

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_IPH.OPH2

, Contract Rating Years 2024-2027

				Evaluation Data															
Metric Name	Baseline Year	Baseline Statistic	Performance Target	20 21 –	20 22 -	20 23 – 20 23	20 24 – 20 24	20 20	-										
FUH - 30 day, total (statewide)	CY2023	64.6%	≥ 64.6%	67.2% (54.5%)	65.2% (58.5%)	64.9% (58.7%)	66.0% (NA)	20		20		20		20		20		20	
LRCD (statewide)	CY2022	23.3%	≤ 23.3%	22.7% (22.2%)	23.3% (22.5%)	24.7% (23.5%)	24.9% (23.8%)												
PCR - O/E (statewide)	CY2023	0.98	≤ 0.98	NA (0.9)	0.97 (0.9)	0.98 (0.9)	1.02 (NA)												
FUA - 30 day, total (statewide)	CY2023	34.6%	≥ 34.6%	39.5% (NA)	30.9% (43.8%	35.1% (38.8%)	37.6% (NA)												



Table 2. Washington

's Evaluation for WA_Fee_IPH.OPH2

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 Medica claims system, and results are based on trends using the most recent comple 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.	The payment arrangement for PPS, psychiatric, rehabilitation, and critical access hospitals continues to show areas of progress alongside opportunities for further improvement. FUH 30-day follow-up rates remain above the established baseline, with performance improving to 66.0% in 2024 compared to a baseline of 64.6%, and consistently exceeding statewide managed care performance, which has remained below 60%. FUA 30-day follow-up also shows improvement from the 2022 low point, with 2024 results at 37.6%, exceeding the baseline target of 34.6%. These outcomes demonstrate the provider group's ability to sustain performance above statewide averages in key behavioral health continuity measures
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