

[illegible]

Table 2. Washington **'s Evaluation for WA_Fee_IPH.OPH3 (Formerly OPH)**

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.	Yes
Please confirm that the data used to calculate the evaluation metrics was limited to providers participating in the payment arrangement.	Yes, the MY 2026 evaluation plan has been updated to use data limited to participating providers, which resulted in changes to the baselines and targets from the previous submissions
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 will 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.	A key limitation in evaluating the impact of the directed payment is the difficulty in isolating its specific effects from other influences on provider performance. Because the evaluation relies on a pre/post trend analysis and comparisons to statewide performance, results may reflect factors beyond the payment 

Prompt	Response
Findings	
Please share the state's assessment of the impact of this payment arrangement.	Overall, 2024 continued to represent a building phase for this arrangement as providers and the state collaborate on strengthening processes and practices that enable sustainable quality improvement. Provider-specific results show mixed performance across measures, reflecting both areas of early progress and ongoing opportunities to build a strong foundation for long-term success. The state views these results as an important baseline from which to strengthen engagement and refine strategies. Provider-specific results illustrate this mixed picture. FUH 30-day performance improved from 2021 through 2022 but declined in 2023 and 2024, falling below .
Please share any relevant context (e.g., changes to the managed care program) that may have impacted the evaluation results	Larger contextual factors exist (e.g., lessening impacts during post-COVID-19 timeframe, transitions of care quality initiatives); however, none were specifically identified as directly impacting this SDP
For all evaluation metrics that did not improve over baseline, please share any plans the state has to address declining performance.	The state's first priority was to select quality measures that are meaningful, reflect identified gaps in care, and align with existing state priorities, while designing data calculations specifically for the targeted provider group to ensure performance is accurately captured. 2024 has been a significant building year for the state's SDP quality program, focused on creating sustainable plans that meet the requirements of the Managed Care Final Rule and lay the groundwork for long-term improvement. Efforts include aligning measures across provider types for collective impact to improve client transitions of care, engaging providers and advocacy groups to strengthen collaboration and support effective implementation, and updating MCO contracts to formally incorporate SDP quality activities into annual QAPI .