

## A summary of ACH implementation plans

As part of the Healthier Washington Medicaid Transformation, Accountable Communities of Health (ACHs) must submit [implementation plans](#) to the state, which lay the groundwork for current and future specific work steps. These work steps are required for successful implementation of transformation project strategies and achievement of key project milestones. Implementation plans build upon ACH Phase I and Phase II Certification and Project Plan submissions, providing insight into:

- **Key milestones.**
- **Work steps** the ACHs or their partnering providers will complete to achieve milestones.
- **Key deliverables/outcomes** for each task.
- The **ACHs' staff members and/or partnering provider organizations that are accountable** for completion of the work steps, and whether ACHs' staff members or their partnering provider organizations are leading the work steps, or whether responsibilities are shared.
- **Timeline** for completing action steps and milestones.

ACHs submitted their initial implementation plans to the state on October 1, 2018. The following summary describes key highlights from the Independent Assessor's evaluation of the plans, and expectations for the next semi-annual reporting period.

For more information, please visit the Healthier Washington Medicaid Transformation [webpage](#).

### Highlights of ACH implementation plans

**Implementation approach and engagement.** ACH implementation plans include required and ACH-specific work steps reflecting actions and responsibilities for meeting milestones. Recognizing that project activities and teams overlap, some ACHs are moving from a focus on individual projects, to a portfolio method in pursuit of greater project integration. DY 2, Quarter 4 will be an important time period, as ACHs anticipate having signed memorandums of understanding (MOUs) or binding letters of agreement with partnering providers. These agreements define partnering provider and ACH responsibilities. While project partners are often directly responsible for implementing the approaches outlined in the Project Toolkit, ACHs define their roles as coordinators, facilitators, and/or capacity builders in promoting their partners' success.

**Collaboration.** ACHs noted extensive collaboration between partnering providers, managed care organizations (MCOs) and each other. These collaborations reinforce the objectives and activities of the Medicaid transformation, and reduce administrative burden and complexity for partnering providers. Collaborations include supporting Learning and Action Networks to enable provider-to-provider networking and communication, creating sustainability workgroups with MCOs and other payers for long-term planning, and using an online portal to align provider reporting across ACH boundaries.

**Technical assistance opportunities.** ACHs are identifying methods that offer strong, but flexible, technical assistance opportunities for providers. Some of these methods are: virtual resource libraries, routine conference calls, workshops, on-site practice coaching, or train-the-trainer classes on quality

improvement science. Some ACHs have developed relationships with other organizations to improve cultural sensitivity and to better understand issues around quality improvement. Some of the organizations are:

- Institute for Healthcare Improvement (IHI)
- Department of Health’s Practice Transformation Support Hub
- Qualis Health Practice Coach Connector and Pediatric Transforming Clinical Practices initiative (P-TCPI) Practice Facilitator

### What to expect in the next semi-annual reporting period

**Continued reporting on implementation progress.** Implementation plans are considered “living documents” that outline key work steps and ACH plans. These plans allow the state to understand how the ACHs are moving forward and tracking progress. They also provide HCA with information that enables the agency to monitor the ACHs’ activities and project implementation timelines. With each semi-annual report, ACHs will submit updated implementation plans that reflect progress made during the reporting period. ACHs will submit their next semi-annual reports on January 31, 2019. These reports will reflect activities during the reporting period, July 1 through December 31, 2018

### ACH milestone achievement and earned incentives

Upon submission of ACH implementation plans and responses to the Independent Assessor’s request for information (RFI), the IA concluded that all implementation plans showed sufficient work steps describing approaches to meet required project milestones during DY 3-5. As such, ACHs earned the full amount of project incentives associated with the implementation plan milestone.

The implementation plan is one required component for the reporting period of July 1, 2018 – December 31, 2018. ACHs are eligible to earn one (1.0) Achievement Value (AV) per the number of selected projects in the ACH’s portfolio for the implementation plan milestone. Table 1, below, shows the number of AVs each ACH has the potential to earn, for each milestone within this reporting period. Grey rows indicate milestones that can be earned through successful completion and valuation of the next ACH semi-annual reports (due January 31, 2019).

Table 1. Potential AVs by ACH for semi-annual reporting period July 1, 2018 – December 31, 2018

	BHT	CPAA	GCACH	HH	NC	NS	OCH	Pierce	SWACH
<b>Number of Projects in ACH Portfolio</b>	4	6	4	4	6	8	6	4	4
<b>Potential AVs for semi-annual reporting period July 1 – Dec 31, 2018</b>									
Completion of Implementation Plan - Assessed October 2018	4	6	4	4	6	8	6	4	4
Completion of Semi-annual Report	4	6	4	4	6	8	6	4	4
Milestone: Engagement/Support of IEE Activities	4	6	4	4	6	8	6	4	4
Milestone: Completion of Partnering Provider Roster	4	6	4	4	6	8	6	4	4
Milestone: Identified HUB Lead Entity	1	1	-	-	1	1	-	1	1



(Project 2B only)									
Milestone: Support Regional Transition to Integrated Managed Care (Project 2A / 2020 Regions only)	-	1	-	-	-	-	1	-	-
<b>Total AVs Available</b>	<b>17</b>	<b>26</b>	<b>16</b>	<b>16</b>	<b>25</b>	<b>33</b>	<b>25</b>	<b>17</b>	<b>17</b>

Table 2, below, shows the incentives available to each ACH for achievement of the implementation plan milestone. Note that earned payments are estimates and subject to change depending on IGT participation and final DSHP funding.

Incentives earned for achievement of the implementation plan milestone will be distributed to ACHs in Quarter 2, 2019.

*Table 2. Total available Project Incentives available by ACH for achievement of implementation plan milestone*

ACH	Earned AVs	Project Incentives (DSHP)	Project Incentives (IGT)	Total Incentives
Better Health Together	4	\$1,686,095	\$1,140,755	<b>\$2,826,850</b>
Cascade Pacific Action Alliance	6	\$1,431,147	\$968,266	<b>\$2,399,413</b>
Greater Columbia ACH	4	\$2,299,220	\$1,555,575	<b>\$3,854,795</b>
HealthierHere	4	\$3,613,060	\$2,444,475	<b>\$6,057,535</b>
North Central ACH	6	\$781,878	\$528,992	<b>\$1,310,870</b>
North Sound ACH	8	\$2,355,058	\$1,593,353	<b>\$3,948,411</b>
Olympic Community of Health	6	\$592,239	\$400,689	<b>\$992,927</b>
Pierce County ACH	4	\$1,839,376	\$1,244,460	<b>\$3,083,836</b>
SWACH	4	\$1,072,969	\$725,935	<b>\$1,798,904</b>
<b>Total</b>		<b>\$15,671,042</b>	<b>\$10,602,500</b>	<b>\$26,273,542</b>