



HEALTHIER WASHINGTON

Better Health, Better Care, Lower Costs



JAY INSLEE
Governor



STATE OF WASHINGTON
Office of the Governor

July 11, 2014

Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop #7700 Bethesda
5600 Fishers Lane
Rockville, MD 20857

RE: State Innovation Models: Round Two of Funding for Design and Test Assistance
(CMS-1G1-14-001) Model Test Grant

Dear Mr. Nah:

I am writing to authorize the Washington State Health Care Authority to submit and administer the state's application for a *State Innovation Models: Round Two of Funding for Design and Test Assistance* (CMS-1G1-14-001) Model Test grant. I am pleased to fully endorse our *Healthier Washington* proposal.

Washington's State Innovation Models Round One Pre-Testing grant catalyzed needed conversations and strong commitment among state leaders, the Legislature, delivery system and health plan executives, and hundreds of community members toward the achievement of better health, better care and lower costs.

The planning process enabled extensive cross-community and multi-sector engagement to define the elements necessary to achieve transformative health and health care system change. The resulting State Health Care Innovation Plan created a framework for health system transformation that is far reaching in its support and leverages the innovative culture and exceptional health and delivery system expertise required to execute Washington's plan.

With the Innovation Plan in place, I requested legislation and funding in the 2014 Legislative Session to move forward with Innovation Plan elements and prepare the state for further progress under this funding opportunity. With strong bipartisan support, it was my pleasure to sign into law E2SHB 2572 and 2SSB 6312, solidifying Washington's path for innovative purchasing strategies and integrated delivery reforms.

The Innovation Plan is the foundation of the *Healthier Washington* proposal. This application is deeply informed by hundreds of thought leaders from across the health care community and leadership from my cabinet and other independently elected offices – ranging from public health and human services to education, commerce and insurance. This extensive engagement has resulted in a uniquely Washington approach that ensures support from across the state as we continue on our path toward health system transformation. Please see the below copied agencies



for a list of major departments and organizations collaborating on this project, recognizing that dozens of private and public entities have committed to collaborating on the *Healthier Washington* effort as evidenced by the application's letters of support and outlined stakeholder activities.

Washington proposes to drive transformation through three strategies: 1) Drive value-based purchasing across the state, starting with the state as "first mover," 2) Improve chronic illness care through better integration of care and social supports, particularly for individuals with physical and behavioral co-morbidities, and 3) Improve health overall by building healthy communities and people through prevention and early mitigation of disease throughout the life course. Investments in clinical practice transformation, performance measurement, multi-payer payment reform, and community transformation through this Model Test grant are critical to our success and the achievement of significant return on investment. In addition to the enclosed letters of support from providers, payers, purchasers, communities and others, I am committed to using the state's full range of regulatory, payment and policy authorities and levers to realize health system transformation as described in our innovation plan. I believe Washington State offers an exceptionally well prepared, well qualified and receptive environment in which to test innovative and transformative payment models and payment delivery reforms.

The enclosed Model Test grant application provides detailed information about Washington's proposed statewide approach and sustainable investments to achieve better health, better care and lower costs. Should you have any questions, please contact Washington State's Health Care Authority Director, Dorothy Teeter, at (360)725-1040 or dorothy.teeter@hca.wa.gov.

Thank you for this extraordinary opportunity to accelerate health system transformation in Washington State. We look forward to working with you in partnership to achieve our shared aims.

Very truly yours,



Jay Inslee
Governor

cc: Dorothy Teeter, Director, HCA
John Wiesman, Secretary, DOH
Kevin Quigley, Secretary, DSHS
Brian Bonlender, Director, COM
Bette Hyde, Director, DEL
Joel Sacks, Director, L&I
David Schumacher, Director, OFM
Mike Kreidler, Commissioner, OIC
Randy Dorn, Superintendent, OSPI
Marty Brown, Executive Director, BCTC
Richard Onizuka, Chief Executive Officer, HBE

Contents

Letter of Endorsement from Governor Inslee

Project Abstract

I) PROJECT NARRATIVE

Introduction	1
Plan for Improving Population Health	2
Health Care Delivery System Transformation Plan	3
Payment and Service Delivery Model	10
<i>Model Test 1: Early-Adopter of Medicaid Integration</i>	11
<i>Model Test 2: Encounter-based to Value-based</i>	11
<i>Model Test 3: Puget Sound PEB and Multi-Purchaser</i>	12
<i>Model Test 4: Greater Washington Multi-Payer</i>	12
Leveraging Regulatory Authority	14
Health Information Technology	15
<i>Enhance Health Information Exchange</i>	16
<i>Improve Analytic Capacity and Governance</i>	16
<i>Visualize Health in Communities</i>	18
Stakeholder Engagement	19
Quality Measure Alignment	21
Monitoring and Evaluation Plan	24
<i>Qualitative Process Evaluation</i>	25
<i>Quantitative Impact Evaluation</i>	26
<i>Analytic Approach to the Quantitative Evaluation</i>	28
Alignment with State and Federal Innovation	29

II) HEALTHIER WASHINGTON OPERATIONAL PLAN

Governance Structure 2
Project Risks and Sustainability 3
Community Empowerment and Accountability 4
Accountable Communities of Health 4
Practice Transformation Support 4
Hub Startup, Operations 5
Shared Decision Making 5
Workforce 6
Payment Redesign 6
Early Adopter 6
Encounter to Value 7
Multi-Purchaser 7
Multi-Payer 8
Analytics, Interoperability and Measurement 8
Interoperability 8
Data Analytics and Mapping 9
Price and Quality Transparency 9
Project Management 10

III) SUPPORTING DOCUMENTS

- Financial Analysis (Mercer Consulting)
Letters of Support

HEALTHIER WASHINGTON: *Better Health, Better Care, Lower Costs*

The Healthier Washington project builds the capacity to move health care purchasing from volume to value, improve the health of state residents, and deliver coordinated whole-person care. Through focused and collaborative engagement of the public and private sectors, the Healthier Washington project will achieve better health, better care and lower costs for at least 80% of state residents.

Under this project, targeted investments are made in the following:

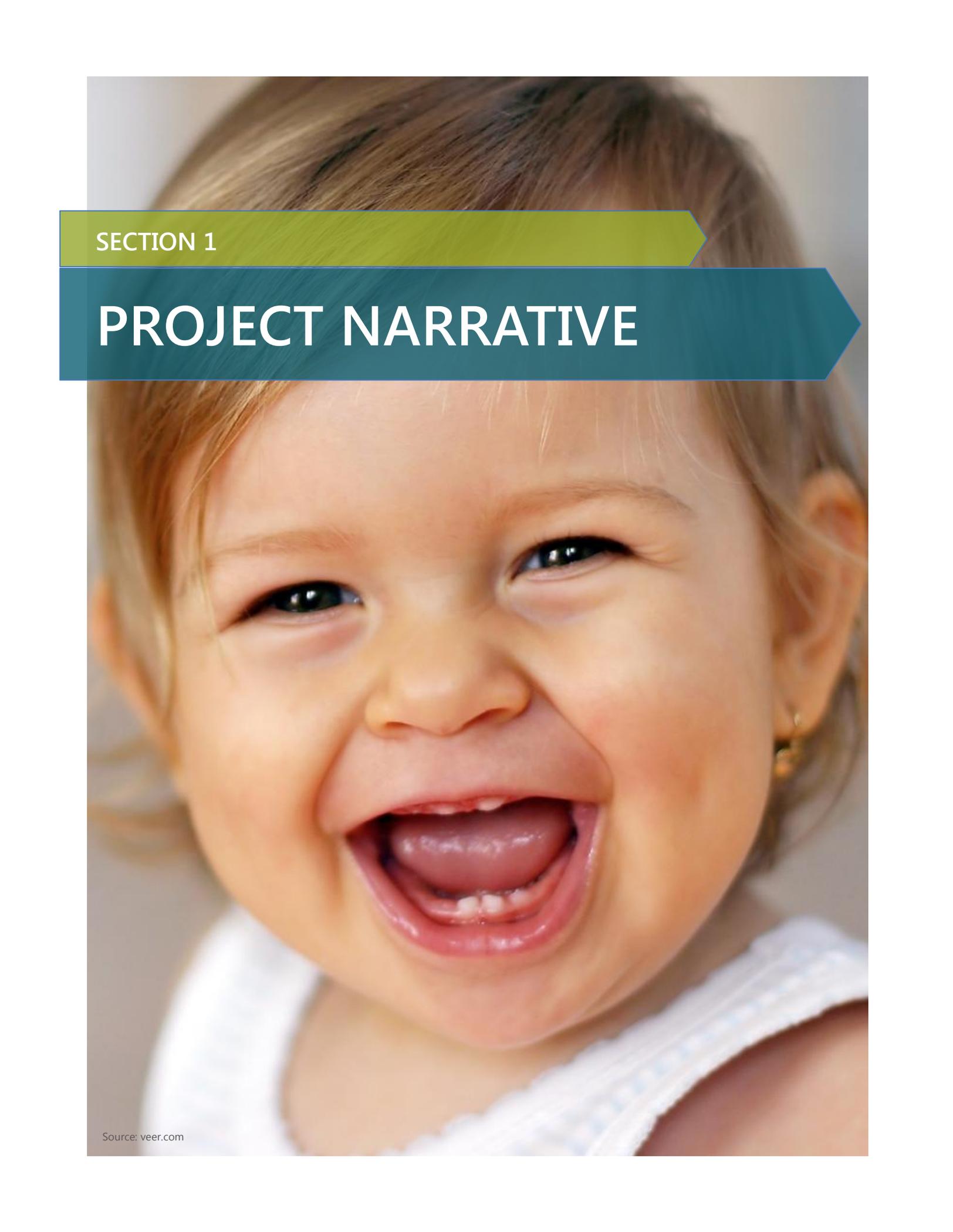
- (1) Community empowerment and accountability.** Washington will drive local innovation through accountable communities of health (ACHs). Regionally organized ACHs will align the activity and investments of diverse sectors—providers, public health, housing, education, social service providers, health plans, county and local government, philanthropy, consumers, businesses and tribes—to drive integrated delivery of health and social services and improve population health.
- (2) Practice transformation support.** A practice transformation support hub will support providers across the state to effectively coordinate care, increase capacity, and benefit from value-based reimbursement strategies.
- (3) Payment redesign.** In partnership with purchasers, providers and payers, Washington will leverage its purchasing power to be the first mover in shifting 80% of the health care market from traditional fee-for-service to integrated, value-based payment models. Significant infrastructure and national expertise will guide efforts to test, improve and bring to scale shared savings and total cost of care models, including full integration of physical and behavioral health in Medicaid.
- (4) Analytics, interoperability and measurement.** New analytical infrastructure for monitoring and reporting on health system performance will support broad deployment of common performance measures to guide health care purchasing. New information exchange capacity will be leveraged to support care delivery, clinical-community linkages, and improved health outcomes.
- (5) Project management.** Implementation will be coordinated through a public-private leadership council with a dedicated interagency team and legislative oversight. Accountable project management will ensure real-time evaluation and continuous improvement on all Healthier Washington initiatives.

An independent actuary has estimated potential cost savings of the Healthier Washington project at \$1.05 billion over 4 years. This is enabled through a model test grant budgeted for \$92,404,133 and significant in-kind contributions from public and private stakeholders that total nearly \$125 million.

In late 2013, extensive stakeholder and tribal involvement led to the completion of a 5-year state health care innovation plan under a State Innovation Models Pre-testing grant. Shortly thereafter, a bipartisan Legislature passed two pieces of Governor-requested legislation to fund early implementation of the plan, building on the state's successful rollout of the Affordable Care Act. This project leverages the commitment of 12 commercial and Medicaid payers, nearly every major health system, and targets the engagement of 80% of Washington's residents, approximately 5.6 million people.

Washington is uniquely positioned to improve health delivery, transform payment systems, and advance population health through the Healthier Washington project.

For more on Healthier Washington, view the overview video at: youtube.com/innovationplan



SECTION 1

PROJECT NARRATIVE



HEALTHIER WASHINGTON: *Better Health, Better Care, Lower Costs*

Passage of the Patient Protection and Affordable Care Act (ACA) in 2010 created an unrivaled opportunity for increasing health coverage in Washington state. With bipartisan support, the state fully implemented coverage expansion provisions, with nearly 350,000 adults now newly covered through Medicaid expansion and another 170,000 served through Qualified Health Plans on the Health Benefit Exchange. Even amidst this success, Washington's health leaders and policymakers recognize many barriers remain to improved health and well-being of individuals and families.

Washington faces tough choices. Will we leverage innovation and disrupt the status quo of a fragmented and wasteful health system? Or will we continue to risk state budgets, business vitality, and the health of our communities and residents?

We choose innovation.

As a State Innovation Models (SIM) Pre-Test awardee, Washington created a five-year State Health Care Innovation Plan. Strong engagement from across the public and private sectors—more than 1,100 providers, payers, consumers, local governments, delivery systems, businesses, Tribes, social service organizations, and 12 state agencies—helped chart a bold course for transformative change. Fully implemented, the project will generate a return on investment of nearly \$1 billion.

The Healthier Washington project is predicated on the realization that better health, better care and lower costs can only be achieved if state resources and communities are significantly more aligned. This requires overdue changes in health care delivery and financing methods, deeper recognition of social determinants of health, and innovative policies and structures. We will support rapid progress in three strategic focus areas:

- **Build healthy communities and people through prevention and early mitigation of disease throughout the life course.** *Goal: By 2019, 90% of Washington residents and their communities will be healthier.*
- **Integrate care and social supports for individuals with physical and behavioral co-morbidities.** *Goal: By 2019, all with physical and behavioral (mental health/substance abuse) co-morbidities will receive high-quality care.*
- **Pay for value instead of volume, with the state leading by example as “first mover.”** *Goal: By 2019, Washington’s annual health care cost growth will be 2% less than the national health expenditure trend.*

Washington is prepared to move aggressively, capitalizing on technical and financial support through a SIM Model Test award. Investments are weighted on infrastructure improvements and start-up capital to ensure return on investment is realized over the short and long term. Sustainability beyond the project depends on the execution and success of project initiatives and validity and visibility of the results. We will invest in:

- (1) **Community empowerment and accountability.** Access to housing, education, employment supports, and other social services are often as important to health and well-being as traditional clinical services. Washington will drive local innovation through Accountable Communities of Health (ACHs). Regionally organized ACHs will align actions and investments of diverse sectors—providers, public health, housing, education, early learning, social service providers, health plans, county and local government, philanthropy, consumers, businesses and Tribes—to drive integrated delivery of health and social services and improve population health.

- (2) **Practice transformation support.** The health delivery system is dependent on traditional fee-for-service arrangements, with resulting fragmentation and waste creating poor outcomes for patients. A Practice Transformation Support Hub will support providers across the state to effectively coordinate care, increase capacity and benefit from value-based reimbursement strategies.
- (3) **Payment redesign.** We get what we pay for: services that are often duplicated, uncoordinated, and unnecessary. In partnership with purchasers, providers and payers, Washington will leverage its status as “first mover” to shift 80% of the market from traditional fee for service to integrated, value-based payment models. The state will test, improve and bring to scale shared savings and total cost of care models in collaboration with delivery system and payer partners. Tests will build on existing initiatives and CMS demonstrations.
- (4) **Analytics, interoperability and measurement.** There is no consistent standard for measuring health performance in Washington state, and health information remains trapped in silos, often unavailable to address whole-person needs across care sites and delivery systems. This project will accelerate the deployment of a statewide core performance measure set for public and private health care purchasing, and will build an innovative analytical infrastructure for monitoring and reporting. It will also enhance information exchange capacity to support care delivery, clinical-community linkages and improved health outcomes.
- (5) **Project management.** Transformation demands a new level of change management that links and aligns state agencies, legislators, and key public and private organizations. A dedicated interagency team is essential to successfully

manage, evaluate and sustain a project of this magnitude. With leadership from the Governor and bipartisan legislative support, the Health Care Authority (HCA)—which oversees the state’s two top health care purchasers (Medicaid and the Public Employees Benefits Board)—will serve as the coordinating agency. A legislative committee will oversee the project. Implementation will be coordinated through a public-private leadership council. Accountable project management will ensure real-time evaluation and improvement of Healthier Washington initiatives.

Washington is ready. Washington’s plan offers a blueprint. Initial steps have been taken and partners are moving forward. For example, following completion of the Innovation Plan funded through the SIM Pre-testing grant, the Governor requested two pieces of landmark health reform legislation (see Figure 4). These bills, and start-up funding, were approved on a bipartisan basis.

Washington is uniquely positioned to accelerate improved health delivery, transform payment systems, and improve population health.

FIGURE 1 – Washington’s approach to innovation



I. PLAN FOR IMPROVING POPULATION HEALTH

Heart disease, stroke and diabetes cause 1/3 of deaths in Washington each year.

These deaths are driven by preventable causes: 30% of adults have hypertension, 35%

have pre-diabetes and 27% are obese (BRFSS, 2012). While in recent years tobacco use has declined, the burden of tobacco and chronic disease is disproportionately higher for communities of color, individuals with lower socioeconomic status, and those with behavioral health conditions. Washington's plan to improve population health and achieve health equity will address the underlying causes of these preventable deaths and related costs.

Immediately upon completion of the Innovation Plan, the Department of Health (DOH) and HCA led the creation of a public-private, multi-sector "Prevention Framework" committee to begin work on a plan for addressing population health. This effort forged stronger linkages between public health and the delivery system. DOH and HCA together with the Prevention Framework committee will lead and govern the state's continued work on a plan for population health, to be completed by January 2016. Ultimate accountability for the final plan for population health will be placed with the Secretary of Health. By 2019, Washington state will improve population health by increasing:

- The proportion of the population who receive evidence-based clinical and community preventive services that lead to a reduction in preventable conditions.
- The proportion of the population with better physical and behavioral health outcomes by engaging individuals, families and communities in a responsive system that supports social and health needs.
- The number of communities with social and physical environments that encourage healthy behaviors, and promote health and health equity.

- Coordinated efforts between public health, the health care delivery system, and systems that influence social determinants of health to lower costs, and improve health and the experience of care.

The population health plan will be supported with clinical, financial, administrative and surveillance data. It will leverage the interagency analytical resources of this project to aggregate and disseminate actionable data on a statewide and regional basis.

Washington's development of a statewide, core performance measures set will incorporate national population health metrics of tobacco use, obesity and diabetes.

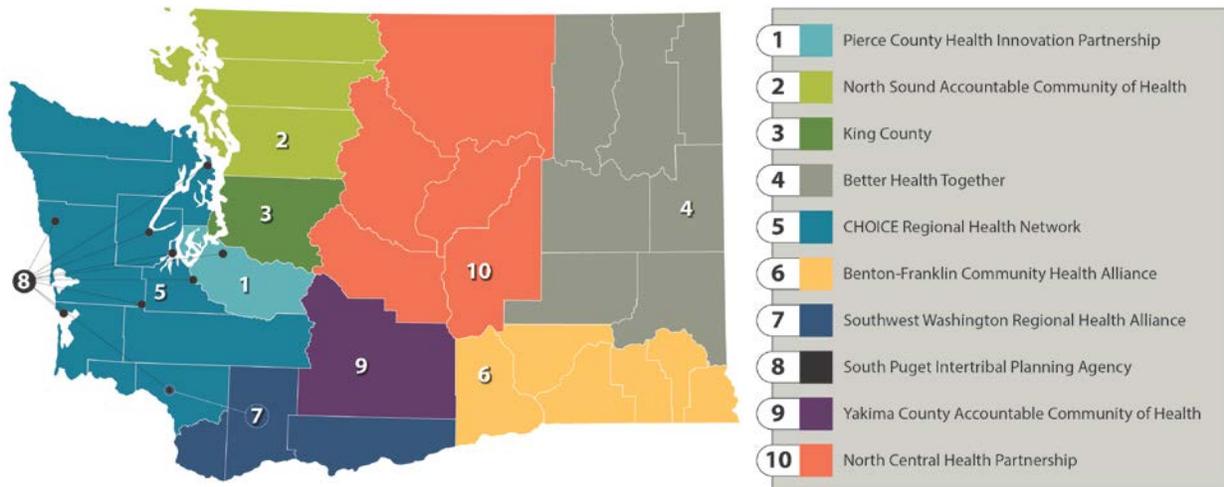
The Prevention Framework has defined Washington's priorities to include prevention and management of chronic disease, aligned interventions for substance abuse and mental health conditions, as well as promotion of healthy eating and active, tobacco-free living. Key stakeholders from hospital systems, provider groups, local public health, housing, education, and academia will continue to provide their input and expertise toward completion of the plan for population health.

Accountable Communities of Health (ACHs) will drive health delivery system and community linkages at a regional level and will serve as core infrastructure through which the population health plan will be accelerated after its completion. Recognizing population health improvement occurs locally, ACHs will follow the model of the Prevention Framework committee by convening multiple sectors to implement common strategies, with standard measurement and accountability for results.

ACHs will leverage state, federal and private philanthropic resources to invest in promising and evidence-based practices, evaluate the results, scale and spread effective models, and capture savings for reinvestment and sustainability.

Funded by the legislature, the state has jumpstarted ACH development through initial planning grants (see Figure 2). Through this opportunity, communities self-organized into regions that cover the entire state and their planning efforts will inform future ACH designation and aligned purchasing activities.

FIGURE 2 – Community of Health Planning Grant Awardees



Many communities are well-prepared for success in this area. For example, a King County effort reduced youth obesity in participating schools by 17%. In Yakima County, initiatives resulted in increased fruit and vegetable consumption, increased physical activity and decreased Body Mass Index.

Making progress on the plan for population health is dependent on the broader interventions made possible with investments outlined throughout this narrative. Providing critical support for ACH maturation will enable communities to bring cross-sector initiatives to scale. Shifting to payment systems that reward better health outcomes and track improved health status will make the business case for population health. Enhanced analytic and performance measurement capacity will drive greater

accountability at the community and clinical levels. Practice transformation support will more closely link payers and clinicians to public health and community resources.

II. HEALTH CARE DELIVERY SYSTEM TRANSFORMATION PLAN

Washington's provider community is at a tipping point. Throughout Innovation Planning, many expressed willingness and readiness to move away from a fee-for-service based system and embrace greater transparency. Most noted transformative change is dependent upon practice transformation support, innovative patient engagement initiatives, a flexible approach to workforce, and better linking clinical and community resources.

The Practice Transformation Support Hub under this project will focus its efforts on clinical practice transformation as a necessary complement to payment reform.

Specifically, the Hub will:

- Provide technical assistance and practice facilitation around co-located or virtual team-based, bi-directional care. This model is characterized by information sharing, joint care planning, and coordination between physical and behavioral health providers that relies on an expanded multi-disciplinary workforce.
- Support uptake of evidence-based initiatives that improve quality and value, such as the chronic care model, shared decision making and the Dr. Robert Bree Collaborative recommendations. Bree is a statewide public-private consortium created by the legislature to identify areas of substantial variation in practice patterns and/or high-utilization trends, and make recommendations.
- Across these domains and in concert with ACHs and public health, the Hub will provide focused technical assistance to improve person-centered care planning and

management across the broader care team, which includes supportive housing, supported employment, school-based nursing, and long-term services and supports. Foundational to the success of the Hub's support of clinical practice transformation is a high level of patient engagement and a flexible, expanded workforce.

- **Patient engagement.** This project will focus on improving health care quality and reducing avoidable costs by engaging patients and their health care providers more actively in preference-sensitive care decisions. In partnership with Group Health Cooperative, a national leader in patient decision aids, Washington will deploy a set of maternity care patient decision aids and resources for state-purchased health care programs starting in 2016. Informed by rapid-cycle evaluation, Washington will phase in other certified decision aids such as joint replacements and palliative care.
- **Workforce capacity.** Building on Washington's broad scope and authority for its workforce, this project will specifically focus on non-traditional workforce growth for community health workers including peer support specialists. Over the duration of the project, regulatory and legislative action also will be pursued to normalize and expand the reach of tele-medicine into health professional shortage areas. Finally, real-time, rapid assessment and dissemination of key health care employer and labor projections will inform workforce supply planning.

The state has demonstrated a strong commitment to the engagement of a broad and diverse health delivery system including primary care, behavioral health, hospitals, long-term services and supports, local governments, criminal justice, social services, tribal health programs, and the legal services community. Continuation of that engagement under this project will be sustained through ACHs, development of the plan

for population health, a statewide performance measures committee, state purchasing and payment reform efforts, and other public-private stakeholder activities.

III. PAYMENT AND SERVICE DELIVERY MODEL

Public and private purchasers have been passive in asserting their purchasing power to clearly define delivery system performance expectations. We get what we contract for: payment models that emphasize fee-for-service reimbursement, wasteful administrative processes and disparate performance requirements. Medicaid financing, delivery and administrative systems are fragmented, creating unnecessary complexity for the delivery of medical, behavioral health, and long-term services and supports for this population.

To support high-quality, affordable health care, Washington as a purchaser will change the way it purchases coverage for almost 2 million public employees (PEB program) and Medicaid beneficiaries, totaling more than 1/3 of the state's non-elderly population. The state will lead by using its market power to drive 80% of state-financed health care to value-based payment by 2019.

Having expanded Medicaid by nearly 350,000 beneficiaries under the ACA, transformation of the program will be a key element of the state's first-mover strategy. Medicaid purchasing will be reorganized into service areas aligned with ACH regions, effective in 2016. ACH priorities and input will help inform Medicaid purchasing strategy. Contracts will require financial incentives for effective coordinated care and recovery, case finding, patient engagement and community linkages.

To support the integrated delivery of services, the state will require fully integrated purchasing of physical and behavioral health services by 2020. Two parallel purchasing pathways will begin in 2016. Early adopting regions will have physical and behavioral

health services purchased on a fully integrated basis. Other regions will begin this transition by having care delivered through separate but coordinated behavioral health and physical health managed care contracts.

To further the federal-state partnership envisioned in the Healthier Washington project, the state intends to secure a Section 1115 Demonstration Waiver from CMS to fully support the transformation envisioned. Preliminary discussions are underway.

Partnering with other major purchasers of health care, payers and delivery systems, Washington will test 4 payment and delivery system models in concert with other major transformation activities described throughout this narrative. These models leverage the strong commitment and engagement of the state's health care systems and the desire of all parties to move away from our dependence on fee for service:

- **Model Test 1: *Early-Adopter of Medicaid Integration*** – As the state moves toward full integration by 2020, several early adopting regions in the state will test the degree to which integrated financing can bring together physical and behavioral health services to deliver whole-person care. Counties within each early adopter region will receive 10% of state savings resulting from the integration models. It is expected that participation in fully integrated financing of Medicaid services will increase over the course of the project period.
- **Model Test 2: *Encounter-based to Value-based*** – More than 41% of current Medicaid beneficiaries and 1 in 10 Washingtonians are served in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) for primary care. Most of rural Washington is served by federally designated Critical Access Hospitals. These providers offer some of the most innovative and integrated

delivery models in the state yet their reimbursement structure stifles further care delivery innovation. In these settings, payment changes are especially difficult given statutory and regulatory barriers and business models that rely on encounter-driven, cost-based reimbursement. With strong support from these clinics and hospitals, the state will introduce a value-based alternative payment methodology in Medicaid for FQHCs and RHCs and pursue new flexibility in delivery and financial incentives for participating Critical Access Hospitals. The model will test how increased financial flexibility can support promising models that expand care delivery options such as email, telemedicine, group visits and expanded care teams.

- **Model Test 3: *Puget Sound PEB and Multi-Purchaser*** – Washington will work with existing PEB partners, Group Health Cooperative and Regence BlueShield, two of Washington’s largest insurers, to test new accountable delivery and payment models. Starting in 2016 with Washington’s PEB population in the Puget Sound region and expanding to King County employees the following year, this model will test new accountable network, benefit design and payment approaches compared to existing fee-for-service models. Other purchasers and union trust members of the Washington Health Alliance (Alliance) also will be invited to participate. Medicaid and Medicare plan participation will be sought, potentially doubling the reach of this model.
- **Model Test 4: *Greater Washington Multi-Payer*** – Washington will drive total cost of care approaches with identified payers, providers and other purchasers, through a statewide, high-value accountable network with common infrastructure that effectively integrates finance and delivery. This multi-payer network will have

the capacity to coordinate, share risk and engage a population of 200,000 by 2018, consisting of commercial, Medicaid, Medicare and public employee beneficiaries. A specific opportunity to engage Exchange Qualified Health Plans is envisioned under this model. Consumer participation will be encouraged via benefit design and financial incentives. Data aggregation will provide a unified view of patient care and timely feedback to providers with common metrics to evaluate performance regardless of payer. The model will be statewide with initial participation from PEB in year 1 and expansion in years 2-4 to commercial, Exchange, Medicare and Medicaid plans.

FIGURE 3 – Model Test Provider and Beneficiary Participation

MODEL	1. Early Adopter			2. Encounter-based to Value-based			3. PEB and KC Multi-Purchaser			4. Greater WA Multi-Payer		
	Year 1	2	3	1	2	3	1	2	3	1	2	3
Public Employee							50k	60k	70k	50k	60k	70k
Commercial								15k	30k		15k	30k
Medicaid	450k	650k	850k	300k	450k	550k			75k			75k
Medicare				8k	10k	12k			25k		15K	25k
TOTAL	450k	650k	850k	308k	460k	562k	50k	75k	200k	50k	90k	200k
Providers	14k	17k	21k	1.8k	2.2k	2.6K	3.34k			6.1k		
Services Delivered	All models incorporate the full care continuum (primary/specialty care, hospital-based services and behavioral health)											

Commitments for participation in the test models have been secured as evidenced by this project’s letters of support. Commitments include nationally recognized leaders in innovation representing the critical mass needed to meet the goal of moving 80% of purchasing away from fee-for-service by 2019.

IV. LEVERAGING REGULATORY AUTHORITY

Washington state as a purchaser, convener and regulatory authority is committed to taking a lead role as first mover to accelerate health transformation. In 2014, to implement the Innovation Plan, the Governor requested two landmark pieces of legislation, which passed with bipartisan support.

FIGURE 4 – KEY LEGISLATION SUMMARY

E2SHB 2572 – “Better Health Care Purchasing”
<ul style="list-style-type: none">■ Creates legislative oversight■ Establishes and funds first 2 Accountable Communities of Health■ Establishes statewide performance measures committee■ Creates practice transformation support hub■ Establishes all-payer claims database and creates a safe harbor■ Directs HCA to increase value-based contracting for Medicaid and public employees
2SSB 6312 – “Treating the Whole Person”
<ul style="list-style-type: none">■ Medicaid purchasing for physical, mental health and chemical dependency services must be fully integrated by 2020■ Creates behavioral health organizations by 2016 to integrate chemical dependency and mental health services administration■ Medicaid purchasing will be aligned in regional service areas by 2016■ Incentives for early-adopters of full integration■ Incentives for outcome-based performance■ Reciprocal contracting arrangements required for co-located services

In addition to leveraging its purchasing strength and considerable marketplace footprint, other regulatory and legislative levers will be activated to implement strategies on a system-wide level. Examples include:

- **State purchasing.** Washington is creating a common framework for the 2016 Medicaid and PEB procurement cycle, requiring contractors to use common measures, implement evidence-based purchasing guidelines, participate in clinical

quality endeavors and utilize certified decision aids. Other major state purchasers, such as Labor and Industries, are committed to aligning with this framework.

- **Shared decision-making certification.** The chief medical officer at HCA is permitted by statute to certify patient decision aids and will use this authority.
- **Workforce.** Washington is already a leader in maximizing the professional licensure and accreditation of providers. The state is committed to advancing team-based care and integration through continued review of its licensure and accreditation practices.
- **Insurance Commissioner and CEO of the Health Benefit Exchange.** Both serve on the project's advisory council and are committed to supporting innovation that expands health care options and controls costs in the marketplace to ensure consumers have access to quality, high-value care.
- **Certificate of need.** Requirements have been suspended for fiscal year 2015 for hospitals that change the use of their licensed beds to provide psychiatric services to alleviate significant access issues.

V. HEALTH INFORMATION TECHNOLOGY

The Healthier Washington project will make targeted investments to standardize clinical information, integrate data across health delivery and social service systems, and use these data to report clinical cost, quality, and utilization performance and outcomes. Leveraging clinical and claims information will accelerate accountable payment and delivery system approaches.

The investments in this section are carefully constructed to not supplant existing federal, state or other financing. In addition, technology and staffing are planned, as described in the budget, to ensure sustainability beyond 2018.

Enhance Health Information Exchange

Washington providers, hospitals and payers have invested in health information technology as a critical underpinning to better health, better care and lower costs. Through the assistance of the HITECH Act, adoption of Electronic Health Record (EHR) systems in Washington is above the national average, with 63% of eligible providers and 100% of eligible hospitals using a certified EHR, and 80% of eligible hospitals designated Meaningful Users.

Despite market-wide prevalence of EHR technology, providers face major barriers to exchanging health information for shared patients, which contributes to poorly coordinated care, duplicative procedures and medical errors. Progress on the strategies outlined in the Healthier Washington project cannot be made without improved interoperability and exchange of standardized clinical information. We also need better analytical infrastructure and tools to support care management and monitor performance, as well as greater transparency of health system performance and cost.

Washington is moving forward on enhancements to its State Health Information Exchange (HIE) services that will operate as a shared community asset. The Healthier Washington project will augment existing state and community investments to accelerate standards-based interoperability. Enhanced HIE capacity will facilitate provider access to a patient's longitudinal clinical health record and the seamless transfer of health information between care settings. This will increase identification

of patient care gaps and provide a more timely picture of clinical performance and outcomes. This state HIE investment is a prerequisite for implementing the population health plan, providing necessary feedback for health transformation and ensuring new payment strategies meet intended outcomes.

Even where behavioral health and primary care are co-located, providers are still limited by distinct EHR systems that cannot share information. Accelerating EHR interoperability is vital for achieving whole-person care. Exclusion of most behavioral health providers from the HITECH incentive programs will be addressed with targeted EHR investments where needed and technical assistance for interoperability.

Purchasers, payers and providers know they can no longer rely on claims data alone to measure quality in making progress along the value-based purchasing continuum. This project will link administrative, claims and clinical data to ensure a comprehensive view of health system performance for those financing and delivering health care.

Improve Analytic Capacity and Governance

In partnership with the Department of Social and Health Services' (DSHS) Research and Data Analysis Division and the DOH informatics unit, this project will support the creation of a dedicated research and analytics team with the platform and tools to facilitate implementation, formative evaluation, and continuous improvement throughout the four-year project period. This work will support the University of Washington's evaluation of the project's impact.

Washington will build an advanced analytics platform to leverage big data technologies and an open data platform. This will enable accessible, accurate and actionable data for analysis and dissemination of results to further population health

improvement, delivery system transformation and payment reform. The project will incorporate business intelligence disciplines, including qualitative and quantitative research methods and other areas of study such as health economics and epidemiology.

To coordinate data integration and analytical resources, Washington will leverage its governance team, the Interagency Change Network, to lead HIT activities under this project. Comprised of policy, program and IT leaders from HCA, DSHS and DOH, the network will direct the planning and oversight of implementation. It also will deliver a comprehensive plan for supporting the project's analytical needs in conjunction with existing state IT systems. This network will help ensure public/private exchange of health information and coordination with federally-funded programs.

The Interagency Change Network will use integrated client and population data sets across public health, social services and health care domains. Implementation of this project will benefit from real-time, multi-sector analysis that allows the state and its partners to rapidly refine approaches and innovate with fresh evidence.

Visualize Health in Communities

Mapping tools will help ACHs and their members better understand and visualize overall health, burden of disease and potential barriers and behaviors that impact health. Washington will build this capacity by partnering with experts at the Institute for Health Metrics and Evaluation in conjunction with the Interagency Change Network and local public health leaders. Initially, readily available health data sources will be used, but further integration is planned with other areas such as poverty, housing, education, food availability and employment.

VI. STAKEHOLDER ENGAGEMENT

A foundational principle of the State Health Care Innovation Planning process was that it be transparent and inclusive ([State Health Care Innovation Plan](#), p 97). Public and private leaders across the state were part of an intensive stakeholdering and communication effort, with more than 1,100 total stakeholders engaged throughout the state. This approach:

- Convened leading purchasers, providers, health plans and others to inform the transition to value-based and integrated service delivery models;
- Brought business and health care leaders together with the Governor for a series of meetings to strategize on better health purchasing and inform development of the Innovation Plan;
- Initiated conversations with community-based health collaboratives about the role and potential of communities in achieving transformation; and
- Virtually reached thousands of Washingtonians interested in the development of the Innovation Plan, soliciting their feedback on the plan's development.

As part of the State's government-to-government relationship with Tribes, they were asked to engage early in the Innovation Planning process. Through monthly virtual and frequent in-person engagement opportunities, including a formal tribal Consultation, nearly 35 tribal leaders were engaged in Innovation Planning. Tribes' continued involvement will be essential for achieving the aims of this project.

The principles of transparent engagement, continuous learning, and collaboration will continue through established workgroups and communication outlets, such as the Healthier Washington website and project webinars. The Healthier Washington project

will prioritize resources for communications and outreach needed across all initiatives to ensure success at the state and community levels. By their very nature, the interdependent elements of the project require community, health system and marketplace engagement. This project's letters of support demonstrate Washington's broad private- and public-sector commitment to engagement and action that encompasses the state.

Key to success during Innovation Planning was the commitment of a cross-agency leadership group called the Executive Management Advisory Council (EMAC) that included the Governor's office, HCA, DOH, DSHS, Commerce, Early Learning, the Health Benefit Exchange, Community and Technical Colleges, Labor and Industries, Financial Management, Insurance Commissioner and the Superintendent for Public Instruction. Washington intends to evolve EMAC to a public-private Health Innovation Leadership Network to accelerate Healthier Washington efforts. The Leadership Network, comprised of providers, business, health plans, consumers, community entities, governments, tribal entities and other key sectors, will monitor, inform and accelerate progress as well as identify barriers and opportunities for alignment, scale and spread.

Ongoing activities will continue to heavily rely on stakeholder support, interest, and commitment to transformation. In addition to initiatives such as the Prevention Framework, examples of ongoing efforts include:

- **Value-based Purchasing.** In April 2014, HCA and King County issued a joint-purchaser request for information (RFI) to assess readiness for accountable delivery and payment approaches. 34 organizations serving 98% of the state's residents

responded with strong written commitment to the elimination of traditional fee-for-service models. As follow-up to the RFI, Washington will convene a “sounding board” of providers and payers to provide feedback on the state’s purchasing strategy.

- **Community of Health Planning.** In June 2014, HCA awarded nearly \$485,000 in grants to 10 communities across the state to plan for ACH designation and implementation over the next four years (see Figure 2). The planning communities include providers, payers, community services, Tribes, counties, public health, business, area agencies on aging, and other key sectors. The state will engage the planning communities over the next six months as partners to ensure the success of ACHs moving forward.
- **Workforce.** Workforce leaders convened in September 2013 to develop workforce capacity and flexibility recommendations for the Innovation Plan. Building upon these recommendations, the state’s Health Workforce Council has committed to serving as the sounding board for workforce priorities related to this project.

VII. QUALITY MEASURE ALIGNMENT

A common refrain from providers and payers alike is frustration over a lack of common, statewide quality and cost performance measures. Current efforts to measure performance are burdensome, overlapping and often different, providing no consistent or comparable indication of health system performance and undermining forward momentum to value-based purchasing. By 2015, the legislative directive to build aligned Medicaid and public-private measures of health system performance will be realized.

The passage of E2SHB 2572 requires the development of a statewide core measure set to inform health care purchasing and supports the work through an all-payer claims database that captures claims information from public and private sources. As such, HCA, in partnership with the Alliance, is currently in the process of facilitating a Governor-appointed performance measures committee charged with recommending standard statewide measures of health performance by January 2015. In addition, early implementation efforts are underway to stand up the all-payer claims database, building on the success of the Alliance's current database and performance reporting through the "Community Checkup" (<http://www.wacommunitycheckup.org/>). These measures and public reports will inform purchasers, payers and consumers, and will enable identification of benchmarks against which to track variation in utilization and costs, as well as health care quality.

E2SHB 2572 builds upon legislation from the previous year which required a standard set of performance measures for use across Medicaid delivery systems: physical health, mental health, chemical dependency and long-term services and supports. The legislation required focus on both traditional and non-traditional measures of performance including improvements in client health status, reductions in client involvement with criminal justice, appropriate utilization of emergency rooms and increases in stable housing. Involving a broad range of stakeholders, 51 measures were selected across these domains and a subset is currently being implemented in state Medicaid contracts.

During the rest of 2014, the performance measures committee is identifying an efficient "starter set" of health performance measures. Details of this work include:

- (1) The Committee will recommend a streamlined measure set that: a) is of manageable size with up to 45 measures included, b) is based on readily available health care insurance claims and/or clinical data, c) gives preference to nationally vetted measures, particularly measures endorsed by the National Quality Forum; and d) is aligned with the Medicaid measures described above.
- (2) Recommended measures will fall within three domains: prevention, acute care, and chronic illness care. Cross-cutting considerations will help to focus on the overall performance of the system; these include dimensions of access, quality, care coordination, patient safety, cost, efficiency, utilization and patient experience.
- (3) The resulting measure set will be used to annually assess and report performance at the county, health plan, clinical practice and/or hospital level. Results will be publicly reported in an un-blinded manner when numerators and denominators are sufficient to produce results that are statistically valid and reliable. Future iterations of the measure set will expand the scope of measurement and may focus on other types of providers.

Payers and providers are equally committed to reducing the administrative burden of overlapping measure requirements and are active participants on the performance measure committee. These efforts will result in a measure set that can be effectively used by multiple payers, clinicians, hospitals, purchasers, and counties for health improvement, quality improvement, provider payment system design, benefit design, and administrative simplification efforts, as appropriate.

The state as first mover will adopt committee recommendations and incorporate them into state health plan contracts by 2016.

Continued evolution of the core measure set is critical as expanded clinical, population health and social services data become available, and as rapid-cycle measurement and ongoing evaluation highlight new measures that deserve widespread dissemination and use.

Project investments to further statewide efforts around measure alignment include:

- Annual or more frequent reporting on all defined measures;
- Upkeep and evolution of the statewide core performance measure set for the project's duration;
- Strengthening the Alliance's current database, analytic and reporting capabilities;
- Implementation of the performance measures in state contracts and improved ways of holding payers and delivery systems financially accountable for results; and
- Increasing population health survey sample size to more accurately understand performance gaps and health inequities in smaller populations and geographies.

VIII. MONITORING AND EVALUATION PLAN

The state evaluation team for the Healthier Washington project is led by Douglas Conrad, PhD of the University of Washington Department of Health Services and includes senior faculty expertise in health economics and finance, organization and management, program evaluation, information technology, population health, and epidemiology. It is complemented by Group Health Research Institute as well as state agency experts in innovation and community health evaluation, and behavioral-physical health integration. Evaluation and monitoring will comprise two components:

(1) Qualitative evaluation and monitoring will assess the extent and fidelity of

implementation of the core strategies and will continuously monitor the progress of

the five strategic investments underlying the aims of Healthier Washington. Joining qualitative evaluation with monitoring will promote rapid-cycle learning and feedback that will inform real-time improvements in investment strategies.

(2) The quantitative evaluation will track progress (before and after implementation) on performance measures for each of the three specific aims, and estimate the impact of particular elements (e.g., value-based payment innovations, benefit design, shared decision-making and integrated service delivery), and of the project as a whole.

The evaluation will employ qualitative and quantitative methods to better understand and interpret impacts. The evaluation will ascertain causal effects of the project, where possible. The state's all-payer claims database and the enhanced analytic and reporting capability of the Alliance will enable rigorous evaluation and monitoring of all Healthier Washington project initiatives.

Qualitative Process Evaluation. The general design of the qualitative evaluation component mirrors the Healthier Washington approach (see Figure 1).

The qualitative evaluation will include general queries of state agencies, payers, purchasers, providers and other stakeholders in the following form:

1. To what extent have the strategic investments been implemented, e.g., are ACHs designated and what is their level of functionality?
2. What are the barriers and facilitators to implementing these strategies (including questions related to environmental context, stakeholder engagement, and physical, human and financial resources)?
3. How have strategies been modified?

4. What progress has been made and what lessons learned relative to each specific aim and investment?

The process evaluation will utilize a combination of intensive, semi-structured key informant interviews and document review, and will be tailored to the expertise and perspective of stakeholders.

Quantitative Impact Evaluation. The quantitative evaluation will focus on the dependent variables (ultimate objectives) targeted in each Healthier Washington goal:

- **Strategy 1: Build healthy communities and people through prevention and early mitigation of disease throughout the life course.** Health outcome and prevention analysis will be based on a combination of annual vital statistics from DOH and health statistics from the Behavioral Risk Factor Surveillance System .
- **Strategy 2: Integrate care and social supports for individuals with physical and behavioral co-morbidities.** The data for this strategy will draw from the state’s integrated client database. The database incorporates Medicaid eligibility and service delivery data spanning behavioral and physical health care services such as hospital inpatient and outpatient, physician services, and prescription drugs. It also includes data on housing, employment, schools, crime and incarceration. By accessing periodic feeds from the comprehensive database, the dual functions of near-term and long-term evaluation and real-time monitoring, continuous learning, and rapid-cycle improvement will be closely integrated.
- **Strategy 3: Pay for value instead of volume, with the state leading by example as “first mover.”** The quantitative objectives targeted by this strategy include cost reduction and value improvement. As such, we will evaluate

intermediate measures such as total cost of care per person, utilization metrics, and evidence-based process measures of clinical quality. To the extent possible, health outcome measures will be addressed as clinical data becomes available.

The Governor’s data-driven, continuous improvement system called “Results Washington” is a key underpinning for this project’s measurement efforts. It provides health and health care cost and quality targets the Governor reviews with his cabinet and stakeholders every quarter, resulting in a public report. These performance targets constitute the minimum criteria for evaluating the success of the Healthier Washington project over the near-term and are consistent with the measurement domains that will be further developed by the statewide performance measures committee over the course of the project. Targets include:

FIGURE 5 – Healthier Washington Cost and Quality Targets

Population Health
<ul style="list-style-type: none"> ■ Increase the percent children (19 to 35 months) receiving all recommended vaccinations from 65.2% in 2012 to 72.6% by 2016. ■ Decrease percent of adults smoking cigarettes from 17% in 2011 to 15% by 2017. ■ Decrease percent of adults reporting fair or poor health from 15% in 2011 to 14% by 2017. ■ Increase percent of adults with healthy weight from 36% in 2011 to 38% by 2016. ■ Increase percent of persons with healthy weight among Native Hawaiians/Other Pacific Islanders from 33% to 35%; American Indians/Alaska Natives from 21% to 25%; Blacks from 23% to 26%; Hispanics from 31% to 33% by 2016.
Transforming Health Care Delivery
<ul style="list-style-type: none"> ■ Decrease percent of preterm births from 9.6%, in 2011 to 9.1% by 2016. ■ Decrease the Primary Term Single Vertex (TSV) C Section cesarean section rate from 15.4% to 14.76% by 2016. ■ Increase percent residents who report they have a personal doctor or health care provider from 75% to 82% by 2016. ■ Increase percent mental health consumers receiving a service within 7 days after discharge from inpatient settings from 59% to 65% by June 30, 2015.

Decrease per Capita Health Spending

- Constrain annual state-purchased health care cost growth to 1% less than national health expenditure trend.
- Constrain the 4-year average rate of growth for employer-based insurance premiums during 2012-2016 to 0.5% less than the national trend.

Analytic Approach to the Quantitative Evaluation. In evaluating each of the three core strategies, the team will employ the “difference-in-differences” methodology. While not a pure experimental design of treatment and control groups, comparing change over time between groups can estimate the differential effect of the intervention. The Healthier Washington project provides ample opportunity for this approach through the parallel integrated purchasing pathways and the payment and delivery system models tests—early adopter of Medicaid integration; encounter-based to value-based; Puget Sound PEB and multi-purchaser; and greater Washington multi-payer.

IX. ALIGNMENT WITH STATE AND FEDERAL INNOVATION

The project is aligned with and informed by, but does not duplicate, existing efforts:

Healthier Washington Investments — Abbreviation Key					
PM: Project Management					
AIM: Analytics, Interoperability and Measurement					
PMT: Payment Redesign					
PTS: Practice Transformation Support					
COM: Community Empowerment and Accountability					
Federal and Philanthropic Initiatives					
Health Path Washington: ACA §2703 health homes and financial alignment demonstration.	COM	PTS	PMT	AIM	PM
Roads to Community Living: Investigating/testing services and support to help people with complex, long-term care needs move from institutions to communities.	COM	PTS	PMT		PM
AQM Grant (2 Yrs): Collecting/reporting/analyzing data on initial set of health care quality measures for Medicaid adults, plus two quality improvement projects.			PMT	AIM	PM
Washington’s Transitional Bridge Demonstration (Section 1902(k)(2)): Maintain coverage for low-income individuals enrolled in Basic Health and Medical Care Services until Medicaid expansion took effect in 2014.			PMT		PM
Community Transformation Grants: Active living, healthy eating, preventive services, tobacco-free living.	COM	PTS			PM
RWJF Aligning Forces for Quality, Washington Health Alliance: The Alliance serves a critical role in the Healthier Washington project.	COM	PTS	PMT	AIM	PM
CMMI Grants					
7 Round One Innovation Grants: Care integration for mentally ill adults; appropriate mental health care; paramedic in-home monitoring/education/follow-up.	COM	PTS	PMT	AIM	PM
2 Prospective Round Two Innovation Grants: Medical respite care for Medicaid/Medicare homeless.					
4 Community-based Care Transitions Cooperative Agreements (Medicare): Reducing readmissions.	COM	PTS	PMT	AIM	PM
7 FQHC Advanced Primary Care Practice Demonstrations (Medicare): Improving quality of care, promote, better health, lower costs for medical homes.	COM	PTS	PMT	AIM	PM



SECTION 2

OPERATIONAL PLAN

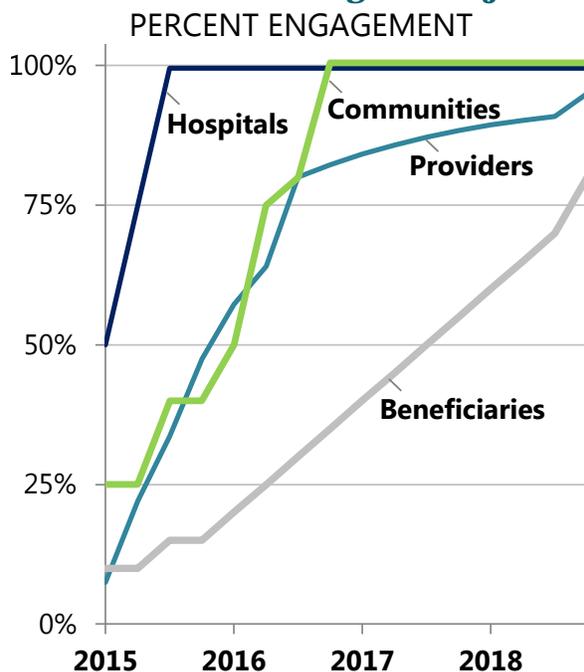


HEALTHIER WASHINGTON OPERATIONAL PLAN

Washington will improve population health, transform the delivery system and decrease per capita health care spending through three core strategies:

1. Improve health overall by building healthy communities and people through prevention and early mitigation of disease throughout the life course;
2. Integrate care and social supports for individuals with both physical and behavioral health conditions; and
3. Pay for value instead of volume, with the State leading by example as “first mover.”

FIGURE 1. Targeted Impacts of Healthier Washington Project



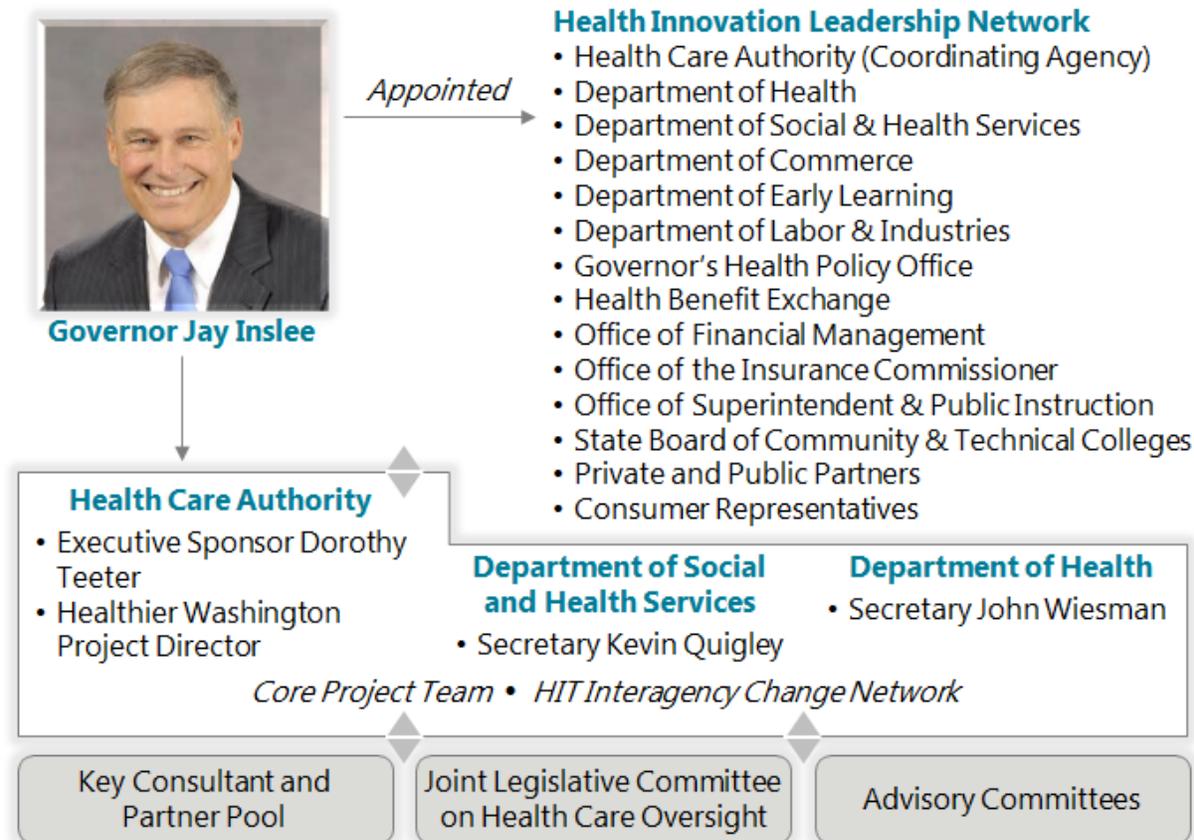
Washington’s three strategies are supported by cross-cutting investments in five areas: community empowerment and accountability; practice transformation support; payment redesign; analytics, interoperability and measurement; and project management. The operational plan’s detailed timeline, milestones and investments are organized according to these core areas.

The state has projected engagement targets for providers, hospitals, beneficiaries and communities. In Figure 1, these targets are presented in the aggregate rather than per investment, given the complex interdependence of each strategy and investment. Our approach entails rapid engagement of all hospitals and communities, and most providers. This will enable broad engagement of beneficiaries over the life of the project.

The Governor’s Office has been closely involved in all aspects of Washington’s innovation initiatives including the development of this project. Governor Jay Inslee has directed alignment of agency initiatives and performance measures in support of health and wellness, and emphasized the importance of health system reform at the state and community levels. The Governor successfully obtained statutory and budget authority in the 2014 legislative session as a pre-cursor to this project.

Through his continued leadership, Governor Inslee will expand the current state innovation governance structure, to include public, private and consumer representatives to accelerate progress. Previously known as the Executive Management Advisory Council, the evolved group will be called the Health Innovation Leadership Network (Figure 2).

FIGURE 2. Healthier Washington Innovation Model Governance Structure



As directed by state law, the Health Care Authority (HCA) will continue its leadership role and executive sponsorship of the Healthier Washington project. Washington possesses the requisite experience, expertise and collaborative culture across state agencies, local governments, community partners, health systems, and consultants to successfully complete the design and implementation of all proposed project components.

While not officially identified, several experienced Washington leaders have signaled interest in directing this historic project. Once chosen, the project director and project operating officer will oversee the staff charged with implementation. The project team will work closely with the staff and leadership who developed the Innovation Plan. (See Budget Narrative for additional detail on staffing).

The leadership, experience and collaboration of agency executives at HCA, Department of Social and Health Services, and Department of Health will guide the success and sustainability of this project and broader health system transformation. As the Executive Sponsor, Dorothy Teeter, HCA Director, has extensive national and state executive health system expertise spanning the Center for Medicare and Medicaid Innovation, Public Health Seattle King County and Group Health Cooperative. DSHS Secretary Kevin Quigley has experience as a private-sector executive and public servant, including four years as a Washington state senator. DOH Secretary John Wiesman

brings more than 22 years of public health experience spanning four local public health departments in two states.

Project risks and sustainability

An initiative of this magnitude bears natural risks, which include: 1) initiative fatigue, 2) inability to rapidly build the project team, 3) environmental factors including fiscal and political risk, and 4) the uncertainty inherent in any comprehensive, innovative endeavor. Our planning has addressed these concerns in the following ways: 1) key stakeholders have committed to the success of this project as documented in the letters of support, 2) needed staff and infrastructure have been identified and planning efforts will move forward in anticipation of the grant award, 3) legislative and executive engagement with this project has been strong and will continue through multiple channels, such as the joint select legislative committee on health care oversight, and 4) rapid-cycle evaluation will ensure timely identification of issues and mid-course corrections needed to maximize success. Of the identified risks, uncertainty about innovation outcomes is the most challenging, and is well addressed through targeted investments in the grant.

Washington will use the opportunity afforded by this project to accelerate statewide health system transformation. To ensure the impact of the investments endure, sustainability planning has been initiated and a detailed 4-year sustainability plan for all elements will be completed by quarter 3 of 2017. Initial plans have been made and include the following:

- The Health Innovation Leadership Network possesses a high level of executive and public-private engagement and will work closely with the project director to ensure the continuity and integrity of the project in the event of changes to key personnel or administrations.
- Continued financing to sustain project initiatives after award funding is exhausted will come from multiple sources including but not limited to:
 - Public and private savings leveraged for ongoing investment, as indicated by the financial analysis;
 - Philanthropic support, which may include innovative financing instruments such as social impact bonds;
 - Federal flexibility and reinvestment potential through a Medicaid Section 1115 waiver or similar vehicles; and
 - Incorporation of new and revised functions, responsibilities and staff into standard business practice within current funding parameters.

The project's operational plan reflects a pragmatic, but aggressive use of grant funding for critical investments that support the achievement of Washington's three goals. The remainder of this document outlines the expenditures by investment area, detailed timelines for implementation and major milestones for each of the five cross-cutting areas. To illustrate these elements and the evolution of implementation, including the necessary scaling in 2015 and long-term sustainability, each core

investment utilizes Gantt charts guided by the “DMAIC” process: Define; Measure; Analyze; Improve; and Control.

COMMUNITY EMPOWERMENT AND ACCOUNTABILITY

Total Expenditure	CY 2015	CY 2016	CY 2017	CY 2018
\$12,865,130	\$3,234,437	\$3,344,958	\$3,277,013	\$3,008,722

Population health cannot be achieved by the medical care sector alone. Washington will invest in Accountable Communities of Health (ACHs) that will develop a sustainable presence in their communities and partner with the state to achieve the project’s goals. ACHs will provide the organizational capacity for local communities to implement the plan for population health, link community supports with practice transformation, and enhance local data collection and analytic aptitude. To ensure return on this investment, ACHs will be held accountable for performance results and rapid-cycle learning and improvement.

1.1 ACHs

	Pre	CY 2015	CY 2016	CY 2017	CY 2018	Post
Project setup		1				
Prelim design (state grants)	2					
ACH designation/roll out		3 4	5	4*	6	
Eval/monitoring/measurement		7 9 8 10	8 9 8 10	8 9 8 10	8 9 8 10	▶
Sustainability planning					11	

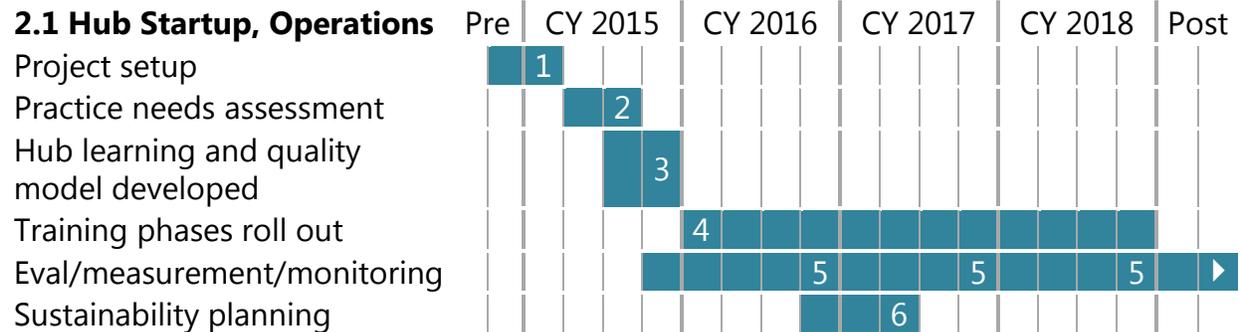
- | | |
|---|--|
| 1 Team in place (staff, contractors) | 6 Local innovation grant |
| 2 Community of Health Plan complete | 7 ACH evaluation design |
| 3 ACH designation, governance and accountability criteria established | 8 ACH perf reporting (semi-annually) |
| 4 ACH grant award cycle begins | 9 ACH site visit evaluation w/ rapid cycle learning + improvement) |
| 4* Grant renewed | 10 ACH annual learning and improvement convenings |
| 5 Pop health plan implementation grant | 11 Sustainability plan complete |

PRACTICE TRANSFORMATION SUPPORT

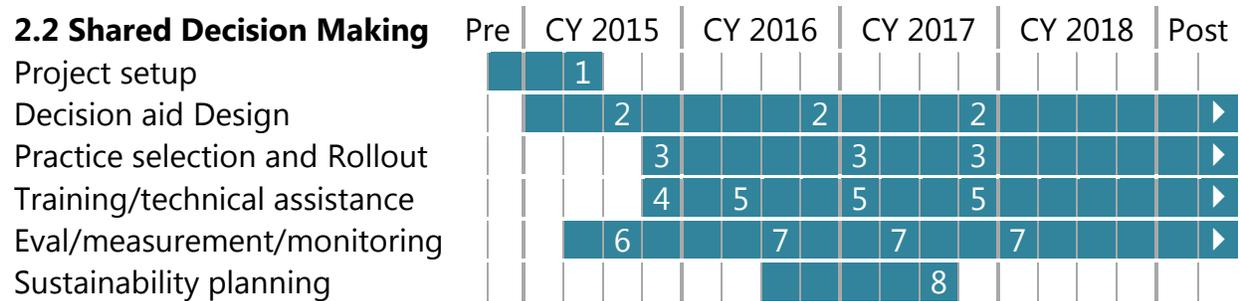
Total Expenditure	CY 2015	CY 2016	CY 2017	CY 2018
\$22,471,462	\$2,428,665	\$9,090,849	\$6,992,316	\$3,959,633

Through investment in knowledge, training and tools, Washington’s health delivery system will be resourced to integrate physical and behavioral health, develop clinical-community linkages and thrive on value-based purchasing models. Washington will invest in a Practice Transformation Support Hub to capitalize on consultant and community expertise in clinical practice transformation. Additionally, shared decision-making tools will engage individuals and families in their health. Finally, a multi-

disciplinary workforce will be strengthened and expanded to positively impact the health and well-being of Washingtonians.



- | | |
|--|--|
| 1 Team in place (staff, governance, contractors) | 4 Hub operational, training phases implemented |
| 2 Practice support needs identified | 5 Rapid cycle, course correction; leverage ACH annual convenings |
| 3 Curriculum, training tools, phase plan developed, ACH liaisons established | 6 Sustainability plan complete |



- | | |
|---|---|
| 1 Team in place (staff, contractor) | 5 Waves of practice systems engaged in TA |
| 2 Waves decision aid certified <ul style="list-style-type: none"> • Maternity (1st) • Joint replacement, spine care (2nd) • Cardiology, end of life (3rd) | 6 Evaluation criteria established/rapid cycle evaluation and learning |
| 3 Waves of practice systems activated | 7 Reimbursement patient incentive models established |
| 4 Online/in-person training curriculum developed | 8 Sustainability plan complete |

2.3 Workforce

	Pre	CY 2015			CY 2016			CY 2017			CY 2018			Post
Project setup		1												
Workforce investment	2	3	4	3										
Workforce monitoring		5			6	6	6	6	6	6	6	6	6	
Assessment/Impact evaluation							7			7				
Sustainability planning							7			7				

- | | |
|--|---|
| 1 Community Health Worker taskforce convened | 5 Health industry near-term needs assessment tool developed (industry sentinel network) |
| 2 Governor’s health workforce capacity priorities identified | 6 Assessment results distributed broadly |
| 3 Health workforce committee convenings | 7 Proof of concept and sustainability report completed |
| 4 CHW taskforce recommendations complete | |

PAYMENT REDESIGN

Total Expenditure	CY 2015	CY 2016	CY 2017	CY 2018
\$7,280,107	\$2,687,320	\$2,264,648	\$1,865,923	\$462,216

Washington proposes four test models that complement the plan for population health and aims for health delivery system transformation. In Model Test 1, the state will work with early adopter regions to integrate physical and behavioral health financing and services. In Model Test 2, Washington will pioneer new payment methodologies and service delivery models for Federally Qualified Health Centers, Rural Health Clinics and Critical Access Hospitals, lynchpins of the state’s primary care and rural health delivery system. In Model Tests 3 and 4, the state will lead through its purchasing power while welcoming other purchasers and payers into accountable delivery and payment models, featuring total cost of care accountability with high-value networks and consumer-oriented benefit design.

3.1 Early Adopter

	Pre	CY 2015			CY 2016			CY 2017			CY 2018			Post
Project setup	1													
Preliminary Design	2	3	4	5	6									
Model Implemented					7			10			10			▶
Evaluation and measurement				8		9	9	9	9	9	9	9	9	▶

- | | |
|--|--|
| 1 Team set: Staff and contractors | 6 MCO contracts finalized |
| 2 Regional Service Areas identified | 6 Shared savings incentives may link to ACH |
| 2 Managed Care RFQ/P | 7 Early Adopter Model begins |
| 3 Early Adopter region commitment | 8 Evaluation design/measurement/monitoring built into standard |
| 4 Medicaid “early adopter” model design complete | |

- 5 Contract design complete
- 5 Shared savings/performance incentives design
- 5 Design elements link to 1115 waiver development

- Medicaid operations
- 9 Performance measurement and reporting
- 10 Improvement implemented through phases

3.2 Encounter to Value

	Pre	CY 2015			CY 2016			CY 2017			CY 2018			Post	
Project setup, contractors/staff		1													
Models design, fed authority			2	3	4										
Models implementation					5	6		7			8			▶	
Performance Reporting						12	12	12	12	12	12	12	12	12	▶
Eval/measurement/monitoring						9			10			11		▶	

- 1 Team set: Staff and contractors
- 2 FQHC/RHC model design complete (financial modeling, number of clinics adopting defined)
- 3 CAH model design complete (financial modeling/number of CAHs adopting defined)
- 4 Federal authority detailed
- 5 FQHC/RHC model implemented

- 6 CAH model implemented
- 7 Rapid cycle model review and course correction
- 8 Both models test complete, update and spread
- 9 Evaluation design developed
- 10/11 Rapid cycle learning implemented
- 12 Quarterly performance reporting

3.3 Multi-Purchaser

	Pre	CY 2015			CY 2016			CY 2017			CY 2018			Post	
Project setup		1													
Assessment and Gap Analysis		2				2						2			
Preliminary design			3	4											
Implementation					5	6		7	6		8	6		▶	
Performance Reporting						10	10	10	10	10	10	10	10	10	▶
Evaluation and measurement			9		11			12			12			12	▶

- 1 Team in place (staff, contractors, public/private partners)
- 2 Marketplace assessment (RFI)
- 3 Model Test and benefit design strategy
- 4 Model Test Version 1.0: PEB model finalized
- 5 PEB open enrollment
- 6 Phased Model Go live
- 7 Model Test Version 2.0 final: King County and other Purchaser model

- 8 Model Test Version 3.0 final: other Purchasers model (incl. Medicaid/Medicare)
- 9 Evaluation design including real-time process/ measure criteria developed
- 10 Quarterly performance reports
- 11 Evaluation begins
- 12 Evaluation informs development of new versions

- assessment and gap analysis complete
- 3 Acquisition solution portfolio/platforms complete
- 4 Go live with solution portfolio/platforms
- 7 Measurement criteria and baselines established
- 8 Ongoing reporting and rapid cycle improvement
- 9 Sustainability plan complete

4.2 Data Analytics/Mapping	Pre	CY 2015				CY 2016				CY 2017				CY 2018				Post
Project setup, contractors/staff		1				2												
Preliminary design			3															
Platform and tools dev/rollout				4	5	5	5	5	5	5	5	5	5	5	5	5	▶	
Data acquisition/aggregation			6	6	6	6	6	6	6	6	6	6	6	6	6	6	▶	
Eval/measurement/monitoring		7	8	8	8	8	8	8	8	8	8	8	8	8	8	8	▶	
Sustainability planning													9					

- 1 Team in place and governance activated
- 2 Interagency assessment and gap analysis complete
- 3 Acquisition solution portfolio
- 4 Go live with solution portfolio (include encounter, care management, and transitions/referrals)
- 5 Solution portfolio version enhancement
- 6 Operationalize and training phases begin
- 7 Measurement criteria and baselines established
- 8 Ongoing reporting and rapid cycle improvement
- 9 Sustainability plan complete

4.3 Price/ Quality Transparency	Pre	CY 2015				CY 2016				CY 2017				CY 2018				Post
Project setup, contractors/staff	1			2														
Stakeholder engagement	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	▶	
Measure development/use			4		5	6		7			8	9					▶	
Data collection and reporting						10	11	10	11	10	11	10	11	10	11	10	11	▶
Evaluation		12	13														▶	

- 1 Governor-appointed Performance Committee established
- 2 Staffing, contract, governance established
- 3 Measurement committee meetings
- 4 Measure set established
- 5 Measure baseline established
- 6 Measures in PEB/Medicaid contracts
- 7 APCD data capture is expanded
- 8 Evolved statewide set established
- 9 New baselines established (set)
- 10 Enhanced data (measures and claims) collected
- 11 Enhanced data (measures and claims) reported
- 12 Evaluation design developed
- 13 Evaluation implemented

PROJECT MANAGEMENT

Total Expenditure	CY 2015	CY 2016	CY 2017	CY 2018
\$13,141,918	\$3,844,104	\$3,704,798	\$3,125,949	\$2,467,066

The breadth of the proposed transformation requires strong project governance, management, coordination and oversight. Strategic investments will be made in staff, project management infrastructure and resources to execute and evaluate initiatives with continuous feedback and performance measurement. This will ensure the project completes its deliverables on time and within budget. To adequately engage key stakeholders and Tribes across the state and ensure transparency, the project will invest and deploy in-person and web-based communication and learning systems.

	Pre	CY 2015			CY 2016			CY 2017			CY 2018			Post	
Project setup	1	2	3												
Plan for population health	4				5				11						
Stakeholder feedback		6	6	6	6	6	6	6	6	6	6	6	6	6	▶
Governance/Advisory		7	7	7	7	7	7	7	7	7	7	7	7	7	▶
Reporting progress			8	8	8	8	8	8	8	8	8	8	8	8	▶
Formal evaluation	9								11						12
Rapid cycle measurement/imp		10	10	10	10	10	10	10	10	10	10	10	10	10	▶
Sustainability/assessment plan					13				13				13		

- | | |
|---|---|
| 1 Initial staff hired with bridge funding from legislature | 7 Health Innovation Leadership Council and other advisory committees meetings |
| 2 Full project work plan in place | 8 Internal/external financial and project management reports |
| 3 All staff, governance and advisory committees hired and established | 9 Evaluation plan established |
| 4 Prevention framework established | 10 Quarterly performance measure collection and report |
| 5 Plan for population health complete and implemented | 11 Mid-Term formal evaluation report |
| 6 Communication and learning systems plan executed and maintained | 12 Final evaluation |
| | 13 Annual resource needs/assessments |



SECTION 3

SUPPORTING DOCUMENTS



STATE OF WASHINGTON'S INNOVATION MODEL — FINANCIAL ANALYSIS

Introduction

Mercer Health and Benefits, LLC (Mercer) was engaged to assist in the preparation of a financial evaluation of the original Washington State Health Care Innovation Plan. To support this subsequent grant application, Mercer was asked to review developments over the past six months to determine whether any revision to the original evaluation is warranted. No new analysis or research (beyond a review of recent developments) was performed since the evaluation of the original Innovation Plan. Except where explicitly stated, all assumptions, caveats, and limitations placed on the original evaluation continue to apply to this evaluation of the Healthier Washington project.

Analytic Approach Used In the Evaluation of the Original Innovation Plan

The State Health Care Innovation Plan (SHCIP) envisions many far reaching and crosscutting changes to the ways in which the State organizes and purchases health care and how providers are reimbursed under State-purchased health benefit programs. By acting as a first-mover, it is further anticipated that many interventions first deployed by the State will subsequently be adopted by other purchasers and payors or indirectly affect care delivery for all participants in Washington's health care system – and thus result in additional savings from commercial and Medicare programs. Because of the lack of detailed tactics proposed in the original SHCIP, we were unable to assign specific savings to individual components of the plan. Rather, we considered the plan as a whole to be the required supporting infrastructure needed in order to achieve the specific objectives described. A subset of the expected outcomes described by the plan which are quantifiable, have direct impact on medical expenditures, and are amenable to actuarial methods are addressed in our analysis. While this approach explicitly does not attempt to quantify all the potential financial outcomes resulting from the plan's implementation, it does serve to provide a robust demonstration of the plan's ability to generate a positive return on investment.

Although the project time horizon is composed of a four-year period, our analysis is performed entirely in 2015 dollars. Our intent is to avoid the compounding influence of trend which may serve to distort impacts over time. In other words, our savings estimates are made relative to a “zero-trend” environment. As this environment is unlikely absent significant intervention, our opinion is that the approach will result in conservatively low estimates of savings from the plan. In addition, we have limited our analysis to annual estimates of savings for the first three years of implementation.

Unlike many actuarial projects, these estimates are a combination of meta-analysis of other studies and implementations, reliance on actuarial experience and judgment, high level estimation methods, and an understanding of the Washington health insurance markets developed over many years. We have not used or created detailed models, simulations, or micro-simulations for this work – as the interventions described are broad themes not suited to such analyses. As such, it is the development of an actuarial opinion – and in developing that opinion we attempted to capture both the potential savings from the interventions envisioned, and the difficulties in capturing those savings. We attempted to develop real-world, and somewhat conservative estimates of the return on investment for the plan. There are several reasons conservatism should be employed in this analysis, including execution risk; competing initiatives at federal, state, local, and provider levels; perceived level of industry and political support; and difficulties associated with shepherding multiple, significant and fundamental changes concurrently.

Review of Recent Developments and Revisions to the Original Financial Evaluation

Mercer reviewers were impressed that many recent developments represent a commitment by state government, providers, and other stakeholders to implement the major components of the Innovation Plan. Specific examples include: Passage of E2SHB 2572 and 2SSB 6321; State funding of \$2.3 million to support initial development of Accountable Communities of Health; Responses from HCA/King County request for information indicating market readiness/willingness to proceed; Identification of two “Early Adopter” regions covering a significant portion of Medicaid beneficiaries that commit to fully integrating purchasing of physical and behavioral health care by 2016; Medicaid contract provisions requiring that care coordination be “pushed down” below the level of the initial capitation recipient; Refined focus of grant funds to support infrastructure that may facilitate practice transformation and dissemination of successful models beyond the Medicaid program.

Mercer’s estimated savings rely most heavily on savings generated from the Medicaid program. In our opinion, recent developments indicate progress in preparing to implement key components of the Innovation Plan. Based on our knowledge of the Medicaid rate setting process, we are confident intended savings can be captured from that program in a reasonable timeframe after successful implementation. Furthermore, we believe the use of grant funds on dissemination infrastructure has the potential to facilitate successful adoption of key learnings beyond the Medicaid program.

We have elected not to alter our baseline estimates of savings from the Innovation Plan. However, we do see opportunity for dissemination of successes to have positive impact on spending outside the Medicaid program – in particular, we believe the biggest opportunity is the effect of integrated physical/behavioral health care on the Medicare population. Based on this observation, we have added a high-end savings estimate to the analysis. In addition, Medicaid baseline enrollment has been increased to reflect more recent caseload projections, and the denominator used in estimating return on investment was increased to reflect the maximum grant amount.

Direct Impacts on Health Care Costs

As described above, the financial analysis focuses on certain specific objectives that can reasonably be expected to have direct and meaningful impact on the cost of health care in the State of Washington. The range of outcomes included in the analysis is summarized in the table on the following page.

Ranges for Medicaid and Public Employees Benefits (PEB) savings were developed from relevant studies of experience from similar interventions in other geographies. Commercial and Medicare ranges represent the potential for “spill-over” effects resulting from the State acting as a “first mover” in the marketplace. In general, about 10%–20% of the expected impact on Medicaid and PEB could be achieved by commercial and Medicare programs once the market changes envisioned by the Innovation Plan are fully implemented and operational. High end Medicare point estimates assume 40% of the expected Medicaid impact for Physical/Behavioral health and Other Chronic Management. Higher levels of savings may be possible, but will depend greatly on the innovations being real (in terms of reduced resource use), well measured and transparent (via improved transparency and metrics), and disseminated effectively (via transformation hub and Accountable Communities of Health [ACHs]).

Table 1. Ultimate Savings Estimates (3+ Years Out)

	Medicaid		PEB		Commercial		Medicare	
	Range	Point Estimate	Range	Point Estimate	Range	Point Estimate	Range	Point Estimate (Low/High)
Chronic								
Physical/Behavioral Health Integration	1%–5%	2.5%	0%–2%	0.5%	0%–2%	0.1%	0%–4%	0%/1.1%
Other Chronic Management	0%–3%	1%	0%–4%	1%	0%–4%	0.2%	0%–4%	0.1%/0.4%
Acute								
Transparency/Payment Reform	0%–4%	0.45%	0%–4%	0.9%	0%–4%	0.18%	0%–4%	0.09%/0.09%
Preventive								
Obesity Reduction/Other Prevention	0%–2%	0.37%	0%–2%	0.25%	0%–2%	0.05%	0%–2%	0.03%/0.03%
Maternity								
Reduction in Elective C-Sections (37–39 weeks)	0%–0.05%	0%	0%–0.1%	0.03%	0%–0.1%	0.01%	0%	0%/0%

Different assumptions or scenarios within the range of possibilities may also be reasonable and results based on those assumptions would be different. As a result of the uncertainty inherent in a forward-looking projection over an extended period of time, no one projection is uniquely “correct” and many alternative projections of the future could also be regarded as reasonable.

Prerequisites for Savings Assumptions

Because of the nature of fundamental structural changes envisioned, we do not attempt to quantify savings from individual components of the plan. Our focus is instead on specific outcomes anticipated through the successful implementation of the plan. In order to achieve the savings we estimate in direct health care costs, we assume the project will be successfully implemented in a manner consistent with its description in the plan. For example, concepts such as Value Based Contracting, Value Based Benefits, ACHs, bi-directional integration of medical and behavioral health services, etc. are viewed as required infrastructure for achieving real savings in acute and chronic illness, and in preventing costs related to obesity, excess maternity costs, etc. Mercer’s analysis is contingent on these pre-requisites: successful implementation of Value Based Contracting including shared savings and down-side risk; Value Based Benefits including incentives for the use of narrow networks and high quality decision support aids; willing risk-bearing entities; and empowered well-functioning ACHs, and the development of transparent evaluation and measurement metrics early in the process.

Summary of Results

After reviewing the Innovation Plan and recent developments that frame the Healthier Washington project, comparing and contrasting its features with other similar endeavors and assuming success but applying conservative assumptions as described above, and synthesizing this information at the level it currently exists, savings and return on investment estimates are presented in the table below.

Even with conservative assumptions, the return on investment is significant. It is clear that a sizable gap exists between current care organization and delivery and today's definition of "best practice" such that recouping even a fraction of the potential savings system-wide more than offsets the investment costs envisioned in the project.

	Medicaid	PEB	Commercial	Medicare		Total	
	FY2015	FY2015	CY2015	CY2015 (Low)	CY2015 (High)	CY2015 (Low)	CY2015 (High)
Baseline Data							
Size of Population	1,661,609	357,070	2,803,245	1,182,150	1,182,150	6,004,074	6,004,074
Annual Cost of Care (all funding sources)	\$8,825 M	\$2,089 M	\$17,407 M	\$13,410 M	\$13,410 M	\$55,140 M	\$55,140 M
PMPM	\$443	\$488	\$517	\$945	\$945	\$765	\$765
Estimated Savings Percentages							
Year 1	0.6%	0.4%	0.0%	0.0%	0.1%		
Year 2	1.4%	0.9%	0.1%	0.1%	0.4%		
Year 3+	4.3%	2.7%	0.5%	0.2%	1.6%		
Annual Savings							
Year 1	\$57 M	\$8 M	\$5 M	\$1 M	\$11 M	\$72 M	\$81 M
Year 2	\$127 M	\$19 M	\$23 M	\$7 M	\$54 M	\$176 M	\$223 M
Year 3+	\$381 M	\$56 M	\$93 M	\$29 M	\$217 M	\$559 M	\$747 M
			Grand Total Savings			\$807 M	\$1,051 M
			Federal Savings (60% Medicaid/100% Medicare)			\$377 M	\$621 M
			Estimated Investment			\$100 M	\$100 M
			Return on Investment (\$)			\$707 M	\$951 M
			Gross Return on Investment			8.1 : 1	10.5 : 1
			Net Return on Investment			7.1 : 1	9.5 : 1

Actuarial Attestation

These calculations were prepared in July 2014, using generally accepted actuarial methods and procedures. The information presented in this report is based on actuarial judgement, assumptions and reasonable expectations, which represent our estimates of the impacts of the changes envisioned in the project. The undersigned credentialed actuaries meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained in this document.

James Matthisen, ASA, MAAA

David Frazzini, ASA, MAAA

LETTERS OF SUPPORT

Healthier Washington: *Better Health, Better Care, Lower Costs*

Washington State Model Test Application

JULY 2014

The following stakeholder and tribal attestations of support for Washington's State Innovation Models Testing Grant demonstrate broad support for the Healthier Washington project. Washington state has extensive public/private support for this project. Listed below are those who submitted letters.

1. Aetna
2. Amazon Web Services
3. Amerigroup
4. Asian Counseling and Referral Service
5. Association of Washington Business
6. Association of Washington Public Hospital Districts
7. Benton-Franklin Community Health Alliance
8. Better Health Together
9. Bill and Melinda Gates Foundation
10. The Boeing Company
11. Building Changes
12. Carpenters Trusts of Western Washington
13. Center of Excellence Allied Health Yakima Valley Community College
14. Children's Health Alliance, NW Health Law Advocates, and Neighborhood Housing
15. CHOICE Regional Health Network
16. CIGNA
17. Clark County Commissioners
18. Columbia United Providers
19. Community Health Plan of Washington
20. Community CHOICE
21. Comprehensive Health Education Foundation
22. Consumers Union Safe Patient Project
23. Coordinated Care
24. Cornerstone Medical Services
25. Dr. Robert Bree Collaborative
26. Empire Health Foundation
27. The Everett Clinic

28. Evergreen Health
29. Executive Management Advisory Council (EMAC)
30. Foundation for Health Care Quality
31. Group Health Cooperative
32. Group Health Research Institute
33. Health Philanthropy Partners
34. Inland Northwest Health Services
35. King County
36. Kitsap Mental Health Services
37. Lake Roosevelt Community Health Centers (An entity of the Confederated Tribes of the Colville Reservation)
38. Lifelong AIDS Alliance
39. Moda Health
40. Molina Healthcare
41. National Federation of Independent Business
42. NeighborCare Health
43. North Sound Accountable Community of Health
44. North Sound Mental Health Administration
45. Northwest Administrators
46. Okanogan County Public Health - Accountable Community of Health
47. OneHealthPort
48. Pacific Medical Centers
49. Phillips Healthcare
50. Pierce County Health Innovation Partnership
51. Premera Blue Cross
52. Providence-Swedish Health Alliance
53. Public Health – Seattle and King County
54. Public Health – Health Care Delivery System Partnership
55. Qualis Health
56. Regence BlueShield
57. Sauk-Suiattle Indian Tribe
58. Seattle Children’s Hospital
59. Seattle Indian Health Board
60. Seattle Metropolitan Chamber of Commerce
61. Service Employees International Union 1199 NW
62. Service Employees International Union 775 NW
63. Southwest Washington Behavioral Health
64. Southwest Washington Regional Health Alliance
65. United Health Care and Optum

66. University of Washington – Evaluation & Monitoring
67. University of Washington Department of Health Services
68. University of Washington School of Medicine
69. Vancouver Clinic
70. Virginia Mason Medical Center
71. Washington Academy of Family Physicians
72. Washington Advocates for Patient Safety
73. Washington Association of Community and Migrant Health Centers
74. Washington State Association of Local Public Health Officials
75. Washington Biotechnology and Biomedical Association
76. Washington Center for Nursing
77. Washington Chapter of the American Academy of Pediatrics
78. Washington Community Mental Health Council
79. Washington Low Income Housing Alliance
80. Washington Rural Health Collaborative
81. Washington State Department of Commerce
82. Washington State Department of Health
83. Washington State Hospital Association
84. Washington State Medical Association
85. Washington State Nurses Association – Nursing Practice, Education and Research
86. Washington State Office of the Insurance Commissioner
87. Washington Association of Area Agencies on Aging (W4A)
88. Washington Dental Service Foundation
89. Washington Health Alliance Purchaser Affinity Group
90. Washington Health Alliance
91. Washington Healthcare Forum
92. Washington State Representative Cody
93. Washington State Senator Keiser
94. Western Washington Area Health Education Center
95. Yakama Nations Behavioral Health Services
96. Yakima Valley Farmworkers Clinic



Aetna
600 University Street
Suite 920
Seattle, WA 98101

Matt Sherrill
Regional Vice President
Public & Labor West Region
Phone: (206) 701-8053
Cell: (206) 641-5516
Email: sherrillm@aetna.com

July 16, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Regional Vice President for Aetna's Public & Labor Team I've seen first-hand how achieving the triple aim of better health, better care, and lower costs will require a team effort. In a state already known for its innovation, Washington's Healthcare Authority team is well situated to take on the challenges and live up to the opportunities reflected in this grant application. We at Aetna are ready to play a significant role.

One example of Aetna's commitment to transforming the care delivery and payment model in Washington State is our Accountable Care Solutions (ACS) collaborations. Aetna's ACS has partnered with four Puget Sound Area provider systems to ensure the inclusion and measurement of all necessary components required to provide comprehensive care to a patient population. The Aetna *Whole Health*SM product is unique among Washington payers in the state because it includes both upside and downside risk for our provider partners. This collaborative product will improve healthcare value for members and plans sponsors, and is available today for Self-Insured customers. It will be available in 2015 for Fully-Insured customers.

Over the coming months, Aetna is committed to partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

1. Price Transparency: Aetna has been committed to price transparency since 2005 when we were the first health plan to post contracted rates for providers. Our system now displays real-time price transparency for over 680 services, adjudicates the claim for the member so that their deductible and co-insurance are taken into account when providing them their true out-of-pocket expenses
2. Practice Transformation – Aetna is committed to helping to transform the health system through provider collaboration and consumer empowerment. We have invested in our provider partnerships through an improved health information exchange, clinical decision support tools and data mining, and total population health technologies. This will allow progressive health systems to better manage both the quality and total costs of care. We are committed to payment mechanisms that align providers with quality outcomes and medical management efficiencies. This is in addition to our ACO efforts discussed above.
3. At the same time, we are committed to helping consumers become more empowered through education, information, and personalized data. The goal is to allow them to better manage their health, access care through the right provider at the right time, and reduce their risks of future illness.
4. We remain firmly committed to the efforts in Washington to bring the health system, purchasers, and consumers together to improve the health of the population and ensure financial viability. The Washington Health Alliance and the State innovation grant are just two examples of our commitment to transformation.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,



Matt Sherrill

*Regional Vice President
Aetna Public & Labor*



July 18, 2014

Mr. Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah,

This letter is written in support of Washington State's "*CMS State Innovation Models Initiative Implementation (SIMI) Round two for Design and Testing Grant Application.*" This application builds on work within Washington State to implement a forward-looking five-year plan for health care innovation. Receipt of the grant would greatly accelerate these efforts.

Amazon Web Services, Inc. (AWS) welcomes the opportunity to collaborate with the Washington State Health Care Authority (HCA) and Healthcare Innovation partners. We acknowledge that the state's triple aim of better health, better care and lower costs will require a team effort and, accordingly, would like to support this process.

Over the coming months, AWS will meet with the state and its partners to learn more about the SIMI goals and how AWS can specifically help with their efforts. AWS plans to work closely with the Governor and state leadership in further development and implementation of this testing grant. AWS is committed, through engagement of the triple aim objectives, to help enable improved access to affordable quality care for the state's employees and their families.

At AWS, we continue to play a leadership role as innovators and solution seekers and can bring our experience and expertise in addressing the triple aim goals. We look forward to exploring ways that AWS can support HCA in achieving the proposed healthcare innovation goals. This grant presents a real opportunity to transform the way health care is paid and delivered in Washington State, and could possibly serve as a model nationwide.

AWS looks forward to participating in this important endeavor.

Sincerely yours,

A handwritten signature in blue ink, appearing to read "Steven Halliwell".

Steven Halliwell
General Manager - State, Local and Education





July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as President of Amerigroup Washington, I know the triple aim of better health, better care, and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will partner closely with the governor and state leadership in the further development and implementation of this testing grant. We have already engaged in work with state and local health care leaders to improve health care quality and value, and receipt of this grant will enable us to build on those efforts, ensuring our members get the best, most efficient care possible.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington state. I look forward to participating in this collaborative endeavor.

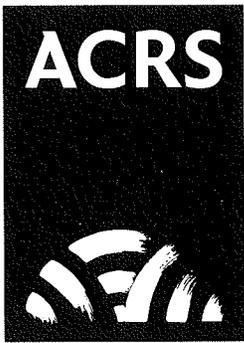
Sincerely,

A handwritten signature in black ink, appearing to read "Daryl Edmonds". The signature is fluid and cursive, with a long horizontal stroke at the end.

Daryl Edmonds
President

705 5th Avenue South, Suite 300
Seattle, Washington 98104
206-695-7081

www.amerigroup.com



July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

As Executive Director of Asian Counseling and Referral Service (ACRS) I am writing to offer our support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

The mission of ACRS is to promote social justice and the well-being and empowerment of Asian Pacific Islander (API) individuals, families and communities. We provide a wide range of services including employment support, immigration services, behavioral health, children, youth and family programs and aging adult services. All of our programs emphasize the importance of cultural competency and language access for consumers that are usually low income, limited English speaking and have faced or currently face significant challenges. Asian Pacific Islanders are a rapidly growing demographic in Washington State, representing nearly 15% of the general population. In King County that number is even higher and Asian Pacific Islanders are the fastest growing demographic in the aging adult population.

ACRS has been a leader in integrated healthcare delivery for consumers with serious mental illness (SMI) as well as a key provider of the social services that are significant social determinants of health. Over the last ten years, we have offered bi-directional, co-located health home services in partnership with a local FQHC, International Community Health Services and we currently offer full primary care on-site for SMI consumers who have had little or no access to primary care and are at high risk for heart disease, diabetes and other serious illnesses. Our project has already resulted in significant improvement in basic health outcomes including reducing body mass index (BMI), improving lipid and cholesterol levels, improving adherence to care plans, changing lifestyles and increasing wellness activities and decreasing psychological distress.

As a behavioral health organization (BHO), we have developed cross-system collaborations that serve some of the most complex high risk and high cost population groups in our state. We have already begun planning with other



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BHO integrated care entities to develop policies and practices that successfully address the needs of high risk populations while simultaneously improving population health outcomes, improving consumer's experience of care and reducing healthcare costs.

Our work has included transforming our organization into a "whole health" organization and transforming our practice so that all of our staff-counselors, case managers and peer support specialists-are educated and prepared to be health partners with our consumers. We have also partnered with other community based organizations to provide public education, prevention and health outreach to not only engage and prevent mental illness, but to partner to bring recognition of the health disparities faced by Asian Pacific Islanders and to build programs that effectively engage our communities in prevention and treatment.

Over the coming months, my organization will partner closely with the Governor and State leadership in the further development and implementation of this testing grant. We have already been meeting with State and local entities to develop and strengthen integrated care models, explore effective payment models and build replicable models that can help our state improve our systems of care and achieve the triple aim of improving health, reducing cost and enhancing healthcare quality for the residents of Washington State. We look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Diane Narasaki", written over a horizontal line.

Diane Narasaki, Executive Director



Association
of Washington
Business

Washington State's Chamber of Commerce

July 16, 2014

Mr. Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop #7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

On behalf of the Association of Washington Business, we wish to express our support for the State of Washington's application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. AWB believes this grant will further fund the work of health care innovation as well as provide the foundation for a competitive and quality health care system throughout the state of Washington.

As the state's oldest and largest statewide business association, the Association of Washington Business (AWB) is proud to represent over 8,100 employers with a workforce of over 700,000 employees. AWB serves as both the state's chamber of commerce and the manufacturing & technology association. In addition, we provide a workforce/training outreach through our nonprofit entity, the AWB Institute.

AWB members have become increasingly vocal on the costs and changes throughout the health care system. As businesses they understand the importance of health care options, the development and promotion for healthier lifestyles as well as the need for innovative approaches in health care purchasing and delivery in Washington state. Recently, many of our members have become engaged in the planning processes surrounding this work and realize the potential value. AWB will continue to be an active member of the Governor's Performance Measurement Committee and work closely with the Governor, state legislators and our members to further develop and implement a viable health care system that benefits all residents of Washington State.

We appreciate your time and consideration.

Regards,

Sheri D. Nelson
Government Affairs Director

ASSOCIATION OF WASHINGTON BUSINESS

Membership Government Affairs Member Services AWB Institute

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July 16, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing on behalf of 57 public hospital districts in Washington State to strongly support Washington State's application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. The application builds on work within Washington State to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

Public hospital districts are municipal corporations governed by locally elected commissioners. Collectively, they cover about two-thirds of the area of the state and serve about one million people. Forty-two of the fifty seven hospital districts operate hospitals – mostly rural, critical access hospitals – and provide a range of health services including primary care clinics, long term care facilities or emergency medical.

Over the past few years, the state of Washington has actively involved my association in creating its vision of a transformed health care system and in designing the “architecture” that will support that system. At every step, the state has invited our input and frequently incorporated it in their design. With the model design in place, we are ready to begin the transformation.

Because public hospital districts are fundamentally local creations (founded, governed and supported by local citizens), I am particularly interested in the state's intention to develop local capacity to assess health status and identify local strategies for health improvement.

Gabriel Nah
Page Two
July 16, 2014

Public hospital districts are perfectly positioned to lead conversations related to community health and are already actively partnering with the state in forming local communities of health.

Another area where we look to support the state's work is with Practice Transformation. At the association level, we have formed formal partnerships with the state hospital association, the state medical association and the state association of public health officers in order to work cooperatively in support of health system transformation. These health associations – with members in every community – are committed to working together to support practice transformation at the local level. We stand ready to assist as the state creates its Practice Transformation Hub.

Also, as part of practice transformation and payment redesign, we are interested in working with the state to identify sustainable ways to ensure that frontier communities have access to essential care. Currently, payment criteria and practice models do not support the kinds of care models that some rural communities need. The state has indicated a willingness to undertake system changes to create options more suited to these rural communities and we stand ready to partner with them in that effort.

Going forward, the Association of Washington Public Hospital Districts will partner closely with the Governor and state leadership in the further development and implementation of this testing grant.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ben Lindekugel".

Ben Lindekugel, Executive Director



**Benton-Franklin
Community Health Alliance**

7102 W Okanogan Place • Kennewick, WA 99336
509 460-4584 • (Fax) 509 460-4590
www.bfcha.org

July 8, 2014

Dorothy Teeter, Director
Health Care Authority
626 8th Avenue SE
Olympia, WA 98501

RE: Support for Innovation Models Initiative: Model Testing Awards Round Two

Dear Director Teeter:

Washington State has proven time and time again that it has the vision and capacity to transform state programs when given the opportunity. Whether its roads, energy, or health care, Washington has a track record of successful implementation of new programs and business practices. I believe that Washington's success has much to do with its history of engaging a broad range of stakeholders and government entities whenever it tackles any transformation initiative.

Confident that the Washington Health Care Authority (HCA) will utilize the Round Two Model Test funding from CMS to further its financial and technical support to the Accountable Communities of Health (ACH) program, the Benton-Franklin Community Health Alliance is fully supportive of HCA's application. Washington's thirty-nine Counties are diverse geographically, demographically, and politically; a "one-size fits all" approach has never been the path to success. The ACH initiative allows each region to shape and mold its own health care transformation efforts in a way that will work for them, and achieve the Triple Aim of better health, better care and reduced costs for our state.

I'm proud that the Benton-Franklin Community Health Alliance has been chosen to be a part of Washington State's health care transformation efforts. We also appreciate the acknowledgement from Washington's Health Care Authority that ultimately all health care is local. We pledge our strong support to successfully implement and sustain meaningful change that improves population health and reduces costs for our citizens.

Thank you for your hard work to improve Washington's health care system. Best of luck in the next round of grant applications!

Sincerely,

A handwritten signature in cursive script that reads "Carol Moser".

Carol Moser
Executive Director

*Jason Zaccaria, President, Alliance Board of Directors
Carol Moser, Executive Director*



July 16, 2014

Dorothy Teeter, Director
Health Care Authority
626 8th Avenue SE
Olympia, WA 98501

RE: Support State Innovation Model Testing Grant Application

Dear Director Teeter:

Better Health Together (BHT) strongly supports Washington State's State Innovation Model (SIM) Testing Grant application. The State Health Care Innovation Plan (SHCIP) positions Washington State to transform our health care system and dramatically improve the health of our communities.

One of the key components of the SHCIP is the creation of Accountable Communities of Health. Our region believes strongly in this approach. To that end, a group of community and health leaders came together with generous funding from the Empire Health Foundation to launch Better Health Together. Better Health Together intends to develop coordinated, multi stakeholder solutions to achieve the triple aim of better health, better care and reduced costs in Eastern Washington.

We believe that Better Health Together represents a model that will aid in the transformation of health care in our state. We appreciate your investment in our work through the Community Health Planning Grants. We believe ACH's are a key strategy towards actualization of the Triple Aim. We are proud to be part of a broad based coalition to bring forth transformational health reform. There is no doubt that through our efforts we will be buoyed by additional investments in this important work.

Better Health Together has enjoyed our partnership with Health Care Authority. We appreciate your ability to think broadly in terms of what supports health in our state, while understanding the unique needs of our community. This grant application reflects tangible strategies to affect real change at both the state and local level. We strongly support this approach.

Sincerely,

A handwritten signature in cursive script that reads "Alison Carl White".

Alison Carl White
Executive Director

BILL & MELINDA
GATES *foundation*

PO Box 23350
Seattle, WA 98102, USA
V 206/709.3100
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www.gatesfoundation.org

July 15, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing to share the interest the Bill & Melinda Gates Foundation has in the important work underway in Washington state in the arena of implementation of the Affordable Care Act and expansion of the Medicaid program. In particular, we have been carefully tracking and supporting consultative services as the state has developed an application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. We are excited by the potential for development of a creative, five-year plan for health care innovation, as this work touches many of the foundation's core priorities for our local work here in our surrounding communities.

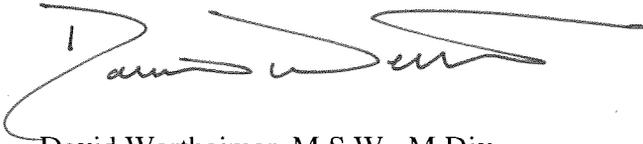
In my capacity as Deputy Director for the foundation's Pacific Northwest Initiative, I am familiar with the triple aim of better health, better care and lower costs for those who are among our most vulnerable residents. As a state already well-known for innovation, Washington is well situated to take on the challenges and live up to the opportunities that would emerge from a deeper dive into health care opportunities.

Over the coming months, my organization will continue to partner closely with the Governor and state leadership in the further development and implementation activities on this front.

Specifically, we will continue our collaborations with the state that touch our priorities in the areas of early learning, secondary and post-secondary education, and family homelessness. We remain very supportive of efforts to connect interventions that can improve life outcomes for these populations in a variety of ways that integrate health care delivery into community-based programs and services. For example, the delivery of health care services to families recovering from homelessness in supportive housing has demonstrated highly positive results that help to stabilize families, improve education and employment opportunities, while simultaneously increasing both short and long-term health outcomes.

We continue to be supportive of real opportunities to transform the way we pay for and deliver health care in Washington state, and how we link health care to other key community outcomes. I look forward to continuing our participation in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "David Wertheimer". The signature is fluid and cursive, with a large initial "D" and a long horizontal stroke at the end.

David Wertheimer, M.S.W., M.Div.

Deputy Director, Pacific Northwest Initiative



July 11, 2014

Mr. Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Director of Benefits Strategy at Boeing and as a founding member of the Washington Health Alliance, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

At Boeing, we continue to play a leadership role as innovators within the health care delivery system. We have pioneered a medical home program in the Puget Sound several years ago. More recently, we have been working on an Accountable Care Organization with local health care systems that will meet the goals of the triple aim.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- Commitment to drive away from fee for service to payment based on value and outcomes through implementing value-based purchasing strategies
- Support cost and quality transparency in Washington's health care market
- Work with other purchasers through the Washington Health Alliance Purchaser Affinity Group to bring into line value-based purchasing strategies
- Participate in a multi-stakeholder/multi-payer processes to align payment delivery system reform, benefit design and consumer engagement strategies



Mr. Gabriel Nah
July 11, 2014
Page 2

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in blue ink, appearing to read "G. Marchand", written over the word "Sincerely,".

Greg Marchand
Director of Benefits Strategy

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

July 14, 2014

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a progressive five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Executive Director, I know the triple aim of better health, better care and lower costs will require collaboration between government, health providers, insurers and community housing and service providers. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, Building Changes will continue to work closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- Participating in WA State healthcare legislative development as it pertains to housing and health.
- Convening homeless/housing leaders in Washington State to develop health connections, and partner to navigate healthcare priorities including implementation of the Accountable Communities of Health statewide.
- Share data results from our Washington Families Fund (WFF) High-Needs Families 5 Year Evaluation, conducted by Westat. This study explores the way homeless

families living in permanent supportive housing use the healthcare system especially with regards to emergency care versus a primary care physician.

- Provide forums with state and provider partners to explore evolving themes from Westat evaluation and learning that may inform statewide healthcare development and initiatives.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. We look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Alice Shobe". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Alice Shobe
Executive Director
Building Changes



CARPENTERS TRUSTS

of Western Washington

Health and Security Retirement Vacation Industry Fund

July 8, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation and receipt of the grant would greatly accelerate our efforts.

In my capacity as Administrator of Carpenters Trust, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Carpenters Trust participates with the Purchaser Affinity Group of the Washington Health Alliance which allows employers and labor trusts the opportunity to support value-based benefit design and purchasing strategies. We also participate in multi-stakeholder/payer activities to test innovative service and delivery models. We strive to engage our members about their health decisions and work with other groups to share best health practices.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant whenever possible.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington state. I look forward to participating in this collaborative endeavor.

Sincerely,

Randy Parker
Administrator



Yakima Valley Community College • South 16th & Nob Hill Blvd. • PO BOX 22520, Yakima, WA 98907-2520
509.574.6863 • Fax 509.574.4751 • www.yvcc.edu/coe

July 10, 2014

Mr. Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as the Director of the Washington State Allied Health Center of Excellence I represent the community colleges and their health care training programs. It is the responsibility of the Center of Excellence to be aware of the trends effecting education and to help prepare our colleges to deliver innovative training that is responsive to the evolving health care environment. I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- *Intentionally connect community college health care training programs with the accountable communities of health organizations for the purpose of jointly developing a modern workforce capable of achieving the triple aim.*

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink that reads "Dan Ferguson" with a long, sweeping underline.

Dan Ferguson, M.S. Director
WA State Allied Health Center of Excellence



CHILDREN'S ALLIANCE

A Voice for Washington's Children, Youth & Families

July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

We are writing to you on behalf of the Children's Alliance, Northwest Health Law Advocates and Neighborhood House regarding the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. The application reflects our state's efforts to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate this effort. Our organizations support the State's commitment to use this funding opportunity to fundamentally address some often over-looked but critical factors in determining communities' health—namely, imbalances in and barriers to health care provider workforce development, the disconnect between programs exclusively addressing health care and those addressing the social determinants of health, and the need for robust consumer engagement in the design, implementation and monitoring of programs to transform the state's health care system.

The Children's Alliance is a statewide member-based advocacy organization working to change public policies so that all children have what they need to grow into the people they dream of becoming. The Children's Alliance does three things: advocates for children and families, mobilizes and trains child advocates across Washington State and promotes the growth and development of programs that help children and families. Children's Alliance membership includes 130 organizations and over 5,000 individuals statewide.

NoHLA is a Seattle-based non-profit organization that promotes increased access to quality health care and basic health care rights and protections for all individuals. NoHLA serves as a strong voice for consumers on Medicaid and health care reform under the ACA. With staff having served on the Advisory Committees for Healthpath Washington and the Health Benefit Exchange Board, and the State Exchange's Health Equity Technical Advisory Committee, NoHLA has led consumer advocacy in some of the state's most wide-ranging recent efforts to coordinate care, reform the private insurance market, and pursue shared savings through innovative payment structures. Since 1906, Neighborhood House has helped immigrants, refugees and low-income people overcome economic, educational and employment challenges. Our mission is to

support diverse communities of people with limited resources attain their goals for self-sufficiency, financial independence, health, and community building. Neighborhood House leadership and staff understand that addressing health inequities via the elimination of social determinants and the expansion of access to quality health care are critical to our clients' and families' success. And because the vast majority of our clientele are eligible for Washington Apple Health, how Washington State proceeds with its innovation plan is of critical important to our organization.

We support the state of Washington's proposal in hopes that the innovation plan will ultimately ensure that the unique needs of children and adolescents, individuals with chronic health conditions and disabilities, low-income populations, and ethnic and language minorities are addressed as the plan continues to unfold. Washington has a history of innovation and stakeholder engagement and is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, our organizations will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, we are committed to participating in the development of:

- *Increased workforce capacity and flexibility in all areas of health care, including oral health, as we believe strongly in utilizing a wide array of providers that can work at the top of their scope to deliver safe, effective, culturally competent, coordinated, and consistent care. We see opportunities with the introduction of new providers such as a mid-level dental provider, outreach and recruitment programs in minority and other medically underserved communities, providing scholarship and other incentives for health care providers to pursue careers in underserved communities, and other workforce solutions to increase health system capacity and create career development pathways for communities.*
- *Addressing the social determinants of health. We laud the State's frank acknowledgment that significant and sustained changes to our State's health and the public's engagement in directing its own care will not occur without first addressing the social determinants of health. The proposal suggests that, if received, grant funding would align data collection efforts (discussed further below) and directly provide services that we are only beginning to appreciate for their impact on health (such as supportive housing and employment services, uniquely beneficial to individuals with chronic and co-occurring conditions).*
- *Leveraging and aligning state data capabilities. The State's grant application includes positive proposals addressing data collection and coordination. If funded, these efforts will give communities, providers, and patients powerful resources to manage and improve community health, especially around the coordination of other data factors such as poverty, housing, education rates, food availability and employment. Holistically looking at individuals and their*

unique lives and challenges within communities will give help the state build more coordinated systems to really impact a community's overall health.

- *Consumer engagement in the health care transformation process. The grant proposal clearly communicates the central role that stakeholder engagement must play in the health system transformation process if the innovation plan is to be successful. This includes leveraging the experiences and perspectives of various participants in the health care system. Our organizations believe that no changes to healthcare delivery or payment incentives will succeed without robust consumer involvement in the program design, implementation, and monitoring. The State's plan to create geographic and demographic mini-pilot projects is an innovative proposal that seeks to enable the state to expeditiously identify and support the benefits of positive strategies and limit the harmful effects of negative strategies. However, with their health on the line in these human subject pilots, consumers must have the opportunity to not only share their perspectives, but contribute to the selection, monitoring and interpretation of these demonstration pilot programs' results. While the grant application itself provides little insight regarding the role that consumers will play in these processes, Washington's Health Care Authority has explicitly committed to us that it will ensure that consumers of diverse interests will play an active, prominent and responsible role in the development, carrying out and monitoring of the SHCIP. To underscore the importance of consumer engagement, our organizations urge CMS to communicate its expectations for robust consumer participation in the design and implementation of the health care innovation program in its grant award. Doing so would prove beneficial for all.*

In short, this grant presents a real opportunity to transform the way we pay for and deliver health care—and address broader health needs—in Washington State. We look forward to participating in this collaborative endeavor.

Sincerely,

Christina Peters
Health Policy Director
Children's Alliance

Daniel Gross
Senior Staff Attorney
Northwest Health Law Advocates

Julie R. Severson, Ph.D., J.D.
Healthcare Policy Analyst
Neighborhood House

CHOICE

Regional
Health Network



Board of Directors

Joan Brewster
Director

Grays Harbor County Public
Health

Steve Clark
Executive Director

Valley View Health Center

Medrice Coluccio

Regional Chief Executive
Providence Southwest

Washington Service Area & St.
Peter Hospital

Ron DéArth

Chief Executive Officer
Morton General Hospital

Jim Geist

Chief Executive Officer
Capital Medical Center

Carole Halsan

Chief Executive Officer
Willapa Harbor Hospital

Kevin Houghton, MD

Primary Care Section Chief
Providence Medical Group

Renée Jensen

Chief Executive Officer
Summit Pacific Medical Center

Tom Jensen

Chief Executive Officer
Grays Harbor Community
Hospital

Vicki Kirkpatrick

Director
Mason County Public Health

John Masterson

Chief Executive Officer
Behavioral Health Resources

Dennis Mesaros

Chief Operating Officer
Providence Centralia Hospital

Eric Moll

Chief Executive Officer
Mason General Hospital &
Family of Clinics

Doug Spingelt

Vice President,
Ambulatory Services
Sea Mar Community Health
Centers

Paul Wilkinson

Chief Operating Officer
Providence St. Peter Hospital

Danette York

Director
Lewis County Public Health

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www.crhn.org

July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model Testing Grant from the Centers for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our collective efforts.

As the Executive Director for CHOICE Regional Health Network, a 2014 Community of Health Planning Grantee, and the leader of a well-established multi-county health improvement collaborative, I know the triple aim of better health, better care and lower costs will require a sustained team effort. Along with our many public and private community partners, we are ready to play a significant role in the transformation of our state's health system. As a state known for its innovation, Washington is well positioned to take on the challenges and make the most of the opportunities reflected in this grant application.

Over the coming months, the organizations coming together within our region's Community of Health will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, our Community of Health will establish a community health plan to:

- Authentically engage a broad range of stakeholders and government entities in the community planning process;
- Partner with the State in identifying opportunities for alignment, barriers to achieving shared aims, and barrier resolution strategies;
- Identify shared community health and health care priorities that align with State transformation priorities described in the Innovation Plan;
- Consider and articulate potential roles in driving community and State transformation;
- Develop a pathway to achieve community aims through a mutually reinforcing plan of action; and

- Coordinate the actions of currently disparate agencies and organizations in a ten-county region toward common goals so that we can achieve meaningful, effective, and broad-based health reform. While our region is still in the process of establishing shared regional priorities for collective action, we believe strongly that our Community of Health is pivotal to achieving the Triple Aim. Examples of coordination might include integrating mental health, chemical dependency and primary care as well as social supports, both from a practical standpoint and in terms of policy issues; linking health initiatives with housing, economic development and infrastructure planning that promotes active, healthy community living; etc.

This grant presents a real opportunity to transform how we pay for and deliver health care in Washington State. CHOICE Regional Health Network and our many community partners look forward to participating in this collaborative endeavor. I urge you to support our collective efforts by selecting Washington State as a Round 2 State Innovation Model Testing Grant recipient.

Sincerely,



Winfried Danke
Executive Director



July 10, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as the President, Cigna HealthCare Pacific Northwest, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Cigna is committed to advancing the triple aim in the Pacific Northwest as evidenced by three separate large physician collaborative arrangements we have in place today where financial rewards are directly tied to the improvement in health care quality, improvement in the patient experience and the elimination of unnecessary cost in the system.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to support greater transparency, core measure set and health care delivery transformation by actively participating in a variety of multi-stakeholder initiatives.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. Cigna looks forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink that reads "Peter B. Welch". The signature is fluid and cursive, with the first name "Peter" and last name "Welch" clearly legible.

Peter B. Welch
President, Cigna Healthcare Pacific Northwest
Cigna Healthcare
701 5th Avenue, #4900
Seattle, WA 98104
Peter.welch@cigna.com

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proud past, promising future

CLARK COUNTY
WASHINGTON

July 7, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as County Administrator working with Community Services and Public Health, the County knows the triple aim of better health, better care and lower costs will require a team and community effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, Clark County will partner closely with the Governor, state leadership and SWWA Regional Health Alliance (RHA) in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- Clark County has been an active participant in creating and partnering with other community stakeholders to establish the SWWA RHA. The RHA plans to apply to the state to be designated as this region's Accountable Community of Health. Clark County will continue to be actively involved in this organization and its efforts to achieve the triple aim for our community.

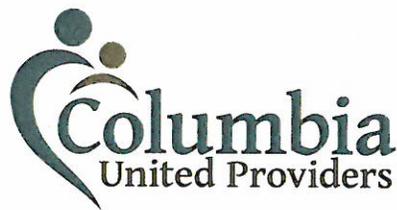
- Clark County Commissioners have also strategically decided to move forward working with the state to become an Early Adopter for full Medicaid integration along with Skamania and Klickitat counties. The three border counties to Oregon deal with unique challenges and determined it's better to align its Medicaid purchasing model with the RHA's planning efforts.
- Clark County Community Services and Public Health Departments will continue to fulfill their roles in the community showing leadership to work with others to plan and implement strategies that address housing, homeless, behavioral health and chronic disease issues in our county. Both departments work together to focus on the social determinants of health and emphasize prevention to improve the overall health in our County.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. We look forward to participating in this collaborative endeavor.

Sincerely,



Mark McCauley
County Administrator



Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts and positively impact our health outcomes.

In my capacity as C.E.O. of Columbia United Providers, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- The Status Quo in healthcare is simply not acceptable. As a result, CUP has hired an all new leadership team to ensure we, as a leader in healthcare, focus on true change and innovation and continue to focus hiring on those with a desire and knowledge to improve the system.
- Active participation on the Full Integration Early Adopter Workgroup to ensure successful integration of behavioral and physical health.
- Ongoing clinical integration with Southwest Behavioral Health, the current platform for mental health services in our region. The initial focus has been on joint staffing of complex case management teams, bi-directional integration of PCP and behavioral health providers, use of technology such as using EDIE to share member care plans between all care providers, re-designing of the member transition process across settings and increased focus on education and prescription of behavioral health medications. With the opportunity for innovation, the next step would be to pilot a project bringing

together community resources to address food, shelter, clothing and employment with the traditional physical and behavioral health systems.

- Active and ongoing Board Membership and technical support for the Regional Health Alliance to become a Collaborative Community of Health as outlined in the innovation plan.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read 'K L Lee', written in a cursive style.

Karen L. Lee

CEO and President, Columbia United Providers



July 11, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

Community Health Plan of Washington (CHPW) supports Washington's application for the Round 2 grant application to the Centers for Medicare and Medicaid Innovation (CMMI). As the state's only not-for-profit safety net health plan, we have over 20 years of experience serving individuals who rely on Washington's public health care programs. This history affords us a unique familiarity with the needs of low-income populations facing barriers to care, such as limited access to specialists.

We would like to applaud Washington for undergoing a comprehensive and thoughtful process in developing a proposal to CMMI. The overarching goals that have been laid out are ambitious and laudable. CHPW is committed to partnering with the state to achieve these goals.

Behavioral health integration is called out as one of the three key strategies in Washington's grant application. Focusing on behavioral health integration will reform all parts of the health care system. The grant proposal projects a \$730 million return on investment, savings that we expect would largely be gained via behavioral health integration.

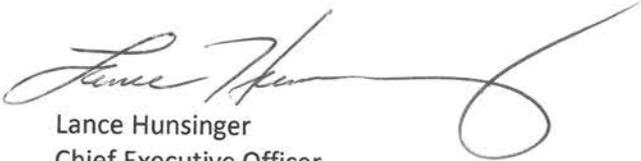
Washington has several programs recognized as best practices nationally for integrating behavioral and physical health care. The application narrative referenced the Mental Health Integration Program (MHIP) – a collaborative care program that CHPW partnered with our member community health centers, the University of Washington AIMS Center, and other contracted providers to implement statewide for the Medical Care Services Population. The first 14 months of statewide expansion yielded \$11.2 million in savings. This model has tremendous potential to be scalable, while also improving health outcomes. We plan to work with the state to bring this model to scale under this funding opportunity.

The grant narrative emphasizes the importance of value-based purchasing. Our MHIP program includes a strong focus on value-based purchasing and has demonstrated improved health outcomes with the

use of a pay-for-performance quality bonus payment. Furthermore, CHPW has a long history of having our member community health centers take full risk for our Medicaid enrollees, requiring them to manage their patients' hospital, specialty and pharmacy care. We will continue to work with the state under this grant to support the move to value-based purchasing and modernizing the payment methodologies for community health centers to better reward for outcomes instead of incentivizing encounters.

Washington's innovation efforts have the potential to truly achieve the triple aim in Washington. I look forward to being a part of this effort. If you have any questions, please contact me at lance.hunsinger@chpw.org or through my assistant Barbara Westlake at 206-613-8902.

Sincerely,

A handwritten signature in black ink, appearing to read "Lance Hunsinger", with a long, sweeping flourish extending to the right.

Lance Hunsinger
Chief Executive Officer



BOARD OF DIRECTORS

Pat Malone, Chair
*Community Member,
East Wenatchee, WA*

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Barry Kling
*Public Health
Administrator, Chelan-
Douglas Health
District*

Lauri Jones
*Public Health
Administrator,
Okanogan County
Public Health District*

July 3, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Chief Executive Office of Community Choice, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- Community Choice has started coordinating with other Healthcare Collaboratives in our state to facilitate multi-sector engagement in population health efforts and the lessons learned from this “on the ground” work will be shared in support of future State Innovation efforts on integrating health resources and engaging “non-traditional” partners in community health prevention.
- As CEO of the Community Choice healthcare consortia, I am contributing to the current work our state is leading in developing a prevention framework and I am committed to continue contributing to the State Innovation planning and implementation process.
- I welcome the opportunity to advocate for more transparency in the purchasing of healthcare and consumer-centric efforts to empower and build capacity among healthcare consumers to “own” greater responsibility in their health and promote healthier lifestyles.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

Jesús Hernández, MPA
Chief Executive Officer

July 11, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah,

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Executive Director of Comprehensive Health Education Foundation (CHEF) I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- *Technical assistance and financial support (unrestricted private grants of \$120,000 in the next 2 years) to the Healthy Living Collaborative (HLC) of Southwest Washington. The Collaborative is a collective impact project generating significant community capacity which will greatly enhance the plan's innovative Accountable Communities for Health in the SW region of the state.*
- *Technical assistance, coalition building and financial support to a statewide network of Community Health Workers and to policy makers and key community leaders on effective strategies for deploying CHWs to achieve the triple aim as evidenced in research literature.*

- *Financial and technical assistance to the Prevention Alliance, a state wide cross-sector meta-coalition of public and private sector organizations devoted to preventing disease and reducing health care costs by supporting healthy communities and increasing public appreciation for collective decision making at the state and community levels.*

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,



Melanie Gillespie, MBA
Executive Director
Comprehensive Health Education Foundation



POLICY & ACTION FROM CONSUMER REPORTS

July 15, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

RE: Washington application

Dear Mr. Nah:

Consumers Union, the advocacy division of Consumer Reports, strongly supports the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application supports our work to improve the safety, quality and affordability of health care for Washington consumers. We believe Washington consumers would greatly benefit from this innovative plan to achieve better health, better care and lower costs.

Over the past ten years, Consumers Union's Safe Patient Project has partnered with Washington patient safety advocates to advocate for a strong hospital infection public reporting system, improve the oversight of the safety of physician care, and ensure that hospitals are following the best evidence based practices with hip and knee implant patients. Our goals are for consumers and purchasers to be better informed and for health care providers to improve their safety outcomes. Washington's Health Care Innovation Plan would drive needed changes to improve transparency of quality, safety and price information.

We support Washington State's efforts to reward value over volume through implementing payment and delivery reforms based on the best science and designed through a collaborative process. Expanding use of these models will improve health care delivery, save the state and taxpayers money, and save lives.

We look forward to working with the Governor's office and state leaders to make progress on these shared goals. We will continue to actively engage with Washington consumer advocates to bring consumer and patient voices to health care quality and safety issues. And we welcome the opportunity to participate in this collaborative effort.

Sincerely,

Lisa McGiffert

Director, Consumers Union Safe Patient Project - lmcgiffert@consumer.org

Headquarters Office

101 Truman Avenue
Yonkers, New York 10703-1057
(914) 378-2029
(914) 378-2992 (fax)

Washington Office

1101 17th Street, NW #500
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(415) 461-6747
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506 West 14th Street, Suite A
Austin, TX 78701
(512) 477-4431
(512) 477-8934 (fax)



1145 Broadway
Tacoma Financial Center
Suite 300
Tacoma, WA 98402

July 15, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation.

As a family physician, I appreciate the goals of the triple aim of better health, better care, and lower costs. And in my role as President and CEO of Coordinated Care, a managed care organization, I also understand that in order to achieve these goals a team effort will be needed. Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

We will continue to promote innovative contracting across the Washington market, which aligns financial incentives for providers with patient and community needs, high quality care, and cost controls. Our state is committed to being a leader in this critical area, and we will continue to work with the community around sensible contracting that rewards providers for keeping people healthy and well, not for increased utilization of healthcare services.

Additionally, Coordinated Care supports the State's efforts to move towards full integration of behavioral health services with medical health services. Integrating behavioral health services – including mental health, chemical dependency and substance abuse services – into primary care practice settings can improve the overall quality of care, health outcomes and ultimately reduce costs. The funding streams and care delivery models for mental health need to be better unified with physical health. Ultimately, we need to move toward integrated care delivery which efficiently combines and succeeds at “whole

person” health care. The State is currently in development of a five-year plan for full integration and we would like to partner with the State to help achieve these goals.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington state. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jay Fathi MD', with a stylized flourish at the end.

Jay Fathi, MD
President and CEO
Coordinated Care

Letter of Support for WA State Health Care Innovation Plan



<http://cmsclinic.org> Suzanne.Pak@cmsclinic.org
Phone: 253.200.1988 Fax: 253.252.2469
Address: 1014 S. 320th Street, Federal Way, WA 98003

To: Gabriel Nah, Grants Management Specialist, Centers for Medicare and Medicaid Services

From: Suzanne Pak, Chief Operations Officer, Cornerstone Medical Services
Phone: 917.318.0790 Email: suzanne.pak@cmsclinic.org

Cc: Marguerite Ro, DrPH, Chief of Assessment, Policy Development & Evaluation, Seattle King County Public Health
Phone: 206.263.8811 Email: marguerite.ro@kingcounty.gov

Cc: Consul Chansik Yoon, General Consulate of Republic of Korea in Seattle
Phone: (206) 441-1011 Email: younchansik21@gmail.com

Cc: Rep. Cindy Ryu, 32nd LD
Phone: 206.605.1588 Email: Cindy.Ryu@leg.wa.gov

Cc: Chan H. Park, MD, PhD, FACP, Medical Consulting/Oncologist and liaison to "Debbie's Dream Foundation: Curing Stomach Cancer"
Phone: [253-946-9365](tel:253-946-9365) Email: park.chanh@gmail.com

Dear Mr. Nah,

I am writing on behalf of the individuals listed on this letter to show support for Washington state being awarded a grant to develop a state innovation model. We have come together for the common purpose of achieving health equity for Asian Americans and Pacific Islanders (APIs) in Washington state through improved access to health screening & early diagnosis. There are many cancers and chronic conditions which are under-reported and miscoded, especially for immigrants and minorities (who are insured at lower rates and have not utilized the American health care system on a regular basis). Even as they are becoming insured for the first time through the Affordable Care Act and Medicare outreach, many are still afraid to utilize preventative health and screening services for fear that their insurance claim will be denied. This fear is not unwarranted. We are hearing from several primary care providers and specialists that certain health insurance companies are beginning to deny diagnostic tests that used to be routinely approved, which diagnoses conditions for which minorities and immigrants are at greater risk. Stomach cancer is a classic example of this, and all the individuals listed here are part of a ground-breaking effort to develop a stomach cancer prevention program for the first time in Washington state.

http://cmsclinic.org/news/cornerstone_tackles_stomach_cancer_disparity

We are realizing that one major reason for continued and escalating health disparity among Asian Americans is the lack of disaggregated health data at the level of sub-ethnicity. Because many of the cancers and chronic diseases affect different ethnic groups within the API population, this data

Letter of Support for WA State Health Care Innovation Plan

is critical to understanding the severity of the problem and what is (or is not) being done to address it. Indeed, this lack of disaggregated data at the ethnicity level (especially for Asian Americans) has been identified as an issue by Assistant Secretary for Health Dr. Howard K. Koh and the Office of Minority Health (“2013 Report: Underrepresentation of Asian Americans in Health Surveys Stunts Growth, Funding for Prevention and Treatment Programs”).

We are hopeful that through the State Health Care Innovation Plan, Washington state will develop a database that provides stronger transparency on incidence, mortality, stage of diagnosis for cancers and chronic diseases that are not always on the radar by mainstream public health agencies (such as liver, pancreas, and stomach cancer). Knowing that there are many counties in Washington state where reporting on a broader range of cancers and chronic diseases is not being provided on a regular basis (based on “missing data” result that shows up on SEER cancer registry), we also hope that through SHCIP efforts, there will be greater incentive and requirement on reporting by payers, providers, and hospitals. Finally, we hope that the transparency and data can lead to strategic discussions between community health organizations, payers, and governmental agencies about what kind of outcome we should be striving for. We want to change the notion that it may be acceptable to continue to overlook the health disparities of certain minorities and immigrants because they may die from late diagnosis (and thus “not add to the cost burden.”). The individuals and families we serve are not only under-served and challenged by Limited English proficiency; they are at the same time business owners, employees, and tax payers.

We look forward to working with Governor Jay Inslee’s administration to achieve greater health equity through transparency, should this initiative be funded. Thank you.

Sincerely,

Suzanne Pak, COO of Cornerstone Medical Services

Suzanne Pak

7/17/14

Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

July 15, 2014

Dear Mr. Nah:

The Robert Bree Collaborative strongly supports Washington State's application for a Round Two of the State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. The application builds on our work within Washington to develop a forward-looking and sustainable five-year plan for health care innovation. Receipt of the grant would greatly accelerate our efforts.

Our Collaborative was established in 2011 by Washington State Legislature *"...to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State."* Our members are appointed by the Governor and include public health care purchasers, private health care purchasers (employers and union trusts), health plans, physicians and other health care providers, hospitals, and quality improvement organizations. We are charged with identifying up to three health care services annually that have substantial variation in practice patterns, high utilization trends in Washington State, or patient safety issues. For each health care service, we identify and recommend best-practice evidence-based approaches that build upon existing efforts and quality improvement activities aimed at decreasing variation to the Washington State Health Care Authority (HCA) for review and approval. The HCA uses the recommendations to guide state purchasing for their programs, showing a commitment to value-based purchasing.

The Bree Collaborative recognizes that improving patient health, health care service quality, and the affordability of health care requires the efforts of multiple stakeholders and looks forward to working with Washington State. Washington is an innovative and collaborative state; the formation and continuation of our Collaborative is an example of those qualities. Our community is well situated to take full advantage of the opportunities provided by the grant.

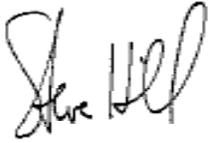
Over the next few months, the Bree Collaborative plans on partnering closely with the Governor, Washington State leadership, and the Health Care Authority to further develop and implement this testing grant. Specifically, we are committing our Collaborative to the following:

- Working with Washington State leadership to identify areas of high variation in health care use;
- Collaborating with our diverse stakeholders to develop workable solutions to these pressing health care issues;
- Developing bundled payment models to align high quality care with reimbursement;

- Monitoring our impact on our State.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. We look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Hill". The signature is written in a cursive style with a large initial "S".

Steve Hill, MBA
Chair
The Dr. Robert Bree Collaborative

A handwritten signature in black ink, appearing to read "Ginny Weir". The signature is written in a cursive style with a large initial "G".

Ginny Weir, MPH
Program Director
The Dr. Robert Bree Collaborative



PO Box 244
Spokane, WA 99210

Office: (509) 315-1323
Fax: (509) 315-1424

empirehealthfoundation.org

July 7, 2014

Dorothy Teeter, Director
Health Care Authority
626 8th Avenue SE
Olympia, WA 98501

RE: Support State Innovation Model Testing Grant Application

Dear Director Teeter:

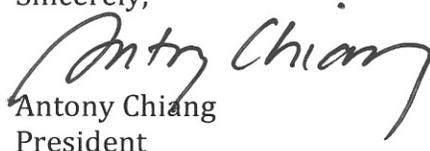
Empire Health Foundation (EHF) strongly supports Washington State's State Innovation Model (SIM) Testing Grant application. Our State Health Care Innovation Plan (SCHIP) puts our state on course to truly transform our health care system and produce improved outcomes at the systems and individual level. Receipt of this grant will place our state in a strong position to achieve the Triple Aim of better health, better care and reduced costs outlined in our SHCIP.

EHF is an independent, grant-making, health conversion private foundation formed as a result of the 2008 sale of Empire Health Services. We are charged with improving the health of seven counties in Eastern Washington. As part of this mission, in 2013 EHF formed a subsidiary, Better Health Together (BHT), to optimize outcomes of health care reform. BHT served as our region's lead agency for the In-Person Assistor Initiative to enroll newly-eligible individuals in health care coverage. BHT was charged with enrolling 10,000 individuals in an 18-month period. In just seven months, nearly 63,000 individuals were enrolled, far exceeding the initial target.

One of the key tenets of the SHCIP is the creation of Accountable Communities of Health (ACHs). ACHs are regionally governed, public-private collaborative or structure tailored by the region to align actions and initiatives and address shared health goals. Most recently, your agency selected BHT to receive a Community of Health Planning Grant. This grant will help position BHT for designation as an ACH. The evolution of ACHs will be a key strategy toward the actualization of the Triple Aim.

EHF has enjoyed the partnership with the Health Care Authority and appreciates your recognition that ultimately all health care is local. This grant application reflects tangible strategies to affect real change at both the state and local level. We strongly support this approach.

Sincerely,


Antony Chiang
President

The Everett Clinic

For the whole you.

3901 Hoyt Avenue ■ Everett, WA 98201 ■ 425 259-0966

www.everettclinic.com

July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Chief Medical Officer of the Everett Clinic, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

The Everett Clinic is a 500 provider multispecialty group practice that is very focused on managing population health. We were one of the original 10 organizations that participated in the CMS Physician Group Practice Demonstration Program that was the forerunner to Medicare ACOs. Currently we have significant financial risk for achieving the triple aim with Medicare Advantage, plus value based reimbursement contracts with both commercially and Medicaid insured patients. I participate as a Board member of the Washington Health Alliance, a nonprofit organization dedicated to providing transparent quality, cost and patient experience information for health care consumers in our state. Our organization is fully committed to practice transformation to achieving the triple aim as well as transparency of this key information.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. We are committed to working with the State to test innovative service and delivery models. Specifically, I am committing my organization to participating in a multi-stakeholder, multi-payer demonstration program, assuming that it is actuarially sound and provides timely, actionable information to providers. If the program were to have the Everett Clinic assume downside financial risk we would also insist upon prospective attribution.

Gabriel Nah
Page Two
July 14, 2014

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Fisk", written in a cursive style.

Albert W. Fisk, MD, MMM
Chief Medical Officer



From the office of Robert H. Malte, Chief Executive Officer

July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop #7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on the state's forward-looking five-year plan for health care innovation to transition Washington to value based care. Securing a Round 2 grant would fully engage and align the state stakeholders to more rapidly transform our health care delivery and payment system to improve the health of Washingtonians.

As the CEO of EvergreenHealth, an integrated health care system with a recently launched clinically integrated network, I have experienced the importance of certain foundational elements in the design and execution of accountable delivery and payment models. These elements include strong leadership; continuous innovation; working in partnership with providers, purchasers and payers; a culture that fosters accountability, transparency, and stewardship; and a true commitment to the community and their health. EvergreenHealth is a Public Hospital District and is rooted in accountability and these foundational elements. These elements have positioned EvergreenHealth as a collaborative partner and value player in our market. We have a long history of community partnerships and are committed to working together with multiple stakeholders to advance the triple aims encompassed by the state's innovative health plan.

The complexities of health care transformation require a multidisciplinary, committed, and highly functioning collaborative effort. As a state known for its innovative collaborations, Washington is well positioned to execute on the opportunities reflected in this grant application.

EvergreenHealth looks forward to partnering with the Governor and state leadership in the further development and implementation of this testing grant.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert H. Malte", written over a white background.

Robert H. Malte
CEO



STATE OF WASHINGTON

July 21, 2014

Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop #7700 Bethesda
5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

We are writing as the Executive Management Advisory Council (EMAC) to declare our unified support for the testing grant application being submitted by Washington State. We have provided state-level executive leadership during the development of the five-year State Health Care Innovation Plan and will continue in this capacity over the duration of this grant.

Our council has benefitted from the State Innovation Model planning process, awakening us to the critical role each of us play in improving health and health care for Washington State. This is further evidenced by the “Health in all Policies” approach that you will see referenced throughout our State Health Care Innovation Plan. The EMAC forum has resulted in effective interagency and multi-sector collaboration, which will continue to drive strong public consensus for the *Healthier Washington* proposal moving forward.

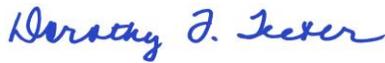
This grant application reflects our shared vision for health transformation and deep commitment to successful implementation. We have and will continue to collectively contribute significant expertise, in-kind resources and strategic insight to ensure the success of our key strategies: 1) Drive value-based purchasing across the state, starting with the state as “first mover,” 2) Improve chronic illness care through better integration of care and social supports, particularly for individuals with physical and behavioral co-morbidities, and 3) Improve health overall by building healthy communities and people through prevention and early mitigation of disease throughout the life course.

As agency heads, elected officials and health care leaders, we believe Washington State offers an exceptionally well prepared, well qualified and receptive environment in which to test innovative and transformative payment models and health care delivery reforms. We can attest to the high level of enthusiasm and commitment from the broad and diverse communities we serve to see this plan for better health, better care and lower costs realized.

Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
July 21, 2014
Page 2

We stand ready to partner with the Centers for Medicare and Medicaid Innovation to achieve our shared aims for the populations we serve.

Sincerely,



Dorothy F. Teeter, MHA
Director
Health Care Authority



Bob Crittenden,
Senior Policy Advisor
Office of the Governor



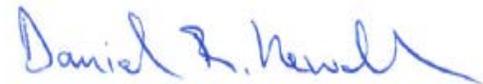
Marty Brown
Executive Director
State Board for Community and Technical
Colleges



Brian Bonlender
Director
Department of Commerce



Kevin W. Quigley
Secretary
Department of Social and Health Services



Dan Newell
Assistant Superintendent
Office of Superintendent of Public Instruction



John Wiesman, DrPH, MPH
Secretary of Health
Department of Health



Richard K. Onizuka, PhD
Chief Executive Officer
Washington Health Benefit Exchange



Joel Sacks
Director
Labor & Industries



Elizabeth M. Hyde, PhD
Director
Department of Early Learning



Mike Kreidler
Insurance Commissioner
Office of Insurance Commissioner



David Schumacher
Director
Office of Financial Management



FOUNDATION FOR
HEALTH CARE QUALITY
www.qualityhealth.org

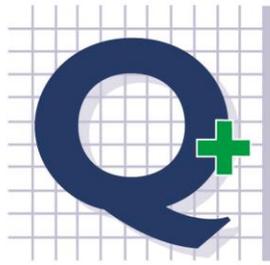
Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

July 18th, 2014

Dear Mr. Nah:

The Foundation for Health Care Quality (the Foundation) strongly supports Washington State's application for a Round Two of the State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. The application builds on our work within Washington to develop a forward-looking and sustainable five-year plan for health care innovation. Receipt of the grant would greatly accelerate our state's efforts.

The Foundation for Health Care Quality is dedicated to furthering the Triple Aim in the state of Washington. To this end, we sponsor and are the home for a number of programs which deal with variability, outcomes, and quality in various medical and surgical services to improve the patient care experience, improve population health, and reduce health care cost. The Foundation houses multiple programs that abstract clinical data including the Clinical Outcomes Assessment Program, Obstetrics Clinical Outcomes Assessment Program, and the Surgical Care and Outcomes Assessment program to improve quality of care and meet the growing demand for accountability in the health care industry. In addition, we have been a long time participant in the health care technology arena, sponsor a major statewide patient safety coalition and are home to the Bree Collaborative, a group of health care stakeholders founded by the State Legislature working together to improve health care quality, outcomes, and affordability in Washington State.



FOUNDATION FOR
HEALTH CARE QUALITY
www.qualityhealth.org

Improving patient experience, health, and reducing health care cost will require the efforts of multiple stakeholders. Over the next few months, the Foundation plans on partnering closely with the Washington State leadership to further develop and implement this testing grant. Specifically, I am committing the Foundation to the following:

- Work with hospitals toward greater transparency and quality of their clinical data,
- Work to make data transparent and more easily understandable for patients and other health care purchasers,
- Work with providers to act upon data variability to improve quality and patient health, and
- Expand the clinical arenas from which we gather data to have a greater impact on our state.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. We look forward to participating in this collaborative endeavor.

Sincerely,

Terry Rogers, MD
CEO, Foundation for Health Care Quality



Group Health Cooperative
Office of the President and CEO
320 Westlake Avenue North
Suite 100
Seattle, WA, 98109
www.ghc.org

July 15, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within the state to develop a forward-looking plan for health care innovation and receipt of the grant would greatly accelerate our efforts.

Group Health Cooperative (GHC) is a Washington-based nonprofit health system that brings together care, coverage, research, and philanthropy to serve our members and create healthier communities. Founded in 1947, we are one of the oldest and largest health care organizations in the country—and one of the few governed by a member-elected, all-consumer Board of Trustees. We provide care and coverage to approximately 600,000 Washingtonians. In my capacity as President and Chief Executive Officer, I know the triple aim of better health, better care and lower costs requires a team effort – and Group Health aims to play a significant role.

The passage of the Patient Protection and Affordable Care Act significantly increased access to insurance coverage. It is now time to shift the focus to ensuring this expanded patient population receives high-value, cost effective care. As a state known for innovation, Washington is well positioned to take on the challenges reflected in this grant application. A recent example of how Washington government leaders, providers and plans have come together to address challenges is the successful launch and ongoing management of the Washington State Health Benefits Exchange. We are proud to demonstrate how coverage reform is possible through collaboration across sectors, toward a common goal of advancing health and value for Washingtonians.

Over the coming months, we are eager to partner closely with the Governor and state leadership to further develop and implement this testing grant. We are experienced and prepared to offer guidance to the following:

1. **Payment redesign.** GHC is heavily invested in innovative payment and delivery models across the state. We pioneered the implementation of shared decision making for preference sensitive conditions, and intend to help the state build upon this experience. Additionally, as a major insurer of state employees, we look forward to partnering with the Public Benefits Board (PEBB) program's 'first mover' value-based purchasing activities and multi-payer testing efforts.
2. **Monitoring and evaluation.** We offer consultation to the state as it establishes a monitoring and evaluation plan for the State Innovation Model. Through our Center for Community Health and Evaluation at the Group Health Research Institute (GHRI), we have expertise in areas such as qualitative research, outcome evaluations, clinical quality improvement initiatives, and community assessment—all with the goal of improving population health.
3. **Practice transformation.** The MacColl Center for Health Care Innovation at GHRI, in partnership with Qualis Health, provides primary care consultation and technical assistance. This partnership aims to develop a sustainable model to transform primary care practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. Patients in our medical home pilot experienced 29 percent fewer emergency visits; savings exceeded \$10 per member per month. We are prepared to support efforts by the state to improve primary care practices through redesign and medical home implementation.
4. **Community empowerment and accountability.** We support the goal of Accountable Communities of Health (ACH), which is to improve population health by linking community and clinical efforts. Recently, we supported King County successfully becoming an ACH. Group Health has long partnered with local and state public health officials to deliver community-based services and campaigns via our community benefit program and the Group Health Foundation. We look forward to continued collaboration to realize the goals of ACHs.
5. **Quality measure alignment.** Agreement on common preventive, acute and chronic care measures is very important. GHC has a history of emphasizing continuous quality improvement with the goal of bringing optimal value to our members. Examples of this commitment include: 1) year after year, the National Committee for Quality Assurance (NCQA) ranks GHC among the best health care systems in the nation; 2) our Medicare Advantage plans earned the coveted Medicare 5-Star rating from the Centers for Medicare & Medicaid Services in 2012, 2013, and 2014; 3) we were the highest ranked medical group in the Washington Health Alliance's 2013 Community Checkup; and 4) we were the top rated health plan in the 2014 eValue8 assessment conducted by the Washington Health Alliance. One of our senior quality leaders, Susie McDonald, RN, MN, is on the Governor's task force for performance measures. We are very committed to helping the state develop consistent and coherent performance measures.
6. **Transparency.** Transparent and user-friendly information on both quality and cost is crucial to ensuring that health care decisions are based on real value. To understand and address

variations in health care, payers and providers first need to have access to the total cost of care. Consumers deserve useful information about the value of their health care options. A robust all-payer claims database (APCD) will be invaluable in Washington. GHC actively supported recent APCD legislation. We also have senior leadership participation on the Washington Health Alliance Board and the statewide APCD advisory committee.

7. **Integrated care.** Mental, behavioral, and physical health care best serve the consumer when integrated. Our primary care providers deliver much of the mental health care throughout our system, which results in complete physical and mental health integration. We look forward to offering guidance to the state on how to best integrate care based on our experience.

This grant presents an exciting opportunity to transform health care financing and delivery throughout Washington, which will prove invaluable to our members and the communities in which they reside. We agree that the State of Washington is very well positioned to develop some highly innovative and transformative interventions to bring true delivery reform to our urban and rural communities. On behalf of GHC, I look forward to having our organization actively participate in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Armstrong". The signature is fluid and cursive, with the first name "Scott" being more prominent than the last name "Armstrong".

Scott Armstrong
President and Chief Executive Officer
Group Health Cooperative



Group Health Research Institute

1730 Minor Avenue
Suite 1600
Seattle, WA 98101

www.grouphealthresearch.org

July 8, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Director of the MacColl Center for Health Care Innovation at the Group Health Research Institute (GHRI), I know that the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, such as the development of the Chronic Care Model within our Institute, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

MacColl has been at the forefront of health system reform and transformation for many years. Starting with the development and successful scale up and spread of the Chronic Care Model, our work has extended to a remarkable innovative approach to primary care re-design in the Safety Net Medical Home Initiative. We have expertise in development of models, tools, resources, curriculum, practice coaching, and technical assistance, especially with primary care settings. Prior to my arrival at MacColl 2+ years ago, I was a senior advisor for primary care at the Agency for Healthcare Research and Quality where I led the development of a Manual for How to Start and Run a Practice Facilitation Program, such as the Practice Transformation Extension Program described in the application submitted by Washington state.

Over the coming months, MacColl and GHRI will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following: technical assistance and support for the development of a robust and effective regional Practice Transformation Extension Program across the state, development of project specific tools, resources and curriculum, consulting

around building capacity for quality improvement and rapid dissemination and spread of effective pilots and programs that address the triple aims.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington state. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael L. Parchman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael L. Parchman, MD, MPH
Director, MacColl Center for Health Care Innovation
Group Health Research Institute



July 8, 2014

Dorothy Teeter, Director
Health Care Authority
626 8th Avenue SE
Olympia, WA 98501

RE: Support State Innovation Model Testing Grant Application

Dear Director Teeter:

The Health Philanthropy Partnership (HPP) supports Washington State's State Innovation Model (SIM) Testing Grant application. The HPP is comprised of five philanthropic organizations located throughout Washington state -- Building Changes, Chuckanut Health Foundation, Empire Health Foundation, Seattle Foundation and Washington Dental Service Foundation. Our organizations share a common goal of transforming our health care system to achieve better health, better care and reduced costs. Receipt of this grant will position our state to better achieve these goals.

Our State Health Care Innovation Plan calls for the establishment of Accountable Communities of Health (ACHs). ACHs are regionally governed, public-private collaboratives that are tailored by a region to align actions and initiatives and address shared health goals of a shared geographic region. Last month, the HPP convened our state's Regional Health Improvement Collaborative organizations (the likely precursor to ACHs) to meet with state officials and discuss opportunities to advance shared goals and discuss best practices for the establishment of such regional organizations. This dialogue proved beneficial to all parties present and the HPP is committed to supporting the ACHs in their development and maturation.

The HPP supports the direction outlined in the State Innovation Model Testing Grant application. It is our position this approach will continue our state on the path toward meaningful reform and improved organizational and individual outcomes.

Sincerely,

A handwritten signature in black ink, appearing to read "Alice Shobe", with a long horizontal flourish extending to the right.

Alice Shobe
Building Changes



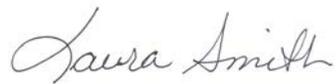
Sue Sharpe
Chuckanut Health Foundation



Kristen West
Empire Health Foundation



Ceil Erikson
Seattle Foundation



Laura Smith
Washington Dental Service Foundation



July 11, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Chief Executive Officer of Inland Northwest Health Services, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Inland Northwest Health Services (INHS) is about collaborating to provide better care at lower costs from its beginning in 1994, with the coming together of two competing health care providers for that exact purpose. The INHS mission is to “provide unique, effective, affordable services using collaborative and innovative approaches for the benefit of the entire health care continuum”. INHS strongly supports transparency, core measure sets, practice transformation and reducing unwarranted variation, and I serve on the Board of the Bree Collaborative for Washington State, which seeks to address these issues.

INHS is committed to further partnering with the State to test innovative service and delivery models and to participate in multi-stakeholder/multi-payer efforts. Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant.



This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

Thomas M. Fritz
Chief Executive Officer
Inland Northwest Health Services



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

July 14, 2014

Gabriel Nah

Grants Management Specialist

Office of Acquisition and Grants Management

Centers for Medicare and Medicaid Services

U.S. Department of Health and Human Services

Mailstop # 7700 Bethesda

5600 Fishers Lane

Rockville, MD 20857

Dear Mr. Nah:

I am pleased to offer King County's strong support for Washington state's application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. Washington's Innovation Plan presents an ambitious agenda for achieving healthier people and communities, an agenda that is well aligned with King County's goals for a more prosperous, equitable region. Our complementary regional plan, the King County Health and Human Services Transformation Plan, is guiding local efforts to strengthen integration, improve the health and well-being of county residents and communities, and eliminate inequities.

As the second largest public sector purchaser of health care in Washington, King County has already demonstrated its commitment by joining with the Health Care Authority (HCA) to issue a Request for Information to engage the payer and provider community in presenting their best thinking and current progress in accountable delivery and payment models. In the next two to three years we expect to join with HCA and other purchasers in contracting for accountable health care services. We believe that using a common framework is essential to aligning the efforts of purchasers, providers, and plans to achieve higher value, more efficient health care.

King County also actively supports the All Claims Payer Database model as the best means to achieve much needed transparency of cost and claims data. Experience from other regions shows that provider systems are strongly motivated to improve their value propositions when they have reliable benchmarking data. Purchasers and the patients they represent benefit as

Gabriel Nah
July 14, 2014
Page 2

well when they can identify and reward high performing delivery systems by creating health plan designs that inform and encourage member use of those systems.

Finally, as a part of its goal to help patients take ownership for their health and health care decisions, King County is very interested in Washington State's development of certified shared decision-making tools. Patients and providers both need these tools to facilitate discussions of treatment options that empower patients to get additional, unbiased clinical information and explore their personal preferences. There is strong evidence that use of such tools improves outcomes and patient satisfaction, and often results in use of lower cost, less invasive procedures.

Washington state is a national leader in health innovation, and this testing grant will support needed transformation in how we pay for health services and achieve better health for residents in King County and across our state. I look forward to continued participation in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink that reads "Dow Constantine". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dow Constantine
King County Executive

July 11, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857



Dear Mr. Nah:

I am writing on behalf of Kitsap Mental Health Services to express our strong support for the Washington State Round 2 State Innovation Model testing grant application to the Center for Medicare and Medicaid Innovation. This Testing Grant application builds on local and statewide efforts to develop a forward-looking five-year plan for health care innovation. Award of this CMMI Innovation grant would greatly accelerate our efforts.

In my capacity as Chief Executive Officer for KMHS, a designated community behavioral health center and itself a recipient of a three year CMMI award dedicated to furthering behavioral and physical health care integration, I know well that the triple aim of better health, better care and lower costs demands a team effort. KMHS has worked closely with, and been well supported by our legislators and lead state agency staff as they have sought to develop policies, regulations, and delivery systems that will allow us to set a new standard for health care integration. KMHS our leadership and staff look forward to a continued role in this statewide endeavor. A state long known for its innovative approaches to tackling multiple issues, among them health promotion, tobacco control, and integrated health care, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will continue to partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- Participation in work groups and task forces dedicated to behavioral health care integration with primary care, workforce development, policy development and so forth, including the sharing our KMHS CMMI Innovation grant learning to date;
- Working with behavioral health, primary care and allied health care providers to bring about a bi-directional model throughout our state that meets the Triple Aim and provides the right care, at the right place, at the right time.
- Active participation in the goals of the Testing Model grant, including membership in a local Accountable Communities of Health.

We view this grant as a tremendous opportunity to transform the way we pay for and deliver health care in Washington State. We look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in blue ink, appearing to read "Joe Roszak".

Joe Roszak
Chief Executive Officer

Inchelium Health Center
P.O. Box 290
Inchelium, WA 99138-0290
(509) 722-7006
Fax: (509) 722-7021



San Poil Valley Health Center
P.O. Box 327
Keller, WA 99140-0327
(509) 634-7300
Fax: (509) 634-7301

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop #7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center of Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Executive Director at Lake Roosevelt Community Health Centers, I know the triple aim of better health, better care and lower costs will require a team and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Wishing you good health,

Alexandria Desautel
Executive Director
Lake Roosevelt Community Health Centers

July 9, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. Lifelong has experienced great success through its partnership with the State to ensure that its most vulnerable residents have access to quality healthcare. This opportunity would enhance our work within Washington to continue efficient healthcare utilization through the development of a forward-looking five-year plan for health care innovation. The receipt of this grant would greatly accelerate our common goals.

In my capacity as Lifelong's CEO, I know the triple aim of better health, better care and lower costs will require a team effort coupled with community engagement and delivery. Our agency is primed to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Lifelong shall partner with Governor Inslee and State Leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

We will continue to leverage our 14 statewide offices to provide supportive services to the most medically fragile and vulnerable in our state. WAcare is a group of non-profit agencies that have joined together to provide care coordination services for enrollees in Washington's duals demonstration project. WAcare's goal is to improve health outcomes and reduce healthcare costs for low-income, high-utilizers of healthcare services. Together, we have over 30 years of experience providing medical case management, insurance access, housing, job assistance and food programs to the many communities we serve. We are committed to utilizing WAcare's resources to help ensure the success of the State Health Care Innovation Plan implementation.

This grant has the potential not only to transform the way we pay for and deliver health care in Washington State, but also can greatly improve the health outcomes for countless lives within the State. We look forward to participating in this collaborative endeavor.

Sincerely,



Randall H Russell, LASW
Chief Executive Officer

July 16, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

We are pleased to extend our support of the Washington state application for a Round 2 State Innovation Model testing grant from the Centers of Medicare and Medicaid Innovation.

Moda is proud to be the administrator of the Northwest Prescription Drug Consortium. The Consortium includes the Washington Prescription Drug Program (WPDP) and the Oregon Prescription Drug Program (OPDP). The Northwest Prescription Drug Consortium enables businesses, state agencies, local governments, labor organizations and consumers to join together and benefit from greater purchasing power for prescription medications.

Moda has partnered with the state of Washington to service the needs of the Northwest Prescription Drug Consortium since 2007. During our tenure of working directly with the Washington Public Employee Benefit Board (PEBB), we have developed a number of transformative pharmacy based programs.

- An evidence-based benefit design that aligns a member's out-of-pocket contribution with a coinsurance model that encourages member engagement;
- A value tier benefit that removes the economic barrier to medication access and motivates members and prescribers to consider safe, efficacious, high-value medication options to treat common chronic health conditions;
- A point of service vaccine benefit that provides members with improved access to immunizations and vaccines at the retail pharmacy setting;
- A high-cost generic program that informs members of costs associated with higher priced generic medications, allowing members to make informed decisions on medication therapies;
- A program that delivers true transparency for the price of medications purchased through participating pharmacies; and
- A comprehensive rebate management service including traditional and specialty drugs.

Moda is deeply committed to our core value of innovation and collaboration. In this spirit we have developed programs focused on the Triple Aim, resulting in improved patient experiences and enhanced health outcomes of our populations with reduced per capita costs. We have successfully coordinated with purchasers and providers expanding choices and options available to health care consumers. We understand that our success in this area has been achievable, and

is a result of collaborations and contributions through strong public and private sector partnerships.

Moda's role as a payer and benefit administrator, has been, and will continue to be, focused on bringing together key stakeholders from our provider and community relationships to link, align, connect, transition and support the achievement of better health, better care and lower costs. Examples of some of our efforts that we have learned from and that will inform are support include:

- Moda recently embraced the invitation to respond to the Washington State Health Care Authority (HCA) and King County Request for Information (RFI). Through this opportunity we were able to detail existing programs and provide insight regarding our ideas and ways that we may align resources and efforts to support the Washington State Health Care Innovation Plan.
- Moda has partnered with the Oregon Educators Benefit Board (since 2008) and Oregon PEBB (beginning in January) to lead innovative medical and pharmacy programs. Most recently we collaborated with OPDP to launch a high performing pharmacy network and Oregon Health & Sciences University and other key provider partners to offer integrated clinical and population health models for Oregon public employees and their families.
- We led the formation and continue to evolve the Eastern Oregon Coordinated Care Organization serving Medicaid members in 12 rural counties. We have effectively leveraged community-based agencies and the local provider communities through a transformational process of health care delivery.
- Through the development of our Comprehensive Coordinated Care (C3) program, Moda has worked diligently to integrate and coordinate primary care, behavioral health, acute and chronic care, oral health and medication management. Wrapping around this integrated model are the social determinants of health and programs that have been developed and implemented for high risk populations.
- Appreciating the importance of minimizing provider barriers and enhancing transparency, we continue to work with the Oregon Healthcare Authority (OHA) Quality Corporation and Transformation Center, along with our eastern Oregon health care system partners, in the adoption of coordinated care standards and provider practice guidelines, and in the sharing of best practices among our Patient Centered Primary Care Homes (PCPCHs).

We value the partnership we have established with the State, we share a common vision and together with our extensive experience, qualifications and high standards we are confident in our ability to make a difference. Moda commits our ongoing support to the State of Washington, and we greatly appreciate the opportunity that the grant provides. We will actively participate in this collaborative endeavor and will engage our talent and extend our expertise to assist, any way that we can, in the development of new models of care and health care innovation.

Sincerely,



William Johnson, M.D., MBA
President



Chandra Wahrgren, MBA
Vice President



Robin Richardson
Senior Vice President



Peter Adler
President
Molina Healthcare of Washington, Inc.
Direct: 425-398-2642
Peter.Adler@MolinaHealthcare.com

7/14/14

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

The three core strategies of the Washington State Innovation Model - payment reform through value-based purchasing, improving the health of communities through collaboration and prevention/early intervention efforts, and improved chronic condition care including better integration of physical and behavioral health care - are well-aligned with Molina's mission to provide vulnerable populations access to high quality, whole-person health care through innovation and a commitment to treating our members as family. Over 30 years ago Dr. C. David Molina opened his first Molina clinic to serve low-income people who had no other place to turn besides an emergency room. Today Molina serves over 2.1 million Medicaid and Medicare beneficiaries nationally using innovative payment models, direct patient care through Molina Medical Centers, and high-touch case management programs to improve the health outcomes of these populations.

Clinical and administrative leaders from Molina Health Care of Washington have actively participated in both the development of the State Innovation Model, and early implementation efforts of the model throughout this year. Washington State leadership including the Health Care Authority and the Department of Social and Health Services have actively engaged stakeholders in every part of the process which has strengthened the model as well as the chances of implementation success.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Molina is a Medicaid leader in value-based purchasing and a strong advocate for the integration of physical

and behavioral health and will work collaboratively with the state to develop and implement payment and delivery system models at a state and regional level that improve individual and population health outcomes, lower the total cost of care, and improve the experience of health care for the member.

This grant presents a profound leadership opportunity that is likely to serve as a national model to transform the way we pay for and deliver health care in Washington state. Molina looks forward to participating in this collaborative endeavor and unequivocally supports this grant.

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter Adler', with a large, stylized initial 'P'.

Peter Adler
President
Molina Healthcare of Washington, Inc.

July 11, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

Please accept this letter of support for the State of Washington's application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation.

With nearly 8,250 members in Washington, the National Federation of Independent Business (NFIB/Washington) is the state's leading small business association. As such, we are acutely aware of the need for greater efficiency, innovation, competition, and transparency in health care purchasing and delivery to improve the quality of care and health outcomes for our members and the thousands of families they support, not only to improve overall health, but to lower health care and health insurance costs throughout the system.

The goals of better health, better care and lower costs require broad and robust support from all sectors, including small business. On behalf of our members, NFIB/Washington is engaged in this effort on two key fronts: as a leader of a broad coalition supporting full implementation of a true all-payer claims database (APCD), and member of the governor's Performance Measurement Committee. Cost and quality transparency is vital for consumers to make informed decisions to purchase the best possible health care at the most affordable price. A true, fully-functional APCD coupled with sound, standardized quality metrics provides the best opportunity to empower consumers to make better-informed health decisions.

The State of Washington is poised to make great strides in health care purchasing and delivery innovation. A Round 2 SIM testing grant would greatly assist in this important endeavor.

Respectfully submitted,



Patrick Connor
NFIB/Washington State Director



ADMINISTRATIVE OFFICE

905 Spruce St., Suite 300, Seattle, WA 98104 • T. 206-461-6935 • F. 206-461-8382

www.neighborcare.org

July 14, 2014

Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

As the largest community health center system in the City of Seattle, Neighborcare Health operates clinics and other programs in areas of the city where health disparities can vary tremendously from one neighborhood to the next, based on poverty, race, access to care, etc. Neighborcare embraced the triple aim of better health, better care, and lower costs in our approach to working in these diverse communities, and we are prepared to play a significant role as Washington State moves forward with its innovations model.

Neighborcare is nationally recognized for its quality of care; we were one of the earliest community health centers in the state to receive Level 3 Patient-Centered Medical Home certification and are a community leader in providing health care in schools and in the homeless community. Our organization is also recognized for its diversity of staff that matches the communities we serve; Neighborcare staff members speak over 40 languages and dialects and are experienced in

As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application. Over the coming months, our organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following: further partnering with

Dental Clinics

45th Street
Central Area
Georgetown
High Point
Rainier Beach

Medical Clinics

45th Street
Greenwood
High Point
Lake City
McDermott Place
Pike Market
Rainier Beach
Rainier Park

Homeless Clinics

45th Street
Homeless Youth
Ballard Homeless

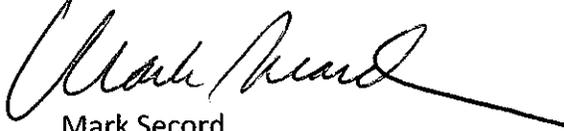
School Based Health Centers

Bailey Gatzert
Elementary School
Chief Sealth
High School
Dearborn Park
Elementary School
Denny International
Middle School
Highland Park
Elementary School
Madison
Middle School
Mercer
Middle School
Roosevelt
High School
Roxhill
Elementary School
Van Asselt
Elementary School
West Seattle
Elementary School
West Seattle
High School

the State to test innovative service and delivery models and participation in multi-stakeholder/multi-payer efforts. We are strongly committed to creating a strong leadership structure and culture that supports the goals of accountable care (better outcomes at a lower total cost) and have strong support for a project that includes transparency, core measure set, and practice transformation.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Secord", with a long horizontal flourish extending to the right.

Mark Secord

Chief Executive Officer

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

On behalf of the Organizing Committee of the North Sound Accountable Community of Health (NSACH), we are writing in support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. The State's application builds on our vision to continually improve the health of our communities and the people who live in them, improve health care quality and the experience of care, and lower per capita health care costs in the North Sound region. Known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

The NSACH is a nascent, growing coalition that will grow to have representatives from the long-term care system, the health care delivery system, behavioral health, social supports and services, primary care and specialty care providers, hospitals, consumers, employers, health plans and public health. We cover five counties in the State, which translates to over 1 million lives, and are one of ten Community of Health Planning grantees.

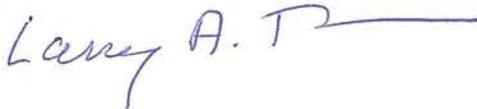
Over the coming months, both public and private entities within our Community of Health will explore how we might advance innovative local initiatives by coordinating on mutual goals at a multi-county level and with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, our Community of Health will establish a community health plan to:

- Engage a broad range of stakeholders and government entities in the community planning process;
- Identify shared community health and health care priorities that align with State transformation priorities described in the Innovation Plan;
- Jointly explore opportunities with North Sound counties and the State to achieve shared aims;
- Consider and articulate potential roles in driving community and State transformation
- Develop a pathway to achieve community aims through a mutually reinforcing plan of action; and

- Develop a governance structure for the NSACH moving forward that will hold us accountable to one another and the community for achieving mutually agreed upon aims.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. The receipt of the grant would greatly accelerate our efforts to improve the health of our local communities. We look forward to participating in this collaborative endeavor.

Sincerely,



Larry Thompson with full support of members of the North Sound Accountable Community of Health Pre-Planning Committee

Name	Entity	Title	Sector
Keith Higman, MPH	Island County Health Department	Director	Public Health
Federico Cruz-Uribe, MD	Sea Mar Community Health Centers	Vice President of Clinical Affairs	Primary Care
Dan Murphy	Northwest Regional Council	Executive Director	Area Agency on Aging
Joe Valentine	North Sound Mental Health Administration	Executive Director	Behavioral Health
Mark Tompkins	San Juan Health Department	Director	Public Health
Jennifer Kingsley	Skagit County Public Health Department	Director	Public Health
Scott Forslund, MBA	Snohomish County Health Leadership Coalition	Director	Multiple sectors
Gary Goldbaum, MD, MPH	Snohomish Health District	Health Officer	Public Health
Ken Stark	Snohomish County Human Services Department	Director	Human Services
Regina Delahunt	Whatcom County Health Department	Director	Public Health
Larry Thompson	Whatcom Alliance for Health Advancement	Executive Director	Multiple sectors
Gregg Davidson	Skagit Regional Health	CEO	Health care

North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well-being of individuals and families in our communities

117 North First Street, Suite 8 • Mount Vernon, WA 98273 • 360.416.7013

800.684.3555 • Fax 360.416.7017 • TTY 360.419.9008 • Email nsmha@nsmha.org • Web Site <http://nsmha.org>

July 11, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

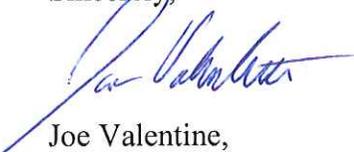
I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care Innovation and receipt of the grant would greatly accelerate our efforts.

In my capacity as Executive Director of the North Sound Mental Health Administration, I am acutely aware that a coordinated effort is needed to integrate and improve health and behavioral health care. The North Sound Mental Health Administration is the State contracted "Regional Support Network" administering Medicaid and State funded mental health services for the 5 county region of Snohomish, Skagit, Whatcom, Island, and San Juan counties.

Improving behavioral health care delivery, overall population mental wellness, and lowering costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, we are one of the founding organizations of the "North Sound Accountable Community of Health" [NSACH] and are committed to providing both ongoing staff support and financial assistance to help the NSACH develop a regional plan that complements the goals of the State's Strategic Health Care Innovation Plan. This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,



Joe Valentine,
Executive Director



**NORTHWEST
ADMINISTRATORS, INC.**

2323 Eastlake Avenue E.
Seattle, WA 98102-3393
(206) 329-4900
(206) 726-3209 fax

July 15, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Senior Vice President at Northwest Administrators, Inc. and as Chair-elect of the Washington Health Alliance, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Northwest Administrators, Inc. is the leading third-party employee benefits administration firm in the Western United States providing administrative services to health and retirement plans, primarily in the union collectively bargained multi-employer trust fund space. As such, we represent health trust funds paying claims for working and retired participants throughout the Western U.S. including Washington State. In addition, our home offices and the majority of our employees live and work in Washington State. We are committed, through engagement of the triple aim objectives, to improving the access to affordable quality care for our employees and their families.

Through my involvement with the Washington Health Alliance I have worked for nearly ten years to improve the Washington State healthcare marketplace through efforts to improve transparency of quality and price of healthcare. Round 2 of the State Innovation grant is a vital piece in the puzzle of improving access to affordable, high-quality healthcare for our employees and the many thousands of participants in our client health funds.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant.

I look forward to participating in this collaborative endeavor.

Sincerely,



Larry McNutt

Sr. Vice President Corporate/Pension Administration



Okanogan County Public Health

1234 South 2nd Avenue
P.O. Box 231
Okanogan, WA 98840
(509) 422-7140
TDD (800) 833-6388

<http://www.okanogancountv.org/ochd/index.htm>

July 17, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Community Health Director for Okanogan County Public Health, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Okanogan County Public Health is a very poor, rural county in eastern Washington. We recognize the need to improve health outcomes in our communities and have teamed up with community leaders and stakeholders in three surrounding counties to plan and work towards the vision of triple aim. We realize that by creating accountable communities of health we have the opportunity to improve our population's health and transform health care delivery. We accept this challenge and are collaborating in new and exciting ways in which to reach this goal.

Over the coming months, my organization will partner closely with the Governor and state leadership for support in our efforts to further develop and implement this testing grant. Specifically, I am committing my organization to test innovative service and delivery models and build on our learnings from our CMS ACO experience. We also commit to continued participation in our multi-stakeholder/multi-payer efforts. This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

Lauri Jones, MN
Community Health Director
Okanogan County Public Health

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

July 14, 2014 – Transmitted by Email

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

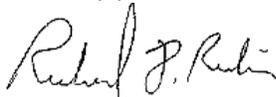
I am writing to share OneHealthPort's endorsement of Washington state's application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. OneHealthPort is a health information technology management company owned by a number of leading local health care organizations. We also serve as the state's lead organization for health information exchange (HIE) and administrative simplification. In this capacity we have worked closely with the Health Care Authority (HCA), other state agencies, hospitals, health plans, practices and CMS to advance electronic data exchange that improves the health of individual patients and communities.

As the state's HIE partner we have been deeply engaged in their very open and inclusive process to develop the innovation plan. We believe the state has done an excellent job of leveraging the strong shared interest in this market for collaborative innovation and improvement. The plan that has emerged includes equal measures of daring new approaches and proven improvement strategies – both of which are essential to move the market forward. We are very pleased to lend our support to this important initiative.

In addition to our ongoing participation in the process, OneHealthPort is committed to continue its investment in building the shared health information infrastructure needed to implement the innovation plan. The OneHealthPort HIE is already self-sustaining and we are in the final stage of partnering with HCA and a number of other local organizations to add important clinical information exchange capability. We are pleased to continue this work in support of the innovation plan.

Thank you for your consideration of our recommendation and we hope will you support Washington state's application.

Sincerely yours,



Richard D. Rubin
President & CEO



1200 - 12th Ave S
Seattle, WA 98144

Administrative Offices
206.621.4466

PacMed.org

July 15, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within Washington State to develop a forward-looking multi-year plan for health care innovation to support the transformation of the health care delivery system to improve the health status of the communities we serve; receipt of the grant would greatly accelerate our efforts.

In my capacity as Chief Executive Officer for Pacific Medical Centers, I know the triple aim of better health, better care and lower costs will require a team effort. We have a long-standing commitment to the triple aim, are ready to play a significant leadership role in this important process. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

PacMed is a 501(c)3 multi-specialty medical group and a Designated Provider ("DP") for the US Department of Defense. As a DP, we administer the US Family Health Plan for military retirees and family members of active duty personnel within a defined service area. As a multi-specialty medical group, we have over 150 providers in primary care and a variety of medical and surgical specialties located in nine sites within the greater Puget Sound area. The combination of these two components of our organization positions us uniquely in the health care delivery system: as a not-for-profit medical group that administers a fully "at-risk" health plan. This also enables us to quickly innovate and transfer knowledge from one component to the other.

Today's health care landscape is rapidly changing, and PacMed has a proven model of care that delivers high quality, high satisfaction, at lower cost. To enable us to effectuate change on the scale necessary to further improve the delivery system, we have entered into a strategic affiliation with Providence Health & Services ("Providence"). With access to expanded insurance products, the affiliation puts PacMed within easy reach of a highly effective network of providers to deliver superior care and lower cost using capitation and patient assignment strategies where we have already demonstrated high levels of

Gabriel Nah
July 15, 2014
Page 2

satisfaction in patients we currently serve. Further, we will be adding capacity to accommodate several thousand more patients with this care model and developing internal and external physician competencies to deliver this model of care. We are actively participating in the Providence ACO effort, and in similar efforts with other payers.

Providence shares our commitment to providing for the needs of the communities it serves, and recognizes and supports our proven care model for delivering excellent health outcomes with high rates of patient satisfaction, and is committed to increasing access and delivery within our community. This affiliation is an opportunity to share best practices and innovate collaboratively. PacMed will remain secular, and our patients will continue to have the same access to care that they have today.

Over the coming months, PacMed will partner closely with the Governor and State leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to: maintaining a strong leadership structure and culture that continues to support the goals of accountable care; providing strong support for transparency, core measure set, and practice transformation; partnering with Washington State to test innovative service and delivery models; and participating in multi-stakeholder/multi-payer efforts.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State, and is wholly consistent with the purpose of PacMed: to change health care, the way it is organized, paid for, and delivered for the betterment of our community. I look forward to participating in this collaborative endeavor, and reiterate my strong support. Together we can create healthier communities.

Sincerely,



Harvey W. Smith
Chief Executive Officer



July 15, 2014

Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda
5600 Fishers Lane
Rockville, Maryland 20857

Dear Mr. Nah:

I write in strong support of the Washington State application for a Round 2 State Innovation Model (SIM) testing grant from the Centers for Medicare and Medicaid Innovation. This application builds on the important work that has been undertaken in Washington State to develop a forward-looking five-year plan for health care innovation, including the engagement of stakeholders in both the public and private sectors. The award of the SIM grant to Washington State would bolster the efforts already undertaken to establish patient-centered approaches to improve access, quality and efficiency of healthcare and support innovation and collaboration to improve the overall health of Washingtonians.

Philips Healthcare is a global leader in the development of a broad spectrum of advanced medical technologies, including diagnostic imaging, patient care and clinical monitoring, and home healthcare systems. Philips has established a large medical device research and manufacturing facility at its Bothell campus in Washington where we have located the global headquarters for our world-class Diagnostic Ultrasound, Automatic External Defibrillator (AED) and Oral Healthcare businesses. Also located on our Bothell campus is the Philips North American sales and service office for the marketing of all our healthcare products. These Philips companies employ over 2,000 R&D engineering, manufacturing, clinical, and sales and marketing specialists.

I am Vice President & Partner with Philips Healthcare and lead our global population health solutions business. We work with health systems, governments and public-private partnerships around the globe to create new ways to align people, processes and technology to support patient-centered systems of care that enable collaboration and coordination to drive health. I applaud the vision outlined for innovation in the Washington State SIM plan and believe the planning and stakeholder alignment undertaken to date positions the state for success.

July 15, 2014

Page 2 of 2

Philips ambition is to transform the clinical, technology and business models of healthcare to a continuum of care perspective, rather than an episode-based model. We look forward to partnering with Governor Inslee and state leadership to further develop and implement the testing grant. Specifically, we will share our insights, best practices and case studies that support the approach, implementation framework, technology solutions and population health strategies of Washington State's SIM plan.

This grant presents a real opportunity to transform the way healthcare is paid for and delivered in Washington State and centers the healthcare system around the patient experience in new and dynamic ways. We look forward to participating in and supporting this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to be 'AJA', with a long horizontal flourish extending to the right.

Amy Andersen

Vice President & Partner, Healthcare Transformation Services

Philips Healthcare

3000 Minuteman Road

Andover, Massachusetts 01810

(415) 624-6572

cc: Brian Bonlender, Director, Washington State Department of Commerce
Bob Crittenden, Senior Health Policy Advisor, Office of Governor Jay Inslee
Sam Ricketts, Director, Washington, DC Office of Governor Jay Inslee
Juan Alaniz, Health Policy Analyst, Washington State Health Care Authority
Josh Morse, HTA Program Director, Washington State Health Care Authority

July 18, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as the Director of Health at Tacoma-Pierce County Health Department, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

In Pierce County, we have very high rates of chronic disease, some of the highest health costs in the state and a significant number of our community members lack access to healthcare and related services. As the lead planning agency for our regional Accountable Communities of Health initiative called Pierce County Health Innovation Partnership, we are committed to working with community partners including, major health care systems, provider networks, CMS payers, consultants, community based organizations and public health have come together to tackle triple aim.

Over the coming months, we will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- A strong leadership structure and culture that supports the goals of accountable care
- Strong support for transparency, core measure set and practice transformation
- Commitment to further partner with the State to test innovative service and delivery models
- Commitment to participate in multi-stakeholder/multi-payer efforts

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. We look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony L-T Chen'.

Anthony L-T Chen, MD, MPH
Director of Health
Tacoma-Pierce County Health Department

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

July 14, 2014

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Chief Medical Officer for Premera Blue Cross I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- Premera as a co-founder of the Snohomish County Health Leadership Coalition, will explore with the Governor and state leadership how we might advance innovative local initiatives by coordinating on mutual goals at a multi-county level.
- Premera will continue to serve on the Robert Bree Collaborative, which develops evidenced-based guidelines for all stakeholders. We will also continue to offer our data analysis capabilities to the Washington Health Alliance as we did in helping to develop a methodology to measure compliance with Choosing Wisely guidelines.
- Premera will continue its work with the Governor's office and with other stakeholders to develop an approach to a claims database that helps satisfy our shared goals of reducing health care costs and increasing health care quality

- Premera will work with the HCA and other payers to align value based payment incentives. Premera has had total cost of care value based payment programs with over 15 providers managing 150,000 of our members for four years, and we will use our experience to work with the HCA and others to expand and align such programs.
- As a founder and co-owner of OneHealthPort, Premera will support the development of a clinical data repository that operates as a shared utility.
- Premera's Vice President of Quality, Medical Management and Provider Engagement will continue to serve on the Governor-appointed committee that makes recommendations on a Statewide Core Quality Measure Set.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,



Roki Chauhan, MD
Senior Vice President, Integrated Health Management &
Chief Medical Officer

cc. Jeff Roe, President



July 11, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as chief executive of the ACO of Providence Health & Services (including the Providence-Swedish Health Alliance), I know the triple aim of better health, better care and lower costs requires a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to assume the challenges and live up to the opportunities reflected in this grant application.

When people think about Accountable Care Organization (ACO) activities, usually population health management, care coordination, or clinical integration come to mind. Each of these is an essential part of the ACO and determines the cost and quality of its efforts.

Our ACO, established in 2013, presents our network of physicians, facilities and associated services to our customers. The ACO promotes contracts with a tiered benefit design, promoting benefit designs with financial incentives that encourage patients to stay within our ACO network. This allows us to better manage their health with greater skill and coordination of care while delivering high quality care.

Quality improvement is the most powerful driver of cost reduction and increasing value, when quality equals health outcomes. We are committed to data-driven improvement and leveraging health information technology, which is essential to our long-term ability to successfully transform the delivery system and improve population health.

Over the coming months, my organization will partner closely with Governor Jay Inslee and other state leaders in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- Strong support for transparency, core measure set, and practice transformation to drive transformation across Washington state.
- Accountable care strategies and to further partnering with the state to test innovative service and delivery models.
- Participation in multi-stakeholder/multi-payer efforts.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in blue ink, appearing to read "JMG", is positioned above the typed name.

Joseph M. Gifford, MD
Chief Executive
ACO of Providence Health & Services



King County

July 11, 2014

Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

On behalf of the King County Department of Community and Human Services and Public Health-Seattle & King County, we are pleased to offer our strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

As agencies of King County government, our departments lead a broad range of public health, behavioral health, housing, and human service systems. We share the state's vision laid out in the Innovation Plan. Our complementary regional plan, the King County Health and Human Services Transformation Plan, is guiding local efforts to strengthen integration, improve the health and well-being of county residents and communities, and eliminate inequities. Our commitment to the triple aim of better health, better care, and lower costs is demonstrated by our involvement in the Dual Eligibles Financial Alignment project, our work to further accelerate integration of physical and behavioral health services for Medicaid clients, and our co-design of cross-sector, community-based prevention initiatives with neighborhoods experiencing the greatest health disparities.

We are also serving as a 2014 Community of Health planning grantee for our geographic area. Over the coming months, organizations within our Community of Health will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. As a leader in innovation, Washington State is well-poised to move to the testing phase and demonstrate the success of its strategies in achieving the triple aim.

Sincerely,

Adrienne Quinn, Director
Department of Community and Human Services

David Fleming, MD,
Director and Health Officer
Public Health-Seattle & King County

cc: Susan McLaughlin, Health and Human Services Integration Manager, Department of
Community and Human Services
Janna Wilson, Senior External Relations Officer, Public Health-Seattle & King County

July 6, 2014



Gabriel Nah, Grants Management Specialist
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda
5600 Fishers Lane
Rockville, Maryland 20857



Dear Mr. Nah:

We are writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on the work to develop a forward looking five year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

As the Co-Chairs of Public Health-Health Care Delivery System Partnership, we know the triple aim of better health, better care and lower costs requires a team effort. The Partnership is comprised of a diverse group of public health, payers, health care providers whose purpose is to identify strategies that 'bridge the divide' between the traditional silos of the population-based public health system and individual care-based health delivery system as well as those systems that address the social determinants of health.

The Partnership has spent the last 6 months collaborating on the development of a Washington Statewide Prevention Framework. This Framework serves as the foundation for the required Plan for Population Health Improvement. We have committed to finalizing the Plan by February 2016.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington. We look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink that reads "Gary Goldbaum".

Gary Goldbaum, MD, MPH, Health Officer
Snohomish Health District

A handwritten signature in black ink that reads "Bruce Gray".

Bruce Gray, Chief Executive Officer
Northwest Regional Primary Care Association

PUBLIC HEALTH – HEALTH CARE DELIVERY SYSTEM PARTNERSHIP

CO-CHAIRS

Gary Goldbaum, Snohomish Health District

Bruce Gray, Northwest Regional Primary Care Association

LEADS

Sue Grinnell, Health Reform and Innovation (DOH)

Katherine Latet, Health Innovation and Reform (HCA)

HEALTH CARE REPRESENTATIVES

Andrea Tull, Coordinated Care Health

Ann Christian, Washington Community Mental Health Council

Bob Perna, Washington State Medical Association

Candace Goehring, Department of Social and Health Services

Charissa Fotinos, Health Care Authority | Department of Social and Health Services

Christine Gibert, Washington Health Benefit Exchange

Claudia Sanders, Washington State Hospital Association

Douglas Bowes, United Health Care Community Plan

Erin Hafer, Community Health Plan of Washington

Jesús Hernandez, Community Choice Health Care Network

Kathie Olson, Molina Healthcare

Kathleen Clark, Washington Association of Community and Migrant Health Centers

Kristen West, Empire Health Foundation

Lloyd David, The Polyclinic

Matt Canedy, Amerigroup

Scott Forslund, Premera Blue Cross

Sharon Beaudoin, WithinReach

Teresa Litton, Washington Health Alliance

Theresa Tamura, Group Health Cooperative

Thomas Trompeter, HealthPoint

Thomas Varghese, Harborview Medical Center (UW)

Tom Martin, Lincoln Hospital (Davenport)

PUBLIC HEALTH REPRESENTATIVES

Brad Banks, Washington State Association of Local Public Health Officials

Janis Koch, Clark County Public Health

Janna Bardi, Washington State Department of Health

Janna Wilson, Public Health – Seattle & King County

Joan Brewster, Grays Harbor County Public Health and Social Services Department

Kyle Unland, Spokane Regional Health District

Maria Courogen, Washington State Department of Health

Martin Mueller, Washington State Department of Health

Rachel Wood, Lewis Co Public Health | Thurston Co Public Health and Social Services Dept

Regina Delahunt, Whatcom County Health Department

Tao Kwan-Gett, Northwest Center for Public Health Practice

OTHER AGENCIES/ORGANIZATIONS

Bill Rumpf, Mercy Housing Northwest

Melanie Gillespie, Comprehensive Health Education Foundation

Rebecca Cavanaugh, Office of Superintendent of Public Instruction

Robin Fleming, Office of Superintendent of Public Instruction

TRIBAL REPRESENTATIVES

Jan Olmstead, American Indian Health Commission

Marilyn Scott, Upper Skagit Indian Tribe



10700 Meridian Ave N • Suite 100
PO Box 33400
Seattle, WA 98133
Toll-Free: 800.949.7536
Office: 206.364.9700
Fax: 206.368.2419
www.qualishealth.org

July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing on behalf of Qualis Health to offer my enthusiastic support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. The proposed approach represents the culmination of a thoughtful, comprehensive, and innovative approach to transformation of healthcare in Washington State. Realization of the vision reflected in the proposal would be greatly accelerated should the grant be awarded to Washington.

Stakeholders in Washington State have a sophisticated understanding of the triple aim of better health, better care and lower costs. Moreover, this understanding is supported by a strong foundation of organizations and individuals who are poised to move forward in implementing the work described in the application.

Qualis Health, headquartered in Seattle, is a non-profit healthcare consulting and care management organization. In Washington, Qualis Health serves as the Quality Improvement Organization (QIO) for the Centers for Medicare & Medicaid Services, the Health Information Technology Regional Extension Center for the Office of the National Coordinator for Health Information Technology, and provides care management services to Washington State Medicaid and the Washington State Department of Labor & Industries. Our staff contribute to many public and private sector improvement activities in the state by participation in groups such as the Washington Health Alliance, the Governor's Performance Measures Coordinating Committee, and the Bree Collaborative.

Qualis Health is a national leader in practice transformation consulting, particular in primary care practices. As the principal investigator for the Commonwealth Fund-sponsored Safety Net Medical Home Initiative, I am looking forward to sharing our expertise in supporting primary care delivery system redesign in activities described the application. Specifically, we hope to leverage resources available through the grant in order to significantly scale our current coaching and practice facilitation work to support primary care practice redesign throughout Washington.

This grant presents a significant opportunity to transform the way we pay for and deliver health care in Washington state. Qualis Health enthusiastically endorses the application, and stands ready to strongly support implementation of the testing grant.

Sincerely,

A handwritten signature in black ink that reads "Jonathan R. Sugarman MD, MPH". The signature is written in a cursive, flowing style.

Jonathan R. Sugarman, MD, MPH
President and CEO



Regence

1800 Ninth Avenue, P.O. Box 21267
Seattle, WA 98111-3267

July 15, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation.

The Cause of Regence BlueShield, and its parent company, Cambia Health Solutions, is to serve as a catalyst to transform health care, creating a person-focused and economically sustainable system. We share the State's commitment to furthering the Triple Aim Goals of better health, better care and lower costs.

We recognize that transforming the health care system will require a concerted joint effort on the part of all participants – health plans, health care providers, employers, and individuals. Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant, while continuing our parallel efforts to transform the system, specifically:

- Expanding our collaborative care partnerships with our network providers which reward quality care for our members.
- Creating a new, non-claims-based system for delivering comprehensive palliative care services.
- Continuing to expand transparency through our own HealthSparq subsidiary, as well as through provisions of HB2572.
- Educating and supporting the provider community in developing coordinated care models through our ongoing Care Coordinator training.
- Launch of the Cambia Healthcare Transformation Collaborative – a Puget Sound-based Center which will bring together entrepreneurs, investors, health plans, providers, business and community stakeholders focused on work that establishes the Pacific Northwest as the epicenter of health care innovation.
- Continuing investments in the health of our communities through partnerships with non-profit organizations including Food Lifeline, Senior Services, Habitat for Humanity, Second Harvest and others.

This grant presents a real opportunity to increase the momentum toward transformation of the way we pay for and deliver health care in Washington State. I look forward to working together with the State on this collaborative endeavor.

Sincerely,

Don Antonucci
President,
Regence BlueShield



Renée Roman Nose
Health & Social Services Director
Sauk-Suiattle Indian Tribe
5318 Chief Brown Lane
Darrington, Washington 98241-9420
Work (360) 436-0131
Desk (360) 436-2832
Fax (360) 436-1511

July 11, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop #7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

This is in firm support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. It is my opinion that approval of this grant would support our efforts thus far to create a long range plan for health care modernism. The awarding of this grant to Washington State would facilitate and streamline efforts already made toward this goal.

As a Health Director for the Sauk-Suiattle Indian Tribe, it is our goal to meet the needs of our greater community, encompassing our remote, rural area of Skagit and Snohomish County lines. As one who works well in conjunction with our state partners, I know we are all committed to better health, better care and lower costs, which will mean continued partnerships and combined efforts to realize our mutual goals. Our state is uniquely qualified and committed to meeting both the challenges and the opportunities as stated in this grant application.

I look forward to participating in this collaborative endeavor.

Sincerely,

Renée Roman Nose
Health and Social Services Director



Thomas N. Hansen, MD
CEO

July 16, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

We are writing to strongly endorse the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation, and to lend our full support for the goals of the grant.

As a regional pediatric specialty care referral center for over 100 years, Seattle Children's mission is to prevent, treat and eliminate pediatric disease as we provide care for all children and adolescents in the region whose complex medical conditions require our services regardless of their families' ability to pay. As such, Seattle Children's has unique perspective on the importance of the triple aim for the health of children, we have a long history of partnership with Washington State, and we are ready to play a significant role in this innovation initiative.

As one example, we are very pleased that Seattle Children's is embarking on a three-year pilot innovation project developed in collaboration with the Washington State Health Care Authority targeted at precisely the priority elements of achieving better outcomes at lower costs, at transparency, evaluation and service transformation, and at fostering partnership with the State and multiple payers. Focused on improving care for 3,000 young SSI patients on Medicaid in King and Snohomish counties, our Pediatric Partners in Care pilot innovation includes working with the State and multiple payers to develop tiered care management strategies to reduce utilization and improve outcomes. The project will also involve a network of the primary care practices that care for these patients and it will provide support for behavioral health care in the primary care practices. Our project involves and requires continued close collaboration with the Governor and State leadership, and it will contribute directly to the purposes of the testing grant

thomas.hansen@seattlechildrens.org

4800 Sand Point Way NE
M/S T-0111 PO Box 5371
Seattle, WA 98105-0371

TEL 206-987-2001

Gabriel Nah
July 16, 2014
Page 2

Thank you for the opportunity to emphasize our support for Washington State's application for the testing grant. It promises an opportunity to establish a coordinated and collaborative leadership structure and increase the momentum of change for health care improvements that would otherwise be very difficult to achieve.

Sincerely,



Thomas N. Hansen, MD
Chief Executive Officer
Seattle Children's



Sanford M. Melzer, MD, MHA
Senior Vice President,
Chief Strategy Officer
Seattle Children's Hospital



Seattle Indian Health Board

For the Love of Native People

July 8, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in support of the Washington state application for a Round Two State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on work within the state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Executive Director, I know the goal of better health, better care and lower costs will require a team effort and we are ready to collaborate in pursuit of these efforts. As a state known for its innovation, Washington is well positioned to take on the challenges and live up to the opportunities reflected in this grant application.

The Seattle Indian Health Board is a 44 year-old community health center addressing health disparities among urban American Indians and Alaska Natives. We have partnered with the state on many initiatives over the decades. We remain committed to finding appropriate ways to assure that the health of all Washingtonians reaches its highest level.

Over the coming months, we will work closely with the Governor and state leadership in the further development and implementation of this testing grant.

This grant presents a real opportunity to transform the way we deliver and fund health care in Washington State. We look forward to supporting this collaborative endeavor.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Ralph Forquera', with a long horizontal flourish extending to the right.

Ralph Forquera, M.P.H.
Executive Director

606 12th Ave. So. Seattle, WA 98144 (206) 324-9360 Faxes: Records (206) 322-1393/Administration (206) 324-8910



July 16, 2014

Mr. Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah,

On behalf of the Seattle Metropolitan Chamber of Commerce (“Seattle Metro Chamber”), I am writing to express our strong support for Washington State’s application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation.

This application advances the work that has been performed by health care organizations; businesses; nonprofits; Washington State and local governments; and both members of this Chamber and organizations with which we collaborate or belong, to develop a five-year plan to transform health care in Washington. Our receipt of the grant would greatly advance this work.

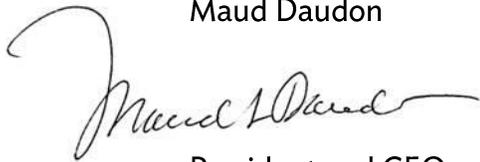
The Seattle Metro Chamber is the largest and most diverse business association in the Puget Sound region, with over 2,200 employers as members. Therefore, we know the large role that healthcare plays in the success of our business community. In particular, we are focused on the “triple aim” of better health, better care and lower costs. Health care transformation will require the type of innovation, collaboration and coordination that is already occurring in this state and will be expanded in the near future.

Over the coming months, my organization commits to working closely with our members; Governor Inslee and his team (including the Health Care Authority and State Department of Health); Public Health Seattle & King County; and various groups with which we collaborate, in the further development and implementation of this testing grant.

This grant presents a tremendous opportunity to transform the way we pay for and deliver health care in Washington State and to improve overall public health. I look forward to participating in this collaborative endeavor and hope that we will be awarded a grant.

Sincerely,

Maud Daudon

A handwritten signature in black ink, appearing to read "Maud Daudon". The signature is written in a cursive style with a large, sweeping initial "M" that loops back to the left.

President and CEO
Seattle Metropolitan Chamber of Commerce



SEIU Healthcare®

United for Quality Care

DIANE SOSNE
President

July 14, 2014

CHRIS BARTON
Secretary-Treasurer

EMILY VAN BRONKHORST
Executive Vice President

SCOTT CANADAY
Vice President – Public Sector

GRACE LAND
Vice President – Private Sector

SERVICE EMPLOYEES INTERNATIONAL UNION

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Renton, WA 98057
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Tacoma WA 98409
253.475.4985
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YAKIMA OFFICE
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Yakima, WA 98901
509.573.9522
Fax: 509.248.0516

SPOKANE OFFICE
901 E. 2nd Ave. #110
Spokane, WA 99202
509.456.6986
Fax: 509.456.5017

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our collaborative work within this state to develop a forward-looking five-year plan for healthcare innovation, and receipt of the grant would greatly accelerate our efforts.

Our union of 26,000 nurses, healthcare workers and mental health professionals across Washington State is dedicated to the triple aim of better health, better care and lower costs. We have led in this work in our own workplaces, such as Group Health Cooperative, and we are ready to continue to play a significant role in the team effort this Innovation Plan will require.

Over the coming months, our organization will partner closely with the Governor and State leadership in the further development and implementation of this testing grant. At a minimum, we are committing to the following:

- Serving on the Washington's Health Workforce Council;
- Serving on the Governor's Performance Measures Coordinating Committee to develop a statewide core measure set; and
- Leading value-based purchasing programs with our state employees.

This grant presents a real opportunity to transform the way we pay for and deliver healthcare in Washington State. We look forward to participating in this collaborative endeavor, and to the significant gains we will achieve together.

Sincerely,

Diane Sosne, RN, MN
President
SEIU Healthcare 1199NW



David Rolf /President

Adam Glickman /Secretary-Treasurer

Sterling Harders /Vice President

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts. We have already made great strides in Washington toward expanding health insurance coverage – this grant presents a unique opportunity to improve the overall health of our communities.

In my capacity as Legislative and Policy Director with SEIU 775, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. Labor organizations like SEIU 775 are critical partners for the success of this effort.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to working with state leaders to explore innovative strategies to build a high quality health and long-term care workforce and advance strategies to integrate physical health with other areas of health care such as behavioral health and long-term services and supports.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

Misha Werschkul
Legislative and Policy Director
SEIU 775

SEIU Healthcare 775NW
215 Columbia St. – Seattle, WA 98104
Member Resource Center 1 (866) 371 3200

July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round II State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation and receipt of the grant would greatly accelerate our efforts.

In my capacity as Chief Executive Officer, Southwest Washington Behavioral Health (SWBH), I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

During the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

SWBH staff is actively involved in various state workgroups assisting in the planning and implementation of initiatives that would further the integration of behavioral health and primary care services integration. In addition to my participation on the state's Health/Wellness, Utilization and Disparities Committee workgroups, staff also participates in the Legislative Task Force's work group on Public Safety and the Involuntary Commitment Act, the Children's Long-Term Inpatient Program Committee, the Evidence-Based Programs workgroup, the Service Encounter Reporting Instructions workgroup, the Wraparound with Intensive Services Implementation Committee and more.

In addition, SWBH staff participates on the local Regional Health Alliance organization's workgroups aimed at achieving health improvement goals, supporting local innovation, and enabling cross-sector resource sharing, development and investment.

July 14, 2014
Mr. Gabriel Nah
Page Two

Southwest Washington is a potential pilot site for clinical practice transformation to achieve integrated care for the valuable populations in our region.

SWBH staff has participated in the State Innovation Model pre-testing award and statewide workgroups to help with the development of performance measures. We are committed to supporting the state in any way we can to achieve the "Triple Aim".

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington state. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Connie Mom-Chhing". The signature is fluid and cursive, with a large initial "C" and "M".

Connie Mom-Chhing, DM, MPA
Chief Executive Officer

CM/ts



Southwest Washington Regional Health Alliance

July 7, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Board President for the SWWA Regional Health Alliance (RHA), I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, the RHA will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, the RHA is committed to the following:

- Fulfilling the responsibilities of the Accountable Communities of Health for the SWWA region. The RHA is a non-profit that consists of public and private organizations that deal with all aspects of health and human services serving Clark, Skamania and Klickitat counties. The RHA's strategic plan will focus on coordinating and convening key stakeholders; assessing and leveraging community resources; recommending and implementing strategies; and evaluating and reporting on performance to the community. Members of the RHA clearly understand the importance of addressing the social determinants of health as well as integrating healthcare is pertinent to achieving the triple aim.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. We look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Hersen".

Jon Hersen
Board President
SWWA Regional Health Alliance



July 14, 2014

Gabriel Nah, Grants Management Specialist
CMS Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services U.S.
Department of Health and Human Services Mailstop
#7700 Bethesda 5600 Fishers Lane Rockville, MD
20857

Dear Mr. Nah:

At the request of the Washington State Health Care Authority and in furtherance of Washington's effort to establish an innovative plan for better health, better care and lower costs, UnitedHealthcare ("UHC") and Optum are pleased to provide this letter in strong support of the state of Washington's application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work with them in developing a five-year plan for health care transformation. Receipt of the grant would greatly accelerate our efforts. We recognize the tremendous opportunity to improve health care for residents of Washington through further planning efforts.

In our roles as Chief Growth Officer of UHC and Optum Government Solutions Executive Vice President overseeing payment reform and integrated delivery models, we know the triple aim of better health, better care and lower costs will truly require a team effort. We are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

UHC provides health care coverage to approximately 160,000 Medicaid, 206,000 Medicare, and 260,000 Commercial members in Washington state. Nationally, UHC serves 4.7M Medicaid recipients in 25 states, 25M Commercial, 9M Medicare and 2.7M Tricare members. UHC is committed to moving away from volume based payment systems towards reimbursing providers for quality and outcomes. Our goal nationally is to have \$65B of our total medical spend be in value-based arrangements by 2018. This will represent 80% of our government spend. Today, we have over 80 Accountable Care entities with Medicaid providers across 15 states. Our goal in 2015 is to have 50% of our Medicaid spend in Total Cost of Care arrangements. We also have 105 non-Medicaid ACOs. At Optum, we operate the Regional Support Network for behavioral health in Pierce County Washington and also Health Homes in four of the seven Health Home regions. Optum also supports Washington State in their application for a Round 2 State Innovation Model testing grant.

We are committed to the goal of increasing enrollment in patient-centered medical homes which includes our unique "Accountable Care Community" and Health Home models such as deployed in Washington notably with, AAA's and community health centers. We employ Community Health Workers and Community Navigators in our "Accountable Care Communities" as workforce extenders. We deploy HIE, Population Registries, Care Transition and Collaborative Care Coordination tools to enable person-centered, community-based care. We are leading the way nationally with Medicaid ACO and Health Home implementations.



We work extensively with the Center for Health Care Strategies to promote Medicaid innovation and transformation. We have ACO and Super Utilizers arrangements with CMS recognized entities such as Dr. Brenner’s Camden Coalition in New Jersey, Dr. Arora’s EchoCare in New Mexico, and Dr. Shirley’s Medical Mall and CHWs in Mississippi. We have several implementations of CMS’s Advanced Primary Care Initiatives along with Pioneer ACOs such as Monarch in California and Arizona Connected Care. Partnering with Optum, we have created several SMI Health Homes with CMHAs and Primary Care “centers of excellence” in NY, TN and AZ. We are working with other states on SIM initiatives such as AZ, HI, DE, MD, OH and TN sharing best practices and technology with WA, such as episode based payment models and tools.

Over the coming months, UnitedHealthcare and Optum will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, we are committing to the following:

- We will continue to work with the Governor’s Office, designated State agencies, and other payers to assist in implementation of Grant 2
- We will participate in payment reform initiatives that drive outcomes-based incentives and increased payment for value
- We will provide thought-leadership and resources to drive improved population health and healthcare delivery, testing innovative service and delivery models
- We will support the integration of behavioral, physical health and social supports at the delivery system level and with aligned incentives at the MCO/BHO levels
- We will collaborate with other payers and stakeholders to achieve the goals of the project
- We will support a simplified core measure set that is based on efficiency and effectiveness of health outcomes (e.g. Readmissions, Non-emergent ER, Avoidable IP)
- We will continue to support the implementation of a shared state-wide HIT infrastructure that enables data sharing, telehealth and collaborative care technologies beyond HIE
- We support cost transparency

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington. We look forward to participating in this collaborative endeavor.

Sincerely,

Bill Hagan

Chief Growth Officer, Community & State

Steve Larsen

EVP, Government Solutions, Optum



Doug Bowes

A handwritten signature in blue ink that reads 'Doug Bowes'.

Washington Plan President
UHC Community & State

David Hansen

A handwritten signature in blue ink that reads 'David M. Hansen'.

Chief Executive Officer, PNW
UHC Employer & Individual

Cheri Dolezal

A handwritten signature in blue ink that reads 'Cheri Dolezal'.

Optum Specialty Networks
Washington CEO



GRADUATE PROGRAM IN HEALTH SERVICES ADMINISTRATION

UNIVERSITY of WASHINGTON

Department of Health Services

Monday, July 14, 2014

Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop #7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am pleased to provide this affirmation of my support of the Washington State Innovation Model (SIM) testing grant application (the "Healthier Washington" project) being submitted to the Centers for Medicare and Medicaid Innovation (CMMI). I was involved as lead evaluation consultant on the original State Health Care Innovation Plan submitted by the state team in December 2013, and I will serve as principal investigator on the Evaluation and Monitoring Plan to be implemented as a component of the Washington SIM. In that capacity, I will be leading an evaluation team of specialists at the University of Washington (UW) with expertise in health economics, finance, risk and insurance, epidemiology, population health, organization theory, management strategy, and information technology. In coordination with the Health Care Authority and other state inter-agency and private partners in this Healthier Washington project, we have designed an evaluation and monitoring plan that will assess systematically the qualitative and formative stages of implementation of the SIM, as well as the quantitative markers of attainment of the three specific aims in Healthier Washington.

In my judgment, the Washington SIM has articulated an achievable, clear, and operational set of three specific aims that are closely aligned with and supported by the five strategic investments identified in the project narrative. In addition to leading the evaluation and coordinating with such partners as the Department of Health, the Research and Data Analytics Section of the Department of Social and Health Services, the UW Institute for Health Metrics and Evaluation, and the MacColl Center for Health Care Innovation at Group Health, I look forward to supporting the monitoring efforts that will be important ingredients in the SIM's success.

Sincerely,

Douglas A. Conrad, PhD
Professor of Health Services and Oral Health Sciences
Adjunct Professor of Finance and Business Economics
University of Washington



DEPARTMENT OF HEALTH SERVICES

SCHOOL OF PUBLIC HEALTH • UNIVERSITY of WASHINGTON

BOX 357660
SEATTLE, WA
98195-7660

PHONE
206-616-2935

FAX
206-543-3964

[depts.washington.edu/
hserv](http://depts.washington.edu/hserv)

July 8, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Professor and Chair of the Department of Health Services, School of Public Health at the University of Washington, I know the triple aim of better population health, better patient care experience and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Our department has 60 regular and 280 affiliate and clinical faculty members who participate in all parts of the WA state public health and health care system. This includes substantial training programs for professionals in public health and in health care management. We have robust research programs that study all aspects of the triple aim and apply this work to local and regional efforts to improve health. We have intensively studied the impact of the Affordable Care Act on access to health care and believe that work is directly relevant to the plans of the grant. Our health care management faculty members have a long and productive track record of research and applied work to improve health care delivery in this region.

*Soul Catcher emblem:
A Northwest Indian
symbol of physical and
mental well-being.
Artist: Marvin Oliver*

*Gabriel Nah
Letter of Support for CMMI State Innovations Grant
July 8, 2014
Page Two*

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Faculty members from the Department of Health Services have played a key role in the planning of the WA State Health Care Innovation plan which serves as a foundation for the SIM grant. Specifically, I am committing my organization to the following: Dr. Doug Conrad will lead the evaluation effort for the SIM project. He was a key contributor to the planning grant and its work. I will also continue my participation in this area. For example, I serve on the Governor's Performance Measures Coordinating Committee (PMCC) selection process. This effort is one opportunity to provide input on transformation of our health care system through strategies outlined in Washington's State Health Care Innovation Plan. We will also ask members of the newly created UW Health Policy Center to work with the state when the grant is awarded.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,



Larry Kessler, Sc.D., Professor and Chair
Department of Health Services
School of Public Health
University of Washington
1959 NE Pacific Street, Box 357660
Seattle, WA 98195
Phone: (206) 543-2703
email: kesslerl@uw.edu

UW Medicine

UW SCHOOL
OF MEDICINE

July 10, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing on behalf of the Department of Family Medicine at the University of Washington School of Medicine in enthusiastic support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as the Vice Chair of the Department of Family Medicine, and the representative of the Washington State Medical Association on the Washington State Workforce Taskforce, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- *To work closely with state leaders to increase the supply of primary care physicians through medical school and residency education, with a particular emphasis on ensuring that the safety net providers have an adequate supply of primary health care providers.*

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,



Roger A. Rosenblatt MD, MPH
Professor and Vice Chair
Department of Family Medicine
University of Washington School of Medicine

Cc: Tom Norris, MD, Chair, Department of Family Medicine



360-882-2778
www.tvc.org

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Chief Medical Officer of The Vancouver Clinic, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- Our Board Chair will continue to serve on our Regional Health Alliance (RHA) to ensure collaboration within our region.
- The Vancouver Clinic will participate in the triple aim projects developed by the RHA.
- We are committed to review our care delivery to ensure we are providing the greatest value possible. We will adopt best practices to ensure we are a leader in value-based care.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington state. I look forward to participating in this collaborative endeavor.

Sincerely,

Alfred Seekamp, M.D.
Chief Medical Officer

The Vancouver Clinic will be the best in the Northwest for patient-focused, quality-proven care.

87th Avenue
700 NE 87th Avenue
Vancouver, WA 98664

Battle Ground
2005 W Main Street
Battle Ground, WA 98604

Columbia Tech Center
501 SE 172nd Avenue
Vancouver, WA 98684

Salmon Creek
2525 NE 139th Street
Vancouver, WA 98686

Washougal
291 C Street, Suite 110
Washougal, WA 98671



July 15, 2014

Office of the Chairman & CEO
P.O. Box 900, Mailstop C1 - CEO
Seattle, WA 98111

Mr. Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah,

As Chairman and CEO of Virginia Mason, I am writing to indicate my organization's strong support for the State of Washington's application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. We believe the work that has been performed by the state and organizations such as Virginia Mason -- as reflected in the State Health Care Innovation Plan and Round Two grant application -- warrant federal funding to advance the state's work. The state is prepared as never before to utilize the grant monies to make significant progress toward beneficial health care innovation over the next five years.

Virginia Mason is a nonprofit organization offering a system of integrated health services delivery, including a multispecialty group practice of 460 physicians, offering both primary and specialty care; an acute-care hospital licensed for 336 beds; a network of medical centers; Bailey-Boushay House, a skilled nursing residence and chronic care management center for people living with AIDS and other chronic or terminal illnesses, and the Benaroya Research Institute at Virginia Mason, which is a national leader in researching autoimmune diseases as well as other health conditions.

Virginia Mason is an innovative institution, continually seeking and implementing improvements that benefit our patients and transform health care delivery. We have implemented the Virginia Mason Production System (VMPS) as our management method. VMPS is an adaption of the Toyota Production System and lean principles to health care. The application of VMPS tools helps us to improve quality and safety, eliminate waste and enhance efficiencies in our delivery of health care. We have a strong history of successful partnerships

with a variety of organizations, developing strategic relationships which best meet the needs of our patients and our communities. Working with the State of Washington, in collaboration with businesses, individuals, health organizations, governments and nonprofits to implement the Innovation Plan, is consistent with the work of Virginia Mason.

We have been continually supportive of the state's efforts to implement payment reforms when they promise to align incentives to support adoption of best practices. We have been and continue to be an active participant in the state's initiatives to accomplish beneficial system and payment reforms, expand evidence-based care, improve quality and enhance community health. Examples of our participation include:

The Washington State Performance Measures Coordinating Committee

Established by state law in April of this year, this committee is mandated with the responsibility to identify and recommend standard statewide measures of health performance to inform the state and health care consumers. Virginia Mason's Director for Health Services Research, Dr. Craig Blackmore, is a member of this committee.

The Robert Bree Collaborative

This collaborative has been a highly effective mechanism through which public and private health care purchasers, providers, health plans and quality improvement organizations in this state are working together to identify effective means to improve quality health outcomes and cost-effectiveness of care.

These recommendations can be embedded into state purchasing standards. Moreover, Virginia Mason and other health care organizations in this state are working to encourage private employers to include these provisions in their benefit design.

The Health Technology Assessment Program (HTAP)

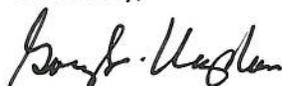
HTAP's charge is to ensure that medical treatments and services for which payment is made with state health care dollars are safe and proven to work. The State of Washington working with various public, private and nonprofit entities in this state, has adopted standards for treatment and services and has implemented processes for the successful utilizations of those standards. Virginia Mason's Dr. Craig Blackmore is Chair of the HTAP's Washington State Health Technology Clinical Committee, an independent committee of 11 practicing health care professionals, which uses technology assessment reports on the strength of evidence to develop coverage decisions by the state.

We strongly support these and emerging efforts identified in the state's planning document, which will encourage collaborations, innovation and efficiencies. Through such efforts and the work identified in the Innovation Plan, the State of Washington is poised to achieve systematic change that will expand evidence-based care; improve chronic care through better integration and social supports; proactively utilize data to transform quality and care; increase efficiency, and align payment with quality and health care results.

In my capacity as CEO and as a practicing physician, I believe Washington is more prepared than at any other time over the past 25 years to make significant improvements to transform health care and community health in this state. My organization and I commit to continuing to partner closely with the Governor and state leadership in the further development and implementation of this testing grant. I hope that we will be a grant award recipient.

If you have questions, please contact me at gary.kaplan@vmmc.org or telephone 206.223.6955.

Sincerely,



Gary S. Kaplan, MD
Chairman & CEO
Virginia Mason

cc: Dr. Robert Crittenden, Senior Advisor, Governor's Office

Dorothy Teeter, Director, Washington State Health Care Authority
John Wiesman, DrPH, Secretary, Washington State Department of Health
Jason McGill, Governor's Office
Nathen Johnson, Washington State Health Care Authority
Claudia Saunders, Washington State Hospital Association
Katherine Kolan, Washington State Medical Association
Kathleen G. Paul, Virginia Mason Vice President, Communications & Public Policy
Ross C. Baker, Virginia Mason Public Policy Director



WASHINGTON ACADEMY OF FAMILY PHYSICIANS

July 11, 2014

Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

On behalf of our over 3,100 members, we are writing to express the support of the Washington Academy of Family Physicians (WAFP) for the *State Innovation Models: Round Two of Funding for Design and Test Assistance, Cooperative Agreement* application being submitted by Washington state.

The Innovation Plan this application proposes to test is the result of substantial collaboration between the public and private sector. It offers not only a vision for health care reform in Washington, but a viable and sustainable means to actually achieve it.

From the perspective of WAFP, its particular merits include:

- Its emphasis on primary care. The Plan implicitly acknowledges the value of family physicians and holds the promise of allowing WAFP members to embrace the patient centered, whole-person approach they envisioned in choosing a career in medicine.
- Its goal of improved health, not simply better health care, achieved through an integrated, team-based approach that moves beyond the clinical setting to engage not only public health, but other social services that contribute to individual and family well-being at a community-level.
- Payment reform as its foundational component. The plan aligns closely with WAFP's vision for a value-based, accountable payment system that promotes quality outcomes – essential if any of its remaining components are to be sustained.

WAFP expects to play a significant leadership role in the implementation of the testing grant, particularly in helping shape and support the practice transformation that it will entail and in the steps needed to increase the capacity and flexibility of Washington's health care work force. For the Innovation Plan to be a success, it must be done along *with* and not simply *to* key stakeholders such as family medicine physicians. The state's recognition of this grew as the Plan was developed, and their commitment to maintaining this approach throughout the testing phase and beyond is in part what allows for such an enthusiastic WAFP endorsement.

This application presents an exciting opportunity for our state, and WAFP looks forward to its successful consideration by CMS and actively participating in its implementation, assuring for Washington better health, better care and lower costs.

Sincerely,

Handwritten signature of Christopher Gaynor, MD, in black ink.

Christopher Gaynor, MD, FAAFP
President

Handwritten signature of Karla S. Pratt in blue ink.

Karla Graue Pratt
Executive Vice President



WASHINGTON ADVOCATES FOR PATIENT SAFETY

*Promoting Accountability, Quality, Safety,
and Responsibility in Patient Care*

Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop #7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

July 11, 2014

Dear Mr. Nah:

I am writing on behalf of Washington Advocates for Patient Safety to strongly support the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application aims to further a five-year innovation plan for Washington State health care. With excellent leadership, the state is well qualified to take on the challenges and to implement the proposed model testing. I am confident that the funding will greatly accelerate the state efforts.

Washington State has been a leader in the nation to develop an innovated health care delivery system for a healthier Washington. One of the core strategies is to make healthcare quality and cost information transparent to consumers and patients. Currently, many people in Washington State have difficulty obtaining information on quality of care at an affordable cost. Thus, the state's effort to build a transparent health care system will enable consumers and patients to make informed medical decisions.

Building a better community health care with transparency in both quality of care and costs will require close collaboration among all stakeholders. Washington Advocates for Patient Safety is committed to participate in this significant state-wide effort. We will partner closely with the Governor and state leadership in the further development and implementation of the core strategies under the testing grant.

Specifically, we are committed to provide input and feedback from consumers' and patients' perspectives on the state innovation model as well as its implementation.

We are excited that this grant presents a great opportunity to transform Washington State health care delivery system into a safer and more effective, transparent model for consumers and patients. We look forward to participating in this collaborative effort with all stakeholders.

Sincerely,

A handwritten signature in blue ink, appearing to read "Yanling Yu".

Yanling Yu, Ph.D, President

Web Page: www.WashingtonAdvocatesForPatientSafety.org

Email: WaPatientRights@gmail.com

3941 NE 158th Lane
Lake Forest Park, WA 98155

Phone: 206-366-1629



July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

The Washington Association of Community and Migrant Health Centers (WACMHC) is the state member organization for all 26 federally qualified health centers (FQHCs) in the State. In 2013, the FQHCs collectively cared for over 810,000 patients, primary those enrolled in Medicaid and without health insurance. We are writing to support Washington State's application for a Round 2 State Innovation Model testing grant from the Center of Medicare and Medicaid Innovation.

WACMHC and its FQHC members are strongly committed to the triple aim of better health, better care and lower costs. We recognize that receiving such a grant would greatly accelerate Washington State's efforts to achieve these aims. In the State Innovation Model (SIM), the FQHCs were highly encouraged by the proposals addressing the importance of value based purchasing and behavioral health integration.

With the cost of health care increasing at an unsustainable rate, it is critical that efforts be undertaken to bend the cost curve. One key way this can be done is to move away from volume based reimbursement and towards a methodology that rewards quality and improved patient health. The FQHCs have been working with the Washington Health Care Authority to develop a new alternative payment methodology that would achieve this and we are encouraged that State Innovation Model acknowledges the role of value based purchasing.

FQHCs are also committed to a system where behavioral health is integrated into a primary care setting. Often, FQHCs are the front line of care for patients that also present with low to moderate behavioral health issues. Ensuring that providers such as FQHCs have the tools they need to improve chronic illness through better integration of care is vital—and we believe the SIM is the step in the right direction.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State and the FQHCs look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink that reads "Mary C. Looker". The signature is fluid and cursive.

Mary C. Looker
Chief Executive Officer

WSALPHO

WASHINGTON STATE ASSOCIATION OF LOCAL PUBLIC HEALTH OFFICIALS

July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as President of the Washington State Association of Local and Public Health Officials (WSALPHO), I know the triple aim of better health, better care, and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

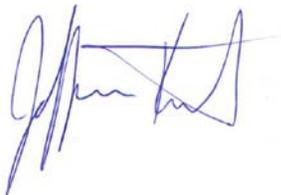
Over the coming months, WSALPHO will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- Active support for local health jurisdictions engaged in forming, or in formed, Communities of Health
- Working with state and local leaders to support innovative health policy reform that supports the Triple Aim
- Collaboration and coordination with other statewide associations representing parts of the public health and health care delivery system

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Good luck with your application.

Sincerely,



Jefferson Ketchel, MA, RS
President, WSALPHO
Administrator, Grant County Health District



July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for the Round 2 State Innovation Model Testing Grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as President & CEO of the Washington Biotechnology & Biomedical Association (WBBA), I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Our efforts are driven by this healthcare innovation objective: the shortest path to the best care at the lowest cost. Specifically WBBA is already pushing forward with new initiatives in health IT including our Innovate Health Initiative to bring together entrepreneurs, technologists and investors to learn about and address the complexities and opportunities in health care and the most important problems to solve. In addition, our Health Innovators' Collaborative includes multiple stakeholders in Washington's healthcare ecosystem including public and private payers,

CHAIRMAN'S CIRCLE

Amgen * Fenwick & West LLP * Lilly USA, LLC * PricewaterhouseCoopers LLP * Wells Fargo Insurance Services * Zymogenetics

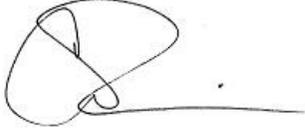
PLATINUM LEADERS

Alexandria Real Estate Equities, Inc. * BioMed Realty * Brady & Company * Dendreon Corporation * The Fearey Group * Gilead Sciences, Inc. * Novo Nordisk, Inc. * Perkins Coie LLP * Philips Medical Systems, Inc. * Praxair Specialty Gases & Equipment * Product Creation Studio * Seattle Genetics, Inc. * SNBL USA * Stoel Rives LLP * Stratos * University of Washington * Washington State University * Wyndham Publications, Inc.

providers, patients, and innovators working to lower barriers and provide high quality, affordable healthcare powered by Washington innovations, accessible to all.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris E. Rivera". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Chris E. Rivera
President & CEO

CHAIRMAN'S CIRCLE

Amgen * Fenwick & West LLP * Lilly USA, LLC * PricewaterhouseCoopers LLP * Wells Fargo Insurance Services * Zymogenetics

PLATINUM LEADERS

Alexandria Real Estate Equities, Inc. * BioMed Realty * Brady & Company * Dendreon Corporation * The Fearey Group * Gilead Sciences, Inc. * Novo Nordisk, Inc. * Perkins Coie LLP * Philips Medical Systems, Inc. * Praxair Specialty Gases & Equipment * Product Creation Studio * Seattle Genetics, Inc. * SNBL USA * Stoel Rives LLP * Stratos * University of Washington * Washington State University * Wyndham Publications, Inc.



July 10, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant will significantly accelerate our efforts.

In my capacity as Executive Director of the Washington Center for Nursing (WCN), the nursing resource and workforce center for our state, I understand that the Triple Aim of better health, better care and lower costs will require a team effort. WCN can play a significant role in this collaboration. As a state known for nationally- recognized successful innovation in many areas, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing WCN to active participation in the workforce development aspects of the grant, monitoring and communication of the grant work through our stakeholder channel, and provision of input into the development of further strategies, tactics and metrics to reach our goals. Serving our population's health and healthcare needs is foremost for us.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Linda Tieman RN MN FACHE
Executive Director



Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as President of the Washington Chapter of the American Academy of Pediatrics (WCAAP), I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- *Emphasizing the need to follow Bright Futures (nationally recognized standard of pediatric well child care), as well as providing the primary care perspective as we continue our work with state leadership on health care innovation.*

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

Margaret E. Hood, MD
President, Washington Chapter of the American Academy of Pediatrics

WASHINGTON
COMMUNITY
MENTAL HEALTH
COUNCIL



*...creating healthy and
secure communities
through partnerships...*

*Member:
National Council for Community
Behavioral Healthcare*

600 STEWART STREET, SUITE 202
SEATTLE, WA 98101-1217

PHONE (206) 628-4608
FACSIMILE (206) 443-0700
E-MAIL wcmhcnet.org
WEBSITE www.wcmhcnet.org

ANN E. CHRISTIAN
CHIEF EXECUTIVE OFFICER

July 16, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing on behalf of community behavioral health providers across Washington to strongly support the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on extensive cross-system planning, analysis and input from multiple community contributors representing an array of expertise, perspective and roles within the current health and behavioral health systems. The resulting product is a forward-looking five-year plan for health care innovation.

There are numerous promising innovations already underway throughout our state. Many have emerged from provider organization and health system efforts to improve health outcomes; others represent local and regional collaborative initiatives to coordinate resources and care and still others are part of Washington state's proactive implementation of the ACA and related reforms. The model testing grant offers a unique opportunity for synthesizing, further testing and making targeted infrastructure investments needed to bring to bring the most promising innovations to scale in a coordinated and systematic manner.

In my capacity as CEO of the Washington Community Mental Health Council, I understand both the importance and the complexity of actualizing the triple aim of better health, better care and lower costs. The Council's member organizations – licensed community mental health agencies – provide over 90% of publicly funded outpatient mental health care, serving 130,000 low-income individuals each year, primarily adults with serious mental illness and/or substance use disorders, and children or youth with severe emotional disturbances. We have been active partners in health reform implementation and are deeply committed to the goals of whole-person healthcare and improved health status for the people we serve.

Washington has built a solid base for successful implementation of our State Health Care Innovation Plan. Public and private partners are connected and engaged, and ready to move into action. My organization commits to continuing as an active contributor and collaborator in health care innovation, with particular expertise to offer in these areas:

- Integration of physical and behavioral health. Community mental health agencies are experienced cross-system collaborators, serving among the most complex high risk and high cost population groups in our state. They are national leaders in developing and delivering integrated care and stand ready to offer planning and design expertise and institutionalize scale up proven successful models. A primary goal is to change the reality that people with serious mental illness and substance use disorders constitute the greatest health disparity population in our country.
- Practice transformation. Over the past 5-6 years our association has initiative practice improvement initiatives at the provider level in areas spanning care management, psychiatric medication practice improvement and reduction of psychiatric rehospitalization. We have partnered with our state Health Care Authority, Research and Data Analysis Division and Division of Behavioral Health and Recovery; the University of Washington and Rutgers University with support from CMS, the Agency for Healthcare Research & Quality, the Office of the Attorney General and SAMHSA.
- Public education, prevention and early identification of mental illness. This focus area for population health has been sorely neglected in our state and across our country: We are anxious to move from planning to execution. As a member of the Public Health – Health Care Delivery System Partnership and contributor to the Prevention Framework, we have recommended specific evidence-based approaches for mental health promotion and prevention to be implemented.

The Washington Community Mental Health Council will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. We are excited about the opportunity to transform the way that health care is financed and delivered in Washington state. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Christian". The signature is fluid and cursive, with a small dot above the "i" in "Christian".

Ann Christian
Chief Executive Officer

July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Executive Director at the Washington Low Income Housing Alliance, I know the triple aim of better health, better care and lower costs will require a coordinated effort. We are ready to play a significant role in coordinating these efforts with Washington's affordable housing and homelessness provider and advocacy community. As a state known for its innovation and cross-sector collaboration, Washington and its community-based partners are well situated to take on the challenges and achieve the opportunities reflected in this grant application.

Over the coming months, the Washington Low Income Housing Alliance will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, the Washington Low Income Housing Alliance commits to the following:

- We will work closely with the Governor's office and Health Care Authority to provide feedback on how housing stability and homelessness prevention programs can coordinate with and complement the strategies outlined in Washington's grant application.
- We will communicate testing grant implementation updates to our statewide membership, which is comprised of nearly 150 non-profit organizations, community-based organizations, and local government entities. In turn, we will communicate implementation feedback from our members to the Governor's office and Health Care Authority.

This grant presents a real opportunity to address the social determinants of health, including housing instability and homelessness. In turn, improved health outcomes, particularly among vulnerable populations, will help reduce homelessness and improve housing stability across Washington. We look forward to participating in this collaborative endeavor.

Sincerely,

Rachael Myers
Executive Director
Washington Low Income Housing Alliance
1411 Fourth Avenue, Suite 850
Seattle, WA 98101
www.wliha.org



Washington Rural Health Collaborative

July 16, 2014

Members

Clallam County PHD No. 1
Forks Community Hospital

Jefferson County PHD No. 2
Jefferson Healthcare

Klickitat County Public Hospital
District No. 1
Klickitat Valley Health

Mason County PHD No. 1
Mason General Hospital &
Family of Clinics

Lewis County Hospital District No. 1
Morton General Hospital

Pacific County PHSD No. 3
Ocean Beach Hospital

Prosser Public Hospital District,
Benton County
PMH Medical Center

Public Hospital District No. 2,
Klickitat County
Skyline Hospital

King County PHD No.4
Snoqualmie Valley Hospital District

Grays Harbor County PHD No. 1
Summit Pacific Medical Center

Skagit County PHD No. 304
PeaceHealth United General Medical
Center

Whidbey Island PHD
Whidbey General Hospital

Pacific County PHD No. 2
Willapa Harbor Hospital

600 E. Main St.
Elma, WA 98541
Phone (360) 346-2350
Fax (360) 346-2160

www.washingtonruralhealth.org

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application. In my capacity as Executive Director of the Washington Rural Health Collaborative (WRHC), I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role.

WRHC is an existing, mature and robust rural network consisting of 13 Critical Access Hospitals, all separately governed serving the rural areas of Washington State. The Collaborative, which has been in existence since 2003, enjoys stable and competent leadership, a well-defined mission, and a formalized organizational structure. Most importantly, it has a demonstrated history of delivering value to its members and the rural communities they serve.

The Collaborative's strength has always been its ability to come together to achieve much more as a group than the individual members could ever hope to achieve separately. Our mission is simple; to improve the health care delivery systems of our rural communities.

In 2014, we have focused on improving the overall quality and efficiencies of our hospitals. We have spent the last year preparing for the shift from volume to value-based purchasing. This shift will improve the quality of care and increase efficiencies that will result in better health outcomes at reduced costs for the patients we serve. By the end of 2014, we fully expect to have

developed and implemented a quality and financial performance initiative that will link standardized quality measures to financial outcomes.

The Collaborative has also spent considerable time exploring Accountable Care Organizations. While not all of our members are positioned to participate at this time; several of the Collaborative members will be collectively forming a rural accountable care organization. The Washington Rural Health ACO (WRH ACO) will mark history as the first rural ACO to form in Washington State among rural hospitals partners. In July, the WRH ACO will submit an application to CMS to participate in the Medicare Shared Saving Program with the intent to start January 1, 2015. We fully intend to leverage the model and framework to extend contracts with commercial and Medicaid payors.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to the following:

- Partner with the State to test innovative service and delivery models
- Participate in multi-stakeholder/multi-payer efforts
- Share what we learn from the implementation of our rural ACO model

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,



Holly Greenwood, Executive Director
Washington Rural Health Collaborative
holly@washingtonruralhealth.org
(360)346-2351
www.washingtonruralhealth.org



STATE OF WASHINGTON
DEPARTMENT OF COMMERCE

1011 Plum Street SE • PO Box 42525 • Olympia, Washington 98504-2525 • (360) 725-4000
www.commerce.wa.gov

July 15, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as the Director of the Washington State Department of Commerce, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. States that transition quickly and get this right are providing a competitive advantage to their incumbent businesses. There is a clear link between the triple aim and economic development. Over the coming months, the Washington State Department of Commerce will continue to partner closely with the Governor and state leadership to further develop and implement the testing grant.

As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application. This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

Brian Bonlender
Director



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

PO Box 47890, Olympia, Washington 98504-7890
Tel: (360) 236-4030 FAX: (360) 586-7424 TDD Relay Service: 1-800-833-6388

July 7, 2014

Gabriel Nah, Grants Management Specialist
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda
5600 Fishers Lane
Rockville, Maryland 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work to develop a forward looking five year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

As the Department of Health Secretary, I know the triple aim of better health, better care and lower costs requires a team effort. We at the department have made health transformation and innovation one of my top four goals, and have fully engaged the Health Care Authority and our partners in narrowing the gap between clinical care and population health. Being known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

The department is an engaged partner, eager to strengthen our collaboration with a common goal of improved population health. Over the coming months, my organization will work closely with Governor Inslee and state leadership in the further development and implementation of this testing grant. Specifically, I am committing my organization to:

- Investing energy, staff and time to lead the Practice Transformation Support Hub. The hub is a key element to provide support, technical assistance and training to the various entities involved in health improvement across the state.
- Finalizing, by February 2016, the Plan for Population Health. We have been working on this plan over the last year with the Health Care Authority, local public health, health care providers, health plans, and many others.
- Working with the Health Care Authority to ensure success of the Accountable Communities of Health.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington. My department and I look forward to participating in this collaborative endeavor.

Sincerely,

John Wiesman, DrPH, MPH
Secretary of Health





July 16, 2104

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

Washington hospitals and health systems are currently in the midst of a significant transformation. Our 99 member hospitals and health systems are working toward the triple aim of better health, better care and lower costs. The Washington State Hospital Association (WSHA) supports our state as it works to provide leadership and create an environment for health innovation. A critical starting point, included in the proposal, is to reform the system for treatment of patients with behavioral health needs.

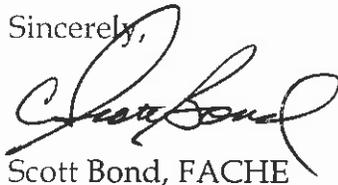
WSHA strongly encourages The Centers for Medicare and Medicaid Services to fund the state's application for the Round 2 State Innovation Model. If awarded, the funds will secure additional resources to advance the state's work and achieve the triple aim. The Washington application builds on the state's previously submitted innovation plan and foundational work already in place across multiple stakeholders. WSHA and key members participated actively in design discussions with the state as well as in support of the state's legislation to implement components of the innovation plan (an all-payer claims data base, a set of common performance measures, and local collaboratives to better integrate care).

WSHA is very interested in working with the state in further development and implementation of the strategies. We believe our association can play a significant role in helping share best practices among Washington hospitals and communities. We already have a structure and a track record from our successful work on quality improvement as a Hospital Engagement

Contractor. Building on collaborations with the Washington State Medical Association and the Washington State Association of Local Public Health Officials, we are positioned to support and spread local practices that prove to be effective. We are also keenly interested in working with the state on a new rural health care delivery system. Our hospitals and the communities they serve need a new model to ensure care continues to be available close to home with an emphasis on prevention, care coordination, and referral links to other centers for specialty and tertiary services.

The association and its members are eager to continue and accelerate our work and the state's work on transformation as part of a State Innovation Model.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Bond". The signature is fluid and cursive, with a large initial "S" and "B".

Scott Bond, FACHE
President and CEO

July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

The Washington State Medical Association (WSMA) offers this letter of support for the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. The WSMA has participated in the state's activities to develop a forward-looking five-year plan for health care innovation, and the awarding of this grant would significantly support Washington state's efforts.

The WSMA has provided tangible assistance and guidance to Washington's physicians, physician assistants, practice administrators and their staff to aid in the adoption and transition to models of health care delivery that embrace the Triple Aim of improving the health of the populations, improving the patient experience of care, and reducing the per capita cost of health care.

The WSMA also has been participating on the Dr. Robert Bree Collaborative since its inception, and WSMA President, Dale Reisner, MD, has been appointed to serve on the Washington State Performance Measures Coordinating Committee.

Going forward, the WSMA will continue its commitment to working closely with Governor Inslee, his staff and state leadership in the further development and implementation of this testing grant. The WSMA commits to building upon the strong foundation of education and guidance on these emerging models of health care delivery.

Sincerely,



Jennifer Hanscom
Executive Director/CEO



Washington State Nurses Association

575 Andover Park West, Suite 101, Seattle, WA 98188
206.575.7979 PHONE 206.575.1908 FAX wsna@wsna.org EMAIL www.wsna.org WEB

July 15, 2014,

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as Executive Director of the Washington State Nurses Association, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. As the largest health profession, registered nurses and advanced registered nurse practitioners exert considerable influence over the health system and are an effective channel to make positive change as outlined by the plan. Specifically, I am committing my organization to the following:

- Be an engaged stakeholder by continuing to lend our expertise in delivering care that results in quality chronic care management and prevention.
- Share information on how to increase workforce capacity and flexibility. We are willing to identify and share best practices in assuring patient safety when working with assistive personnel. Additionally we actively encourage and promote nurses to practice to the full extent of one's license, education and expertise.
- Explore ways to partner with the State to engage individuals and families more fully in their healthcare by lending our expertise in public education efforts.
- As the largest professional association representing registered nurses in Washington State since 1908, we are well positioned to encourage and support practice transformation, and help disseminate best practices among registered nurses and advanced practice nurses statewide.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,


Judy Huntington, MN, RN



OFFICE OF
INSURANCE COMMISSIONER

July 16, 2014

Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation. This grant would greatly accelerate our efforts.

As Insurance Commissioner, I know the triple aim of better health, better care and lower costs will require a team effort, and we are ready to play a significant role. As a state known for its innovation, Washington is ready to take on the challenges and live up to the opportunities reflected in this grant application.

The Office of Insurance Commissioner (OIC) plays a key role in health care transformation in Washington state. The OIC protects insurance consumers and oversees the insurance industry. In addition to regulatory duties, the OIC also plays a key role in various interagency health reform projects: the Executive Management Advisory Council (EMAC), a cross-agency group that oversees implementation of Washington's State Innovation Plan; the Washington Health Benefit Exchange board; the All Payer Claims Database initiative; and state purchasing and accountable care model development.

Over the coming months, the OIC will continue to partner closely with the Governor and state leadership in further development and implementation of this testing grant. Specifically, I am committing my organization to:

- Serve on the project's advisory council and work collaboratively with 11 other state agencies;
- Use my regulatory authority to accelerate health transformation and influence change when necessary and appropriate.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington state. I look forward to participating in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink that reads "Mike Kreidler".

Mike Kreidler
Insurance Commissioner



Advocacy. Action. Answers on Aging.
Washington Association of Area Agencies on Aging
2404 Heritage Court SW, Olympia, WA 98502
w4a@agingwashington.org

July 11, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

On behalf of the Washington Association of Area Agencies on Aging (W4A), I am writing in support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on the work already completed in this state to develop a forward-looking five-year plan for health care innovation.

W4A recognizes that the triple aim of better health, better care and lower costs will require a team effort. The Area Agencies on Aging provide direct support to many of the people most affected by medical issues, and we look forward to opportunities to improve care for our state's most vulnerable citizens.

As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application. This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. W4A looks forward to the opportunity to improve the health of our citizens through this collaborative endeavor.

Sincerely,

A handwritten signature in black ink that reads 'Lori J. Brown'. The signature is written in a cursive style and is followed by a long horizontal line.

Lori Brown, Chair
WA Association of Area Agencies on Aging (W4A)

Washington Dental Service Foundation

Community Advocates for Oral Health

July 9, 2014

Gabriel Nah, Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop #7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

The Washington Dental Service Foundation (WDS Foundation) strongly supports the Washington state application for a Round 2 State Innovation Model (SIM) testing grant from the Center for Medicare and Medicaid Innovation. The State Health Care Innovation Plan (SCHIP) provides a clear vision and framework for transforming our health care system across the continuum of care necessary to achieve the Triple Aim of better health, better care and reduced costs outlined in the SHCIP.

WDS Foundation is a non-profit funded by Delta Dental of Washington – the leading non-profit dental benefits company in Washington State. Our mission is to eliminate oral disease, to improve overall health for everyone. Our strategies reflect a preventive framework, a population level focus, a multidisciplinary approach, and are data driven. The Foundation will continue supporting the advancement of whole person care through Accountable Communities of Health (ACHs), a core strategy of SCHIP.

The Washington State Round 2 SIM application reflects a thoughtful, systems change approach, from the state policy level down to local neighborhoods of care. The WDS Foundation supports this approach and will work hard to ensure its' success.

Sincerely



Laura Smith
President and CEO
Washington Dental Service Foundation

July 16, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

Select members* of the Washington Health Alliance Purchaser Affinity Group are writing to express their strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation.

The Washington Health Alliance is a purchaser-led, multi-stakeholder collaborative with more than 175 participants, focused on bringing together those who give, get and pay for health care to create a high-quality, affordable health care system for the people of Washington State. Among its many activities, the Alliance regularly convenes a Purchaser Affinity Group which consists of two dozen employers, labor trusts and business associations who share a common interest in improving the return on investment from health care. Washington State, a major purchaser of health care, is an active member of our Purchaser Affinity Group.

This CMMI-SIM application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the SIM grant would greatly accelerate our efforts. The Purchaser Affinity Group supports the broad aims of this work: (1) improve overall health by building healthy communities and people through prevention and early mitigation of disease; (2) improve chronic illness care through better delivery system performance and integration of care with social supports; and, (3) drive value-based purchasing and provider payment.

This grant presents an important opportunity to transform the way we pay for and deliver health care in Washington state and we urge you to approve Washington state's application for funding. We look forward to participating in this collaborative endeavor.

Thank you for your consideration. If you have questions, please contact Susanne Dade at sdade@wahealthalliance.org

*Select Members, Washington Health Alliance Purchaser Affinity Group

- Alaska Air Group
- The Boeing Company
- Fairmont Hotels & Resorts
- King County
- Northwest Administrators, Inc.
- Parker, Smith and Feek
- Point B
- Puget Sound Energy
- Seattle Area Plumbers Health and Welfare Trust
- Seattle Metropolitan Chamber of Commerce
- SEIU Healthcare NW Training Partnership and Health Benefits Trust
- Sound Health and Wellness Trust
- Sound Transit
- Starbucks Corporation
- WA Teamsters Health & Welfare Trust
- WA State Health Care Authority

July 9, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate the state's efforts.

As Executive Director of the Washington Health Alliance, I know the triple aim of better health, better care and lower costs requires a team effort, and we will continue our contribution as a purchaser-led, multi-stakeholder coalition. As a state known for innovation, Washington is well positioned to take on the challenges and live up to the opportunities reflected in this grant application.

The Alliance was pleased to play a role in facilitating stakeholder input to innovation planning in 2013, drawing upon our ten years' experience as the convener of purchasers, providers, plans, consumers and others committed to transformation. We bring singular capabilities for measuring and reporting on the quality and cost of health care in Washington on a voluntary basis, so that transparency can be used to support payment reform and delivery system improvement. This expertise has been recognized in the state's partnering with the Alliance on a Cycle III data center grant to enhance the Alliance's voluntary database. In addition, the Alliance expects to contract with the state as the lead organization to administer a new All Payer Claims Database (APCD) established under recent legislation to undergird the innovation plan.

Over the coming months, the Alliance will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, the Alliance will expand our data infrastructure to meet the requirements of the new legislation and serve as a true community asset. In addition, we are assisting in a public process to identify common metrics for statewide performance reporting, purchasing and payment reform, and we expect to provide the data from the APCD and the analysis to report on the results with the benefit of grant funding.

This grant presents a significant opportunity to transform the way we pay for and deliver health care in Washington state. The Alliance looks forward to contributing to this collaborative endeavor.

Sincerely,



Mary McWilliams
Executive Director



Washington Healthcare Forum

2003 Western Ave, Suite 600, Seattle, WA 98121 - www.wahealthcareforum.org

July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

We are writing on behalf of the Washington Healthcare Forum Board in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. The Forum Board members are the CEOs of the leading hospitals, physician practices, health plans and associations in the Washington state health care market. Our members unanimously agree that the status quo in our industry is not sustainable. We strongly believe that our individual organizations need to innovate and improve as does the entire Washington state health care system. In this context, we believe the plan the state has developed provides leadership, an important organizing framework and badly needed resources to accelerate innovation and improvement in our state's health care system over the next five years.

It is our belief that transformation of the Washington state health care system is most likely to occur if individual public and private sector organizations move forward with their own improvement efforts while the community as whole moves forward collaboratively on targeted initiatives. We believe one of the great strengths of the Washington state application is the judicious blend of public and private sector activities the plan promotes. We commend the state for the inclusive approach they have pursued to develop the plan.

Many of our individual member organizations have been actively involved in the development of the plan and have indicated to us they intend to support the implementation phase. Similarly, the Forum will continue to provide its support, engagement and leadership as the state moves forward with the innovation plan. We believe this is a worthy and important effort. We strongly urge your support of the Washington state application for a Round 2 Innovation testing grant. Thank you for your consideration of our request.

Sincerely yours

Richard Cooper
Forum Board Chair

Sincerely yours,

Richard D. Rubin
Executive Director

Cc: Forum Board

State of
Washington
House of
Representatives



July 18, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

As a Washington State Legislator and Chair of the House Health Care committee, I am writing to express my strong support for the *State Innovation Models: Round Two of Funding for Design and Test Assistance* application being submitted by the state of Washington.

Building on a strong policy framework established in our state health care innovation plan, this testing grant application represents a bold step for Washington towards a health care payment and delivery system that is less fragmented, more accountable and better connected to the community.

Specifically, this grant application places an emphasis on linking communities with the health delivery system through Accountable Communities of Health. It moves us forward on much-needed integration of physical and behavioral health services to achieve whole person care. It also enables new payment and delivery system models that will help us achieve better population health, increased quality of care and lower costs.

In early 2014, our state legislature worked across party lines to enact House Bill 2572 and Senate Bill 6312. These bills adopted the state's health care innovation plan and serve as a strong foundation for this grant application.

I urge your strong consideration of this application and look forward to playing a continued role in its success.

Sincerely,

Eileen Cody

Eileen Cody, R.N.
Washington State Representative
34th District



Legislative Building
Olympia, WA 98504-0482

Washington State Senate

Phone: (360) 786-7550
FAX: (360) 786-1999

July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

In my capacity as a State Senator serving on the Health Care Committee, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

Over the coming months, I am sure the legislature will partner closely with the Governor and state leadership in the further development and implementation of this testing grant.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

Sincerely,

State Senator
33rd Legislative District

7/11/2014



Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Nah:

The Western Washington Area Health Education Center strongly supports the Washington State application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application.

In my capacity as Executive Director of the Western Washington Area Health Education Center I know the triple aim of better health, better care and lower costs will require a team effort. We are ready to play a significant role as this application aligns with our mission to assure equity of and access to health care for underserved rural and urban populations in western Washington through education and workforce development.

Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant. Specifically, the Western Washington Area Health Education Center will collaborate with the state to increase the capacity and flexibility of the healthcare workforce.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this shared endeavor.

Sincerely,

Jodi Perlmutter, MSW
Chief Executive Office/Executive Director



Confederated Tribes and Bands
of the Yakama Nation

Established by the
Treaty of June 9, 1855

Yakama Nation Behavioral Health Services

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

July 11, 2014

Dear Mr. Nah:

I am writing in strong support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. This application builds on our work within this state to develop a forward-looking five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts. In my capacity as Program Manager for Yakama Nation Behavior Health Services, I know the triple aim of better health, better care and lower costs will require a team effort and we are ready to play a significant role. As a state known for its innovation, Washington is well situated to take on the challenges and live up to the opportunities reflected in this grant application. Over the coming months, my organization will partner closely with the Governor and state leadership in the further development and implementation of this testing grant.

Specifically, I am committing my organization to the following:

- Start to integrate mental health and substance abuse treatment in primary medical care, treating the whole person to improve health and lower costs.
- Provide verifiable data, so consumers and policymakers can identify price and access issues that could bring down the cost of care. In turn, individuals could make better, data-backed purchasing decisions.

This grant presents a real opportunity to transform the way we pay for and deliver health care in Washington State. I look forward to participating in this collaborative endeavor.

If you have any questions, please contact me by the phone numbers and my email address provided below.

Sincerely,



Katherine Saluskin, MSW
Program Manager
Yakama Nation Behavioral Health Services
POB 151
Toppenish, WA 98948
(509)865-5121 ext. 6208
(509)865-2064 FAX
(509)949-3711 MOBILE
ksaluskin@yakama.com



Yakima Valley Farm Workers Clinic

July 14, 2014

Gabriel Nah
Grants Management Specialist
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Mailstop # 7700 Bethesda 5600 Fishers Lane
Rockville, MD 20857

RE: Washington State's CMS State Innovation Model Grant Round 2 Application

Dear Mr. Nah:

Please accept this letter as Yakima Valley Farm Workers Clinic's (YVFWC) support of the Washington state application for a Round 2 State Innovation Model testing grant from the Center for Medicare and Medicaid Innovation. The Department of Health has assembled an application which builds upon our work within this state to develop a progressive five-year plan for health care innovation, and receipt of the grant would greatly accelerate our efforts.

The triple aim of better health, better care and lower costs will require a team effort and we feel the State's plan aligns with our organizational mission which states, "Together we are dedicated to lead, with the courage to care, the determination to promote personal growth, and the compassion to champion the cause of those who have no voice." If funded YVFWC is committed to supporting the state by providing on-going feedback regarding the plan and initiatives; participating in trainings; and providing the necessary data and resources required to implement reforms.

We believe this application presents a forward-thinking approach to transforming the way we pay for and deliver health care in Washington State. We look forward to participating in this collaborative endeavor. Please do not hesitate to contact me if you have any questions.

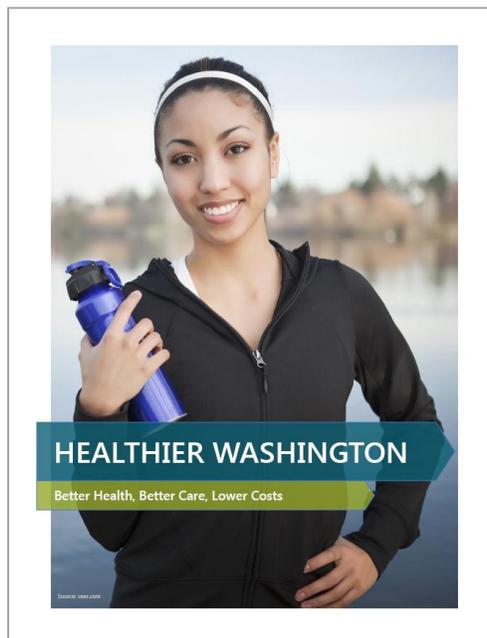
Sincerely,

A handwritten signature in black ink, appearing to read "Juan Olivares".

Juan Carlos Olivares
Executive Director

Central Administration
604 West 1st Avenue | Toppenish, WA 98948
Phone 509-865-5898 | Fax 509-865-4337 | www.yvfwc.com

A culture of caring | Nuestros Valores, su bienestar



**WASHINGTON STATE
INNOVATION MODEL TEST GRANT APPLICATION**

JULY 21, 2014

OVERVIEW VIDEO AT: [youtube.com/innovationplan](https://www.youtube.com/innovationplan)

MORE: <http://www.hca.wa.gov/shcip/>