



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

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

DY6 P4R 1 Report

***Updated Template Release Date: February 1,
2022***

Table of contents

Table of contents.....	2
Semi-annual report information and submission instructions.....	3
ACH contact information.....	6
Section 1. Status update.....	6
Attachments.....	6
Narrative responses.....	7
Attestations.....	10
Section 2. Pay-for-Reporting (P4R) metrics.....	10
Documentation.....	11

Semi-annual report information and submission instructions

Purpose and objectives of ACH DY6 P4R report

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

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

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

Achievement values

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

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

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

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

Table 2. Potential P4R AVs for Project Incentives for DY6 P4R 1 report

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

Reporting requirements

This report includes the sections outlined below.

DY6 P4R 1 report requirements		
Section	Item num	Sub-section components
Section 1. Project implementation status update	1	Attachments - Partnering provider roster
	2 - 3	Narrative responses - COVID-19 - Scale and sustain update
	4 - 6	Attestations
Section 2. Pay-for-Reporting (P4R) metrics	7	Documentation

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

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

File format

ACHs are to submit all required elements as a single searchable PDF, with the exception of the the partnering provider roster and the P4R metrics, which are to be submitted as separate

Microsoft Excel files or PDFs. Below are examples of the file naming conventions ACHs should use:

- *Main Report or Full PDF*: ACH Name.DY6 P4R 1 Report.04.08.22
- *Partnering provider roster*: ACH Name. DY6 P4R 1.Provider roster.04.08.22

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

DY6 P4R report submission instructions

ACHs must submit their completed semi-annual reports to the IA **no later than April 8, 2022 at 3:00p.m. PST.**

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

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

ACHs must upload their semi-annual report and associated attachments to the sub-folder titled “DY6 P4R Report 1.”

The folder path in the ACH’s directory is:

P4R Reports → *DY 6 P4R Report 1*.

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

DY6 P4R report submission and assessment timeline

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

ACH submission and assessment timeline			
No.	Activity	Responsible party	Anticipated timeframe
1.	Distribute DY6 P4R report instructions to ACHs	IA	January 2022
2.	Submit DY6 P4R report	ACHs	April 8, 2022
3.	Begin assessment of reports	IA	April 8, 2022
4.	If needed, issue information request to ACHs within 10 calendar days of report due date	IA	April 18, 2022
5.	If needed, respond to information request within 7 calendar days of receipt	ACHs	April 25, 2022
6.	If needed, review additional information within 7 calendar days of receipt	IA	May 1, 2022
7.	Issue findings to HCA for approval	IA	May 6, 2022

¹ <https://www.hca.wa.gov/about-hca/healthier-washington/ach-submitted-documents>
DY6 P4R report guidance

Contact information

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

ACH contact information

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

ACH name:	Olympic Community of Health
Primary contact name Phone number E-mail address	Celeste Schoenthaler 360.633.9241 celeste@olympicch.org
Secondary contact name Phone number E-mail address	Miranda Burger 360.633.9579 miranda@olympicch.org

Section 1. Status update

The following sub-sections are required components of the ACH's DY6 P4R report unless otherwise noted. ACHs may report in the format of their choosing, as long as all required elements are addressed.

Attachments

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

1. Partnering provider roster.

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

Instructions:

- a) For each partnering provider site identified as participating in transformation activities,

² Partnering providers are defined as any traditional and non-traditional Medicaid providers and organizations that have committed to participate in the ACH's projects. Traditional Medicaid providers are those that bill for services, either to a managed care organization or to the state directly (e.g., hospitals, primary care providers). Non-traditional Medicaid partners may receive some Medicaid funding through programs that provide grant dollars, etc., but they do not provide billable healthcare services to Medicaid members (e.g., behavioral health organizations, community based organizations, fire districts).

the ACH should use the template provided by the IA to indicate:

- i. Whether the partnering provider site is pursuing tactics or strategies in support of specific project areas from the Project Toolkit. Populate the appropriate project column(s) with Y/N.
 - ii. When the partnering provider site starts and ends engagement in transformation activities according to project area by indicating the quarter and year.
- b) Update partnering provider site information as needed over each reporting period.

Submit updated partnering provider roster.

Updated partnering provider roster is attached:

Attachment “OCH. DY6 P4R 1.Provider roster.04.08.22”

Note: OCH has not completed 1:1 contract meetings with the following partners to determine projects: Olympic Medical Center and St. Michael Medical Center.

Narrative responses

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

2. Challenges and mitigation activities

- a) Provide an update on COVID-19 response and recovery activities, as well as any other relevant disaster declarations or similar crises in your region. Please describe ACH activities that emerged or evolved since January 1, 2022 (e.g., project management, communication and engagement, coordination of funding, etc.).

Since January 1, 2022, **OCH staff participated in a facilitation training to better accommodate for “hybrid” meetings** (participants both in-person and on Zoom). This training equipped staff with facilitation tools, resources to engage all participants, and an understanding of various liberating structures. Through this training, OCH events moving forward will better meet the needs of partners in a way that is accessible, COVID-19 cautious, and energizing.

In appreciation and support of the health serving workforce, **OCH sponsored a 30 minute Desk Stretch class led by Office Meet Yoga** on Monday February 28th. Participants were led through gentle breathing and stretching exercises to relieve daily tension and body tightness.

On March 3, 2022 OCH staff delivered coffee and pastries to Peninsula Community Health Services (PCHS) Coordinator’s monthly meeting. OCH gave a short presentation on who OCH is and how we partner with PCHS, sharing a [spotlight on the Stand By Me project](#).

On January 18, 2022 OCH shared a [summary of 2021 COVID-19 Recovery Funds](#). Partners across the region continue to show up where they are most needed and persistently work to support the health of the Olympic region during the COVID-19 pandemic. Response and recovery will continue in 2022. OCH is honored to support a small piece of this collaborative action. We are stronger together.

Applicant	Partner Type	Amount Approved	Project Summary	Project Progress – December 2021
Clallam County Health & Human Services	Public health	\$55,000	Mass vaccinations, mobile response vaccination, home vaccinations, collaboration with ReDiscovery and community paramedics.	Partnered with Jamestown S’Klallam Tribe to outreach to all local schools and offer gift cards for eligible children. Partnered with local homeless shelter to assist with expansion costs to accommodate a quarantine area.
Discovery Behavioral Healthcare	Behavioral Health	\$15,000	Smartphones, tablets, prepaid phone cards, bus passes, and taxi gift cards to support clients	Increased utilization of tele services as well as in-person services by providing transportation assistance and lunch.
First Step Family Support Center	Community-based organization	\$75,000	Outreach coordinator, vulnerable population outreach to encourage vaccines, parent support group to address COVID challenges	Partnered with Clallam Health & Human Services on vaccine clinics, outreach with mobile van and food banks and incentives for vaccine recipients. Supported clinic volunteers with food/water. Concrete goods and gift cards to Jefferson County families. Hired navigator for West End. “We really appreciate the flexibility that was given to us to do our best to meet the true needs of those we were able to help.”
Kitsap Mental Health Services	Behavioral Health	\$35,000	Onsite/offsite vaccines for clients, emergency kits, food, transportation, and phones	Provided transportation and education to clients. Emergency kits are now available at all sites.
Kitsap Public Health District	Public Health	\$75,000	Outreach to hesitant groups, communications, co-creating with community organizations	Expanded/enhanced education, outreach, and storytelling to support increased vaccine access and supports to food distribution.
Makah Tribe	Tribe	\$69,000	Expansion of ‘Village of Hope’ tiny home village on Makah Reservation	Purchased 1 tiny home that will be delivered later in 2022 and will house a Makah Tribe family.
Peninsula Community Health Services	FQHC	\$75,000	Mass vaccination events and vaccines at high-risk congregate living centers	Over 45,000 doses of COVID vaccine to local community, including mobile outreach to meet people where they are. “Every ‘yes’ we find, convince, and vaccinate feels like a significant win. We know the more people vaccinate and tell their loved ones, the closer we are to getting ahead of this and ending it.”

b) Related to the above, describe specific risks/issues, challenges, or other setbacks that emerged since January 1, 2022 (e.g., workforce, information exchange, access), including

any notable impacts to specific providers or communities. Also highlight any mitigation strategies or activities that shifted as a result, if applicable.

Workforce has been the biggest struggle and is pervasive across all sectors. OCH has heard a specific struggle to obtain and sustain licensed providers and entry-level medical assistants. Competing priorities lead to limited bandwidth for partners to take on new projects. Hospitals experience the strongest ongoing impact of COVID-19 response activities and workforce shortages. Jefferson Healthcare is currently down 120 positions.

OCH staff are addressing this struggle by compiling a regional workforce report to highlight gaps and opportunities for action, set to publish later in 2022.

3. Scale and sustain update

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

OCH launched **action collaboratives** for each of the focus areas identified in OCH's [2022-2026 Strategic Plan](#). The four action collaboratives met for the first time on March 30, 2022 to foster connections, establish partner commitment, and ground the work in health equity principles (targeted universalism). The collaboratives will meet several times throughout the year, each working towards data-informed goals (both long-term and short-term). The collaboratives will share progress and proposed next steps with the OCH Board of Directors in December 2022.

Additionally, OCH staff have created a **key messaging document** to support internal staff, OCH Board of Directors, and partners in speaking about the work of OCH beyond the initial MTP waiver. A slide deck was also created to break down the various elements of the strategic plan in accessible visuals and talking points. Both of these resources will guide and support change management throughout year 6.

OCH staff also met separately with **regional Tribes, MCOs, and local health jurisdictions** to share the 2022-2026 OCH strategic plan and discuss possible alignment for the future. These conversations provided OCH lots of valuable information, provided an opportunity to strengthen partnerships, and informed ways to meet partners where they are at. Overall, Tribes, MCOs, and public health are excited about the direction OCH is headed.

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

From late January-mid March OCH spent time meeting individually with contracted partners to establish 2022 contracts and partner scopes of work. Funding in 2022 is separated into 2 payment models: [Year 6](#) and [Not Year 6](#).

- Year 6 – Encompasses additional funds available under the HCA requested 1 year extension to MTP. These are additional dollars that were not previously planned for or allocated. Under Year 6 contracted partners are asked to sign up for 3 projects (in-

house, community/group, and regional workgroup). **A summary of selected projects** was presented to the OCH Board of Directors in March. Participation in Year 6 was available to all previously contracted partners. Franciscan Medical Group, Northwest Family Medical Residency, and Sophie Trettevick Indian Health Center chose not to contract for Year 6 due to ongoing constraints and burdens of COVID-19.

- Not Year 6 – Includes funds already planned for and allocated under the original OCH funds flow model, approved by the Board of Directors in August of 2018. Partner change plans ended in December 2021 as planned. All partners contracted with OCH through 2021 are eligible to earn 2022 and 2023 P4P incentives regardless of participation in Year 6.

Attestations

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

	Yes	No
<p>4. 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:</p> <ul style="list-style-type: none"> • Identification of partnering provider candidates for key informant interviews. • ACH participation in key informant interviews. Note: Participation in interviews for the evaluation is voluntary. • Directing the IEE to public-facing documents (e.g., fact sheets for providers or community members) that help the IEE understand ACH transformation projects and related activities. 	X	
<p>5. The ACH supported WA-ICA communication and technical assistance as requested by HCA (see Section 2, Pay-for-Reporting)</p>	X	
<p>6. The ACH sent the requested physical and behavioral health partnering provider information on or before the due date as instructed by HCA</p>	X	

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

Section 2. Pay-for-Reporting (P4R) metrics

Documentation

7. P4R Metrics

Refer to the attestations in Section 1.

The Washington Integrated Care Assessment (WA-ICA) will replace the Maine Health Access Foundation (MeHAF) tool that had been used under the Medicaid Transformation Waiver Project 2A to advance bi-directional integration of physical and behavioral health services. The collection of data using the WA-ICA will be a requirement for partnering providers beginning in 2022. ACHs will no longer be required to collect MeHAF data from partnering providers beginning in 2022.

To help with a smooth transition, each ACH will inform partnering physical and behavioral health providers who have ever completed the MeHAF under Project 2A that:

- the HCA is transitioning from the MeHAF to the WA-ICA; and
- these partnering providers will be required to complete the WA-ICA instead. The WA-ICA will be completed once during Q3 2022.

More guidance will be shared related to communication and technical assistance by HCA in Q1 2022.