



Washington State Medicaid Transformation

Independent Assessment of Pay for Reporting 2

Findings Report: October 2022

1. Purpose and objectives of DY6 P4R2 Report

The Washington State Health Care Authority (HCA) engaged Myers and Stauffer LC (Myers and Stauffer) to serve as the Independent Assessor for the state's Healthier Washington Medicaid Transformation (Medicaid Transformation), Section 1115 Medicaid waiver. The focus of the Independent Assessor's work is on Initiative 1, Transformation through Accountable Communities of Health (ACHs).

The MTP waiver was approved for a five-year period, and has been in effect from January 9, 2017 through December 31, 2022. In early 2021, HCA requested, and the Centers for Medicare and Medicaid Services (CMS) approved, a one-year extension because of disruptions from the COVID-19 pandemic. In July 2022, an MTP 2.0 waiver renewal application was submitted to CMS to begin January 1, 2023 and end December 31, 2027. While HCA and CMS are negotiating the waiver renewal, CMS has proposed a short, three to six month extension that provides time for CMS to review the MTP 2.0 application. The extension allows continuation of MTP programs and access to services without disruption of care.

As required by the current waiver's Special Terms and Conditions (STCs), ACHs report on transformation activities as defined in the [Project Toolkit¹](#) following specified reporting guidance to receive incentive dollars. This findings report represents Myers and Stauffer's assessment of the ACH P4R2 report. This will be the final MTP report as the initial MTP waiver is sun setting.

For more information, visit the Washington State Medicaid Transformation [webpage](#).

2. Findings of the ACHs' P4R2 Reports

All nine ACHs submitted timely reports by submitting their P4R2 report by the October 7, 2022 deadline.

- ◆ **Findings.** All P4Rs included sufficient detail to reflect project performance during the reporting period. The IA sent a request for additional information (RFI) to one ACH. The RFI serves as an opportunity to offer clarification to responses initially found to be incomplete and to address identified gaps.
- ◆ **Recommendation.** The IA recommends HCA approve and award full credit to ACHs for milestone achievement towards Medicaid Transformation.

3. Response Highlights from the ACHs' P4R2 Reports

The following captures key findings noted by ACHs within their P4R2 responses.

- ◆ **Challenges and Mitigation Activities.** During this reporting period, ACHs were asked to provide an update on emerging or evolving activities since quarter 2 of 2022. ACHs described specific risks, issues, or challenges that have emerged, as well as any mitigation strategies, if applicable. A high-level description of findings is described below. Table 6 summarizes the challenge and mitigation activity responses by ACH.
 - Multiple ACHs noted challenges in planning for and messaging about the waiver renewal.

¹ CMS verbally approved a condensed pay-for-reporting period and report structure (P4R-1 and 2) to help with expediting incentive payments in support of provider engagement and payment timing. An updated project toolkit outlining DY6 project requirements was released in May 2022.

- Workforce shortages have persisted throughout this reporting period. ACHs have worked to support healthcare, behavioral health, physical health, and community health workforces through multiple initiatives, including investments in retention and hiring, as well as increased trainings to support workforce capacity.
 - Health equity is a major focus for all ACHs. Challenges in reaching Black, Indigenous, and people of color (BIPOC), refugee, and tribal communities have been addressed through Community Health Workers (CHWs), an emphasis on community-based care coordination, and a rise in investment into community information exchange (CIE) from multiple ACHs.
- ◆ **Scale and Sustain Updates.** As ACHs prepare for sustaining MTP improvements, ACHs reported on activities and/or conversations regarding the sustainability of DSRIP funded infrastructure, activities, and/or evidence-based models. ACHs have formulated plans, begun implementing organizational changes and hiring, as well as built out financial modeling approaches to sustain MTP successes. Table 6 summarizes the scale and sustain updates by ACH.
- Multiple ACHs have begun implementing sustainability initiatives to maintain MTP and create new initiatives in order to produce longevity past the reporting period.
 - Elevate Health determined the Health Homes and Pathways programs were financially unsustainable and chose to end the programs by December 31, 2022. Ending the programs created challenges for contracted partners, but will support Elevate Health to be sustainable through the anticipated waiver renewal.
 - HealthierHere has built on existing interventions to advance strategies for sustainability, including the expansion of their Connect2 Network, which has enabled care coordination across organizations in King County. HealthierHere intends to integrate Connect2 Exchange with the Community Hub to scale them into one hub under MTP 2.0.
- ◆ **Partnering provider roster.** As part of the submission of materials and to earn the associated achievement value (AV), ACHs are required to update and submit the list of partnering provider sites participating in Medicaid Transformation Project Toolkit activities. Table 1 summarizes the active partnering providers included in each ACH partnering provider roster.

During the reporting period, three ACHs saw an increase in active partners (e.g., Cascade Pacific Action Alliance, Olympic Community of Health, Southwest Washington ACH), while all others reported the same number as their prior report submission.

Table 1. Active Project Partnering Providers

Project	BHT	CPAA	EH	GHN	HH	NCACH	NORTH SOUND	OCH	SWACH
2A: Bi-directional Integration of Care	107	57	67	92	108	42	115	56	33
2B: Community-Based Care Coordination	109	27	92	●	●	50	8	●	25
2C: Transitional Care	●	47	●	87	96	48	109	●	●
2D: Diversions Interventions	●	●	●	●	●	48	112	62	●
3A: Addressing Opioid Use	104	59	49	95	101	59	150	62	14
3B: Reproductive and Maternal and Child Health	●	71	●	●	●	●	85	57	●
3C: Access to Oral Health Services	●	●	●	●	●	●	36	56	●
3D: Chronic Disease Prevention and Control	105	49	26	87	92	42	92	60	34

4. ACH Milestone Achievement and Earned Incentives

Tables 2 through 5 below provide an overview of ACH projects, potential incentives ACHs can earn for achieving project milestones for P4R2 and the incentives earned. Each ACH can earn 1.0 AV per milestone per project. If an ACH is not participating in a project, the table will display a dash (-).

The amount of incentives paid to an ACH region are based on the number of earned AVs out of total possible AVs for a given reporting period. AVs associated with Project Incentives for this reporting period are identified in Table 2 below.

After review of submitted reports, the IA found all ACH reports to be fully responsive and complete, and the IA recommends HCA award full credit to each ACH for all milestones as noted in Table 3.

For each ACH, Table 4 provides incentives available by funding source for completion of P4R2. Table 5 provides WA-ICA/VBP incentives for each ACH.

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

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

Table 3. Available and Earned P4R Achievement Values (AVs) by ACH by Milestone for DY6 P4R 2 report

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

Table 4. Total P4R Project Incentives Available by ACH for Achievement of the Implementation Plan Milestone

ACH	Earned AVs	Project Incentives
Better Health Together	14	\$1,272,746
Cascade Pacific Action Alliance	20	\$1,202,730
Elevate Health	14	\$1,478,732
Greater Health Now	14	\$1,652,850
HealthierHere	14	\$2,603,061
North Central ACH	20	\$625,000
North Sound ACH	26	\$1,783,555
Olympic Community of Health	20	\$625,000
SWACH	14	\$841,275
Total	156	\$12,084,949

Table 5. Total WA-ICA/VBP Incentives by ACH

ACH	WA-ICA/VBP Incentives
Better Health Together	\$398,803
Cascade Pacific Action Alliance	\$362,548
Elevate Health	\$435,058
Greater Health Now	\$507,568
HealthierHere	\$797,607
North Central ACH	\$181,274
North Sound ACH	\$543,823
Olympic Community of Health	\$145,019
SWACH	\$253,784
Total	\$3,625,484

Table 6. Key ACH Findings

	Challenges and Mitigation Activities	Scale and Sustain Updates
Better Health Together (BHT)	<ul style="list-style-type: none"> • Better Health Together (BHT) has continued to provide administrative support to the Behavioral Health Forum which is using equity values to inform collective decision making. The forum is determining future funding categories for 2023 distribution to include supervision support, scholarships, and trainings for Peers and CHWs. • BHT is administering an Organization Equity Assessment previously offered in 2019 to help inform next steps for the organization. The assessment is part of their mitigation strategy for equity and diversity work, especially in rural communities. 	<ul style="list-style-type: none"> • BHT is developing a 3-year strategic plan for 2023-2025 to focus on three initiatives: Community Hub linking health care and SDOH through a community based workforce, Whole Person Care Integration investing in primary care, behavioral health, and oral health, and Convening & Equity Movement Building to organize power collectively to solve equity needs. • In addition to strategic planning, BHT is also pursuing funding and opportunities aligned with their initiatives in hopes to expand operations beyond Medicaid Waiver activities. Funding has been contracted for a HRSA Community Health Worker Training Program (\$3M), a Department of Commerce Digital Navigator Project (\$500K), and Department of Commerce BIPOC/Impacted Communities Outreach grant (\$600K).
Cascade Pacific Action Alliance (CPAA)	<ul style="list-style-type: none"> • Cascade Pacific Action Alliance (CPAA) held a Health Equity Summit in July which included partner presentations of health equity projects in the past year. Discussions included sustainable health equity strategies to carry into the renewal waiver and a possible Request for Participation (RFP) to provide additional transition funding. • CPAA hired a new Tribal and Local Forums Program Manager to focus on revitalizing relationships with the 7 Tribal Nations in the region. Reengaging Tribal Nations about the sustainability of the current work is a strategic goal for CPAA into the renewal period. 	<ul style="list-style-type: none"> • The CPAA Pathways team will continue the HUB Pathways program into 2023. They are recruiting new partners/agencies in counties that have growing populations of underserved clients in need of wraparound services. • CPAA hired a new CEO in June. ACH meetings through the end of 2022 will focus on sharing plans for renewal period, project sustainability, and funding for projects likely to be in the scope of the renewal waiver. These projects include local forums, care integration, health equity (especially Tribal Nations), and maintaining HUB in each community.

<p>Elevate Health (EH)</p>	<ul style="list-style-type: none"> • Elevate Health continues to provide COVID-19 specific care coordination support to Pierce County through its contractual partnership with the Washington State Department of Health (DOH). As of September 2022 they have received 3,843 referrals, enrolled 1,351 for services, and have served 2,874 adults and 2,095 children. Elevate is also developing a contract with Emergency Food Network to pay storage and delivery fees for shelf-stable food and care kits for those in quarantine. • OnePierce Community Resiliency Fund continues to address misaligned cash flows for small community based organizations serving BIPOC and underserved communities. The third round of bridge loans totaled \$2.4M. Elevate indicates the need for bridge loans will increase as the demand for a solution around reimbursement-related contracts continues. 	<ul style="list-style-type: none"> • Elevate Health determined the Health Homes and Pathways programs were financially unsustainable and chose to end the programs by December 31, 2022. Ending the programs created challenges for contracted partners, but this change aims to allow Elevate to be sustainable through waiver renewal. • Elevate Health is communicating with partnering providers related to the transition from the extension to the renewal period by coordinating with leadership and operational staff to convey plans for the ramp-down of previously mentioned care coordination programs. Elevate Health’s Board has also identified primary components of the renewal waiver, and will continue to keep staff and community partners updated over the next 3-6 months.
<p>Greater Health Now (GHN)</p>	<ul style="list-style-type: none"> • Greater Health Now (GHN) noted challenges regarding the “unknown” scope of activity the ACHs will be responsible for going forward. To mitigate, the Board approved a business roadmap to diversify revenue streams based on feedback from stakeholders and alignment with transition to the renewal period. • GHN’s seven Local Health Improvement Networks have continued to collaborate with their communities across nine counties and tribal nations to deliver Health Care updates. Workforce issues have persisted, but GHN is looking to expand their Community Health Worker Program; six trainings were held in Q2 of 2022. Some mitigation strategies 	<ul style="list-style-type: none"> • GHN has completely budgeted for 2022 to allow for Year 6 bridge activities for providers in practice transformation, social determinants of health, local partnerships and health equity. The approved budget for 2022 allocated over \$6 million for Practice Transformation for three cohorts; all cohorts are on track. • GHN sent ten contracts to ten fire departments in August 2022 to begin Cohort 4 Emergency Medical Services Innovate (EMSI) in October 2022. Milestones include reducing non-emergent 911 calls, non-emergent ED visits, inpatient hospitalizations, and the overall cost of care, while also closing the gap of care for high-risk individuals.

	<p>have included offering retention and recruitment bonuses, college recruiting, and offering internships and externships. Telemedicine use has also continued to increase.</p>	
<p>HealthierHere (HH):</p>	<ul style="list-style-type: none"> • HealthierHere has focused on prepping activities proposed under the MTP renewal and advancing existing and new activities. Activities included the rollout of the Washington Integrated Care Assessment (WA-ICA) earlier this fall which was determined a success. Additionally, HealthierHere launched the Care Connect Hub in September 2022 after conducting planning, development and information sessions to prepare for a successful launch. The ACH has identified five prospective Care Coordination Agencies (CCAs) to provide direct care coordination services through the Hub. • HealthierHere continues to support BIPOC, Latinx, refugee and immigrant community members through its \$1.5 million health system transformation initiative directed towards improving health outcomes and health disparities. The initiative, “Culturally Responsive and Inclusive Health Care” (CRIHC) is in partnership with the City of Seattle and currently funds three active projects, led by three Federally Qualified Health Centers (FQHCs). • Healthcare Workforce Capacity and Burnout is an existing issue that has evolved since Q2 of 2022, but HealthierHere’s Governing Board has approved \$5 million to invest back into workforce capacity and development. 	<ul style="list-style-type: none"> • HealthierHere has built on existing interventions to advance strategies for sustainability, including the expansion of their Connect2 Network, which has enabled care coordination across organizations in King County. HealthierHere intends to integrate Connect2 Exchange with the Community Hub to scale them into one hub under MTP 2.0. • HealthierHere has made several shifts since the last reporting period in order to work with partners to advance transformation, namely shifting from process metrics to population health metrics, focusing on funding innovations that demonstrate progress, and prioritizing capacity building for investing in Information technology (IT) solutions and Systems Integration. In doing so, HealthierHere aims to document data that supports sustainability, contribute investments to the activities that have been successful, and improve the network or physical, behavioral, tribal and community partners through unified platforms.

<p>North Central ACH (NCACH)</p>	<ul style="list-style-type: none"> • North Central ACH (NCACH) reports that uncertainty related to the transition into 2023 is presently related to planning the community information exchange (CIE) and resource directory without knowing full expectations of the renewal. However, opportunities have presented to work on long-term relationship development and planning related to the community-based care coordination network and CIE investments. NCACH has embraced this year as a point in time to engage with clinical and local partners in the region. • Activities included expansion of the Evolving the Behavioral Health System workgroup with three emerging initiatives, increased site visits for building telehealth infrastructure, and two new funding opportunities available for their network of community partners. 	<ul style="list-style-type: none"> • NCACH has begun its transition to a newly developed funding structure based on their 2022 Strategic Funding Priorities, which includes building capacity for organizations and communities, increasing cross-sector collaborations and partnerships, and increasing the network of behavioral health supports. • NCACH has continued to refine how they engage partners through the renewal period. The refinements include forming a regional measurement task force that brings together partners to assist in the development and collaboration of region-focused data systems to support health improvement and produce a regional portfolio. A learning task force is developing improvements around convening content, session structure, and outreach strategies to better survey partners. They’ve also developed a dialogue session guide to support incorporating community voices into future work.
<p>North Sound ACH</p>	<ul style="list-style-type: none"> • Activities that emerged or evolved since Q2 of 2022 for North Sound ACH include waiver communication with partners, expansion and maintenance of the Collaborative Action Network, ACH staff expansion, and continued communication with partners. • North Sound ACH has maintained COVID-19 response and recovery activities, although challenges have been compounded by workforce shortages and multiple flooding natural disasters. North Sound has expanded their peer-to-peer counseling and support for behavioral health concerns, increased community preparedness for disasters, and has offered trainings 	<ul style="list-style-type: none"> • North Sound ACH launched the Collaborative Action Network in 2022, and five cohorts were identified: Equity, Emerging Focus Areas, Care Coordination, Practice Transformation, and Vital Conditions. Partners self-selected into each of the cohorts, and in August 2022, North Sound hosted its annual Partner Convening, focused on discussing regional investment and health equity goals. In Q4 of 2022, cohorts will finalize project proposals and ensure initiatives are aligned with the overarching theme of equity. Project focuses include equity, vital conditions, rural access to care, poly-substance use, and care coordination.

	<p>to increase workforce capacity in multiple community-facing roles.</p> <ul style="list-style-type: none"> • North Sound noted challenges related to the 2023 waiver renewal, including the challenge of staffing project areas while not knowing renewal project areas, navigating new contracts with partners, and an unknown funds flow methodology. 	<ul style="list-style-type: none"> • North Sound ACH is pursuing opportunities for collaborative investing and will continue to reach for contract opportunities beyond the HCA, especially for care coordination.
<p>Olympic Community of Health (OCH)</p>	<ul style="list-style-type: none"> • Olympic Community of Health (OCH) has cited workforce challenges, and has created a workforce report to take a regional look at the gaps, strengths, and opportunities to boost the healthcare workforce. The workforce report was published in September 2022, complete with specific recommendations for success to share with partners. • OCH is also working on an information exchange in the form of a digital communication platform. Partners have expressed concerns with the development and maintenance of the platform, and OCH has partnered with a consulting firm and other groups in the state to best determine how to address these concerns. OCH aims to bring recommendations to the Board in spring 2023. 	<ul style="list-style-type: none"> • OCH launched action collaboratives for each of the focus areas identified in OCH’s 2022-2026 Strategic Plan. The four action collaboratives met for the first time on March 30, 2022, and the final meetings in October and December will serve to finalize action plans for launch in 2023. Action plans include universal result statement, indicators, populations of emphasis, a prioritized list of actions, and strategies to approach the actions. • OCH has separated funding in 2022 into two payment models: Year 6 and Not Year 6. The Year 6 model included funds under the one-year waiver extension and was open to all existing partners. Not Year 6 included funds previously planned and allocated under the original funds flow model. A summary of selected projects from Year 6 payment models was presented to the Board.
<p>Southwest Washington ACH (SWACH)</p>	<ul style="list-style-type: none"> • Southwest Washington ACH (SWACH) has continued to experience workforce issues in both behavioral and medical workforces. When a primary crisis management service center closed in Klickitat County, SWACH worked with public health and service providers to support public health. SWACH is 	<ul style="list-style-type: none"> • During this reporting period, SWACH has sought diverse funding opportunities through hospital partners and local public health organizations. SWACH is actively collaborating with DOH to fund a community based workflow and outcome based payment mechanism opportunity.

	<p>also promoting initiatives to strengthen workforce development and infrastructure by pushing collaboration in mobile integrated health. Other focus areas include health-related social needs, community-based workforce, advancing equity, and advancing Community Paramedicine partnerships as integrated service of Community Hubs.</p> <ul style="list-style-type: none">• A noted challenge into the renewal period is to optimize community-based care coordination opportunities for agencies to continually improve whole person care outcomes and to support program sustainability. SWACH is leveraging community engagement and guidance from the HealthConnect Advisory Council and developing action plans for improved outreach, engagement, and outcomes for HealthConnect priority populations.	<ul style="list-style-type: none">• SWACH updated their DY6 approach for fund disbursement from a cost-reimbursement model to a hybrid of outcome-based payment and FTE staffing in the HealthConnect Program. This resulted in better understanding of partner contract requirements. SWACH anticipates an increased flow of funds in the last half of 2022 and 2023, and sustained funding for partner providers.
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