



WASHINGTON

MEDICAID TRANSFORMATION DEMONSTRATION PROJECT

| *HCA Partner & Stakeholder Interviews*

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manatt



“One of the greatest accomplishments of Healthier Washington is that it has gotten people who have never talked to each other before talking to each other in all kinds of advisory groups and now the ACHs and subject matter groups. That in itself has changed the way we all think about health care.”

OVERVIEW AND

INTRODUCTION

The Washington State Health Care Authority (HCA), as part of its Healthier Washington initiative, launched the Medicaid Transformation Project Demonstration (Demonstration) in January 2017. The Demonstration is a five-year agreement with the Centers for Medicare & Medicaid Services (CMS) authorizing up to \$1.5 billion in federal investments to help improve the overall health of Apple Health (Medicaid) beneficiaries. Initiative 1 of the Demonstration seeks to transform care delivery by creating incentives for providers to provide whole-person care through partnerships with regional Accountable Communities of Health (ACHs). The ACHs are partnering with a wide range of community stakeholders to implement a portfolio of transformation projects designed to catalyze regional population health improvement while using resources more efficiently.

ACHs engage a diverse group of stakeholders in Demonstration activities, and HCA leadership and Demonstration staff are committed to meaningful stakeholder engagement in the Demonstration. Accordingly, they have engaged a broad range of partners and stakeholders to establish the vision, values, and roadmap for transforming care across Washington. As part of their ongoing commitment to meaningful engagement of key partners, HCA continues to develop and support opportunities for stakeholders to provide input and feedback as the Demonstration progresses from planning to

implementation.

Payment and service delivery transformation projects like the Healthier Washington initiative are complex and require significant resources and strong partnerships to succeed. HCA contracted Manatt Health and its subcontractor the Center for Evidence-based Policy (collectively the Manatt Team) to support Demonstration activities, including providing technical assistance to HCA project staff and all nine ACHs. The Manatt Team worked with HCA to refine the certification processes for ACHs and develop technical assistance resources for ACHs. The team is assisting ACHs to meet certification requirements and develop comprehensive project plans. The Manatt Team also provides consultation and support for HCA’s stakeholder and partner engagement activities. As part of this work, the Manatt Team and HCA designed a process to identify partner and stakeholder perspectives, determine satisfaction with engagement opportunities to date, identify knowledge gaps regarding key elements of the Demonstration, and inform the development of educational materials for stakeholders for the remainder of Demonstration Year 1 (DY1). In consultation with HCA, the Manatt Team identified key partner and stakeholder organizations to participate in a series of qualitative interviews between June and August 2017. Methods, key findings, and recommendations are described in the following report.

RESEARCH

METHODS

In consultation with HCA, the Manatt Team identified 15 partner and stakeholder organizations to participate in key informant interviews focused on Demonstration engagement opportunities to date, including provider and advocacy organizations, Medicaid managed care organizations (MCOs), and leaders and staff members from state-level agencies who were active in the design of the State Innovation Model (SIM) or Demonstration activities. Organizations were interviewed individually except for representatives of the five contracted MCOs, who were interviewed as a group. The goal of the interviews was to identify partner and stakeholder perspectives, determine satisfaction with engagement opportunities to date, identify knowledge gaps regarding key elements of the Demonstration, and inform the development of educational materials for stakeholders for the second half of DY1. Between June 15 and August 1, 2017, the Manatt Team interviewed 37 key informants representing 15 organizations (Table 1).

Table 1. Organizations participating in key informant interviews

ORGANIZATION	STAKEHOLDER TYPE	# OF PARTICIPANTS
Amerigroup	MCO	2
Coordinated Care of Washington	MCO	2
Community Health Plan of Washington	MCO	2
Molina Healthcare of Washington, Inc.	MCO	2
National Alliance on Mental Illness (WA Chapter)	Consumer Advocate	1
Northwest Health Law Advocates	Consumer Advocate	1
SEIU Healthcare 1199 NW	Labor/Provider	2
United HealthCare Community Plan	MCO	2
Washington Academy of Family Physicians	Provider	5
Washington Council of Behavioral Health	Provider	3
Washington Low Income Housing Alliance	Consumer Advocate	1
Washington State Department of Health	State Agency	5
Washington State Hospital Association	Provider	4
Washington State Medical Association	Provider	1
Washington State Nurses Association	Provider	4
TOTAL		37

Key informant interviews were scheduled through the Manatt Team via email and telephone. Respondents were invited to include additional staff members or colleagues in interviews, at their discretion. The Manatt Team provided interview questions (Appendix A) and an overview of the Demonstration (Appendix B) to respondents at least three days in advance of interviews. Interviews were conducted by telephone, were approximately 60 minutes long, and were digitally recorded with verbal consent.

The MCO group interview was conducted in person and aligned with the June ACH Convening at Lake Chelan. A five-question, standardized interview guide was used to focus the conversation on partner and stakeholder experiences with the Demonstration, including Domains I, II, and III from the Project Toolkit.

Key informant and group interviews used standard qualitative interview techniques, including open-ended questions with scripted and spontaneous probes. In addition to providing individual background information, respondents provided feedback on:

- Experience with the Demonstration to date
- Organizational or membership interest in Toolkit projects
- Infrastructure critical to Demonstration success
 - Workforce capacity
 - Value-based payment (VBP)
 - Population health management

Each interview was conducted by two researchers. Team members periodically reviewed emerging high-level themes during the data collection phase. Interview notes were analyzed using constant comparison and a framework approach based on the interview instrument.

Emergent themes were coded and ranked for relevance to the Demonstration project. The Manatt Team conducted a high-level analysis, and key themes are reported in the Findings & Recommendations section.

KEY

FINDINGS

“I have never in my 40 years of working in this field ever seen a state agency do as honest and good a job of organizing people around the topic. It’s hard to find anyone remotely related to healthcare who they [HCA] hadn’t engaged. They did an extraordinary job of aligning whole sets of people around values at the 35,000 feet. I have never seen that done in all of my work in government.”

All of the respondents had significant familiarity with the Demonstration, and their perspectives varied widely, reflecting the diversity of partners and stakeholders statewide who have contributed to shaping the Healthier Washington initiative and Demonstration project. Despite this variance, common themes emerged from the interviews, and all respondents expressed gratitude to the HCA staff for their willingness to engage diverse partners and stakeholders in the work. Additionally, most respondents

acknowledged the significant burden on HCA Demonstration staff to implement a complex transformation project and expressed willingness to assist HCA however possible. Respondents identified several key areas common across stakeholder groups, including confusion of key Demonstration elements, opportunities to improve stakeholder communications, the need for adequate infrastructure to sustain transformation, and the importance of focusing on sustainable solutions.

Summary of Key Findings



CLARIFY DEMONSTRATION ELEMENTS

Respondents noted a need for more information about funds flow, roles and responsibilities, engaging with ACHs, and avoiding duplication of efforts.



ENHANCE STAKEHOLDER COMMUNICATION

Respondents noted opportunities to improve stakeholder and partner communications.



ENSURE ADEQUATE INFRASTRUCTURE

Respondents noted a need to ensure adequate infrastructure to sustain transformation efforts, including VBP, workforce capacity, and population health management.



FOCUS ON SUSTAINABILITY

Respondents urged a focus on developing sustainable solutions, including leveraging or coordinating with existing efforts.

CONFUSION REGARDING KEY DEMONSTRATION ELEMENTS

“How will the ACHs dole out money? How will that be objective and not subjective?”

A key finding of the interviews is general confusion across stakeholders about many key Demonstration elements, even stakeholders with relatively broad and deep involvement. Key areas of confusion included:

- Funds flow
- Roles and responsibilities
- Engaging with ACHs
- Complementarity of activities

Funds Flow

Respondents were keenly aware of the large amounts of money that will be flowing to communities along new pathways, including in VBP arrangements, which are projected to account for 90% of provider payments by the end of the Demonstration. Respondents expressed confusion and anxiety about:

- Who will disburse funds?
- How much funding will be distributed?
- When will fund distributions occur?
- Who will receive fund distributions?
- What will fund distributions be tied to?

Furthermore, some respondents were concerned that small or rural providers may not have capacity or readiness to participate in new payment arrangements, which could negatively affect providers and the communities they serve.

Roles & Responsibilities

Respondents expressed confusion regarding who is accountable for various aspects of the Demonstration. For example, many respondents assumed that ACHs will be involved in contracting between MCOs and providers. This appeared to be a misunderstanding based on the original requirement for ACHs to include Domain I considerations (including VBP) in all Demonstration projects.

Engaging with ACHs

Respondents were unclear about the timing and type of engagement opportunities given the Demonstration’s tight timelines. For some respondents, this was compounded by perceived inconsistent communication from HCA and ACHs. Providers and provider organizations in particular noted concern that Demonstration projects will be planned without including frontline clinicians and service providers. Respondents expressed concern that providers have limited capacity for engagement and participation in ACH activities, particularly in regard to developing project proposals and meaningful partnerships.

The complexity of the Demonstration itself is seen as a barrier to engagement for providers or organizations that are not already engaged in other transformation efforts, such as team-based care delivery models or early adoption of integration efforts. Incomplete information in areas such as funds flow, planning and implementation, baseline measurements, and goals for project work have contributed to a sense of confusion and anxiety among respondents. Some respondents expressed concern that ACHs’ project proposal processes could

limit participation of smaller providers with less capacity to engage.

“ACHs will need to answer the question, ‘What are you asking me to do and what resources will it require?’ This clarity will allow health care organizations to determine if they are able to participate or not. The business case will need to be made to providers if they are expected to sign up for projects.”

“Pathways is an evidence-based model that has worked well in other states or regions, but it is being layered on top of some infrastructure that already exists. Medicaid health homes exist in every region and include care coordination. There are lead entities that are overseeing the care coordination.”

Complementarity of Activities

Many respondents were unclear how Demonstration activities such as the Pathways Hub would align or be braided into established work streams, given the multiple other care coordination efforts currently underway (e.g., Medicaid Health Homes, chronic disease prevention and management projects). Specifically, it was unclear to respondents who will be reimbursed if multiple entities provide care coordination because this work can be reimbursed only once by Medicaid.

In addition to reimbursement, respondents raised the need for reconciliation to ensure that all parties remain in compliance with requirements because MCO contracts with the state require higher licensure than the Pathways model. Demonstration work will need to be safeguarded against duplication of effort and confusion for beneficiaries and providers in regions where Pathways will be implemented.

OPPORTUNITIES TO IMPROVE STAKEHOLDER & PARTNER COMMUNICATION

“In terms of aligning where we are going, we want to get communications directly from HCA. As of now, we often get information secondhand. First it flows to the ACHs, and our members who are on ACH boards report back to us. We need to receive information in real time as the ACHs are receiving it so that we can better partner with them.”

expressed frustration at fragmented communications and coordination of efforts within HCA. Some respondents noted that the communication irregularities from HCA and ACHs coincided with intensive work on the Demonstration. From January to July, HCA was committed to development and finalization of key project materials such as the Project Toolkit, ACH certification applications, project planning templates, and workbooks. Simultaneously, ACHs were focused on achieving certification from the state, hiring additional staff to carry out Demonstration work, and devising inclusive engagement strategies for their communities. Based on stakeholder interviews, this intensive ramping-up phase for HCA and the ACHs affected stakeholder perceptions of transparency and inclusion.

One of the most common themes across interviews was frustration with perceived fragmented communication from HCA and ACHs. As noted previously, respondents were impressed with HCA’s early efforts to bring together diverse partners and stakeholders in the rollout of Healthier Washington, including the exemplary communication led and facilitated by HCA. Respondents noted, however, that as the Demonstration has evolved, communications from HCA have become inconsistent and that dissemination of messages has shifted to ACHs. Although this change made sense to respondents given the structure of the Demonstration, they requested that centralized communications from the state remain inclusive and widely broadcast to keep all participants abreast of the most current developments.

Even those respondents who remain deeply integrated in Demonstration work

NEED FOR ADEQUATE INFRASTRUCTURE TO SUSTAIN TRANSFORMATION

“Our big concern is that as much as the principles that are embodied in the Accountable Communities of Health... are indisputable, we fear that the infrastructure may not be in place to allow them to succeed. Issues like workforce capacity and data-sharing capacity are especially concerning.”

Another key finding from the interviews was concern regarding the statewide infrastructure critical to short- and long-term success of the ACH model. Respondents with deep experience in health care systems and health transformation efforts identified key elements that will require strong, forward-thinking leadership at the state level to ensure sustainability of the Demonstration work. Of particular concern were the Domain I strategies that each ACH is required to pursue: value-based payments, workforce capacity, and population health management. Many respondents noted that these areas present high risk of failure to individual ACHs. Respondents also identified a lack of statewide standards for infrastructure development and concern that too much design flexibility will lead to inefficient and unnecessary duplication of efforts that will pose a risk to long-term sustainability.

Value-based Payment

Respondents cited anxiety over the move from traditional to alternative methods of provider payment. Some respondents noted that without basic infrastructure support, many providers are unlikely to see successful outcomes from VBP agreements. Other respondents noted that primary care providers are at capacity given their current patient panels and work aligning with other transformation efforts such as the CMS Quality Payment Program. Respondents also mentioned concerns about provider burnout or the potential to stop accepting Medicaid patients if ACHs' VBP efforts fail to align closely with other alternative payment methods already employed within the state. Respondents also pointed out that Medicaid rates are substantially lower than commercial or Medicare rates, and many VBP models are designed to increase efficiencies, cautioning that VBP models will need to be structured carefully to continue to provide basic support for delivery of care.

Workforce Capacity

A common theme identified in the interviews is that the Demonstration design creates the potential for nine different workforce development strategies, resulting in piecemeal and potentially inefficient solutions across the state. There is concern that Demonstration funds will be spent to develop unsustainable regional infrastructure. For example, respondents noted the need for the state to consider mandates of policy strategies for building workforce capacity, especially in rural areas, to ensure success. Respondents acknowledged that some pieces of this can be achieved at the regional level, such as retraining and redeploying efforts, while

others will need to be addressed at the state level because of the concentrated location of major educational institutions in urban areas and the need for economies of scale in curriculum development and training.

health information technology solutions with unnecessary complexity and insufficient interoperability among systems. Respondents urged strong leadership from HCA to coordinate statewide data infrastructure needs.

Population Health Management

Some respondents noted that population health management and VBP models both require robust data infrastructure to produce significant progress toward goals. Respondents expressed concern regarding health information exchange systems in the state and data-sharing capabilities across providers and regions. Some noted that other Demonstration projects, and similar systemwide transformation efforts, are focused on the development of robust and sustainable data aggregation solutions to support all participants and provide a high return on investment. There was also concern about provider readiness to participate in data activities necessary for effective population health management.

“If the goal is to move toward value and be able to demonstrate that...the question is if they [providers] are even capable of measuring value. I don’t see supports available to help them do that in a timely fashion.”

Further, respondents noted that Demonstration timelines to address large-scale and sustainable data solutions are tight and require immediate action to support population health management and value-based payments. Many expressed concern that regional approaches will lead to a patchwork of

FOCUSING ON SUSTAINABLE SOLUTIONS

“Sustainability is critical. How do we work toward sustainability while we are in DSRIP? It’s not a Year 3 or Year 4 or Year 5 topic, it’s a Year 1 topic. How do you map across what is expected in the [various domains] so that you are not duplicating efforts?”

A majority of respondents expressed a lack of clarity regarding the sustainability of Demonstration work beyond 2021. Some respondents voiced concern about a perceived assumption that MCOs would continue to support the work at the end of the Demonstration. Others questioned the validity of the projects themselves and whether or not the portfolios could achieve the required outcomes of the Demonstration. Respondents noted the good work that has been, and continues to be, done toward achieving Healthier Washington goals, but some worried that this ongoing work in the communities will be overshadowed by Demonstration projects that may or may not produce desired outcomes. Respondents suggested creating an inventory of all current resources and transformation projects as part of project selection to leverage and complement, rather than duplicate, existing efforts in the community, particularly for ACHs implementing the Pathways Hub.

SUMMARY

CONCLUSION

The Demonstration launched in Washington State in January 2017 under the auspices of the HCA. The five-year agreement between HCA and CMS authorizes up to \$1.5 billion in federal investments to help improve the overall health of Apple Health beneficiaries. An innovative approach that will promote whole-person care through collaboration of a wide range of community stakeholder partnerships has been established through the selection and certification of nine regional entities called ACHs. The ACHs are required to implement a portfolio of transformation projects designed to bring about regional population health improvement while using resources more efficiently.

Each of the nine regional ACHs has succeeded in gaining the first of two levels of certification by the state, and they have each submitted comprehensive applications for the second phase of certification. As is perhaps inevitable in any ambitious reform initiative, particularly one requiring federal authorization, myriad pressures and tight timelines have negatively affected communication quality and strained coordination efforts. Communications with partners who previously had been deeply engaged have been affected during the ACH certification processes of Demonstration Year 1. This has led to some partners feeling “in the dark” regarding the evolution of the Demonstration. In addition, Demonstration goals related to changes in finance have created expected anxiety throughout the state as HCA partners, stakeholders, and providers attempt to understand and influence the transformation work that will be undertaken in their communities.

Alignment among all transformation efforts will be essential to achieve outcomes of importance to the Healthier Washington initiative. Without central coordination within HCA and across all partners and stakeholders, ACHs will be unlikely to improve population health in the most critical areas defined by the Demonstration.

HCA recognizes the magnitude of change that is being planned and welcomes partner and stakeholder collaboration. It has used the Healthier Washington initiative to lay a strong foundation for the planning and implementation of the State of Washington Medicaid Transformation Demonstration Project and has effectively engaged a broad and diverse group of partners and stakeholders who are committed to the vision and values of the Demonstration.

This report identifies areas of strength and potential opportunities for HCA to improve current program processes and build on the strong foundation of work to date. In reviewing next steps, HCA should consider the potential effects on the Demonstration project, partners, and other stakeholders; compliance with federal requirements for the Demonstration; available resources at HCA; and alignment with state and regional goals and vision.

INTERVIEW GUIDE

1. Please provide a brief overview of your role and experience within your organization.
2. The state of Washington is undergoing a five year, comprehensive Medicaid transformation effort designed to:
 - Integrate physical and behavioral health
 - Convert 90% of Medicaid provider payments to value based models
 - Implement population health strategies to improve health equity
 - Provide targeted services that address key determinants of health

Nine Accountable Communities of Health have been established based on Medicaid service areas and these community based organizations are responsible for project selection, planning and implementation. There are two required projects, Behavioral Health integration and Opioid Use, which all ACHs will be implementing. The remaining six projects are optional and they include community based care coordination, transitional care models, diversion interventions, maternal and child health, access to oral health and chronic disease prevention.

Can you describe your organization's experience with the Demonstration project to date?

3. HCA is interested in hearing stakeholder feedback on the specific projects that will be

implemented as part of the Demonstration. Which projects are of particular interest to your organization and why?

- 2A: Bi-Directional Integration of Care and Primary Care Transformation (Required)
- 2B: Community-Based Care Coordination
- 2C: Transitional Care
- 2D: Diversion Interventions
- 3A: Addressing the Opioid Use Public Health Crisis (Required)
- 3B: Maternal and Child Health
- 3C: Access to Oral Health Services
- 3D: Chronic Disease Prevention and Control

4. To support the work of the individual projects, HCA has required ACHs to address overarching infrastructure issues across all projects. These include:

- Workforce capacity
- Value based payment
- Population health management

Which of these areas are of most interest or concern to your organization?

5. Changing the way providers are paid is a key objective of the Demonstration. By the end of Year 5, HCA has set a goal of 90% of provider payments in some form of value based arrangement. What have your experiences with transitions to VBP been to date?
6. Do you have any additional comments for HCA?

APPENDIX B DEMONSTRATION OVERVIEW



Transformation through Accountable Communities of Health: Overview for Stakeholders

July 2017



Medicaid Transformation Demonstration

- Five-year demonstration of innovative strategies to improve health outcomes and use resources wisely
- Authorizes up to \$1.5 billion in federal investments
- Advances Healthier Washington goals to focus on whole-person care, reward volume over value, and empower local communities
- Three initiatives:

Transformation through Accountable Communities of Health

Up to \$1.1B

Long-term Services and Supports

\$175M

Foundational Community Support Services

\$200M



Outline

- Medicaid Transformation Demonstration overview
- Roles of ACHs in transformation
- Roles of Partnering Providers in transformation
- Resources



Medicaid Transformation goals

Over the five-year Demonstration, Washington will:

- Integrate physical and behavioral health purchasing and service delivery
- Convert 90% of Medicaid provider payments to reward outcomes (value-based payment) by 2021
- Support provider capacity to adopt new payment and care models
- Implement population health strategies that improve health equity
- Provide targeted services that address the needs of our aging populations and address the key determinants of health

5



Medicaid Transformation Demonstration overview

5 years from now



Current system

- Fragmented care delivery
- Disjointed care transitions
- Disengaged clients
- Capacity limits
- Impoverishment
- Inconsistent measurement
- Volume-based payment



Transformed System

- Integrated, whole-person care
- Coordinated care
- Activated clients
- Access to appropriate services
- Timely supports
- Standardized measurement
- Value-based payment

6



DSRIP Program Overview

DSRIP IS ABOUT...

- ✓ **Collaboration:** Joining medical and social service providers to plan and implement programs together that will measurably satisfaction with care
- ✓ **Innovation:** Bringing evidence based models to scale across communities
- ✓ **Incentives:** Funding that is earned based on achieving specific performance levels
- ✓ **Outcomes:** Judging success by the impact of programs on patient outcomes not the volume of encounters it produces

DSRIP IS NOT ABOUT...

- A grant program
- Maintaining the status quo
- Increased funding to do more of the same
- "Winner and losers" - competition among providers
- Care silos
- Growing the volume of visits, or admissions
- Continuing the fee for service payment method
- Protecting services and providers that do not meet patient needs
- Institutionally based care

The transformation process

The Project Plan Template was built on components of the certification process. The goal is to prepare ACHs to implement robust Demonstration projects.

Role of ACHs in Transformation

The Project Toolkit

✓ Required project

DSRIP in Washington State

DSRIP in Washington State will follow a regional approach

- ACHs play a critical role:
 - Coordinate and oversee regional projects aimed at improving care for Medicaid beneficiaries.
 - Apply for transformation projects, and incentive payments, on behalf of partnering providers within the region.
 - Solicit community feedback in development of Project Plan applications.
 - Decide on distribution of incentive funds to providers for achievement of defined milestones.

Project Plan application & approval

Working with ACHs

ACHs work with community partners to decide on population health improvement projects in their region.

Together, they select projects and develop a portfolio of Project Plans. Projects must align with the Demonstration Project Toolkit.

Distribution of funds

Incentive payments are made to community partners to carry out the work of an approved project. Later work ties payment to "Pay for Reporting" and "Pay for Performance."

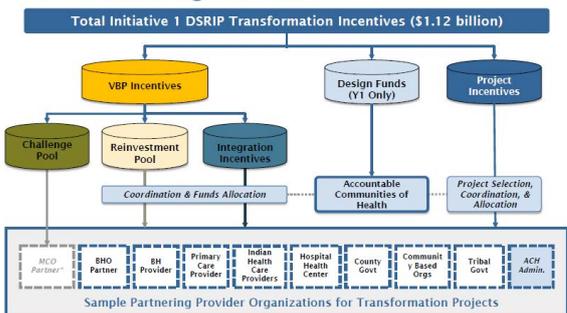
Project Milestones

- Project planning progress milestones – “Pay for Planning”**
 - Initial planning activities and partnerships that establish foundational structure and capacity for transformation project goals
- Project implementation planning – “Pay for Reporting”**
 - Action steps taken by participating providers specified in the project’s initial planning activities
- Scale and Sustain – “Pay for Outcomes”**
 - Demonstrable progress towards project outcomes made by participating providers due to the implementation of the project plan



DSRIP Funds Flow to ACHs & Partnering Providers

Total Initiative 1 DSRIP Transformation Incentives (\$1.12 billion)



Sample Partnering Provider Organizations for Transformation Projects

* Note that though MCOs are critical project partners, they are only eligible for Challenge Pool funds
Subject to Change: Under Negotiation with CMS
Source: Working DSRIP Funding and Mechanics Protocol, Discussion with HCA

Demonstration Year 1 Timeline



- ACH Certification Phase I**
 - Phase I Start: April 17
 - Phase I Submission Due: May 15
- ACH Certification Phase II**
 - Phase II Start: July 17
 - Phase II Submission Due: August 14
- Project Plan Development**
 - Project Plan Template Draft Released for Public Comment: June 15
 - Project Plan Template Final: Week of July 17
 - Project Applications Due: November 16
- Project Plan Review**
 - Application Approval: November 20 to December 22



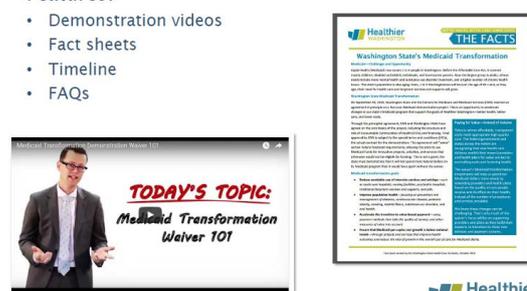
Resources

Role of Partnering Providers in Transformation

Learn More at www.hca.wa.gov/hw

Features:

- Demonstration videos
- Fact sheets
- Timeline
- FAQs




Role of Partnering Providers

ACHs will partner with a variety of providers to support the development and implementation of selected projects.

- May include a broad spectrum of organizations encompassing clinical providers, community-based organizations, county governments, and/or tribal governments and providers.
- Project Plans must describe how ACHs engaged Partnering Providers, including:
 - Participating in ACH governance and organizational structures (e.g., Clinical Affairs Committee)
 - Selecting and implementing transformation projects
 - Advising on evidence-based practices and care delivery models
- ACHs will oversee the disbursement of Demonstration incentive funds to these Partnering Providers.




Medicaid Transformation Resources

What you'll find:

- ✓ Draft Project Plan Template
- ✓ New draft: Project Toolkit
- ✓ Fact sheets
- ✓ Timeline
- ✓ ACHs' Phase I certification applications
- ✓ ...and more



www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-resources

