Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

State Directed Payment Evaluation Findings Template

As indicated in the preprint, states must "describe prior year(s) evaluation findings and the payment arrangement's impact on the goal(s) and objective(s) in the states quality strategy" in "any year other than Year 1 of a multi-year effort." By providing evaluation data for each year of the payment arrangement, states will be able to understand the impact of the payment arrangement over time.

States may use the tables below to provide evaluation findings in their renewal preprints. The **tables are optional** but encompass CMS' expectations for what states include when sharing evaluation findings and describing their evaluation methodology.

Table 1. Washington 's Evaluation Findings for WA_Fee_Oth3 (Lab max fee) , Contract Rating Years 2026-2027

Metric Name	Baseline Year	Baseline Statistic	Performance Target	Evaluation Data									
				2023 – 2023	2024 – 2024	2025 – 2025	20 – 20	20 – 20	20 – 20	20 – 20	20 – 20	20 – 20	20 – 20
Plan All-Cause Readmissions (PCR), Total, (O/E	CY 2024	1.02	1.02 (statewide*)	1.0 (0.96)	1.02 (0.97)	1.01 (1.00)							Goal met
Prenatal and Postpartum Care (PPC) - Postpartum	CY 2024	66.9%	66.9% (statewide*)	62.3% (61.5%)	66.9% (65.7%)	68.8% (67.9%)							Goal met
*Statewide = MMC Performance													

Table 2. Washington 's Evaluation for WA_Fee_Oth3 (Lab max fee)

Prompt	***Response***
Evaluation metrics	
Please share the data source(s) and year(s) of data used to calculate the evaluation metrics.	The evaluation metrics are calculated using validated claims data from providers participating in the directed payment. The data source is the Medicaid claims system, and results are based on trends using the most recent complete years of data.
Please confirm that the data used to calculate the evaluation metrics was limited to Medicaid managed care enrollees.	Confirmed
Please confirm that the data used to calculate the evaluation metrics was limited to providers participating in the payment arrangement.	Confirmed
Evaluation methodology	
Please identify the entity conducting the evaluation.	Washington Health Care Authority, the state's medicaid agency, with RN
Please describe the analytic methods used to understand the impact of the payment arrangement. For example, comparison groups, pre-post study design, etc.	Analytic methods include a pre/post trend analysis to assess performance relative to the established baseline, supplemented by comparisons to statewide rates to provide additional context for evaluating impact
Please share any limitations of the state's evaluation plan.	The state's evaluation approach provides useful information on changes in performance over time, however, there are several limitations to consider when interpreting the results. The quality plan for this SDP is intended to monitor whether the implementation of the lab payment limit is associated with declines

Prompt	***Response***
Findings	
Please share the state's assessment of the impact of this payment arrangement.	Overall, the evaluation results do not indicate declines in the selected quality measures following implementation of the lab payment limit. Performance remained stable or improved across the measures evaluated, with increases observed in both measures over the evaluation period. The overall pattern reflects stable to improving performance across the quality measures included in the evaluation.
Please share any relevant context (e.g., changes to the managed care program) that may have impacted the evaluation results	No additional contextual factors were identified that may have impacted the evaluation results during the evaluation period.
For all evaluation metrics that did not improve over baseline, please share any plans the state has to address declining performance.	N/A, performance improved for all measures included in quality plan.