

ACH semi-annual reporting period summary: July 1 – December 31, 2018

As part of the Healthier Washington Medicaid Transformation, Accountable Communities of Health (ACHs) submit [reports](#) to the state on semi-annual basis to provide updates on transformation activities, including project implementation and progress on required milestones as outlined in the [Project Toolkit](#). The following summary describes key highlights from the July 1 through December 31, 2018 reporting period, milestones achieved and incentives earned by ACHs, and expectations for the next semi-annual reporting period.

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

Highlights of the semi-annual reporting period

Continued partnership and support through technical assistance. ACHs continue to prioritize on-going support for partnering providers, as well as partnerships with external vendors to offer training necessary to build capacity and infrastructure. Examples of trainings to help support partnering providers and the transformation efforts include preparation for integrated managed care, identification and minimization of equity gaps, addressing health information technology system developments and providing Naloxone training to clinicians. In the example of the Naloxone training, Better Health Together and Washington State University School of Pharmacy hosted the training and attendance included behavioral health, substance use disorder and primary care. Many ACHs have continued to identify training needs in their region and are developing resources to gather and share training opportunities.

Fund Flow. All milestones were achieved resulting in full earned incentive dollars distributed to ACHs. The majority of project incentive spending reported being used for provider engagement, participation and implementation (35% of total ACH spending) as well as shared domain 1 incentives (35% of total ACH spending). Approximately half of the earned integration incentives have been expended by the ACHs to support readiness for integrated managed care through staffing, technology, training and contracting support. Phase two integration incentives are scheduled to be distributed to ACHs in May 2019.

VBP Incentives. ACHs serve in a role to help assess and support provider VBP readiness and practice transformation by connecting providers to relevant training and resources. Each ACH was awarded \$300,000 in VBP incentives for pay for reporting (P4R) milestones, which include: informing providers of VBP readiness tools, connecting providers to training and TA from HCA, the Practice Transformation Hub, MCOs and/or the ACH, supporting VBP assessments by encouraging and/or incentivizing completion of the state provider survey, and supporting providers to develop strategies to move toward value-based care.

Project 2B: HUB Lead Entity and Certification. Six ACHs selected to implement the Pathways Community HUB model in their region. The lead entity is responsible for linking together and coordinating a network of care coordination agencies, in addition to tracking and monitoring service delivery and outcomes. Often an existing organization with experience in building networks and tracking

data is designated to serve as the lead entity and is responsible for providing the common infrastructure and resources needed by community stakeholders to more effectively serve at-risk populations. Five of the ACHs have selected the ACH to be the Lead Entity, while one ACH decided that Community Choice dba Action Health Partners (AHP) will be the Lead Entity. During this reporting period, three of the ACHs committed to moving forward with HUB certification. Certification and demonstration of the correct deployment of the model has been found to be critical in obtaining results and achieving sustainability.

What to expect in the next semi-annual reporting period

ACHs outline the quality improvement strategy for the region. ACHs, in collaboration with partnering providers, will oversee a regional strategy for continuous quality improvement across their transformation project portfolio. Guided by their quality improvement strategies, ACHs will convey what transformation approaches are working well, what transformation approaches have experienced delays or challenges (and why), and how the ACH is supporting partnering providers with the resources they need to successfully implement, monitor and sustain transformation approaches. The ACH regional quality improvement strategy will also support partnering providers in establishing and engaging in quality improvement processes and define a feedback loop for partnering providers to report to the ACHs on transformation progress.

ACHs develop and adopt new policies, procedures and/or protocols. Implementation of Project 2A transformation approaches require the development or adoption of new policies, procedures and/or protocols to define and document the steps required. Partnering providers may be in varying stages of completing this process depending on selected transformation approach and the organization. ACHs must develop guidelines, policies, procedures and protocols and describe their partnering providers' progress in their adoption.

ACHs report on integration of managed care. ACHs will report on ACH incentives to support behavioral health providers transitioning to integrated managed care. This will include actual and projected expenditures for any earned Integration Incentive, Project Incentives or other funds that have been or will be used. Mid-Adopters will describe the primary integrated managed care-related challenges in the region after the transition to integrated managed care. 2020 Adopters will provide progress during the reporting period on the development and participation in the region's early warning system, communications workgroup, and provider readiness/TA workgroup. In addition, the ACH will identify behavioral health provider readiness and/or TA needs as it pertains to integrated managed care.

ACHs achieve VBP Incentives based on P4R and P4P. For DY 3, 75% of all Project Incentives are earned through P4R, while 25% are earned through performance on P4P. The semi-annual report covering the period of January 1 through June 20, 2019 determines achievement for half of the available P4R-associated Project Incentives. ACH P4R milestones include identifying providers struggling to implement practice transformation and move toward value-based care, support providers to implement strategies to move toward value-based care and continue to support regional VBP attainment assessments by encouraging and/or incentivizing completion of the state provider survey.

ACH milestone achievement and earned incentives:

Table 1. Achievement Values (AVs) by ACH for Semi-annual Reporting Period July 1 – Dec 31, 2018

	BHT	CPAA	GCACH	HH	NC	NS	OCH	Pierce	SWACH
Number of Projects in ACH Portfolio	4	6	4	4	6	8	6	4	4
Potential AVs for semi-annual reporting period July 1 – Dec 31, 2018									
Completion of Implementation Plan	4	6	4	4	6	8	6	4	4
Completion of Semi-annual Report	4	6	4	4	6	8	6	4	4
Milestone: Engagement/Support of IEE Activities	4	6	4	4	6	8	6	4	4
Milestone: Completion of Partnering Provider Roster	4	6	4	4	6	8	6	4	4
Milestone: Identified HUB Lead Entity (Project 2B only)	1	1	-	-	1	1	-	1	1
Milestone: Support Regional Transition to Integrated Managed Care (Project 2A / 2020 Regions only)	-	1	-	-	-	-	1	-	-
Total AVs	17	26	16	16	25	33	25	17	17
Achievement Values Earned for Second Reporting Period									
Achievement Values Earned for Implementation Plans - Assessed October 2018	4/4 Full Credit	6/6 Full Credit	4/4 Full Credit	4/4 Full Credit	6/6 Full Credit	8/8 Full Credit	6/6 Full Credit	4/4 Full Credit	4/4 Full Credit
Achievement Values Earned for SAR 2 Assessed February 2019	13/13 Full Credit	20/20 Full Credit	12/12 Full Credit	12/12 Full Credit	19/19 Full Credit	25/25 Full Credit	19/19 Full Credit	13/13 Full Credit	13/13 Full Credit

Table 2. Achievement Values (AVs) by ACH for Value-based Purchasing Period January 1 – Dec 31, 2018

	BHT	CPAA	GCACH	HH	NC	NS	OCH	Pierce	SWACH
Milestone: Inform providers of VBP readiness tools to assist their move toward value-based care	1	1	1	1	1	1	1	1	1
Milestone: Connect providers to training and/or technical assistance offered through HCA, the Practice Transformation Hub, Managed Care Organizations (MCOs), and/or the ACH	1	1	1	1	1	1	1	1	1
Milestone: Support assessments of regional VBP attainment by encouraging and/or incentivizing completion of the state provider survey	1	1	1	1	1	1	1	1	1
Milestone: Support providers to develop strategies to move toward value-based care	1	1	1	1	1	1	1	1	1
Total AVs Earned	4/4 Full Credit								

Table 3. Total Milestones Achieved and Project Incentives and Pay for Reporting VBP Incentives Earned by ACH

ACH	Project Earned AVs	Project Incentives (DSHP)	Project Incentives (IGT)	VBP Earned AVs	VBP Incentive (P4R only)
Better Health Together	17	\$8,900,258	\$3,214,914	4	\$300,000
Cascade Pacific Action Alliance	26	\$8,091,144	\$2,922,648	4	\$300,000
Greater Columbia ACH	16	\$11,327,602	\$4,091,708	4	\$300,000
HealthierHere	16	\$17,800,516.5	\$6,429,827	4	\$300,000
North Central ACH	25	\$4,045,572	\$1,461,324	4	\$300,000
North Sound ACH	33	\$12,136,715.50	\$4,383,973	4	\$300,000
Olympic Community of Health	25	\$3,236,458	\$1,169,060	4	\$300,000
Pierce County ACH	17	\$9,709,373	\$3,507,178	4	\$300,000
SWACH	17	\$5,663,801	\$2,045,854	4	\$300,000
Total		\$80,911,440	\$29,226,486		2,700,000