



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

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

## ***DY6 P4R 2 Report***

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

## 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.....	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 2 report*

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

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

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

### Reporting requirements

This report includes the sections outlined below.

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

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

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

### **File format**

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

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

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

***DY6 P4R 2 report submission instructions***

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

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

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

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

The folder path in the ACH’s directory is:

*P4R Reports → DY 6 P4R Report 2.*

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

***DY6 P4R report submission and assessment timeline***

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

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

***Contact information***

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

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

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.

<b>ACH name:</b>	Olympic Community of Health (OCH)
<b>Primary contact name</b> <b>Phone number</b> <b>E-mail address</b>	Celeste Schoenthaler 360.633.9241 celeste@olympicch.org
<b>Secondary contact name</b> <b>Phone number</b> <b>E-mail address</b>	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.<sup>2</sup> Please use the attached provider template.

#### Instructions:

- a) For each partnering provider site identified as participating in transformation activities, the ACH should use the template provided by the IA to indicate:
  - i. Whether the partnering provider site is pursuing tactics or strategies in support of

<sup>2</sup> 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).

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.***

Partnering Provider Roster is attached. See attachment: OCH. DY6 P4R 2.Provider roster.10.07.22

## Narrative responses

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

### 2. Challenges and mitigation activities

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

OCH launched **action collaboratives** for each of the focus areas identified in OCH's 2022-2026 Strategic Plan. Since the launch in March 2022, each of the four action collaboratives have met regularly to foster connections, establish partner commitment, and ground the work in health equity principles (targeted universalism). Each action collaborative has finalized a universal result statement and will be finalizing their data-informed action plans towards that goal in the coming months (both long-term and short-term). The collaboratives will share progress and proposed next steps with the OCH Board of Directors in December 2022.

In March 2022, OCH launched the **value-based purchasing action group** with the purpose of identifying challenges and gaps unique to the Olympic region as well as advocating for creative solutions to expand and improve value-based contracting efforts across Clallam, Jefferson, and Kitsap counties. The group consists of local cross-sector partners representing hospitals, primary care, Federally Qualified Health Centers (FQHCs), behavioral health including substance use disorder (SUD) providers, community-based organizations, as well as statewide managed care organization (MCO) partners and participation from HCA. The group met four times this year and will present their recommendations to the OCH Board of Directors and HCA representatives in October.

OCH continued to produce and publish episodes of the **Coffee Break Video Series**. This video series is a solution to better meet the needs of partner organizations who have limited capacity to attend and participate in bigger convenings. The purpose of this video series is to create accessible, digital resources that highlight partner and community voices on important health topics. These videos are also intended as a way for staff in partner organizations and Tribes to engage with the work of OCH and potentially serve as a potential professional development opportunity for health-serving staff across the region. The first four episodes tackle the following topics: 1) determinants of health, 2) presence of stigma of substance use disorder, 3) taking action to address stigma of substance use disorder, 4) trauma-informed care. The final two videos will be released by the end of the year.

OCH has implemented a **Recovery Hero campaign**, [a series of blog posts](#), short video clips, and social media posts highlighting the voices of community members in recovery from substance use disorder and partner organizations and Tribes supporting the recovery community who set strong examples for fostering a healthy and thriving region. This project is a celebratory solution to addressing regional stigma of substance use disorder. It provides a platform for lived experience to shine and showcase the value community members have to add to this important work. It is often a challenge to center and elevate the voices of those most impacted by regional health efforts. This campaign has been well embraced by partners and been incredibly rewarding to listen and learn from the community.

OCH embarked on a project with **Vision Network Labs** to better understand the collaboration and connections within the Olympic region. Partners were asked to complete a survey through the Vision Network Labs platform detailing their relationships across the region and rating the quality of those relationships. This project will allow OCH to visualize network relationships, provide insights about the ways partners work together, identify opportunities for continued network development, and demonstrate the impact of collective efforts. A summary of this work will be shared with partners, the OCH Board of Directors, and other stakeholders in the coming months, and will inform a more intentional partner engagement strategy moving forward.

OCH took intentional efforts to **expand the table** and network of partners. The OCH Board of Directors set aside funds in the 2022 budget to create new, meaningful connections with partners currently missing from the OCH table to support MTP activities. In July 2022 OCH released a [request for proposals](#). OCH contracted with ten additional organizations across the three counties (see attached partnering provider roster). OCH conducted site visits with each new contracted partner in September 2022 to welcome them to the OCH work and create connections. Work under this RFP directly compliments Year 6 activities of MTP implementation partners while allowing flexibility for partner's unique priorities.

OCH hosted a **Regional Care Coordinator Convening** in September to bring together the regional health and human services workforce that connects people with resources they need to lead healthy lives, and to empower a larger community of care in the Olympic region. The event was intended for the on-the-ground health and human services workforce including coordinators, community health workers, promotoras, navigators, educators, home visitors, and more. The event was attended by 35 individuals from across sixteen different partners spanning Clallam, Jefferson, and Kitsap counties. Based on partner feedback, OCH will continue to convene this workforce throughout 2023.

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

### **Workforce report**

OCH created a [workforce report](#) to take a regional look at the gaps, challenges, and opportunities to strengthen the health-serving workforce. This project is a direct response to an ongoing challenge that all partner types in the Olympic region have



experienced, difficulties recruiting, engaging, developing, and retaining a strong and healthy workforce. OCH's workforce report was published in September 2022. The report is solution-focused and offers creative ideas and success sharing for partners to creatively address specific workforce challenges.

### **Information exchange**

OCH continues to work on the best path forward for an appropriate **digital communication and referral platform(s)** for the region. Many partners express concerns with the development and maintenance of such a platform, such as governance structures, policies and procedures, and privacy and confidentiality concerns. This year, OCH has been working with a consulting firm, Open Referral, and collaborating with other groups in the state to start to address some of these concerns. In addition, OCH has been a part of conversations with the state as they decide how best to proceed with their plans. Keeping these things in mind, OCH continues to develop an informed action plan for this body of work. OCH plans to bring our recommendations to the Board of Directors in the Spring of 2023.

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

OCH anticipates opportunities for change management especially when communicating with and engaging partners (new partners and previously engaged partners) about the implementation of the renewal period. Change is always difficult, and OCH staff have kept clear lines of communication open with partners, providing honest and up-to-date information on statewide initiatives. This clear communication builds trust, which is essential in times of transition. Ways OCH is prioritizing change management:

- Socializing OCH's [2022-2026 Strategic Plan](#) with Board members and partners to highlight how the renewal period aligns with the plan.
- Creation of key messaging guide promote cohesive and clear understanding of the future of OCH.
- Frequent updates to the Board of Directors and the partner network.

### **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 continued to meet and have their final meetings in October and December to finalize action plans that will launch in 2023. The action plans will include a universal result statement, indicators, populations of emphasis, a prioritized list of actions, and strategies to approach the actions. This will be the key work for OCH in 2023.

OCH worked with a communications consultant to finalize a **slide deck about the new strategic plan**. The deck will be shared throughout the region to educate new and current partners about OCH's work.

OCH is in-progress of creating a **short video introducing the strategic plan** and will use the video to bring new partners to the table and keep momentum and connections with current partners.

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

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 one-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.

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

Change management activities involve:

- **Translating OCH’s 2022-2026 strategic plan into a three-minute video** that articulates the “why” behind OCH’s mission and work, ultimately this will be a resource that resonates with new and existing partners and inspires renewed energy towards community transformation. This video is in the creation process and is set to be published by the end of 2022.
- OCH staff has worked hard to regularly update the **OCH website** (olympicch.org). The website has been redesigned in a way that aligns with OCH’s strategic plan and is cohesive with the language associated with the transition and renewal period. The website is a tool for partners to access and explore resources and opportunities related to various projects.
- The **Olympic Action Collaboratives** (described above in question 2.a) have been a successful strategy for continuing to engage with partners (new and existing) and socialize changes related to the transition between Medicaid Transformation Project, the extension, and renewal period. By having cohorts of partners meet regularly, OCH

further develops relationships with and among partners and shares frequent updates with OCH.

- OCH staff led the OCH Board of Directors in an **elevator pitch** activity. This activity provided support and space for the Board to think through the way they talk about OCH and the work that partners do. Board members practiced giving brief, exciting, and cohesive overviews of what OCH is. They got to hear from one another and workshop language in a way that helped them better understand changes coming down the road and articulate them to others.

#### 4. WA-ICA support update

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

OCH is an active participant in the statewide WA-ICA workgroup as well as the ACH leads meetings. OCH responded promptly to all requests made by HealthierHere for accurate and up to date information on eligible providers. OCH continues to advocate within these groups for approaches that will ensure local provider success and meaningful engagement in the WA-ICA. OCH encouraged local providers eligible for cohort 1 to complete the WA-ICA and advertised the opportunity in newsletters to the entire OCH distribution list as well as targeted outreach to implementation partners.

### 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><b>5. The ACH supported Independent External Evaluator (IEE) activities to understand stakeholders’ and partners’ successes and challenges with Medicaid Transformation project implementation.</b> ACH support or engagement may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Identification of partnering provider candidates for key informant interviews.</li> <li>• ACH participation in key informant interviews. Note: Participation in interviews for the evaluation is voluntary.</li> <li>• 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.</li> </ul>	X	
<p><b>6. The ACH supported WA-ICA implementation as outlined below:</b> The ACH utilized the designated WA-ICA DY6 resources to a) support the Centralized Data Entity for the WA-ICA Initiative (at present, Healthier Here)</p>		X*

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

If the ACH checked “No” in item above, provide the ACH’s rationale.

\*As one of the smallest ACHs, OCH is not eligible to earn Pay for Reporting dollars for Year 6 for the WA-ICA (see chart below provided by HCA to ACHs on 8/1/2022). So, while OCH used MTP dollars to participate in the WA-ICA workgroup, WA-ICA ACH Coordination meetings and related requests, and promote the assessment among partners, OCH did not allocate dollars otherwise. The Pay for Performance dollars will be considered by the OCH Board of Directors if/when those dollars are allocated to OCH. OCH does not spend Pay for Performance dollars until they are earned.

<b>DY6 ACH Projected VBP/ICA Incentives</b>				
<b>ACH</b>	<b>P4R1</b>	<b>P4R2</b>	<b>P4P</b>	<b>Total</b>
<b>Payment Timing</b>	<b>Jun-22</b>	<b>Dec-22</b>	<b>Dec-22</b>	
BHT	\$ 70,979	\$ 70,979	\$ 398,803	\$ 540,761
CPAA	\$ 67,074	\$ 67,074	\$ 362,548	\$ 496,697
EH	\$ 82,466	\$ 82,466	\$ 435,058	\$ 599,991
GCACH	\$ 92,177	\$ 92,177	\$ 507,568	\$ 691,921
HH	\$ 145,168	\$ 145,168	\$ 797,607	\$ 1,087,944
NCACH	\$ -	\$ -	\$ 181,274	\$ 181,274
NSACH	\$ 99,466	\$ 99,466	\$ 543,823	\$ 742,755
OCH	\$ -	\$ -	\$ 145,019	\$ 145,019
SWACH	\$ 46,917	\$ 46,917	\$ 253,784	\$ 347,617
<b>Total</b>	<b>\$604,247</b>	<b>\$604,247</b>	<b>\$3,625,484</b>	<b>\$4,833,979</b>