrics updates are temporarily replaced with COVID-19 related responses in the "Narrative Responses" section. <u>ACHs may use discretion, and will not be penalized, surrounding the timing and volume of P4R metric data collection during the COVID-19 pandemic</u>. For example, an ACH may choose to delay data collection, make participation optional, or target participation. The submission of P4R Metrics are considered optional for this reporting period but are encouraged.

P4R metrics provide detailed information to the IA, HCA and ACHs on partnering provider implementation progress for Projects 2A and 3A at a clinic/site level.[10] Potential respondents should be consistent with the list of partnering provider sites identified in the ACH's Partnering Provider Roster affiliated with Project 2A and 3A.

Related resources and guidance:

- For important points to consider when collecting and reporting P4R metric information, refer to the following resource: <u>How to read metric specification sheets.</u>

- Full P4R metric specifications are available on the <u>Medicaid Transformation metrics</u> webpage, under "ACH pay for reporting metrics."

Instructions:

a) Submit aggregate summary of P4R metric responses collected from partnering provider sites (e.g., count of sites that selected each response option).

b) Provide a summary of respondents overall, by Project (2A/3A), and stratified by site-level provider characteristics as specified in the <u>reporting template</u>.

Format:

a) ACHs submit P4R metric information using the <u>reporting template</u> provided by the state.

Optional: The ACH <u>may</u> submit P4R metric information.

Elevate Health works closely supporting our partners and providers in transformation activities and through COVID-19. With the risks and high needs experienced during the pandemic, Elevate Health has chosen to delay reporting on P4R data to support the partners and providers as we tackle this pandemic together as a community. We look forward to reengaging in reporting on P4R metrics in a future report.

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[10] https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf#page=121

Elevate Health

July 1, 2020 - December 31, 2020

Cumulative snapshot

Funds Earned	$ 70,009,024.55
Funds Distributed	$ 56,480,664.55
Funds available	$ 13,528,360.00

Table 1: Incentives earned

	Q3	Q4	Total
Project 2A	$ -	$ 1,414,857.00	$ 1,414,857.00
Project 2B	$ -	$ 972,714.00	$ 972,714.00
Project 3A	$ -	$ 176,857.00	$ 176,857.00
Project 3D	$ -	$ 353,714.00	$ 353,714.00
VBP	$ -	$ -	$ -
Total	$ -	$ 2,918,142.00	$ 2,918,142.00

Table 2: Interest accrued for funds in FE portal

	Q3	Q4	Total
Interest accrued	$ 132.56	$ -	$ 132.56

Table 3: incentive funds distributed, by use category

	Q3	Q4	Total
Adminstration	$ 1,467,260.00	$ -	$ 1,467,260.00
Community health fund	$ -	$ 1,314,227.25	$ 1,314,227.25
Health systems and community capacity	$ 60,010.00	$ 90,284.00	$ 150,294.00
Integration incentives	$ -	$ -	$ -
Project management	$ 440,500.00	$ 1,448,500.00	$ 1,889,000.00
Provider engagement, participation, and implementation	$ -	$ 43,500.00	$ 43,500.00
Provider performance and quality incentives	$ -	$ 1,638,500.00	$ 1,638,500.00
Reserve/contigency fund	$ -	$ -	$ -
Total	$ 1,967,770.00	$ 4,535,011.25	$ 6,502,781.25

Note: Data presented in this report comes from the Financial Executor Portal and was prepared by the Health Care Authority (HCA). Data was extracted and compiled on January 22, 2021 to accompany the sixth Semi-Annual Report submission for the reporting period July 1 to December 31, 2020.