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

Medicaid Transformation
Accountable Communities of Health
Demonstration Year 6 (DY6) Pay-for-Reporting (P4R) Report Guidance

DY6 P4R 2 Report

Updated Template Release Date:

August 1, 2022

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Semi-annual report information and submission instructions

Purpose and objectives of ACH DY6 P4R report

As required by the Medicaid Transformation's Special Terms and Conditions, Accountable Communities of Health (ACHs) must submit reports on project activities and progress milestones. ACHs submit documentation per the requirements of the reporting guidance. The guidance will evolve over time to capture relevant information and to focus on required milestones for each reporting period.

The purpose of the reporting is to collect necessary information to evaluate ACH project progress against milestones, based on approved project plans and corresponding implementation plans. The Washington State Health Care Authority (HCA) and the state's contracted Independent Assessor (IA) will review report submissions.

The ACH may be called upon to share additional information that supports the responses submitted for the purposes of monitoring and auditing, or for general follow-up and learning discussions with HCA, the IA and/or the Independent External Evaluator (IEE).

Achievement values

The amount of incentives paid to an ACH region will be based on the number of earned AVs out of total possible AVs for a given reporting period.

AVs associated with Project Incentives for this reporting period are identified in the table below.

Table 1. Potential P4R Achievement Values (AVs) by ACH by Milestone for DY6 P4R 2 report

	BHT	CPAA	EH	GCACH	HH	NC	NS	OCH	SWACH
Number of Projects in ACH Portfolio	4	6	4	4	4	6	8	6	4
Completion of semi-annual report	4	6	4	4	4	6	8	6	4
Completion/maintenance of partnering provider roster	4	6	4	4	4	6	8	6	4
Engagement/support of Independent External Evaluator (IEE) activities	4	6	4	4	4	6	8	6	4
Collection and reporting of provider-level P4R metrics. This includes any current MeHAF assessments and CIAT support to providers.	2	2	2	2	2	2	2	2	2
Total AVs Available	14	20	14	14	14	20	26	20	14

Table 2. Potential P4R AVs for Project Incentives for DY6 P4R 2 report

ACH	2A	2B	2C	2D	3A	3B	3C	3D	Total Potential AVs
Better Health Together	4	3	-	-	4	-	-	3	14
Cascade Pacific Action Alliance	4	3	3	-	4	3	-	3	20
Elevate Health	4	3	-	-	4	-	-	3	14
Greater Columbia ACH	4	-	3	-	4	-	-	3	14
HealthierHere	4	-	3	-	4	-	-	3	14
North Central ACH	4	3	3	3	4	-	-	3	20
North Sound ACH	4	3	3	3	4	3	3	3	26
Olympic Community of Health	4	-	-	3	4	3	3	3	20
SWACH	4	3	-	-	4	-	-	3	14

Reporting requirements

This report includes the sections outlined below.

DY6 P4R 2 report requirements		
Section	**Item num**	**Sub-section components**
Section 1. Project implementation status update	1	Attachments - Partnering provider roster
	2 - 3	Narrative responses - Challenges and mitigation activities - Scale and sustain update - WA-ICA support update
	4 - 6	Attestations

There is no set template for the DY6 P4R 2 report. All required elements are to be clearly addressed. ACHs may be requested to provide supporting information and/or back-up documentation related to the information provided to the IA and HCA.

While ACHs have flexibility in how to develop the report, the main report should be navigable for reviewers and ready to publish to HCA's webpage. See instructions for how to format the report below.

File format

ACHs are to submit all required elements as a single searchable PDF, with the exception of the partnering provider roster and the P4R metrics, which are to be submitted as separate Microsoft Excel files or PDFs. Below are examples of the file naming conventions ACHs should use:

- *Main Report or Full PDF:* ACH Name.DY6 P4R 2 Report.10.07.22
- *Partnering provider roster:* ACH Name. DY6 P4R 2.Provider roster.10.07.22

Upon submission, all submitted materials (except for the P4R metrics reporting workbook) will be posted publicly to HCA's Medicaid Transformation resources webpage.[1]

DY6 P4R 2 report submission instructions

ACHs must submit their completed semi-annual reports to the IA **no later than October 7, 2022 at 3:00p.m. PST.**

Washington Collaboration, Performance, and Analytics System (WA CPAS)

ACHs must submit semi-annual reports through the WA CPAS: https://cpaswa.mslc.com/.

ACHs must upload their semi-annual report and associated attachments to the sub-folder titled "DY6 P4R Report 2."

The folder path in the ACH's directory is:

P4R Reports → DY 6 P4R Report 2.

See WA CPAS User Guide available in each ACH's directory on the CPAS website for further detail on document submission

DY6 P4R report submission and assessment timeline

Below is a high-level timeline for assessment of the DY6 P4R reports.

ACH submission and assessment timeline			
No.	**Activity**	**Responsible party**	**Anticipated timeframe**
1.	Distribute DY6 P4R report instructions to ACHs	IA	August 1, 2022
2.	Submit DY6 P4R report	ACHs	October 7, 2022
3.	Begin assessment of reports	IA	October 8, 2022
4.	If needed, issue information request to ACHs within 10 calendar days of report due date	IA	October 17, 2022
5.	If needed, respond to information request within 7 calendar days of receipt	ACHs	October 24, 2022
6.	If needed, review additional information within 7 calendar days of receipt	IA	October 31, 2022
7.	Issue findings to HCA for approval	IA	November 5, 2022

[1] https://www.hca.wa.gov/about-hca/healthier-washington/ach-submitted-documents

Contact information

Questions about the semi-annual report template, submission, and assessment process should be directed to WADSRIP@mslc.com.

ACH contact information

Include in the DY6 P4R report the contact information for the primary ACH representative. The primary contact will be used for all correspondence relating to the ACH's DY6 P4R report. If secondary contacts should be included in communications, also include their information.

ACH name:	Greater Columbia ACH dba Greater Health Now
Primary contact name **Phone number** **E-mail address**	Sharon Brown 509 567 5583 Sbrown@greaterhealthnow.org
Secondary contact name **Phone number** **E-mail address**	Haydee Hill 509 851 7912 Hhill@greaterhealthnow.org

Section 1. Status update

The following sub-sections are required components of the ACH's DY6 P4R 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:

1. **Partnering provider roster.**

To earn the achievement value associated with this reporting component, ACHs are required to update and submit the list of partnering provider sites that reflect **all partnering providers** that are participating in efforts through the ACH under Medicaid Transformation.[2] Please use the attached provider template.

Instructions:

[2] 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).

a) For each partnering provider site identified as participating in transformation activities, the ACH should use the template provided by the IA to 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.

Narrative responses

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

2. Challenges and mitigation activities

a) Please describe ACH activities that emerged or evolved since quarter 2 of 2022 (e.g., project management, communication and engagement, coordination of funding, etc.).

GCACH/GHN has continued spreading its outreach efforts on Practice the Pause by continuing its delivery of toolkits and training free of cost to any organization wanting to schedule a thirty-minute training. This year, our training has focused on teaching people how to practice the pause by implementing different coping mechanisms regarding their thinking, being, and doing skills. These skill-sets include journaling, breathing exercises, understanding their heart rate, and changing their way of thinking through practice. We have also done community workshops labeled "Practice the Pause: Back to School" partnering up with local Behavioral Health Counselors to share how to practice the pause as kids and families prepare to return to school this fall.

Since April 2022, GCACH/GHN has delivered twenty-seven trainings, reaching over 1,649 individuals and partnered with Vista Hermosa Community to provide an eight-week Practice the Pause Summer Program in Prescott, WA. After one of their high school seniors died by suicide, the community wanted to maintain a level of engagement with their teenagers, so we broke down the Practice the Pause Campaign to serve fifteen teens. See Attachment: Trainings Since Q2.

Additionally, twenty five organizations in our region have requested toolkits. GCACH/GHN delivered 6,680 toolkits in both English and Spanish. See Attachment:Toolkit Orders Since Q2.

GCACH/GHN continues to support its seven Local Health Improvement Networks established in the nine counties of the Greater Columbia region, including a tribal nation. These LHINs connect with local health departments, community-based organizations, elected officials, and stakeholders within their communities to help deliver Health Care updates. More than just convening and passing on information through various channels, these LHINS have taken on the responsibility to address the top Social Determinants of Health in their communities. Efforts born from these LHINs include focus committees, co-sponsoring community events, holding monthly convenings, and applying to grants that align with their current efforts, as most of them have nonprofit status. Factors that determine SDOH can vary by county, and LHINs then execute projects to address them.

GCACH/GHN is also continuously looking for funding opportunities to support the efforts of expanding our Community Health Worker Program. The goal of the Community Health Worker Program is to develop a sustainable workforce that can connect patients to the right place and provide wrap-around services to patients and their families. GCACH/GHN will provide extensive training for the Community Health Workers employed with our partnering providers. This will provide cross-training in recovery support, case management, COVID vaccine information, Medicaid insurance benefits sign up, support services, and many other areas. We hosted training and workshops to help with many of the challenges that the Community Health Workers encountered. These training and workshops provide the Community Health Workers the skills they need to help the people in their communities.

List of Community Health Worker Q2 2022 Training and Workshops

- Health Literacy Basics
- Vaccine Ambassadors
- Community Partners & Engagement
- Substance Use Prevention & Education
- Boundary Setting & Community Health Worker Safety
- Community Safety & Outreach

GCACH/GHN hosted a workforce summit last July 28-29 in Walla Walla Washington. It was a great success with over 90 attendees. People in attendance were from all over the state, including representation from all nine counties within our Greater Columbia region. The audience included healthcare providers, academic professionals, and state partners.

Attendees had opportunities to learn from experts on ways to strengthen and optimize their organization's workforce strategy. The topics included:

- Diversity, Equity, and Inclusion
- Innovative solutions in health workforce
- Washington state perspective on the future of our health workforce
- Health workforce wellness and retention

b) Describe specific risks/issues, challenges, or other setbacks that emerged or persisted since quarter 2 of 2022 (e.g., workforce, information exchange, access). Please include any notable impacts to specific providers or communities. Also highlight any mitigation strategies or activities that shifted as a result of these challenges, if applicable.

Challenges or issues that our providers have experienced include continued workforce concerns. These are impacting service delivery to patients, as well as causing a lack of staff for reporting and quality improvement initiatives to the level of sites having to pull staff from other departments in order to provide patient care. Some of the mitigation strategies used by our partnering providers include offering retention bonuses, bonuses for staff picking up extra shifts, and offering better benefits packages. To attract potential candidates, recruitment bonuses were offered and some organizations reached out to colleges/universities to recruit, as well as began offering internships and externships. Providers also increased use and implementation of telemedicine, thereby increasing access to those who could not attend in-person appointments. This led to process changes in the way that Shared Decision Aids were provided to patients, including the utilization

of patient portals and, for those that could not access the patient portals, shared decision-making tools were mailed out. Care Management utilized telehealth to meet with high-risk patients. Virtual tools like Zoom were also utilized by providers to hold care team meetings. Care Coordination strategies also shifted for those that could not attend appointments in-person. Resources such as 211 online tools were provided to patients and Community Health Workers were also utilized for care coordination for those that could not attend in-person. Community Health Workers would visit patients at their home often and/or would help with the setting up of telehealth appointments. Apprenticeship Medical Assistant (MA) program has been started by one organization. They are able to provide on-the-job training during the day and in the afternoons. Once individuals complete the apprenticeship program, they will stay working for the organization for a specific period of time before they are able to look for other potential employers.

c) Please describe any anticipated or upcoming challenges and/or opportunities related to the transition from the extension to the renewal period.

Challenges - "The Unknown". Not having clear direction with regard to the scope of activity for which the ACHs will be responsible is proving to be a challenge with budgeting and work scope.

Opportunities - Board approved a business roadmap for GCACH/GHN to diversify its revenue streams. The funding model was based on internal and external feedback from stakeholders, partners, and staff, and alignment with the transition to the renewal period. The plan also included risks moving forward, and mitigation strategies to address them. Foreseeable risks include lack of enthusiasm from existing partners to invest in future services, investment in the infrastructure needed to stand up and close the gaps in funding of the business, and key stakeholders are in a state of flux given the current environmental conditions and trends.

3. Scale and sustain update

a) Briefly describe the ACH's approach and activities related to sustainability of DSRIP investments, programs, projects, and any other planning taking place in this area.

The extension allowed GCACH/GHN to continue its efforts and budgeted for 2022 that aligned with year 6 bridge year activities for providers in practice transformation, workforce, social determinants of health, local partnerships, and health equity. GCACH/GHN's approved budget for 2022 allocated $6,260,718 for Practice Transformation for 3 cohorts, all cohorts are on track. Including technical assistance to support practice transformation, bi-directional integration, care coordination and management, learning collaboratives, assessments, and reporting; GCACH/GHN also budgeted $200,000 as incentives to providers that will achieved PCMH Certification in 2022; Community Health Worker Internship Program $400,000 including training fund to support whole-person care, care coordination, behavioral health integration, and primary care teams; Community Health Fund to support Local Health Improvement Network $245,000, HB1504 Preceptorship supplemental funding for HCA HB1504 contract $100,000 and $200,000 Tribal investment to support students enrolling in Heritage University's BSN School Nurse Education Model and High School Indigenous Peoples Pre-Nursing Academy: "The Mentoring Circle". GCACH/GHN allocated $1,500,00 for Emergency Medical Services Innovative (EMSI) program to support transitions of care, care coordination, emergency department utilization, expansion of workforce and displaced healthcare workers as well as an

allocation of $800,000 for Regional Health Campaign programs. $4,500,000 has been allocated for planning and development of a regional community hub and the planning is underway.

GCACH/GHN is actively pursuing federal and state grants in order to continue funding investments to GCACH/GHN's initiatives and operations.

b) Briefly describe any changes to the funding and financing of partnering providers and community initiatives in DY6 (and beyond, if applicable), compared with DY1-5. This may include provider contracts and relationships, scope, project transitions/project sustainability, etc.

GCACH/GHN's new activities include Cohort 4 Emergency Medical Services Innovative (EMSI). Contracts have been sent out to ten fire departments within the Greater Columbia region and anticipate for all contracts to be signed by the end of October 2022. Contract amount is for four quarters totaling $150, 000 each based on the achievement of milestones which include reducing non-emergent 911 calls, reducing non-emergent ED visits, reducing inpatient hospitalizations, closing the gap of care for high-risk individuals, and reducing the overall cost of care.

The extension of Cohort 2 Behavioral Health contracts for two quarters in program year 4, totaling the amount of $467,500.

c) Briefly describe how the ACH is communicating with partnering providers related to the transition from the extension to the renewal period.

Partnering providers have been told about the renewal of the waiver via QI meetings that they have with their practice transformation navigator. Providers know that HCA has submitted the renewal application. Once HCA has an answer back from CMS and is communicated to the ACH's, that answer from CMS would be communicated to them.

4. WA-ICA support update

a. Describe how the ACH is engaging and supporting primary care practices and out-patient BH practices in the WA-ICA Initiative, as agreed to through the WA-ICA Workgroup. Please provide an example.

GCACH/GHN is engaging and supporting our primary care practices and out of patient BH practice in the WA-ICA initiative by implementing the following strategies:

i. Cohort 2 sites that were selected to be part of WA-ICA cohort 1 were sent email with welcome letter informing them that will be completing the WA-ICA.

ii. Main points on contact for each site were contacted and told how the completion process would go.

iii. 2-hour meetings were scheduled with each site for completion with each site's quality improvement (QI) team that included staff from multiple departments/positions.

iv. Met with each site for WA-ICA completion for 2 hours and walked them through each question. After reviewing each of the questions and each of the levels, there was a group discussion to agree on the level that would best fit them. The QI team also had the

opportunity to ask the practice transformation navigator for more clarification on the questions, so that they could better answer the question being asked.

v. If more time was required for completion after the initial 2 hours, a follow-up meeting would be scheduled to allow for the completion of the WA-ICA.

vi. Once a copy of the assessment was sent to the practice transformation navigator, the practice navigator would send a copy of the completed WA-ICA to each site.

Example:

Practice Transformation Navigator was meeting with one of the sites to facilitate and complete the WA-ICA. As we were going over the assessment questions the QI team was having a discussion on the level that they thought they would be and landed at the preliminary level. The practice transformation navigator works closely with the sites that completed the WA-ICA's and is very familiar with their processes and workflows. Once the navigator was able to better explain the question that was being asked and also provided some context that they could take into consideration when thinking about the level that would best fit them, the QI team completing the assessment was able to say more confidently that they were at a higher level.

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
5. 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	
6. The ACH supported WA-ICA implementation as outlined below: • The ACH utilized the designated WA-ICA DY6 resources to a) support the Centralized Data Entity for the WA-ICA Initiative (at present, Healthier	X	

	Yes	No
Here) based on the methodology agreed to by ACHs, and b) remaining designated WA-ICA DY6 resources are/will be used to support local providers participating in the WA-ICA Initiative. Examples of support include training, technical assistance, practice coaching and infrastructure.		

If the ACH checked "No" in item above, provide the ACH's rationale.