

ACH semi-annual reporting period summary: January 1 – June 30, 2020

As part of the Washington State Medicaid Transformation, Accountable Communities of Health (ACHs) **report** updates on transformation activities. Reported information includes project implementation and progress on milestones defined in the **Project Toolkit**. This document provides ACH highlights from the reporting period, including milestones achieved, incentives earned, and a look ahead to upcoming activities.

For more information, visit the Washington State Medicaid Transformation **webpage**.

COVID-19 Pandemic

On January 21, 2020, the Centers for Disease Control and Prevention (CDC) confirmed the first case of the novel coronavirus disease (COVID-19) in the United States in the state of Washington¹. COVID-19 was observed to be a rapidly spreading respiratory illness where individuals required significant medical care or hospitalization and experienced a high mortality rate. Due to the exponential rise in COVID-19 cases across multiple countries affecting a large number of people², the WHO declared a worldwide pandemic on March 11, 2020³. In the state of Washington, Governor Jay Inslee declared a state of emergency on February 29⁴, and subsequently issued a statewide stay-at-home order by March 23, 2020⁵.

Due to the pandemic, there was a need for large-scale, expedited adjustments by the entire health care system that posed a formidable challenge. Health care systems required personal protective equipment (PPE), telehealth capabilities, and significant hospital bed capacity. Communities required new and expanded approaches to address housing, food insecurity, and remote education. HCA, the ACHs, and partnering providers were required to focus their attention on responding to this unprecedented crisis. As a result, HCA requested and the Centers for Medicare and Medicaid Services (CMS) approved, modifications and flexibilities to the authorities that govern the Medicaid program and the Medicaid Transformation waiver.

These flexibilities allowed for modification of the semi-annual report to collect COVID-19 response information. The implementation plan update, quality improvement strategy update, and pay for reporting metrics became optional reporting requirements for this reporting period.

ACHs described the improved Medicaid Transformation delivery system infrastructure that enabled their region's COVID-19 response activities, as well as risks that may leave them vulnerable, to sustaining resilient systems of care and population health in their community.

¹ The New England Journal of Medicine. <https://www.nejm.org/doi/full/10.1056/NEJMoa2001191>. [Accessed July 29, 2020.]

² Centers for Disease Control and Prevention. <https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section11.html>. [Accessed July 29, 2020.]

³ Washington Post. <https://www.washingtonpost.com/health/2020/03/11/who-declares-pandemic-coronavirus-disease-covid-19/>. [Accessed July 29, 2020.]

⁴ Washington Governor Jay Inslee. <https://www.governor.wa.gov/news-media/inslee-issues-covid-19-emergency-proclamation>. [Accessed July 29, 2020.]

⁵ Washington Governor Jay Inslee website. <https://www.governor.wa.gov/news-media/inslee-announces-stay-home-stay-healthy%C2%A0order>. [Accessed July 29, 2020.]

Highlights of the reporting period

- **ACHs and partnering providers rapidly responded to stay at home orders based on the needs of their communities.** ACHs offered expedited financial support, training, PPE distribution, dissemination of curated resources and COVID-19 case counts, provider reporting flexibilities, and staff support for their communities and health care systems. Greater Columbia ACH (GCACH) piloted a “Care Packages” project to address skilled nursing facility residents’ isolation. HealthierHere released \$5.1 million in funding through five emergency funds, with the aim to maintain continuity of care, and build provider infrastructure and capacity to respond to COVID-19. North Central ACH (NCACH) joined Local Health Jurisdictions’ (LHJ) Incident Command Systems to support their community mitigation response needs. North Sound ACH published a COVID-19 Vulnerability Dashboard and COVID-19 Impact Model available for partners and emergency responders.
- **Telehealth services and resources increased in response to the COVID-19 pandemic.** Telehealth services became available in primary care, behavioral health, hospital, and rural settings. ACHs helped providers pivot services by offering financial support to obtain laptops, webcams, expanded bandwidth, software, technical assistance, and trainings to understand the various technologies and methods to provide bi-directional integration virtually. Better Health Together (BHT) convened a Behavioral Health Forum to gather and share challenges, successes, and lessons learned from implementing telehealth. NCACH noted, “The COVID-19 pandemic compelled our region (along with the world) into involuntary innovation mode, which led to creative responses to a rapidly changing situation.”⁶
- **ACHs maintained coordination activities to assess and respond to statewide challenges and priorities.** ACH leadership continued to regularly meet during the pandemic to assess statewide challenges and priorities, to discuss their COVID-19 response activities, and to share lessons learned. Notably, ACHs drafted a concept paper for a social investment model to support social determinants of health (SDOH) services beyond the Medicaid Transformation waiver demonstration period.
- **ACHs shared best practices or “bright spots” that emerged in response to the COVID-19 pandemic.** Examples include a collaboration between Elevate Health and the Pierce County Connected Fund to develop South Sound 2-1-1, a single point of access resource registry that works with over 400 providers, nonprofits, and other services to help individuals access basic necessities such as housing, utility assistance, and child care. Southwest Washington ACH (SWACH) and the HealthConnect HUB partnered with Clark County Public Health, Clark County Department of Community Services, and community based and clinical agencies to create a Quarantine and Isolation Hotel (Q&I Hotel) that connected hotel “guests” to community health workers (CHWs). CHWs connected guests with supports and services including food boxes,

⁶ North Central ACH SAR5 Report.

PPE, medical transportation, health insurance enrollment, coordination with schools, resources on rental assistance, and employment.

- **Regional transition to integrated managed care (IMC) accomplished.** The final two ACH regions, Cascade Pacific Action Alliance (CPAA) and Olympic Community of Health (OCH), transitioned to IMC on January 1, 2020. Concerns over provider assignments, claim denials and reimbursement delays were noted.

What to expect in the next reporting period

- Due to the continuance of the COVID-19 pandemic, HCA has extended provisions to allow for flexible health care service delivery and reporting options.
- ACHs will simultaneously need to address the pandemic’s impacts alongside preparations to scale and sustain Medicaid Transformation achievements. This includes assessing the investments, activities, and core ACH functions, (e.g., strategic planning, community engagement, convening, training, data analysis, project management, funds distribution, care coordination) that will preserve the health system transformations in their regions.
- ACHs will also continue efforts to support health system transformation through greater adoption of value-based payment (VBP); offering training and identifying approaches to assist providers with the implementation of value-based care.

ACH milestone achievement and earned incentives

Table 1

Achievement Values (AVs) associated with project incentives, by ACH

Project incentives (reporting period January 1 – June 30, 2020)	BHT	CPAA	EH	GCACH	HH	NC	NS	OCH	SWACH
Number of Projects in ACH Portfolio	4	6	4	4	4	6	8	6	4
Total AVs Available	18	27	18	18	18	26	34	27	18
Earned AVs by project milestone/deliverable									
Attestation of successfully integrated managed care for DY4, Q1 2020 regions (Project 2A)		1						1	
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 IEE Activities	4	6	4	4	4	6	8	6	4
Report on quality improvement plan Replaced by COVID-19 Response	4	6	4	4	4	6	8	6	4
Completion of all P4R metrics (Project 2A, 3A only) Replaced by COVID-19 Response	2	2	2	2	2	2	2	2	2
Total earned AVs	18	27	18	18	18	26	34	27	18

Table 2

Earned incentives, by ACH

ACH	Project Incentives		Total Incentives
	(DSHP)	(IGT)	
Better Health Together (BHT)	\$0	\$2,674,964	\$2,674,964
Cascade Pacific Action Alliance (CPAA)	\$0	\$2,431,785	\$2,431,785
Elevate Health (EH)	\$0	\$2,918,142	\$2,918,142
Greater Columbia ACH (GCACH)	\$0	\$3,404,499	\$3,404,499
HealthierHere (HH)	\$0	\$5,349,926	\$5,349,926
North Central ACH (NCACH)	\$0	\$1,215,893	\$1,215,893
North Sound ACH (NSACH)	\$0	\$3,647,677	\$3,647,677
Olympic Community of Health (OCH)	\$0	\$972,714	\$972,714
Southwest Washington ACH (SWACH)	\$0	\$1,702,250	\$1,702,250
Total	\$0	\$24,317,850	\$24,317,850