



**Healthier Washington Medicaid Transformation**  
**Accountable Communities of Health**  
**Semi-annual report Template**  
***Reporting Period: July 1, 2018 - December 31, 2018***

**January 31, 2018**  
***Prepared by HealthierHere***

## Table of contents

Table of contents.....	2
Semi-annual report information and submission instructions.....	3
ACH contact information.....	9
Section 1. Required milestone reporting (VBP Incentives) .....	10
A. Milestone: Inform providers of VBP readiness tools to assist their move toward value-based care. ....	10
B. Milestone: Connect providers to training and/or technical assistance offered through HCA, the Practice Transformation Hub, Managed Care Organizations (MCOs), and/or the ACH.....	13
C. Milestone: Support assessments of regional VBP attainment by encouraging and/or incentivizing completion of the state provider survey.....	14
D. Milestone: Support providers to develop strategies to move toward value-based care.	15
Section 2. Required milestone reporting (Project Incentives) .....	18
A. Milestone: Support regional transition to integrated managed care (2020 regions only) .....	18
B. Milestone: Identified HUB lead entity and description of HUB lead entity qualifications (Project 2B only) .....	20
C. Engagement/support of Independent External Evaluator (IEE) activities .....	20
Section 3: Standard reporting requirements (Project Incentives) .....	22
ACH-level reporting requirements .....	22
A. ACH organizational updates.....	22
B. Tribal engagement and collaboration.....	23
C. Integrated managed care status update (early- and mid-adopters only) .....	26
D. Project implementation status update.....	30
Portfolio-level reporting requirements .....	36
E. Partnering provider engagement.....	36
F. Community engagement and health equity.....	40
G. Budget and funds flow .....	42
Section 4: Provider roster (Project Incentives) .....	45
A. Completion/maintenance of partnering provider roster .....	45
Section 5: Integrated managed care implementation (Integration Incentives).....	47
A. Implementation of integrated managed care (mid-adopters only).....	47
Attachments:	
• Semi-annual report workbook	
• Organizational self-assessment of internal controls and risks	

## Semi-annual report information and submission instructions

### *Purpose and objectives of ACH semi-annual reporting*

As required by the Healthier Washington Medicaid Transformation's Special Terms and Conditions, Accountable Communities of Health (ACHs) must submit semi-annual reports to report on project implementation and progress milestones. ACHs will complete a standardized semi-annual report template and workbook developed by HCA. The template will evolve over time to capture relevant information and to focus on required milestones for each reporting period. ACHs must submit reports as follows each Demonstration Year (DY):

- **July 31** for the reporting period January 1 through June 30
- **January 31** for the reporting period July 1 through December 31

Semi-annual reporting is one element of ACH Pay-for-Reporting (P4R) requirements. The purpose of the semi-annual reporting is to collect necessary information to evaluate ACH project progress against milestones, based on approved Project Plans and corresponding Implementation Plans. HCA and the IA will review semi-annual report submissions.

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

### *Reporting requirements*

The semi-annual report template for this reporting period includes four sections as outlined in the table below. With one exception, the reporting period for this semi-annual report covers July 1, 2018 to December 31, 2018.<sup>1</sup> Sections 1 and 2 instruct ACHs to report on and attest to the completion of required milestones scheduled to occur by DY 2, Quarter 4 per the Medicaid Transformation Toolkit. Sections 3 and 4 requests information to satisfy ongoing reporting requirements to inform the Independent Assessor and HCA of organizational updates and project implementation progress.

Note: Each section in the semi-annual report contains questions regarding the regional transformation work completed during the reporting period. ACHs are required to provide responses that reflect the regional transformation work completed by either:

- The ACH as an organization
- The ACH's partnering providers
- The ACH and its partnering providers

Please read each prompt carefully for instructions as to how the ACH should respond.

<sup>1</sup> The reporting period for Value-based Payment (VBP) milestones covers the full calendar year, January 1 through December 31, 2018.

<b>ACH semi-annual report 2</b>		
<b>Section</b>	<b>Reporting period</b>	<b>Sub-section description</b>
<b>Section 1. Required milestone reporting (VBP Incentives)</b>	DY 2, Q1-Q4	Milestone: Inform providers of value-based payment (VBP) readiness tools to assist their move toward value-based care
		Milestone: Connect providers to training and/or technical assistance offered through HCA, the Practice Transformation Hub, Managed Care Organizations (MCOs), and/or the ACH
		Milestone: Support assessments of regional VBP attainment by encouraging and/or incentivizing completion of the state provider survey
		Milestone: Support providers to develop strategies to move toward value-based care
<b>Section 2. Required milestone reporting (Project Incentives)</b>	DY 2, Q3-Q4	Milestone: Support regional transition to integrated managed care (2020 regions only)
		Milestone: Identified HUB lead entity and description of HUB lead entity qualifications (Project 2B only)
		Milestone: Engagement/support of Independent External Evaluator (IEE) activities
<b>Section 3. Standard reporting requirements (Project Incentives)</b>	DY 2, Q3-Q4	ACH organizational updates
		Tribal engagement and collaboration
		Integrated managed care status update (early- and mid-adopters only)
		Project implementation status update
		Partnering provider engagement
		Community engagement and health equity
		Budget and funds flow
<b>Section 4. Provider roster (Project Incentives)</b>	DY 2, Q3-Q4	Completion/maintenance of partnering provider roster
<b>Section 5. Integrated managed care implementation (Integration Incentives)</b>	N/A	Milestone: Implementation of integrated managed care (mid-adopters only)

### **Key terms**

The terms below are used in the semi-annual report and should be referenced by the ACH when developing responses.

- 1. Community engagement:** Outreach to and collaboration with organizations or

individuals, including Medicaid beneficiaries, that are not formally participating in project activities and are not receiving direct DSRIP funding but are important to the success of the ACH's projects.

2. **Health equity:** Reducing and ultimately eliminating disparities in health and their determinants that adversely affect excluded or marginalized groups.<sup>2</sup>
3. **Integrated managed care:**
  - a. **Early-adopter:** Refers to ACH regions implementing integrated managed care prior to January 1, 2019.
  - b. **2020 adopter:** Refers to ACH regions implementing integrated managed care by January 1, 2020.
  - c. **Mid-adopter:** Refers to ACH regions implementing integrated managed care on January 1, 2019.
4. **Key staff position:** Position within the overall organizational structure established by the ACH to reflect capability to make decisions and be accountable for the following five areas: Financial, Clinical, Community, Data, and Program Management and Strategy Development.
5. **Partnering provider:** Traditional and non-traditional Medicaid providers and organizations that have committed to participate in the ACH's projects. Traditional Medicaid providers are traditionally reimbursed by Medicaid; non-traditional Medicaid providers are not traditionally reimbursed by Medicaid.
6. **Project areas:** The eight Medicaid Transformation projects that ACHs can implement.
7. **Project Portfolio:** The full set of project areas an ACH has chosen to implement.

### ***Achievement Values***

Throughout the transformation, each ACH can earn Achievement Values (AVs), which are point values assigned to the following:

1. Reporting on project implementation progress (Pay-for-Reporting, or P4R).
2. Performance on outcome metrics for an associated payment period (Pay-for-Performance, or P4P).

ACHs can earn AVs by providing evidence of completion of reporting requirements and demonstrating performance on outcome metrics. The amount of incentive funding paid to an ACH will be based on the number of earned AVs out of total possible AVs for a given payment period.

---

<sup>2</sup> Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017. Accessible at: [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2017/rwjf437393](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437393).

All possible earned incentives for the second semi-annual report are associated with P4R. The required P4R deliverables and milestones for the second semi-annual reporting period are identified in the table below.

<b>Deliverable/Milestone</b>	<b>One-time / Recurrent</b>	<b>Reporting Period</b>	<b>AVs</b>
<b>Section 1. Required milestone reporting (VBP Incentives)</b>			
<i>Milestone:</i> Inform providers of VBP readiness tools to assist their move toward value-based care	One-time	DY 2, Q1-Q4	1.0
<i>Milestone:</i> Connect providers to training and/or technical assistance offered through HCA, the Practice Transformation Hub, MCOs, and/or the ACH	One-time	DY 2, Q1-Q4	1.0
<i>Milestone:</i> Support assessments of regional VBP attainment by encouraging and/or incentivizing completion of the state provider survey	One-time	DY 2, Q1-Q4	1.0
<i>Milestone:</i> Support providers to develop strategies to move toward value-based care	One-time	DY 2, Q1-Q4	1.0
<b>Section 2. Required milestone reporting (Project Incentives)</b>			
<i>Milestone:</i> Support regional transition to integrated managed care (2020 regions only)	One-time	DY 2, Q3-Q4	1.0
<i>Milestone:</i> Identified HUB lead entity and description of HUB lead entity qualifications (Project 2B only)	One-time	DY 2, Q3-Q4	1.0
<i>Milestone:</i> Engagement/support of Independent External Evaluator (IEE) activities	Recurrent	DY 2, Q3-Q4	1.0 per project in project portfolio
<b>Section 3. Standard reporting requirements (Project Incentives)</b>			
<i>Deliverable:</i> Complete and timely submission of SAR. <i>Note: All non-milestone, standard reporting requirements are a part of the SAR 1.0 AV.</i>	Recurrent	DY 2, Q3-Q4	1.0 per project in project portfolio
<b>Section 4. Provider roster (Project Incentives)</b>			
<i>Deliverable:</i> Completion/maintenance of partnering provider roster	Recurrent	DY 2, Q3-Q4	1.0 per project in project portfolio
<b>Section 5. Integrated managed care implementation (Integration Incentives)</b>			
<i>Milestone:</i> Implementation of integrated managed care (mid-adopters only)	One-time	N/A	N/A

### ***Semi-annual report submission instructions***

ACHs must submit their completed semi-annual reports to the Independent Assessor **no later than January 31, 2019 at 3:00p.m. PST.**

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

ACHs must submit their semi-annual reports through the WA CPAS, which can be found at <https://cpaswa.mslc.com/>.

**ACHs must upload the Semi-Annual Report, workbook, and any attachments to the sub-folder titled “Semi-Annual Report 2 – January 31, 2019.”**

The folder path in the ACH’s directory is:

Semi-Annual Reports → Semi-Annual Report 2 – January 31, 2019.

Please see the WA CPAS User Guide provided in fall 2017, and available on the CPAS website, for further detail on document submission.

### **File format**

ACHs must respond to all items in the Microsoft Word semi-annual report template and the Microsoft Excel semi-annual report workbook based on the individual question instruction. ACHs are strongly encouraged to be concise in their responses.

ACHs must include all required attachments, and label and make reference to the attachments in their responses where applicable. Additional attachments may only substantiate, not substitute for, a response to a specific question. HCA and the IA reserve the right not to review attachments beyond those that are required or recommended.

Files should be submitted in Microsoft Word and Microsoft Excel or a searchable PDF format. Below are examples of the file naming conventions that ACHs should use:

- *Main Report or Full PDF:* ACH Name.SAR2 Report. 1.31.19
- *Excel Workbook:* ACH Name. SAR2 Workbook. 1.31.19
- *Attachments:* ACH Name.SAR2 Attachment X. 1.31.19

***Note that all submitted materials will be posted publicly to HCA’s [Medicaid Transformation resources webpage](#).***<sup>3</sup>

---

<sup>3</sup> <https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-resources>

### ***Semi-annual report submission and assessment timeline***

Below is a high-level timeline for assessment of the semi-annual reports for reporting period July 1, 2018 – December 31, 2018.

<b>ACH semi-annual Report 2 – submission and assessment timeline</b>			
<b>No.</b>	<b>Activity</b>	<b>Responsible party</b>	<b>Anticipated timeframe</b>
1.	Distribute semi-annual report template and workbook for reporting period 2 to ACHs	HCA	August 2018
2.	Submit semi-annual reports	ACHs	Jan 31, 2019
3.	Conduct assessment of reports	IA	Feb 1-25, 2019
4.	If needed, issue information request to ACHs within 30 calendar days of report due date	IA	Feb 25-March 2, 2019
5.	If needed, respond to information request within 15 calendar days of receipt	ACHs	Feb 26-March 17, 2019
6.	If needed, review additional information within 15 calendar days of receipt	IA	Feb 27-April 1, 2019
7.	Issue findings to HCA for approval	IA	End of Q2

### ***Contact information***

Questions about the semi-annual report template, submission, and assessment process should be directed to [WADSRIP@mslc.com](mailto:WADSRIP@mslc.com).

## ACH contact information

Provide 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, please also include their information.

<b>ACH name:</b>	HealthierHere
<b>Primary contact name</b>	Gena Morgan, Chief Operating Officer
<b>Phone number</b>	206.849.6262
<b>E-mail address</b>	gmorgan@healthierhere.org
<b>Secondary contact name</b>	Susan McLaughlin, Executive Director
<b>Phone number</b>	206.790.3709
<b>E-mail address</b>	smclaughlin@healthierhere.org

## Section 1. Required milestone reporting (VBP Incentives)

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 2, Q4.

*Note: For VBP milestones only, the reporting period covers the full calendar year (January 1 through December 31, 2018). Where applicable, ACHs may use examples or descriptions of activities that may have been included in previously submitted reporting deliverables. Regardless, activities must reflect efforts that occurred during DY 2.*

### A. Milestone: Inform providers of VBP readiness tools to assist their move toward value-based care.

- Attestation:** The ACH has informed providers of and/or disseminated readiness tools to assist providers to move toward value-based care in the region.

*Note: the IA and HCA reserve the right to request documentation in support of milestone completion.*

Yes	No
X	

- If the ACH checked “No” in item A.1, provide the ACH’s rationale for not informing providers of and/or disseminating readiness tools. If the ACH checked “Yes” in item A.1, respond “Not applicable.”

**ACH response:** Not applicable.

- In the table below, list three examples of how the ACH has informed the following providers of VBP readiness tools: 1) providers with low VBP knowledge or significant barriers/challenges, 2) small providers (25 full time equivalents (FTEs) or fewer), and 3) behavioral health providers.

VBP readiness tool dissemination activities			
Intended audience	Communication method	Date	Specific tools provided
<i>Provider with low VBP knowledge</i>	HealthierHere identified Practice Partners with low VBP knowledge through the Current State Assessment and Change Plans. HealthierHere subsequently hosted one-on-one meetings with Practice Partners with low VBP knowledge to	Meetings took place in September and October 2018	Health Care Payment Learning & Action Network (HCP-LAN) Alternative Payment Model (APM) Framework

VBP readiness tool dissemination activities			
Intended audience	Communication method	Date	Specific tools provided
	discuss VBP readiness, including VBP readiness tools		
<i>Small provider</i>	Small providers are represented in the Incentive Funds Flow Workgroup, where readiness tools are disseminated and discussed; the Workgroup reviewed a webinar on empanelment and value-based payment	October 9, 2018	<ul style="list-style-type: none"> <li>HCP-LAN APM Framework and other materials/tools available from <a href="#">HealthierWashington</a>, such as <a href="#">Encounter-Based to Value-Based: Alternative Payment Methodology 4</a></li> <li>Washington State Department of Health Webinar: <a href="#">Empanelment – A Value-Based Care Prerequisite: How To Do It Right!</a></li> </ul>
<i>Behavioral health provider</i>	<ul style="list-style-type: none"> <li>HealthierHere’s Executive Director held meetings with behavioral health agencies (BHAs) to understand their readiness for the integrated managed care (IMC) transition and share information about VBP readiness tools</li> <li>HealthierHere’s CFO is an active member of the King County Behavioral Health Organization’s (BHO’s) finance committee; the finance committee is communicating with BHAs about the expectations for the transition to VBP and is disseminating corresponding tools</li> <li>The Incentive Funds Flow Workgroup has two seats designated for behavioral</li> </ul>	<p>July – September 2018</p> <p>July 2018 – ongoing</p> <p>Ongoing</p>	<ul style="list-style-type: none"> <li>HCP-LAN APM Framework and other materials/tools available from <a href="#">HealthierWashington</a>, such as <a href="#">Encounter-Based to Value-Based: Alternative Payment Methodology 4</a></li> <li>HCP-LAN APM Framework and other materials/tools available from <a href="#">HealthierWashington</a>, such as <a href="#">Encounter-based to value-based: Alternative Payment Methodology 4</a></li> <li>HCP-LAN APM Framework and other materials/tools</li> </ul>

VBP readiness tool dissemination activities			
Intended audience	Communication method	Date	Specific tools provided
	<p>health providers; in the Workgroup, providers and HealthierHere staff share information about their experiences transitioning to VBP and review tools</p> <ul style="list-style-type: none"> <li>HealthierHere partnered with King County to host a presentation and training session on VBP and managed care contracting</li> </ul>	November 27, 2018	<p>available from <a href="#">HealthierWashington</a>, such as <a href="#">Encounter-based to value-based: Alternative Payment Methodology 4</a></p> <ul style="list-style-type: none"> <li>Presentation and training session on VBP and managed care contracting with Adam Falcone of Feldesman Tucker Leifer Fidell LLP, a healthcare consulting law firm</li> </ul>

4. **Attestation:** The ACH conducted an assessment of provider VBP readiness during DY 2.

*Note: the IA and HCA reserve the right to request documentation in support of milestone completion.*

Yes	No
X	

5. If the ACH checked “No” in item A. 4 provide the ACH’s rationale for not completing assessments of provider VBP readiness during DY 2. If the ACH checked “Yes” in item A.4, respond “Not applicable.”

**ACH response:** Not applicable.

**B. Milestone: Connect providers to training and/or technical assistance offered through HCA, the Practice Transformation Hub, Managed Care Organizations (MCOs), and/or the ACH.**

1. In the table below, list three examples of how the ACH connected providers to training and/or technical assistance (TA) offered through HCA, the Practice Transformation Hub, MCOs, and/or the ACH or ACH contractors. Provide examples, including the recipients of the training and/or TA, identified needs, and specific resource(s) used.

Connecting providers to training and/or technical assistance		
Recipient of training/TA	Identified needs	Resources used
Behavioral health agencies (BHAs)	Physician alignment, financial/cost accounting tracking, patient-centered medical home transformation, data analytics	<ul style="list-style-type: none"> <li>• <a href="#">Using PreManage Webinar</a> sponsored by HealthierHere with Practice Partner Community Psychiatric Clinic on October 25, 2018</li> <li>• Presentation and training session on VBP and managed care contracting, with Adam Falcone on November 27, 2018</li> <li>• <a href="#">Population Health and Using Patient Registries Webinar</a> sponsored by HealthierHere with Practice Partner HealthPoint and Qualis Health on December 5, 2018</li> <li>• HealthierHere collaborated with King County and behavioral health agencies using IMC incentive dollars to create a training plan covering such topics as PreManage, VBP, practice coaching, and technical assistance; these trainings supported behavioral health agencies as the region moved to fully integrated managed care on January 1, 2019</li> </ul>
All Practice Partners <i>Practice Partners are organizations HealthierHere will contract with to</i>	HealthierHere surveyed its Practice Partners through the Current State Assessment (CSA) and Change Plan process, and found that most Practice Partners fall into Category 3 of the HCP-	HealthierHere disseminated relevant training materials available on HealthierWashington, including the webinar <a href="#">Encounter-based to</a>

Connecting providers to training and/or technical assistance		
Recipient of training/TA	Identified needs	Resources used
<i>develop and implement targeted innovation initiatives, including the transformation projects described in the Implementation Plan</i>	LAN APM framework; to enhance awareness of Category 4, HealthierHere disseminated a webinar recording and has since discussed Category 4 in its Finance Committee and Incentive Funds Flow Workgroup	<a href="#"><i>value-based: Alternative Payment Methodology 4.</i></a>
Seattle Indian Health Board, Harborview Medical Center, Valley Medical Center, Somali Health Board	The HealthierHere management team identified a need to connect Practice Partners to peers who are further along in their journey to VBP, so that Practice Partners could learn from their experiences – including successful strategies and common pitfalls to avoid	HealthierHere invited select Practice Partners who are also HealthierHere committee members to participate in a trip to New York to visit four Performing Provider Systems (PPSs) to learn about their DSRIP projects and the transition to VBP; the management team, along with Practice Partners, identified a list of questions for the PPSs about value-based payment, including: How did you roll out and help different provider types transition? What lessons have you learned in facilitating movement toward VBP? What training/TA helped in facilitating providers' movement to VBP and along the HCP-LAN APM continuum?  During the meetings, the PPSs shared lessons learned and recommendations for supporting providers' transitions to VBP, opportunities for HealthierHere to offer assistance, and working with MCOs.

**C. Milestone: Support assessments of regional VBP attainment by encouraging and/or incentivizing completion of the state provider survey.**

1. In the table below, list three examples of the ACH's efforts to support completion of the

state's 2018 provider VBP survey. The ACH should indicate any new tactics, compared to tactics employed in prior years, to increase participation.

State provider VBP survey communication activities		
Tactic	Incentives offered? (Yes/No)	New tactic? (Yes/No)
Engaged in email communication with partners, including requests to the Finance Committee and the Transformation Committee to encourage completion	No	Yes
Highlighted the survey during a Partner Summit meeting, and asked stakeholders to complete the survey	No	Yes
Posted the survey link on the HealthierHere website, and made several announcements about the survey in the July and August HealthierHere e-newsletters	No	Yes

#### D. Milestone: Support providers to develop strategies to move toward value-based care.

1. In the table below, provide three examples of how the ACH has supported providers to develop strategies to move toward value-based care. Examples of ACH support include direct TA or training, provision of TA or training resources, monetary support, development of an action plan, etc. The ACH must provide an example for three unique provider types: 1) providers with low VBP knowledge or significant barriers/challenges, 2) small providers (25 FTEs or fewer), and 3) behavioral health providers.

ACH provider support activities				
Provider type	Provider needs (e.g., education, infrastructure investment)	Supportive activities	Description of action plan: How provider needs will be addressed (if applicable)	Key milestones achieved
<i>Provider with low VBP knowledge</i>	Education	<ul style="list-style-type: none"> <li>Assessed Practice Partner needs through Change Plans</li> <li>Shared HealthierWashington</li> </ul>	HealthierHere will continue to disseminate educational materials and trainings to Practice Partners; HealthierHere will also spend individual	<ul style="list-style-type: none"> <li>Identification of providers with low VBP knowledge</li> <li>Completion of one-on-one meetings with all</li> </ul>

**ACH provider support activities**

<b>Provider type</b>	<b>Provider needs (e.g., education, infrastructure investment)</b>	<b>Supportive activities</b>	<b>Description of action plan: How provider needs will be addressed (if applicable)</b>	<b>Key milestones achieved</b>
		<p>resources</p> <ul style="list-style-type: none"> <li>Facilitated discussions through Finance Committee, Incentive Funds Flow Workgroup, and 1:1 meetings</li> </ul>	time with Practice Partners requiring additional support, including those with low VBP knowledge	<p>Practice Partners</p> <ul style="list-style-type: none"> <li>Identification of potential VBP trainings to be offered in DY3</li> </ul>
<i>Small provider</i>	Infrastructure investment, including data analytics, electronic health records (EHRs), financial/cost accounting	<ul style="list-style-type: none"> <li>Assessed Practice Partner needs through Change Plans</li> <li>Considered potential investments to support small providers</li> </ul>	<p>HealthierHere held individual meetings with small providers, including members of the Navos Consortium, to understand their needs relative to the VBP transition and to capture potential investments</p> <p>HealthierHere could support; HealthierHere vetted potential investments through its Investment Prioritization Tool (IPT) and plans to award providers funding to support capabilities that will be critical as they make the transition to VBP</p>	<ul style="list-style-type: none"> <li>Practice Partner needs collected/assessed</li> <li>Practice Partner needs reviewed and processed through IPT</li> <li>Practice Partner needs prioritized; funding will be released in early DY3</li> </ul>
<i>Behavioral health provider</i>	Physician alignment, data analytics, EHRs,	<ul style="list-style-type: none"> <li>Hosted VBP and managed</li> </ul>	HealthierHere collaborated with King County and	<ul style="list-style-type: none"> <li>Increased awareness among</li> </ul>

**ACH provider support activities**

<b>Provider type</b>	<b>Provider needs (e.g., education, infrastructure investment)</b>	<b>Supportive activities</b>	<b>Description of action plan: How provider needs will be addressed (if applicable)</b>	<b>Key milestones achieved</b>
	financial/cost accounting tracking	care contracting training for BHAs, with Adam Falcone <ul style="list-style-type: none"> <li>• Facilitated discussions among BHAs and MCOs</li> <li>• Considered potential investments to support BHAs' VBP readiness and Medicaid Transformation Project (MTP) participation</li> </ul>	behavioral health agencies on a training plan as the region moved to fully integrated managed care on January 1, 2019	BHAs <ul style="list-style-type: none"> <li>• Identification of resources needed to advance VBP</li> <li>• Relationship building among BHAs and MCOs</li> </ul>

## Section 2. Required milestone reporting (Project Incentives)

This section outlines questions specific to **project milestones** in support of the objectives outlined in the Medicaid Transformation Project Toolkit by DY 2, Q4. This section will vary each semi-annual reporting period based on the required milestones for the associated reporting period.

### A. Milestone: Support regional transition to integrated managed care (2020 regions only)

1. **Attestation:** The ACH engaged and convened county commissioners, tribal governments, MCOs, behavioral health and primary care providers, and other critical partners to discuss a process and timeline for regional transition to integrated managed care. Place an “X” in the appropriate box.

*Note: the IA and HCA reserve the right to request documentation in support of milestone completion.*

Yes	No

- a. If the ACH checked “No” in item A.1, provide the rationale for having not discussed a process and timeline for regional transition to integrated managed care. Describe the steps and associated timelines the ACH will take to complete this milestone. If the ACH checked “Yes,” to item E.1 respond “Not applicable.”

**ACH response:** Not applicable.

2. **Attestation.** The ACH, county commissioners, tribal governments, MCOs, behavioral health and primary care providers, and other critical partners developed a plan and description of steps that need to occur for regional transition to integrated managed care. Place an “X” in the appropriate box.

*Note: the IA and HCA reserve the right to request documentation in support of milestone completion.*

Yes	No

- a. If the ACH checked “No” in item A.2, provide the rationale for having not developed a plan for regional transition to integrated managed care. Describe the steps and associated timelines the ACH will take to complete this milestone. If the ACH checked “Yes,” to item E.1 respond “Not applicable.”

**ACH response:** Not applicable.

3. Has the region made progress during the reporting period to establish an early warning system (EWS)?
  - a. If yes, describe the region's plan to establish an EWS Workgroup, including:
    - i. Which organization will lead the workgroup
    - ii. Estimated date for establishing the workgroup
    - iii. An estimate of the number and type workgroup participants
  - b. If no, provide the rationale for not establishing an EWS. How has the ACH identified the process to monitor the transition to IMC and identify transition-related issues for resolution?

**ACH response:** Not applicable.

4. Describe the region's efforts to establish a communications workgroup, including:
  - i. Which organization will lead the workgroup
  - ii. Estimated date for establishing the workgroup
  - iii. An estimate of the number and type of workgroup participants

**ACH response:** Not applicable.

5. Describe the region's efforts to establish a provider readiness/technical assistance (TA) workgroup, including:
  - i. Which organization will lead the workgroup
  - ii. Estimated date for establishing the workgroup
  - iii. An estimate of the number and type of workgroup participants

**ACH response:** Not applicable.

6. What provider readiness and/or TA needs has the ACH identified for Medicaid behavioral health providers transitioning to integrated managed care? Has the ACH identified steps to address TA needs?

**ACH response:** Not applicable.

7. What **non-financial** technical assistance has the ACH identified that HCA could provide to the ACH to help address provider readiness needs?

**ACH response:** Not applicable.

8. How has the ACH engaged MCOs, the regional behavioral health organization, consumers, and other affected stakeholders in planning for the transition to integrated managed care?

**ACH response:** Not applicable.

## **B. Milestone: Identified HUB lead entity and description of HUB lead entity qualifications (Project 2B only)**

**NOTE:** This milestone pertains ONLY to Project 2B. If the ACH is not implementing this project, respond “Not applicable.”

***The ACH may insert or include as an attachment supporting graphics or documentation for the questions below, though this is not required.***

1. Identify the Project 2B HUB lead entity, and describe the entity’s qualifications. Include a description of the HUB lead entity’s organizational structure and any relationship to the ACH. Describe any shared staffing and resources between the HUB lead entity and the ACH.

**ACH response:** Not applicable.

2. Has the Project 2B HUB lead entity decided to move forward with HUB certification?
  - a. If yes, describe when it was certified, or when it plans to certify.
  - b. If no, describe how the HUB lead entity plans to maintain oversight of business, quality and clinical processes.

**ACH response:** Not applicable.

3. Describe the Project 2B HUB lead entity’s role and processes to manage the appropriate HUB information technology requirements. Include a description of data governance (including clinical and administrative data collection, storage, and reporting) that identifies access to patient level data and health information exchange for HUB and care coordination staff, and referring or other entities.

**ACH response:** Not applicable.

## **C. Engagement/support of Independent External Evaluator (IEE) activities**

1. **Attestation:** During the reporting period, 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:

- ACH participation in key informant interviews.
- Identification of partnering provider candidates for key informant interviews.
- 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.

Place an “X” in the appropriate box.

*Note: the IA and HCA reserve the right to request documentation in support of milestone completion.*

Yes	No
X	

2. If the ACH checked “No” in item C.1, provide the ACH’s rationale for not supporting IEE activities for evaluation of Medicaid Transformation. If the ACH checked “Yes,” to item C.1 respond “Not applicable.”

**ACH response:** Not applicable.

## Section 3: Standard reporting requirements (Project Incentives)

This section outlines requests for information included as **standard reporting requirements** for the semi-annual report. Requirements may be added to this section in future reporting periods, and the questions within each sub-section may change over time.

### ACH-level reporting requirements

#### A. ACH organizational updates

1. **Attestations:** In accordance with the Medicaid Transformation’s Special Terms and Conditions and ACH certification requirements, the ACH attests to complying with the items listed below during the reporting period.

	Yes	No
a. 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	
b. The ACH has an Executive Director.	X	
c. 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, and 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	
d. At least 50 percent of the ACH’s decision-making body consists of non-clinic, non-payer participants.	X	
e. Meetings of the ACH’s decision-making body are open to the public.	X	

2. If unable to attest to one or more of the above items, explain how and when the ACH will come into compliance with the requirements. If the ACH checked “Yes,” to all items respond “Not applicable.”

**ACH response:** Not applicable.

3. **Attestation:** The ACH has completed an organizational self-assessment of internal controls and risks using the attached template or a similar format that addresses internal controls, including financial audits.

*Note: the IA and HCA reserve the right to request documentation in support of attestation.*

Place an “X” in the appropriate box.

Yes	No
X	

- a. If the ACH checked “No” in item A.3, describe the ACH’s process to address the self-assessment components contained within the checklist, including financial audits. If the ACH checked “Yes,” to item A.3 respond “Not applicable.”

**ACH response:** Not applicable.

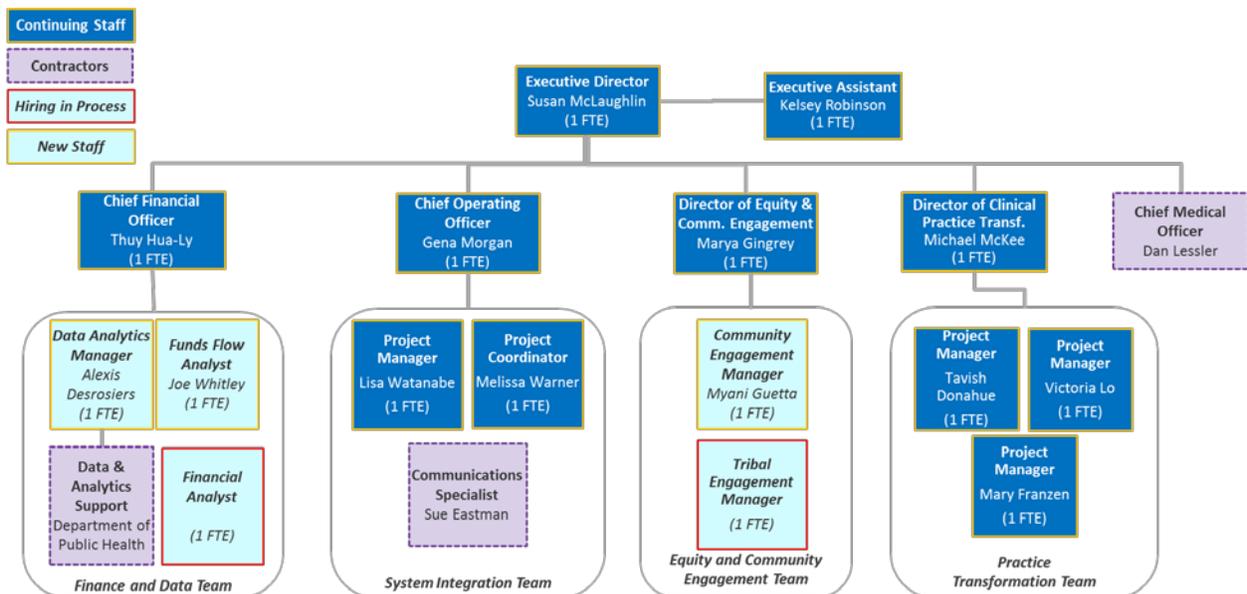
4. Key Staff Position Changes: Please identify if key staff position changes occurred during the reporting period. Key staff changes include new, eliminated, or replaced positions. Place an “X” in the appropriate box below.

	Yes	No
<b>Changes to key staff positions during reporting period</b>	X	

If the ACH checked “Yes” in item A.4 above:

**Insert or include as an attachment** a current organizational chart. Use **bold italicized font** to highlight changes, if any, to key staff positions during the reporting period.

Figure 1. **Organizational Chart as of December 31, 2018**



## B. Tribal engagement and collaboration

1. **Attestation:** The ACH attests to ongoing compliance with the [Model ACH Tribal Collaboration and Communication Policy](#).<sup>4</sup>

*Note: the IA and HCA reserve the right to request documentation in support of attestation.*

Place an “X” in the appropriate box.

Yes	No
X	

2. If the ACH checked “No” in item B.1, describe the rationale for the ACH not being in compliance with the Model ACH Tribal Collaboration and Communication Policy. If the ACH checked “Yes,” to item B.1 respond “Not applicable.”

**ACH response:** Not applicable.

3. If tribal representation or collaboration approaches have changes during the reporting period, please explain. If there have been no changes, respond “Not applicable.”

**ACH response:**

HealthierHere continued tribal engagement and collaboration activities during the reporting period to strengthen relationships with tribal governments, Indian Health Service (IHS) facilities, and Urban Indian Health Programs (UIHPs), and to further their engagement in and collaboration on project planning. The three tribes in King County (Cowlitz, Snoqualmie, and Muckleshoot) and the Seattle Indian Health Board (SIHB) have signed agreements with HealthierHere and are registered in the Financial Executor (FE) Portal. HealthierHere’s Director of Equity and Community Engagement participates in monthly cross-ACH tribal liaison calls to share best practices and discuss developments in tribal engagement and collaboration across the state. Additionally, HealthierHere attended three Tribal Health Opioid Summits and the Tribal and State Health Leader’s Summit sponsored by the American Indian Health Commission for Washington State on November 6 and 7, 2018.

Recognizing the need for dedicated staff support for tribal engagement, HealthierHere developed a Tribal Engagement Manager position; HealthierHere is in the process of hiring for the position. This position will report to the Director of Equity and Community Engagement and will be responsible for assisting with the design and implementation of HealthierHere’s overall engagement strategy in support of HealthierHere’s project portfolio, with a focus on tribal health and incorporating the voices of Native Americans and Alaskan Indians into HealthierHere’s implementation strategies. This will include, but will not be limited to, ensuring strong connectivity and communication with

---

<sup>4</sup> <https://www.hca.wa.gov/assets/program/Model-ACH-Tribal-Collaboration-Communication-Policy.pdf>

American Indians, Alaska Natives, tribal members, Urban Indians, Indian Health Care providers, community-based organizations (CBOs), coalitions, consumers of publicly funded services, and stakeholder agencies. Specifically, the Tribal Engagement Manager will support the strategic coordination of HealthierHere's community and tribal engagement activities, with an emphasis on incorporating the voice of American Indians and Alaska Natives in HealthierHere's efforts. The Tribal Engagement Manager will build partnerships with and support clinical and community health providers to improve health outcomes for this specific population of community members, and will authentically engage with American Indians, Alaska Natives, tribal members, and Urban Indians to identify health priorities and strategies to improve health outcomes and reduce health disparities.

## C. Integrated managed care status update (early- and mid-adopters only)

1. During the reporting period, what work has the ACH done to assist Medicaid behavioral health providers transitioning to integrated managed care?

### ***ACH response:***

HealthierHere's management team is closely involved in King County's transition efforts, participating in the King County Integrated Care Network (ICN) planning committees (leadership, early warning systems, and communications committees), as well as committees related to the development of the new King County ICN (executive, clinical operations, finance, and joint operations committees). During the reporting period, HealthierHere led efforts to support BHAs in their transition to IMC, through providing funding, organizing a training and technical assistance plan for 2019, coordinating with the King County ICN on BHA infrastructure, and coordinating with MCOs.

*Funding.* In 2018, HealthierHere received \$5.9 million in incentive funds to support BHAs in their transition to IMC. In October 2018, HealthierHere distributed 70% of those dollars (\$4.13 million) to 44 Medicaid-contracted BHAs in the region. These investments will be critical to bolstering BHAs' capacity to ensure their successful transition to IMC as well as successful participation in transformation projects. As of December 31, 2018, 46% of BHAs reported spending incentive funding on new billing or electronic health record systems to facilitate the transition to IMC, followed by 18% that reported spending on operating expenses to ensure adequate cash flow during the initial transition, and 9% that reported spending on quality improvement programs.

Five percent of the IMC incentive funding went to the King County Behavioral Health Organization (BHO) to support the transition process, including the shutdown of the BHO and the startup of the Behavioral Health Administrative Service Organization (BH-ASO) and ICN.

*Training and Technical Assistance.* HealthierHere retained 25% of the incentive funding (\$1.5 million) to support training and technical assistance for BHAs. HealthierHere used some of these funds to sponsor a full-day workshop on November 27, 2018, for executive staff from the 44 Medicaid-contracted BHAs. The workshop "Managed Care Contracting from a Position of Strength" was led by Adam J. Falcone, JD, MPH, partner with Feldesman Tucker Leifer Fidell LLP. The presentation slides were subsequently made available [online](#) as an ongoing resource for BHAs.

HealthierHere has also been working in partnership with the King County BHO and BHAs to develop a training and technical assistance plan to support the transition to IMC and will use remaining funds earmarked for training and technical assistance to implement this plan. Specifically, HealthierHere convened a small workgroup of behavioral health providers and representatives of the King County Behavioral Health and Recovery Division and ICN to review more than 30 potential topics for training and technical assistance and to prioritize those most critical to addressing foundational infrastructure needs in 2019. Prioritized trainings include the following:

- Population health management strategies through a whole-person integrated

care paradigm

- Technical assistance needed to support providers in moving to a multi-payer managed care environment
- Working and negotiating with MCOs
- Implementation of the care models HealthierHere is supporting through Project 2A

At their second meeting, for each of these topics, the workgroup identified the respective audiences, preferred training formats (e.g., in-person, virtual), and possible contractors, informing budget allocation for 2019. HealthierHere also plans to offer the Qualis Health/National Council for Behavioral Health and Washington State Council on Behavioral Health VBP Academy to BHAs via webinar, technical assistance, and onsite practice coaching.

In November 2018, HealthierHere launched Learning Collaboratives, to support Practice Partners in their transformation projects and as the primary forum for Innovation Partners and Practice Partners (as defined in Section 3, D) to learn from each other. Each collaborative (four total, one per project) will meet monthly for approximately two hours. In December 2018, the Learning Collaboratives convened for a webinar training, *Introduction to Population Health and Use of Registries to Improve Outcomes for Your Patients*. Through the Project 2A Learning Collaborative, HealthierHere will provide trainings specific to bi-directional integration of physical and behavioral health to Practice Partners.

*BHA Infrastructure.* The King County ICN will continue to provide significant infrastructure to ensure all BHAs are able to participate in integrated care. HealthierHere is partnering with the ICN and the BHAs to support necessary infrastructure including the optimization of BHAs' use of PreManage through training and technical assistance.

*MCO Coordination.* HealthierHere is meeting regularly with the five Medicaid MCOs in the region to understand their vision for IMC and how they plan to support implementation of Project 2A while also supporting the larger statewide transition to IMC. On November 1, 2018, the MCOs and King County ICN [presented a joint update](#) to the HealthierHere Governing Board on the transition to IMC. HealthierHere is also working with MCOs to ensure alignment on quality measures across the MTP and transition to IMC.

HealthierHere will continue to partner closely with BHAs, the King County ICN, and MCOs as the transition year progresses to determine ongoing needs and provide resources and support when necessary to ensure the success of IMC in King County.

2. Describe how the ACH has prioritized, and will continue to prioritize, incentives to assist Medicaid behavioral health providers transitioning to integrated managed care. Include details on how Medicaid behavioral health providers and county government(s) have and will continue to participate in discussions on the prioritization of incentives.

***ACH response:***

As described in our response to the prior question, HealthierHere assessed BHAs' needs for the transition to IMC and worked closely with the King County BHO to define and distribute integration incentives to BHAs to support infrastructure investments as well as training and technical assistance. These investments will be critical to bolstering BHAs' capacity to ensure their successful transition to IMC as well as successful participation in transformation projects. Ninety-five percent of the IMC incentive funding went to support the Medicaid-contracted BHAs in the IMC transition through direct resources and/or training and technical assistance. The remaining 5% supported the King County BHO through the transition. The IMC incentive allocation methodology was reviewed and approved by the HealthierHere Governing Board.

Moving forward, HealthierHere will continue to engage BHAs and King County government to identify and address needs, including through the King County ICN, King County IMC planning committees, and Practice Partners involved with the Project 2A Learning Collaborative. Specifically, HealthierHere has met regularly with the King County ICN, BHAs, and MCOs and will continue to meet with them regularly throughout the transition year to discuss challenges and needs in 2019, 2020, and beyond. HealthierHere will engage these stakeholders as it considers and determines the best uses of integration incentive funding in late 2019.

In addition, HealthierHere developed an Investment Prioritization Tool (IPT) to ensure investment decision-making is guided by HealthierHere's core values as well as the investment's potential impact on pay-for-performance metrics. BHAs and other stakeholders provided input through their committee participation into the IPT as well as the investments processed through the IPT for 2019, and will continue to play a role in future investment decision-making.

3. Describe the decision-making process the ACH used and will continue to use to determine the distribution of Behavioral Health Integration incentives. Include how the ACH verified and will continue to verify that providers receiving assistance or funding through the Behavioral Health Integration incentive funds will serve the Medicaid population going forward.

***ACH response:***

HealthierHere worked with King County government and all contracted BHAs to refine a proposal for distribution of the first portion of mid-adopter integration incentive funding. The proposal included a majority of the funding going directly to BHAs for infrastructure investments to support the transition. Some funding will be used by HealthierHere to procure training and technical assistance as requested by BHAs. A recommendation for the allocation methodology of the mid-adopter funds was brought to HealthierHere's Finance Committee in July 2018, and then reviewed and approved by the Governing Board in September 2018. HealthierHere worked with King County government and all contracted BHAs to apply the framework and distribute integration incentives to providers as well as develop specific training and TA plans and resources.

Moving forward, a similar process will be used and will include input from the King County IMC planning committees, the King County ICN, and BHAs, and funding decisions will be reviewed by HealthierHere’s leadership and Finance Committee before presentation to the Governing Board for approval.

All mid-adopter incentive funds will be distributed to and/or benefit the network of BHAs within the King County region who are contracted to serve Medicaid clients. Through its partnership with King County government, HealthierHere will ensure that the money is distributed only to providers who serve Medicaid clients. HealthierHere set the expectation that BHAs report on their uses of incentive funds. All BHAs responded to HealthierHere’s survey regarding their uses of incentive funds, and their responses are summarized below.

**Figure 2. BHA Incentive Funding Spending as of December 31, 2018**

Activities	Percentage of BHAs reporting spending on activity
New billing or electronic health record systems that will facilitate the transition to IMC	46%
Operating expenses through the first quarter of IMC implementation to ensure adequate cash flow during the initial transition months	18%
Using funds to build/improve quality improvement program	9%
Technical assistance with traditional medical billing	6%
Hiring of temp staff to assist with historical data conversion or reconfiguration of billing systems in order to facilitate transition to IMC	6%
Support recruitment and retention activities	6%
Technical assistance to assist in working within managed care business processes	3%
Funding to support specialized provider training	3%
Other	3%

4. Apart from the distribution of incentives directly to behavioral health providers, how has the ACH supported Medicaid behavioral health providers to address business administration and/or operational issues **after** the transition to integrated managed care?

**ACH response:** Not applicable.

**Complete the items outlined in tab 3.C of the semi-annual report workbook.**

## D. Project implementation status update

Implementation Plans are “living documents” that outline key work steps an ACH plans to conduct across the timeline of the Medicaid Transformation. The ACH’s Implementation Plan (workplan) is a key resource that allows HCA to understand how the ACH is moving forward and tracking progress, and also provides information for HCA to monitor the ACH’s activities and project implementation timelines.

As such, the ACH must submit an **updated implementation plan** that reflects *progress made during the reporting period* with each semi-annual report.<sup>5</sup>

- There is no required format, but the updated implementation plan must allow for the IA to thoroughly review progress made during the reporting period, as outlined in question 1 below.
  - If the ACH has made substantial changes to the format of the workplan from that originally submitted as part of the implementation plan in October 2018, the IA may request an opportunity to discuss the format with the ACH to provide an orientation to the changes.
1. Provide the ACH’s current implementation plan that documents the following information:
    - a. Work steps and their status (in progress, completed, or not started).
    - b. Identification of work steps that apply to required milestones for the reporting period.

***Required attachment: Current implementation plan that reflects progress made during reporting period.***

2. At the portfolio level, provide the top three achievements and risks (including planned mitigation strategies and estimated timing for resolution) identified during the reporting period.

***ACH response:***

### **Achievements**

HealthierHere’s top three achievements in the reporting period are described below:

- 1) **Partner engagement strategy:** HealthierHere developed and implemented an effective partner engagement strategy during the reporting period. The results of the Current State Assessment (CSA) and Health Information Exchange and Technology (HIE/HIT) Assessment in the first half of DY2 demonstrated potential partners were at different stages of readiness and HealthierHere would need to engage partners in phases. In response, HealthierHere stratified its partners into Innovation Partners

---

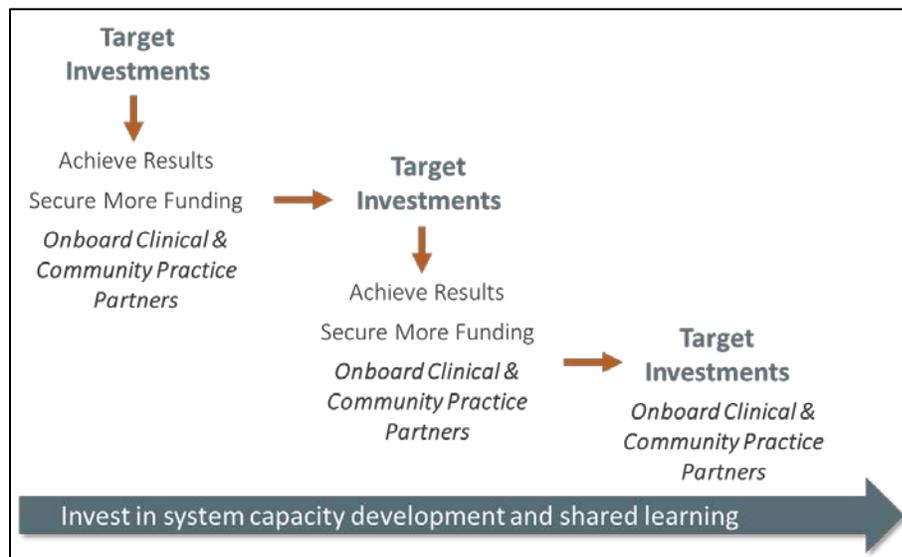
<sup>5</sup> Note: ACHs are not to submit the narrative component of the October 2018 Implementation Plan.

and Practice Partners. As described in detail in the Implementation Plan:

- **Innovation Partners** are all clinical and community organizations in King County that are interested in partnering with HealthierHere on Medicaid transformation and have demonstrated their intent to partner with HealthierHere through completion of a Current State Assessment (CSA) and/or Health Information Exchange and Technology (HIE/HIT) Assessment, and/or by registering in the Financial Executor (FE) portal. HealthierHere currently has 69 Innovation Partners.
- **Practice Partners** are a subset of Innovation Partners that HealthierHere will contract with to develop and implement targeted innovation initiatives, including the transformation projects described in the Implementation Plan. HealthierHere currently has 23 Practice Partners.

The organization of Innovation Partners and Practice Partners during the reporting period enabled HealthierHere to engage partners according to their level of readiness, as assessed through the CSA, HIE/HIT Assessment, and Change Plans. It is also enabling HealthierHere to target the first cohort of Practice Partners that will be critical to achieving project success and pay-for-performance metrics. Throughout this process, HealthierHere has deliberately continued engagement of Innovation Partners because as HealthierHere achieves process and performance measures and secures incentive funding through its work with the initial cohort of Practice Partners, HealthierHere will have the capacity and resources to bring on additional Practice Partners as well as to continue its investments in system capacity development (e.g., training, Domain 1). This evolution is depicted below.

Figure 3. Phased Approach to Onboarding Providers



During the reporting period, HealthierHere engaged Practice Partners in continuous learning to support their readiness for implementation. HealthierHere facilitated this learning through training opportunities, including two partner learning webinars in Q4. The planned schedule of partner learning webinar training topics is below; these webinars feature subject matter experts from HealthierHere, Innovation Partners and Practice Partners, and the King County community, who share their experiences and learnings on topics of broad interest across the ACH and relevant to the MTP and system transformation. The greater King County community is invited and encouraged to participate in partner learning webinars, even if they are not current Innovation Partners or Practice Partners. Project-specific trainings will also be offered to Practice Partners through the Learning Collaboratives.

Figure 4. **Draft DY 2, Q4 – DY 3, Q4 Partner Learning Webinar Topics**

<b>Month</b>	<b>Partner learning webinar topics</b>
<b>October 25, 2018</b>	<a href="#"><u>Using PreManage: Best Practices and Lessons Learned</u></a>
<b>December 5, 2018</b>	<a href="#"><u>An Introduction to Population Health and Use of Registries to Improve Outcomes for Your Patients</u></a>
<b>February 20, 2019</b>	Medicaid Transportation
<b>April 2019</b>	Achieving Equity and Addressing Health Disparities
<b>June 2019</b>	Harm Reduction
<b>October 2019</b>	Motivational Interviewing
<b>December 2019</b>	Health Literacy

2) **Effective project development and implementation processes:**

HealthierHere worked closely with subject matter experts and design teams to develop clinical summaries, detailing for each project:

- Immediate and long-term goals
- Focus populations
- Key project elements, including required interventions
- Pay-for-performance and other potential reporting metrics
- References and guidelines

This collaborative effort positioned Practice Partners to develop individual organization-level Change Plans, describing how each Practice Partner will approach project implementation as well as identifying critical needs (e.g., training, infrastructure, personnel) that will impact project success if not addressed. The HealthierHere Practice Transformation Team reviewed Change Plans and met with Practice Partners to learn more about their approaches and needs, ultimately developing an inventory of Practice Partner needs and corresponding mitigation strategies through investments, trainings, and the sharing of best practices through

the project-based Learning Collaboratives. As described in achievement three below, HealthierHere subsequently developed an investment strategy based on Practice Partner needs surfaced through the Change Plans.

Additionally, to inform project development and implementation, HealthierHere sought out insights from other DSRIP and clinical transformation programs around the country. Notably, HealthierHere planned a site visit to New York to visit four Performing Provider Systems (PPSs) over a week of meetings. During these meetings, HealthierHere raised questions about project implementation and practice transformation to inform its approaches to working with and supporting Practice Partners. Practice Partners from a cross section of HealthierHere committees and sectors participated in these meetings alongside the HealthierHere management team.

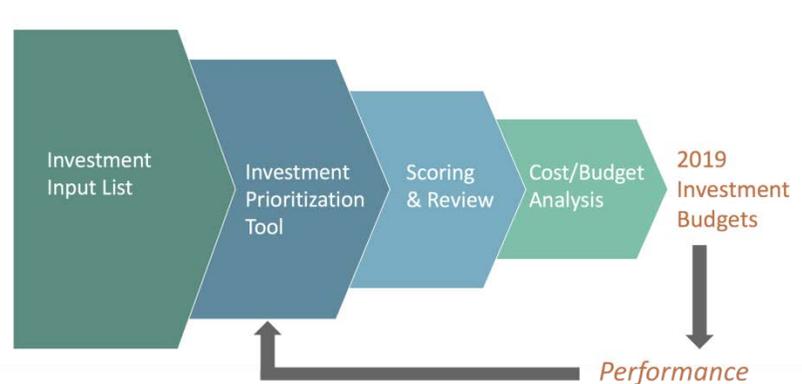
3) **Investment strategy:** HealthierHere recognized the need to develop a robust and transparent investment strategy to vet potential Domain 1 and Domain 2 investments. The HealthierHere management team reviewed the Implementation Plan and met with Practice Partners to identify potential investments that will be critical to HealthierHere's success in 2019. HealthierHere then worked with its committees and Governing Board to develop an Investment Prioritization Tool (IPT) that screens investments according to HealthierHere's investment values:

- *Equitable:* Addresses the areas of greatest need, health disparities, and underinvestment as determined by authentic community engagement.
- *Innovative:* Extent to which investments support innovation (e.g., is a novel approach).
- *Viable:* Greater likelihood that the proposed activity will deliver intended results (during waiver).
- *Systemic:* Supports the development of solutions that align with system-wide needs.
- *Leveraging:* Leverages available resources in order to build momentum for scaling.
- *Sustainable:* Extent to which investments are sustainable.

Investment opportunities that pass the value screen are then evaluated for their impact on pay-for-performance measures, and ultimately their cost.

In December 2018, HealthierHere processed all identified potential investments (Investment Inputs) for 2019 through the IPT and conducted two joint meetings of all HealthierHere committees for discussion and input. HealthierHere will present the final recommended investments to the Board in early 2019 for review and approval. HealthierHere plans to continue to use the IPT to evaluate future investment opportunities on an at least annual basis. This process is depicted below. The IPT and process will be continuously evaluated and updated.

Figure 5. **HealthierHere Investment Strategy Process**



### **Risks**

All ACHs continue to face risks that may impact their ability to be successful in the MTP. Below, HealthierHere describes three critical risks identified during the reporting period, and corresponding mitigation strategies.

- 1) **Access to data:** HealthierHere lacks access to timely data from the State and from Practice Partners, limiting its ability to track Practice Partner as well as ACH-wide performance on MTP pay-for-performance metrics and make data-driven decisions about when and how to adjust course. To mitigate this risk, HealthierHere is:
  - Developing a portfolio of measures to allow for tracking of project implementation (process measures) as well as the impact of transformation activities (pay-for-performance and other alternative clinical measures); this process will include establishing expectations, through contracting, for Practice Partners reporting on relevant measures.
  - Fostering relationships with Practice Partner leadership to ensure they understand the importance of HealthierHere's access to data.
  - Identifying alternative data sources.
  - Coordinating with other ACHs to understand their data challenges and needs, with the goal of communicating on common challenges and needs.

HealthierHere plans to develop a comprehensive data strategy by DY3 Q2 and will begin communicating its expectations to Practice Partners for submission of proxy measures in the DY3 Project-Specific Agreement (PSA).

- 2) **Balancing investment sustainability and innovation.** HealthierHere understands from its assessment of Practice Partners that significant investment

will be needed to achieve MTP goals and build a connected system of whole-person care. Recognizing there is limited funding available, HealthierHere faces a tension between investing in foundational system-level needs and investing in innovative initiatives. HealthierHere is addressing this tension by:

- Processing all investments through the Investment Prioritization Tool
- Planning for an annual Innovation Fund process that can be used for short-term investments in new ideas, strategies, or tools that, if successful, may be quickly scaled to other Practice Partners
- Developing meaningful project approaches that will demonstrate the value of investments to purchasers and payers beyond the MTP
- Planning to review investments through a formal evaluation process to determine their effectiveness and scalability.

HealthierHere will continuously use the Investment Prioritization Tool throughout the MTP. HealthierHere plans to develop and launch the Innovation Fund in DY3 and establish a meaningful dialogue with payers about sustaining MTP investments (e.g., community health workers) in DY3.

- 3) **Transition to value-based payment (VBP).** The Current State Assessment and HIE/HIT Assessment identified providers in King County that have significant gaps in their readiness to transition to VBP. Specifically, BHAs lag behind hospitals/health systems and FQHCs in their readiness for VBP, and some Practice Partners lack internal data and reporting capabilities to effectively measure and track their performance over time. Understanding these gaps and challenges was an important first step in mitigating this risk, and HealthierHere is now in the process of developing a training and technical assistance plan to assist providers in their transition to VBP; ACH-wide training opportunities will begin in DY3. The HealthierHere Finance and Data Team anticipates working one-on-one with Practice Partners to support this transition in DY3 and beyond. The HealthierHere Finance Committee is overseeing this work.

3. Did the ACH make adjustments to target populations and/or evidence-based approaches or promising practices and strategies during the reporting period?

Place an “X” in the appropriate box.

Yes	No
	X

4. If the ACH checked “Yes” in item D.3, describe the adjustments made to target populations and/or evidence-based approaches or promising practices and strategies during the reporting period. Include the adjustment, associated project areas, rationale,

and anticipated impact. If the ACH checked “No,” to item D.3 respond “Not applicable.”  
**ACH response:** Not applicable.

**Portfolio-level reporting requirements**

**E. Partnering provider engagement**

1. List three examples of ACH decisions or strategies during the reporting period to avoid duplication across ACHs (e.g., assessments, reporting, training) and/or align with existing provider requirements as defined by MCOs and other health plans (e.g., reporting, quality initiatives, and practice transformation programs).

<b>ACH Decisions/Strategies to Avoid Duplication and Promote Alignment</b>		
<b>Decision or Strategy Description</b>	<b>Objective</b>	<b>Brief description of outcome</b>
<p>Participation in cross-ACH meetings, including but not limited to:</p> <ul style="list-style-type: none"> <li>• HCA Learning Symposium</li> <li>• ACH Executive Director Meetings</li> <li>• ACH Program Leads Meetings</li> <li>• Other ACH Executive peer meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Share information and best practices across ACHs</li> <li>• Identify opportunities for collaboration and joint contracting</li> <li>• Surface common challenges to the HCA and MCOs</li> </ul>	<p>ACHs met to discuss common challenges and mitigation strategies, including:</p> <ul style="list-style-type: none"> <li>• Access to data</li> <li>• Coordination with MCOs</li> <li>• Reimbursable funding for community health workers (CHWs) to support the MTP</li> <li>• Collaboration on partner training (see next strategy)</li> </ul>
<p>HealthierHere is actively exploring joint contracting opportunities with other ACHs.</p>	<ul style="list-style-type: none"> <li>• Bring valuable health equity training to ACH Boards, committees, and community partners</li> <li>• Avoid duplication of efforts across ACHs to find a respected health equity leader/trainer</li> <li>• Pool funds to jointly contract</li> </ul>	<p>HealthierHere plans to partner with other ACHs to jointly contract with:</p> <ul style="list-style-type: none"> <li>• <a href="#">john a. powell, Director of the Haas Institute for a Fair and Inclusive Society</a> to conduct health equity trainings for the Governing Board, committees, and Innovation Partners.</li> <li>• <a href="#">Kitsap Strong</a> to train</li> </ul>

ACH Decisions/Strategies to Avoid Duplication and Promote Alignment		
Decision or Strategy Description	Objective	Brief description of outcome
		<p>Practice Partners on program-level change related to the impact of Adverse Childhood Experiences (ACEs) and resilience.</p> <ul style="list-style-type: none"> <li>• Other potential partners to be determined.</li> </ul>
<p>HealthierHere requested that HCA share a list of all organizations registered in the FE portal statewide</p>	<ul style="list-style-type: none"> <li>• Identify organizations participating in more than one ACH</li> <li>• Enable ACHs to proactively coordinate on partner requirements/ expectations</li> </ul>	<p>HealthierHere is actively identifying those of its Practice Partners that are active in other ACHs. HealthierHere is using this information to coordinate with ACH colleagues to ensure project and reporting requirements are aligned so as to minimize the burden on Practice Partners.</p>

2. During the reporting period, how has the ACH engaged providers and community partners that are critical to success but had not yet agreed to participate in transformation activities (due to limited capacity, lack of awareness, etc.)? If the ACH has not engaged these providers during the reporting period, respond “Not applicable.”

***ACH response:***

HealthierHere continued to engage providers and community partners that had not yet agreed to participate in transformation activities throughout the reporting period. Embedded in HealthierHere’s partner engagement strategy is the understanding that partners are at various stages of readiness for participation in transformation activities. As such, HealthierHere established two tracks for partners – Practice Partners and Innovation Partners – segmenting them based on their readiness to engage in transformation activities:

- **Practice Partners** are partners who have contracted with HealthierHere to develop and implement targeted innovation initiatives, including the transformation projects.
- **Innovation Partners** are all clinical and community organizations in King

County that are interested in partnering with HealthierHere and have demonstrated their intent to partner with HealthierHere through completion of a Current State Assessment (CSA) and/or Health Information Exchange and Technology (HIE/HIT) Assessment, and/or by registering in the Financial Executor (FE) portal.

Innovation Partners include those not yet ready or contracted to engage in transformation activities. HealthierHere is inviting all Innovation Partners to various learning forums to continue their relationship with HealthierHere, learn from leaders in King County and beyond about their experiences with healthcare transformation, and share their stories and questions. Today, HealthierHere has more than 40 Innovation Partners.

This Fall, HealthierHere's Director of Equity and Community Engagement focused on identifying and engaging potential community partners. HealthierHere held nine in-person learning sessions across King County and two webinars; more than 150 people attended these sessions and webinars, representing approximately 100 organizations. These sessions are part of a broader community partner engagement strategy continuing through 2019, which includes:

- Facilitating an informal RFI process that began in late 2018 and asked community partners to identify their interest in and ability to participate in Medicaid transformation.
  - Inviting community partners to complete a community partner assessment to help determine their readiness for an active partnership with HealthierHere and participation in projects.
  - Inviting community partners to identify community solutions and strategies to provide the community supports necessary to achieve the goals within the project portfolio.
  - Developing selection criteria for inviting community partners to complete a Change Plan or other instrument detailing how they will participate in HealthierHere projects and the resources needed to be successful.
  - Contracting with Community Practice Partners. HealthierHere anticipates the first cohort of community Practice Partners will be those serving large numbers of Medicaid beneficiaries, offering services that are aligned with HealthierHere's projects, and having some capacity to participate in transformation.
3. Describe how the ACH supported active MCO participation to allow for MCO input and to send common signals to providers within the context of Medicaid Transformation, e.g., aligning performance expectations, VBP readiness support, billing and IT readiness support for IMC, etc.

***ACH response:***

HealthierHere continues to support active MCO participation, with the goal of

incorporating MCO input into the MTP and enhancing messages to providers about the transition to VBP. The MCOs in King County have a rotating seat on the HealthierHere Governing Board; the seat is filled by a single different MCO each calendar year. MCO representatives also participate in the four HealthierHere committees: Community and Consumer Voice, Finance, Performance Measurement and Data, and Transformation. MCO participation in all aspects of HealthierHere's governance allows for ongoing discussion and coordination regarding alignment in communications to – and priorities for – providers, with respect to their support of the MTP and transition to VBP.

In addition to soliciting input on governance, HealthierHere actively met with all MCOs in King County during the reporting period to discuss common goals, including the transition to VBP and sustainability of the MTP. One objective of these meetings was and continues to be deeper alignment between HealthierHere and the MCOs on common goals. For example, as HealthierHere works to identify reporting requirements for Practice Partners, it will aim to align those with MCO contract reporting requirements.

Lastly, in November 2018, HealthierHere organized a week of meetings in New York to meet with and learn from four PPSs. The HealthierHere management team participated in all meetings along with two MCO representatives as well as cross-sector representatives from each of HealthierHere's committees. This was a great learning opportunity for all participants and has led to a greater shared understanding of what will make HealthierHere successful, as well as of potential challenges and mitigation strategies.

## F. Community engagement and health equity

1. **Attestation:** The ACH has conducted communication, outreach and engagement activities to provide regular opportunities for community members to inform transformation activities during the reporting period.

*Note: the IA and HCA reserve the right to request documentation in support of attestation.*

Yes	No
X	

2. If the ACH checked “No” in item F.1, provide the rationale for not conducting communication, outreach and engagement activities to support community member input. If the ACH checked “Yes,” to item F.1 respond “Not applicable.”

**ACH response:** Not applicable.

3. Provide three examples of the ACH’s community engagement<sup>6</sup> and health equity<sup>7</sup> activities that occurred during the reporting period that reflect the ACH’s priorities for health equity and community engagement.

**ACH response:**

HealthierHere made strides in advancing health equity and community engagement during the reporting period. Specifically:

1. **Small grants program:** Under the guidance of HealthierHere’s Community and Consumer Voice (CCV) Committee, HealthierHere launched a small grants program for community partners to conduct education within the community about Medicaid transformation work. The program targeted nonprofit, community-based social and human services organizations and grassroots community groups that serve people of color and low-income, immigrant, and refugee community members in King County. In addition to raising community awareness, this program aimed to enhance community partners’ awareness of HealthierHere’s work and prime them for participation in projects relevant to their populations and services.

During the reporting period, HealthierHere contracted with 22 organizations through the small grants program. The grantees are a mix of nonprofit community-based social and human services organizations and grassroots

<sup>6</sup> Community engagement is defined as outreach to and collaboration with organizations or individuals, including Medicaid beneficiaries, which are not formally participating in project activities and are not receiving direct DSRIP funding but are important to the success of the ACH’s projects.

<sup>7</sup> Health equity is defined as reducing and ultimately eliminating disparities in health and their determinants that adversely affect excluded or marginalized groups.

community groups. Grantees are charged with engaging community partners, community members, and Medicaid recipients in listening sessions that revolve around the MTP. This program allows the ACH to reach underserved populations, spanning more than 19 languages and dozens of ethnicities, early in the MTP.

- Equity guidelines:** Over the past 6 months, HealthierHere worked with its Community and Consumer Voice Committee (CCV) and Governing Board to develop and adopt equity guidelines, including a definition of equity (see below). By developing these guidelines collaboratively, ACH leadership, the Governing Board, and the CCV Committee aligned their understandings of equity and how HealthierHere can work to advance equity in the region. These guidelines will be central to HealthierHere's work, serving to ensure transformation activities seek to reduce and ultimately eliminate disparities in health and their determinants that adversely affect excluded or marginalized groups.

HealthierHere's definition of equity is below. To review the guidelines approved by the Governing Board, please see Attachment A.

***Equity:*** *HealthierHere leads with equity. We work to intentionally eliminate disparities and build on strengths in health and well-being and address the current power dynamic and structural racism in our healthcare system that perpetuates inequities. We believe that every community member in King County should receive the type of care that they deserve – with respect and without stigma – to address their unique and individual needs. Consequently, HealthierHere only partners with organizations that embrace equity and cultural competency.*

- Investment strategy:** HealthierHere embedded health equity and community engagement as values when developing the IPT. As a result, “equitable” emerged as a high-priority value against which all potential investments will be screened. This will ensure that HealthierHere's allocation of resources will promote and support advancing health equity through the implementation of strategies to achieve the goals within the project portfolio. In the IPT, the “equitable” value is defined as “*addressing the areas of greatest need, health disparities, and underinvestment as determined by authentic community engagement.*” It is through this lens that HealthierHere will intentionally examine funding opportunities for those with limited capacity and assess the unintended consequences associated with prioritizing certain investments over others.

## G. Budget and funds flow

*Note: HCA will provide ACHs with a semi-annual report workbook that will reflect earned incentives and expenditures through the Financial Executor Portal as of December 31, 2018.*

### 1. Design Funds

Complete items outlined in tab 3.G.1 of the semi-annual report workbook.

### 2. Earned Project Incentives

Complete items outlined in tab 3.G.2 of the semi-annual report workbook.

3. Describe how the ACH's Health Systems and Community Capacity investments intend to achieve short-term goals and/or broader transformation goals. Potential investments could include VBP training/technical assistance and/or the acquisition/use of certified EHRs by behavioral health, long-term care providers, and/or correctional health providers. Provide at least three examples, including how providers benefited from these investments.

#### ***ACH response:***

In 2018, HealthierHere's maximum earning potential was \$36.4 million in incentive funding. HealthierHere awarded incentive funding to Innovation Partners and Practice Partners through fulfillment of obligations in their agreements with HealthierHere, as well as mid-adopter incentive funding BHAs received as described earlier in this report.

Innovation Partners and Practice Partners benefited from the direct receipt of incentive funding, using funds to hire additional staff and invest in technology and services that will allow them to prepare and effectively participate in MTP projects. Practice Partners also benefited from system-wide trainings offered by HealthierHere, including but not limited to:

- A full-day presentation and training session on VBP and managed care contracting with Adam Falcone of Feldesman Tucker Leifer Fidell LLP.
- *Using PreManage Webinar* sponsored by HealthierHere with Practice Partner Community Psychiatric Clinic.
- *Population Health and Using Patient Registries Webinar* sponsored by HealthierHere with Practice Partner HealthPoint and Qualis Health.

As described in HealthierHere's response to Section 3.D., during the reporting period, HealthierHere is in the process of developing an investment strategy that balances support to individual provider organizations to implement innovations that improve outcomes to individuals with system-level investments that support improved coordination and linkages across providers and provider types, and that make the system work better for everyone. Since the investment strategy development is still in process, HealthierHere did not make Health Systems and Community Capacity investments during the reporting period.

However, the investment strategy under development will concentrate HealthierHere 2019 investments in areas that will help it do the following three things:

1. Help care teams access and use data to improve coordination and quality of care: These investments will advance Practice Partners' ability to engage in analytics-based population health management. Examples of potential investments include:
  - Access and training on PreManage to optimize Practice Partners' use of the platform
  - Optimization of Practice Partners' use of existing EHRs
  - Technical assistance to help Practice Partners integrate data into their clinical workflows
2. Facilitate clinical-community linkages and shared care planning: These investments will help support care across community and clinical settings with the goal of reaching and supporting Medicaid members who may not otherwise seek care through traditional healthcare settings. Examples of potential investments include:
  - Support for non-licensed direct care staffing (e.g., community health workers, peer support specialists)
  - Development of a mechanism for shared care planning among clinical and community-based providers
  - Development of a regional community information exchange
3. Promote and scale provider-driven innovations: HealthierHere recognizes its Practice Partners are developing innovative approaches and solutions to King County's healthcare challenges. As these solutions are identified and tested, HealthierHere will support Practice Partners through investments that support quick tests of innovation and, when appropriate, help to scale these solutions across King County to broaden their impact and benefit. Investments in this category will be accompanied by a thoughtful and rigorous evaluation to determine effectiveness and scalability of identified innovations.

HealthierHere is working with its committees to formalize the 2019 investment strategy recommendations that will be presented to the Governing Board for approval in early 2019.

4. If the ACH has elected to establish a community health fund or wellness fund, briefly describe the use or intended use of these funds to address social determinants of health and/or long-term health improvement strategies. Please describe how these strategies are linked to Medicaid Transformation goals.

***ACH response:***

HealthierHere is exploring starting an equity and wellness fund and will set aside 6% of earned incentives or approximately \$8.4 million over the course of the MTP period to

start the fund. HealthierHere is in the process of developing the fund's goals and distribution strategy, as well as considering partners to enhance the fund and its reach. HealthierHere is receiving technical assistance through ReThink Health's Vista project, which uses three principles to guide investment: active stewardship, sound strategy, and sustainable investment and finance.

At the current stage of HealthierHere's development, its goals for the fund include the following:

- Accelerating health system transformation
- Supporting innovation
- Improving well-being in the region
- Improving equity

HealthierHere will be happy to share updates on the fund in future Semi-Annual Reports.

## Section 4: Provider roster (Project Incentives)

### A. Completion/maintenance of partnering provider roster

ACHs are to maintain a partnering provider roster as part of semi-annual reporting. The roster should reflect **all partnering providers** that are participating in project implementation efforts in partnership with the ACH (e.g., implementing Medicaid Transformation evidence-based approaches or promising practices and strategies).<sup>8</sup>

The provider roster will be a standard component of future semi-annual reporting, requiring ACHs to report any changes in partnering provider participation in transformation activities throughout the Medicaid Transformation. *Note: While the roster is a standard component, the requirements will evolve based on evaluation and assessment needs (e.g., provider participation at the clinic/site-level).*

ACHs are to include the list of providers in the Provider Roster tab of the semi-annual report workbook. ACHs are encouraged to use the initial provider list submitted in the first semi-annual report as a starting point and modify as needed.

1. In tab 4.A of the semi-annual report workbook, identify:
  - a. All active partnering providers participating in project activities.
  - b. Project participation by active partnering provider. Place an “X” in the appropriate project column(s).
  - c. Start/end of partnering provider engagement in transformation activities by indicating the quarter and year.

***Complete item 4.A in the semi-annual report workbook.***

2. Has the ACH established mechanisms to track partnering provider participation in transformation activities at the clinic/site-level? For example, does the ACH understand within each partnering provider organization which sites are participating? If not, please describe any barriers the ACH has identified related to tracking site-level participation, and how the ACH intends to overcome those barriers.

***ACH response:***

Practice Partners and Innovation Partners indicated which clinics/sites were interested in participating in specific project(s) through their Current State Assessment. In their Change Plans, Practice Partners shared information about the unique role sites/clinics will play in their chosen sub-projects. Currently, HealthierHere project managers are meeting individually with Practice Partners and confirming the information collected in

---

<sup>8</sup> Provider is defined as traditional and non-traditional Medicaid providers and organizations that have committed to participate in the ACH's projects. Traditional Medicaid providers are traditionally reimbursed by Medicaid; non-traditional Medicaid providers are not traditionally reimbursed by Medicaid.

the Current State Assessment and Change Plans, cataloguing all sites participating in the MTP and their respective project responsibilities and phasing. This exercise will also help HealthierHere understand the geographic reach of Practice Partners and allow us to identify gaps and underserved areas.

HealthierHere is in the process of establishing a mechanism to track provider participation at the clinic/site level in a consistent way over the course of the MTP.

During the reporting period, HealthierHere implemented Salesforce as a customer relationship management tool. HealthierHere is using Salesforce to manage relationships with Practice Partners, and plans to customize Salesforce to serve as a reporting and tracking platform. This will streamline the reporting process for Practice Partners and allow HealthierHere staff to run reports to track the progress of Practice Partners. In future years, HealthierHere would like to use Salesforce to track site-level participation for the remainder of the MTP.

HealthierHere also plans to incorporate enhanced accountability into its DY3 contracts with Practice Partners. HealthierHere will ask Practice Partners to report on their use of incentive funding to support MTP implementation, including how Practice Partners distributed and used funds at the clinic/site level.

## Section 5: Integrated managed care implementation (Integration Incentives)

### A. Implementation of integrated managed care (mid-adopters only)

1. **Attestation:** The ACH region implemented integrated managed care as of January 1, 2019.

*Note: the IA and HCA reserve the right to request documentation in support of milestone completion.*

Yes	No
X	

2. If the ACH checked “No” in item A.1, provide the ACH’s rationale for not implementing integrated managed care in its region on January 1, 2019. If the ACH checked “Yes” in item A.1, respond “Not applicable.”

**ACH response:** Not applicable.

*Page left intentionally blank.*



**Equity:** HealthierHere leads with equity. We work to intentionally eliminate disparities and build on strengths in health and well-being and address the current power dynamic and structural racism in our health care system that perpetuates inequities. We believe that every community member in King County should receive the type of care that they deserve - with respect and without stigma - to address their unique and individual needs. Consequently, HealthierHere only partners with Organizations that embrace equity and cultural competency.

## Equity Guidelines

We, the Governing Board of Healthier Here, Governing Board Committees and HealthierHere Staff, believe that transforming the health system to improve health and health equity in King County requires a collaborative effort that seeks to understand the causes of inequities in our current health system so that we may actively work to create a better future. Community members in King County are experiencing health inequities resulting from conscious and unconscious practices of underinvestment and overburdening of communities arising from a legacy of institutional racism, implicit bias, discrimination, power and privilege operating within the United States and our health system. We acknowledge that the Institutions within the United States were built on practices of racism and colonialism which resulted in historical underinvestment and overburdening within community.

Our efforts to eliminate health disparities are predicated on remembering that behind each data point is a person and the individual experience of that person must drive system transformation. We honor the collective wisdom of community and people working in community-based organizations and the health system who have a vested interest in transforming our current health system and have courageously committed to place equity at the forefront of the way that they work.

We acknowledge that equity is both a product (improving health outcomes) and a process (how we work together to improve health outcomes). Both are equally important and as we work to improve health outcomes, we must hold equity as a process and lens through which we evaluate our planning, decision-making, implementation and evaluation processes. Equity recognizes the different conditions, resources and capacity that people have and acknowledges that people start at different places and have different needs. Consequently, equity is not a one-size-fits-all approach. It is individual, tailored and person centered.

We invite others to join in our effort to ensure that all community members in King County have an opportunity to live longer, healthier, more fulfilling lives.

## How we work to eliminate disparities in health and well-being by addressing inequity

*We believe that these principles must be present as we work together in solidarity with others to eliminate disparities in the health system.*



**Education and Training:** We recognize that the organizations involved in system transformation are comprised of individuals who act according to the best information that they have available. Consequently, we believe that providing equity and cultural competence education and training to individuals within the health system as well as community-based providers and community members is an important foundation to achieving health system transformation. This education will not only provide individuals with the skills to apply an equity lens to their work, but the practical tools to influence organizational change, individual behaviors, practice transformation and improved patient experience.

**Inclusion:** We include the voices of those most impacted by health disparities in HealthierHere's design, planning and decision-making processes. This is done by being open and willing to listen, learn and act on what we hear from community.

**Transparency and Accountability:** We recognize that our actions are accountable to our community thus, we regularly share information and progress with community.

**Strength-based:** We acknowledge the inherent strengths and resilience within community that contribute to an individual's health and well-being.

**Resource:** We provide community with the information, resources, access and connections, that they need to live longer, healthier, fulfilled lives.

**Culturally Responsive and Linguistically Appropriate Services:** We promote the development, and maintenance, of a health system where an individual's culture, language, identity, beliefs and notions of health and well-being are viewed as strengths and assets to achieving better health outcomes.

<b>How we incorporate equity principles to address the current power dynamic and structural racism in our health care system that perpetuate inequities</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------

*We believe that the following paradigms of thinking and processes in the way that we deliver care must shift if we are to eliminate health disparities.*

**Unintended Consequences:** We recognize that decisions have the potential to carry benefits and burdens. Consequently, we consciously examine the potential impacts of our decisions to weigh the potential benefits and burdens to community before making those decisions.

**Community as Experts:** We acknowledge the collective power and wisdom of community and center community voice in driving system transformation efforts. We believe that incorporating the voices of people with lived experience in transformation efforts is essential to identifying and implementing sustainable practices to improve health outcomes and address health disparities.



**Community Practice:** We value the need to elevate the voices of front-line care workers in the workplace and in system transformation efforts to make care more effective for those experiencing the greatest health disparities in King County. These front-line staff, including community health workers, health advocates, peer support specialists, etc. serve as trusted advisors within community. They often share the identities of those they are serving and, as such, they are often the most knowledgeable about strategies and practices that are effective within community.

**Collective Co-responsibility:** We inspire collective action to address health disparities by bringing people within the health system together not from a place of blame, shame or guilt, but from a place of co-responsibility believing that when we know better we are co-responsible for doing better. We recognize that there are certain barriers for everyone doing this work and everyone has a responsibility to do what they can, where they are, to come together and work to eliminate those barriers together.

**Practice-Based Evidence:** We acknowledge that most Evidence-Based Practices are not normed for all members of our community. Thus, we see the need for balance and the recognition of practice-based evidence within our health system.

## HealthierHere

### ACH Earned Incentives and Expenditures

July 1, 2018 - December 31, 2018

Source: Financial Executor Portal

Prepared by: Health Care Authority<sup>1</sup>

Funds Earned by ACH During Reporting Period <sup>2</sup>	
2A: Bi-directional Integration of Physical and Behavioural Health through Care Transformation	\$13,602,885
2B: Community-Based Care Coordination	
2C: Transitional Care	\$5,526,172
2D: Diversion Interventions	
3A: Addressing the Opioid Use Public Health Crisis	\$1,700,360
3B: Reproductive and Maternal/Child Health	
3C: Access to Oral Health Services	
3D: Chronic Disease Prevention and Control	\$3,400,722
Behavioral Health Integration Incentives	
Value-Based Payment (VBP) Incentives	
IHCP-Specific Projects	
High Performance Pool	
<b>Total Funds Earned</b>	<b>\$24,230,140</b>

Funds Distributed by ACH During Reporting Period, by Use Category <sup>3</sup>	
Administration	\$3,400,023
Community Health Fund	
Health Systems and Community Capacity Building	
Integration Incentives	\$4,267,854
Project Management	
Provider Engagement, Participation and Implementation	\$5,822,287
Provider Performance and Quality Incentives	
Reserve / Contingency Fund	
Shared Domain 1 Incentives	\$6,111,188
<b>Total</b>	<b>\$19,601,352</b>

Funds Distributed by ACH During Reporting Period, by Provider Type <sup>3</sup>	
ACH	\$3,405,023
Non-Traditional Provider	\$1,843,041
Traditional Medicaid Provider	\$7,921,418
Tribal Provider (Tribe)	\$213,788
Tribal Provider (UIHP)	\$106,894
Shared Domain 1 Provider	\$6,111,188
<b>Total Funds Distributed During Reporting Period</b>	<b>\$19,601,352</b>

<b>Total Funds Earned During Reporting Period</b>	<b>\$24,230,140</b>
<b>Total Funds Distributed During Reporting Period</b>	<b>\$19,601,352</b>
<b>Total Funds Left Available for Distribution During Reporting Period</b>	<b>\$4,628,789</b>

<sup>1</sup> 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 4, 2019 to accompany the second Semi-Annual Report submission for the reporting period July 1 to December 31, 2018.

<sup>2</sup> For detailed information on projects and earned incentives please refer to the below links.

- The [Medicaid Transformation Toolkit](#) contains the final projects, evidence-based approaches/strategies for pay-for-performance metrics for the ACHs.
- The [Measurement Guide](#) describes how the ACH selected projects are measured and the requirements to earn incentives.

<sup>3</sup> Definitions for [Use Categories and Provider Types](#)

**Organizational Self-Assessment of Internal Controls and Risks**

**ACH Name:**

*HealthierHere*

**Date Prepared:**

*January 7, 2019*

**Answer "Yes" if the activity in question is performed internally or externally (unless specified). Each "No" answer indicates a potential weakness of internal fiscal controls. All "No" answers require an explanation of mitigating controls or a note of planned changes. If the activity does not apply to your organization, answer N/A.**

**I. CONTROL ENVIRONMENT**

**A. Management's Philosophy and Operating Style**

Yes    N/A    No

- |                                     |                          |                          |                                                                                                                                        |
|-------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Are periodic (monthly, quarterly) reports on the status of actual to budgeted expenditures prepared and reviewed by top management? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are unusual variances between budgeted revenues and expenditures and actual revenues and expenditures examined?                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Is the internal control structure supervised and reviewed by management to determine if it is operating as intended?                |

**B. Organizational Structure**

- |                                     |                          |                          |                                                                                  |
|-------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is there a current organizational chart defining the lines of responsibility? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Have all staff been sufficiently trained to perform their assigned duties?    |

**C. Assignment of Authority and Responsibility**

- |                                     |                          |                          |                                                                                                                                                         |
|-------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Are sufficient training opportunities to improve competency and update employees on Program, Fiscal and Personnel policies and procedures available? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Have managers been provided with clear goals and direction from the governing body or top management?                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is program information issued by the Health Care Authority distributed to appropriate staff?                                                         |

**II. HUMAN RESOURCES**

**A. Control Activities/Information and Communication**

Yes    N/A    No



1. Are personnel policies in writing?



2. Are personnel files maintained for all employees?

**II. HUMAN RESOURCES (continued)**

**A. Control Activities/Information and Communication**

**Yes**    **N/A**    **No**

- |                                     |                          |                          |                                                                                                                                                                           |
|-------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are payroll costs accurately charged to grants using time spent in each program?                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are accurate, up-to-date position descriptions available?                                                                                                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Do all supervisors and managers have at least a working knowledge of personnel policies and procedures?                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Does each supervisor and manager have a copy or access to a copy of personnel policies and procedures?                                                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Does management ensure compliance with the organization's personnel policies and procedures manual concerning hiring, training, promoting, and compensating employees? |
|                                     |                          |                          | 8. Are the following duties generally performed by different people?                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Processing personnel action forms and processing payroll?                                                                                                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Supervising and timekeeping, payroll processing, disbursing, and making general ledger entries?                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Personnel and approving time reports?                                                                                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Personnel and payroll preparation?                                                                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Recording the payroll in the general ledger and the payroll processing function?                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Is access to payroll/personnel files limited to authorized individuals?                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are procedures in place to ensure that all keys, equipment, credit cards, cell phones, laptops, etc. are returned by the terminating employee?                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Is information on employment applications verified and are references contacted?                                                                                      |

**III. ACCOUNTS PAYABLE**

**A. Control Activities/Information and Communication**

**Yes**    **N/A**    **No**

- |                                     |                          |                          |                                                                                                                                       |
|-------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Has the organization established procedures to ensure that all voided checks are properly accounted for and effectively cancelled? |
|-------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

**III.ACCOUNTS PAYABLE (continued)**

**A. Control Activities/Information and Communication**

**Yes**    **N/A**    **No**

2. Do invoice-processing procedures provide for:

- |                                     |                          |                          |                                                                                                    |
|-------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Obtaining copies of requisitions, purchase orders and receiving reports?                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Comparison of invoice quantities, prices, and terms with those indicated on the purchase order? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Comparison of invoice quantities with those indicated on the receiving reports?                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. As appropriate, checking accuracy of calculations?                                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Alteration/destruction of extra copies of invoices to prevent duplicate payments?               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. All file copies of invoices are stamped/marked paid to prevent duplicate payments?              |

3. Are payments made only on the basis of original invoices and to suppliers identified on supporting documentation?

- |                                     |                          |                          |                                                                                                                                                      |
|-------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are the accounting and purchasing departments promptly notified of returned purchases and are such purchases correlated with vendor credit memos? |
|-------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

5. Are monthly reconciliations performed on the following:

- |                                     |                                     |                          |                             |
|-------------------------------------|-------------------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | a. All petty cash accounts? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | b. All bank accounts?       |

6. Are the following duties generally performed by different people?

- |                                     |                          |                          |                                                                                                                                    |
|-------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Requisitioning, purchasing, and receiving functions and the invoice processing, accounts payable, and general ledger functions? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Purchasing, requisitioning, and receiving?                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Invoice processing and making entries to the general ledger?                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Preparation of cash disbursements, approval of them, and making entries to the general ledger?                                  |

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Is check signing limited to only authorized personnel?
--------------------------	-------------------------------------	--------------------------	-----------------------------------------------------------

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are disbursements approved for payment only by properly designated officials?
-------------------------------------	--------------------------	--------------------------	----------------------------------------------------------------------------------

**III.ACCOUNTS PAYABLE (continued)**

**A. Control Activities/Information and Communication**

<u>Yes</u>	<u>N/A</u>	<u>No</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Is the individual responsible for approval or check signing furnished with invoices and supporting data to be reviewed prior to approval or check-signing?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are unused checks adequately controlled and safeguarded?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Is it prohibited to sign blank checks in advance?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Is it prohibited to make checks out to the order of "cash"?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. If facsimile or e-signatures are used, are the signature plates adequately controlled and separated physically from blank checks?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Are purchase orders pre-numbered and issued in sequence?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Are changes to contracts or purchase orders subject to the same controls and approvals as the original agreement?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Are all records, checks and supporting documents retained according to the applicable record retention policy?

**IV. COMPLIANCE SUPPLEMENT ELEMENTS**

**A. Cash Management**

**Control Activities/Information and Communication**

<u>Yes</u>	<u>N/A</u>	<u>No</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Are requests for advance payment (A-19's) based on actual program needs?
			2. Are the following duties generally performed by different people?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Preparing the request for payment from HCA (A-19)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Reviewing and approving the request for advance payment from HCA (A-19)?

**B. Equipment and Real Property Management**

**Control Activities/Information and Communication**

<u>Yes</u>	<u>N/A</u>	<u>No</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Are all disposals of property approved by a designated person with proper authority?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Has organization management chosen and documented the threshold level for capitalization in an internal policy/procedure book?

**IV.COMPLIANCE SUPPLEMENT ELEMENTS (continued)**

**B. Equipment and Real Property Management**

**Control Activities/Information and Communication**

<u>Yes</u>	<u>N/A</u>	<u>No</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Is someone assigned custodial responsibility by location for all assets?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Is access to the perpetual fixed asset records limited to authorized individuals?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Is there adequate physical security surrounding the fixed asset items?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Is there adequate insurance coverage of the fixed asset items?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Is insurance coverage independently reviewed periodically?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Is a fixed asset inventory taken annually?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Are missing items investigated and reasons for them documented?

**C. Procurement and Suspension and Debarment**

Non-Federal entities are prohibited from contracting with or making sub awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement contracts for goods or services equal to or in excess of \$100,000 and all non-procurement transactions. [Http://www.sam.gov/](http://www.sam.gov/) This website is provided by the General Services Administration (GSA) for the purpose of disseminating information on parties that are excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits.

**Control Activities/Information and Communication**

<u>Yes</u>	<u>N/A</u>	<u>No</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Is there established segregation of duties between employees responsible for contracting; accounts payable and cash disbursing.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Is the contractor's performance included in the terms, conditions, and specifications of the contract monitored and documented?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Do supervisors review procurement and contracting decisions for compliance with Federal procurement policies?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Are procedures established to verify that vendors providing goods and services under the award have not been suspended or debarred by the Federal government?

**C. Procurement and Suspension and Debarment  
Control Activities/Information and Communication**

Yes    N/A    No

5. Are there written policies for the procurement and contracts establishing:
- a. Contract files
  - b. Methods of procurement
  - c. Contractor rejection or selection
  - d. Basis of contract price
  - e. Verification of full and open competition
  - f. Requirements for cost or price analysis
  - g. Obtaining and reacting to suspension and debarment certifications
  - h. Other applicable requirements for Federal procurement
  - i. Conflict of interest
6. Is there written policy addressing suspension and debarments of contractors?
7. Are there proper channels for communicating suspected procurement and contracting improprieties?
8. Does management perform periodic review of procurement and contracting activities to determine whether policies and procedures are being followed?

**D. Reporting  
Control Activities/Information and Communication**

Yes    N/A    No

- 1. Are personnel responsible for submitting required reporting information adequately trained?
- 2. Does management review required reports before submitting?

**E. Single Audit  
Control Activities/Information and Communication**

Yes    N/A    No

- 1. Was the organization audited by an objective accounting firm this past fiscal year?
- 2. Did appropriate organization staff review the findings of the previous years' audit as preparation for the current year audit?

**E. Single Audit (continued)**

**Control Activities/Information and Communication**

Yes    N/A    No

3. Have all audit findings and questioned costs from previous years been appropriately resolved?

**V. CERTIFICATION**

I hereby certify that the information presented in this self-assessment of internal controls and risk is true, accurate, and complete, to the best of my knowledge.

***Organization Name***

***HealthierHere***

***Authorized Official Signature: Thuy Hua-Ly, CFO***

***Date: 1/7/2019***