

[illegible]

Table 2. Washington **'s Evaluation for WA_Fee_AMC.PC.SP.D.Oth (PAP Expansion Group)**

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. This expansion group began in 2025, so only one year of post-implementation data is currently available, restricting the ability to

Prompt	Response
Findings	
Please share the state's assessment of the impact of this payment arrangement.	Overall, the evaluation results demonstrate positive quality performance during the evaluation period, with both measures showing improvement and meeting their established targets in 2025. The consistent improvement across follow-up and readmission performance suggests progress across multiple aspects of care for the targeted provider population. Continued monitoring will help assess whether these gains are sustained over time and inform ongoing quality improvement efforts.
Please share any relevant context (e.g., changes to the managed care program) that may have impacted the evaluation results	FUH was issued a break in trend by NCQA for MY 2025 due to changes in the technical specifications. Because the SDP measure results are recalculated annually using the most current technical specifications and this SDP has a short duration, the current three-year trend captures the available performance
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.