**Washington State
Health Care Authority**

HCA-BHA Monthly Tribal Meeting
July 24, 2017

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Agenda

9:00 AM   **Welcome, Blessing, Introductions**

9:10 AM   **Introduction and Q&A with HCA Interim Director Lou McDermott**

9:30 AM   **Medicaid Transformation Waiver**

> *1. Review of:*
>
> - *DSRIP Program Funding and Mechanics Protocol (CMS-approved)*
>
> - *DSRIP Planning Protocol (CMS-approved)*
>
> - *Project Toolkit (CMS-approved)*
>
> *2. Discussion of Draft Tribal Protocol*

11:30 AM   **Brief Announcements + Open Forum**

Noon   **Closing**

Welcome, Blessing, Introductions

Interim Director Lou McDermott
Introduction & Q&A

Goal: Information sharing and discussion

Interim Director Lou McDermott

- Director of the Public Employees Benefits Program since 2012

- Serving as interim Director until Governor's office concludes national search for permanent Director.

Medicaid Transformation Demonstration

Goal: Information sharing and discussion

CMS Approved Two DSRIP Protocols

DSRIP Funding & Mechanics Protocol

- This protocol provides detail and criteria that ACHs and their partnering providers must meet in order to receive DSRIP funding and the process that the state will follow to ensure that ACHs will meet these standards.

- Approved by CMS on June 26, 2017

DSRIP Planning Protocol

- This protocol describes the ACH Project Plans, the set of outcome measures that must be reported, transformation projects eligible for DSRIP funds, and timelines for meeting associated metrics; Project Toolkit is Appendix I.

- Approved by CMS on June 28, 2017

DSRIP Funding and Mechanics Protocol

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DSRIP Funding and Mechanics Protocol

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VII. Demonstration Mid-point Assessment

Tribal Roundtable

DSRIP Funding and Mechanics Protocol

DSRIP Funding and Mechanics Protocol

I. **Accountable Communities of Health**

- Consists of partnering providers, including social service

- Serves as lead for projects with partnering providers

- Must submit single Project Plan application on behalf of partnering providers

- Serves as single point of performance accountability in the Independent Assessor's evaluation of projects and metrics.

- Primary decision-making body responsible for approving selection of transformation projects.

- Decision-making structure must comply with STCs 22, 23

DSRIP Funding and Mechanics Protocol

I. **Accountable Communities of Health (cont'd)**

    Responsibilities:

- Engage stakeholders region-wide

- Support partnering providers in planning and implementing projects in accordance with requirements

- Develop budget plans for distribution of DSRIP funds to partnering providers in accordance with requirements

- Collaborate with partnering providers in ACH leadership and oversight

- Lead and comply with all state and CMS requirements

DSRIP Funding and Mechanics Protocol

II. **Projects, Metrics and Metric Targets**

    a. **Overview of Projects**

- ACHs must select and implement at least 4 Projects

    b. **Project Metrics**

- ACHs must develop timelines for implementation of Projects
- ACHs must report on metrics in their semi-annual reports
- For each reporting period, ACHs are eligible to receive incentive payments for progress milestones and improvement toward performance metric targets
- For designated performance metrics, ACHs will be awarded Achievement Values (see section IV)

DSRIP Funding and Mechanics Protocol

II. Projects, Metrics and Metric Targets (cont'd)

c. Outcome Metric Goals and Improvement Target

- ACHs will have a performance goal for each outcome metric

- Every year, the state will measure ACH improvement from a baseline toward this goal to evaluate if the ACH met the target

- Each ACH will have own baseline starting point

- Two methodologies:

  - Gap to Goal Closure (if state/national metrics)

    "Gap" = (90th percentile benchmark) – (baseline as adjusted)

    "Goal" = up to 10% of Gap, with baseline adjusted to actual for each year after the first year

  - Improvement-Over-Self (if no state/national metrics)

DSRIP Funding and Mechanics Protocol

III. Incentive Funding Formula and Project Design Funds

a. Demonstration Year 1 (DY1)

- In accordance with STCs 35(i) and 45, during DY1, the state will provide design funds to ACHs for completing certification process ($1 million for Phase I, up to $5 million for Phase II)

b. Demonstration Years 2 – 5 Funding and Project Valuation

- In accordance with STC 35(h), the state has developed criteria and methodology for project valuation

- Each ACH project valuation will be calculated in DY1, based on the attributed number of Medicaid beneficiaries residing in the ACH region and on the Project Plan application scores

- ACH project valuations may be reduced from their maximum based on failure to meet either the ACH or the statewide targets

DSRIP Funding and Mechanics Protocol

III. Incentive Funding Formula and Project Design Funds (cont'd)

c. Calculating Maximum ACH Project Valuation

- For each Demo Year, a maximum statewide amount of DSRIP project funding will be determined.

- **"For approved tribal-specific projects, a percentage of annual DSRIP funding will be allocated to tribal-specific projects in a manner consistent with this Protocol and the Tribal Protocol, which describes tribal projects and funds flow."**

- Remaining project funds will be available to ACHs based on the methodology in this Protocol.

DSRIP Funding and Mechanics Protocol

III. Incentive Funding Formula and Project Design Funds (cont'd)

c. Calculating Maximum ACH Project Valuation

- Step 1: Assigning Project Weighting

Project	Weight
2A: Bi-Directional Integration of Care (required)	32%
2B: Community-Based Care Coordination	22%
2C: Transitional Care	13%
2D: Diversions Interventions	13%
3A: Addressing the Opioid Use (required)	4%
3B: Maternal and Child Health	5%
3C: Access to Oral Health Services	3%
3D: Chronic Disease Prevention / Control	8%

DSRIP Funding and Mechanics Protocol

III. Incentive Funding Formula and Project Design Funds (cont'd)

c. Calculating Maximum ACH Project Valuation (cont'd)

- Step 2: Calculating Maximum ACH Project Funding

  Maximum funding by project is calculated:

  Maximum Statewide Funding by Project = [Total Annual Statewide ACH Project Funds Available by Demo Year] x [Project Weight]

  Maximum funding by project for each ACH is calculated:

  Maximum ACH Funding by Project = [Maximum Annual Statewide Funding by Project] x [Percent of Total Attributed Medicaid Beneficiaries]

  If ACHs choose fewer than 8 projects, project weights will be rebased for Demo Years 2 through 5.

DSRIP Funding and Mechanics Protocol

III. Incentive Funding Formula and Project Design Funds (cont'd)

c. Calculating Maximum ACH Project Valuation (cont'd)

Calculating ACH "A" Project Incentives	Original Weight	8-Project Value	Rebalanced Weight	Project Value
2A: Bi-Directional Integration of Care (required)	32%	$9.3	36%	$10.4
2B: Community-Based Care Coordination	22%	$6.4	24.7%	$7.2
2C: Transitional Care	13%	$3.8	14.6%	$4.2
2D: Diversions Interventions	13%	$3.8	14.6%	$4.2
3A: Addressing the Opioid Use (required)	4%	$1.2	4.5%	$1.3
3B: Maternal and Child Health	5%	$1.5	5.6%	$1.6
3C: Access to Oral Health Services	3%	$0.9	-	-
3D: Chronic Disease Prevention / Control	8%	$2.3	-	-
Potential ACH "A" Project Incentives	**100%**	**$29**	**100%**	**$29**

DSRIP Funding and Mechanics Protocol

III. Incentive Funding Formula and Project Design Funds (cont'd)

c. Calculating Maximum ACH Project Valuation (cont'd)

ACH		Estimated Potential Project Pool Funding (millions)**					
ACH Name	Est. % Medicaid Attribution*	TOTAL	Y1	Y2	Y3	Y4	Y5
Olympic Community of Health	4.5%	$38	$6	$9	$9	$8	$7
North Central	5%	$42	$7	$10	$9	$9	$8
Southwest Washington	6.5%	$55	$9	$13	$12	$11	$10
Cascade Pacific Action Alliance	10%	$85	$14	$19	$19	$18	$15
Better Health Together	10.5%	$89	$15	$20	$20	$18	$16
Pierce County	12%	$102	$17	$23	$23	$21	$18
Greater Columbia	14%	$119	$19	$27	$26	$25	$21
North Sound	15%	$127	$21	$29	$28	$26	$23
King County	22.5%	$191	$31	$43	$43	$39	$34
STATEWIDE PROJECT POOL FUNDS	100%	$847	$138	$193	$189	$175	$152

* Estimated Medicaid attribution estimate based on 2016 Medicaid eligibility report. Final attribution will be based on HCA's client-by-month file, as of November 2017. ** Estimate, subject to change and intended only to provide general scale; does not reflect adjustments based on Project Plan score or project selection (Y1 only), tribal projects, project performance, nor enhancements for fully integrated care, among other factors.

DSRIP Funding and Mechanics Protocol

III. Incentive Funding Formula and Project Design Funds (cont'd)

d. Earning Incentive Payments

- For each payment period, ACHs are evaluated against these metrics and awarded Achievement Values (AV) that range from 0 to 1. The AV is multiplied by the maximum incentive payment for the payment period to determine the amount earned.

Performance Threshold Achieved in Payment Period	AV
100% of goal	1.0
Less than 100% and at least 75% of goal	0.75
Less than 75% and at least 50% of goal	0.50
Less than 50% and at least 25% of goal	0.25
Less than 25% of goal	0

DSRIP Funding and Mechanics Protocol

III. Incentive Funding Formula and Project Design Funds (cont'd)

d. Earning Incentive Payments (cont'd)

- ACHs are solely responsible for Pay for Reporting (P4R) progress measures in Demo Years 1 and 2. The state will transition a robust set of outcome metrics to be Pay for Performance (P4P), meaning a portion of project funds are dependent on ACH demonstrating improvement toward performance targets in the out years.

- Transition to Pay-for-Performance, Percentage of Annual DSRIP Incentive Payment Allocation:

Metric Type	DY1	DY1	DY3	DY4	DY5
P4R	100%	100%	75%	50%	25%
P4P	-	-	25%	50%	75%

DSRIP Funding and Mechanics Protocol

III. Incentive Funding Formula and Project Design Funds (cont'd)

e. Managed Care Integration

- A primary goal of the Demonstration is to support implementation of a fully integrated physical health and behavioral health managed care system.

- Regions that implement fully integrated managed care prior to 2020 are eligible to earn incentive payments above the maximum valuation for project 2A based on the following formula:

  Integration Incentive: [Base Rate] + [Member Adjustment x Total Attributed Medicaid Beneficiaries] x [Phase Weight],

  with incentives distributed in two phases according to phase weights:

Phase	Phase Weight
1-Binding Letter(s) of Intent	40%
2-Implementation	60%

DSRIP Funding and Mechanics Protocol

III. Incentive Funding Formula and Project Design Funds (cont'd)

f. Value-based Payment Incentives

- In accordance with STCs 41 and 42 and the state's Value-Based Roadmap (Attachment F to this Protocol), the state will set aside no more than 15% of annually available DSRIP funds to reward MCO and ACH partnering providers for provider-level attainment of VBP targets as well as progression from baseline as described in STCs 41 and 42. VBP targets reflect goal levels of adoption of Alternative Payment Models (APM) and Advanced APMs in managed care contracting.

DSRIP Funding and Mechanics Protocol

IV. ACH Reporting Requirements

- ACHs will submit reports that include the information and data necessary to evaluate ACH projects using a standardized reporting form developed by the state.

- ACHs must report on progress against approved milestones/metrics.

- Based on these reports, as well as data generated by the state on performance metrics, the state will calculate aggregate incentive payments in accordance with this protocol.

- The reports are due as follows:
  - July 31 for the period January 1 through June 30
  - January 31 for the period July 1 through December 31.

- The state will have 30 days to review/approve or request additional information and will schedule payment within 30 days of approval.

DSRIP Funding and Mechanics Protocol

V.   State Oversight Activities

- State will provide oversight to ensure accountability for the demonstration funds being invested in Washington State.

- Each ACH must enter into a contract with HCA to be eligible to receive project design funds, as well as other incentive funding under the Demonstration.

- State will support ACHs by providing guidance and support on the state's expectations and requirements.

- State will submit quarterly operational reports to CMS.

- State will sponsor annual learning collaboratives to support learning and sharing among ACHs, which ACHs will be required to participate in.

- The state will develop an evaluation plan and contract with an independent evaluator.

DSRIP Funding and Mechanics Protocol

VI. Statewide Performance and Unearned DSRIP Funding

a. Accountability for State Performance

- Funding for ACHs and partnering providers may be reduced in Demo Years 3 – 5 if the state fails to demonstrate quality and improvement on the following statewide measures:

1. Mental Health Treatment Penetration
2. Substance Use Disorder Treatment Penetration
3. Outpatient Emergency Department Visits per 1000 Member Months
4. Plan All-Cause Readmission Rate (30 days)
5. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
6. Antidepressant Medication Management
7. Medication Management for People with Asthma (5 – 64 Years)
8. Controlling High Blood Pressure
9. Comprehensive Diabetes Care – Blood Pressure Control
10. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control

DSRIP Funding and Mechanics Protocol

VI. Statewide Performance and Unearned DSRIP Funding (cont'd)

   b.   Reinvestment of Unearned DSRIP Funding

- DSRIP funding that is unearned because the ACH failed to achieve certain performance metrics for a given reporting period may be directed toward DSRIP High Performance incentives.

- Unearned project funds directed to high performers will be used to support the scope of the statewide DSRIP program or to reward ACHs whose performance substantively and consistently exceeds their targets as measured according to a modified version of the Quality Improvement Score.

- The state does not plan to withhold any amounts to subsidize this reinvestment pool.

DSRIP Funding and Mechanics Protocol

VII. Demonstration Mid-point Assessment

- In accordance with STC 21, a mid-point assessment will be conducted by the independent assessor in Demo Year 3.

- Based on qualitative and quantitative information, and stakeholder and community input, the mid-point assessment will be used to systematically identify recommendations for improving individual ACHs and implementation of their Project Plans.

- If the state decides to discontinue specific projects that do not merit continued funding, the project funds may be made available for expanding successful project plans in Demo Years 4 and 5.

- ACHs will be required to participate in the mid-point assessment and adopt recommendations that emerge from the review.

- The state may withhold a percentage or all future DSRIP incentive funds if the ACH fails to adopt recommended changes, even if all other requirements for DSRIP are met.

Tribal Roundtable

DSRIP Planning Protocol

DSRIP Planning Protocol

I. Preface

The DSRIP Planning Protocol describes:

- The ACH Project Plans,

- The set of outcome measures that must be report,

- Transformation projects eligible for DSRIP funds, and

- Timelines for meeting associated metrics.

The DSRIP Planning Protocol is supplemented by a Project Toolkit and Project Measure and Performance Table. The Toolkit provides additional details and requirements related to the ACH projects and will assist ACHs in developing their Project Plans.

DSRIP Planning Protocol

II. ACH Project Plan Requirements

a. Introduction

- Three steps for ACH Project Plan approval:

    1. ACHs must satisfy a two-phase certification process that will confirm ACHs are prepared to submit Project Plan applications.

        a. Phase 1 must be submitted to the state by May 15, 2017

        b. Phase 2 must be submitted to the state by August 14, 2017

    2. ACHs must develop and submit a Project Plan application for approval no later than November 16, 2017.

    3. The state and its contracted Independent Assessor will evaluate and (if appropriate) approve ACH Project Plans as early as November 20 and no later than December 22, 2017.

DSRIP Planning Protocol

II. ACH Project Plan Requirements

a. Introduction (cont'd)

- The state will develop and post a draft Project Plan Template for public feedback prior to releasing a final version.

- Design funds attached to each certification phase will support ACHs as they address specific requirements and submit their Project Plans.

- As ACHs develop Project Plans, they must solicit and incorporate community and consumer input to ensure that Project Plans reflect the specific needs of the region.

DSRIP Planning Protocol

II. ACH Project Plan Requirements

b. ACH Certification Criteria

- Phase 1
  - Each ACH must demonstrate compliance and/or document how it will comply with state expectations in six areas, including initiation or continuation of work with regional Tribes, including adoption of the Tribal Engagement and Collaboration Policy or alternate policy as required by STC 24.

- Phase 2
  - Each ACH must demonstrate compliance with state expectations in seven areas, including (i) Tribal engagement and collaboration, describing specific activities and events that further the relationship between the ACH and Tribes, and (ii) other requirements the state may establish.

DSRIP Planning Protocol

II. ACH Project Plan Requirements

   c. ACH Project Plan Requirements

   The Project Plan:

- Provides blueprint of the work that each region, coordinated by the ACH, will undertake through the implementation of these projects

- Explains how the regional work responds to community-specific needs, relates to the mission of the ACH, and furthers the objectives of the Demonstration

- Provides details on the ACH's composition and governance structure, specifically any adjustments to refine the model based on lessons learned

- Demonstrates ACH compliance with terms and conditions

- Incorporates the voice and perspective of the community and consumers through outreach and engagement

DSRIP Planning Protocol

II. ACH Project Plan Requirements

c. ACH Project Plan Requirements

The categories for Section I of the Project Plan template will include:

1. ACH Theory of Action and Alignment Strategy

2. Governance

3. Regional Health Needs Inventory

4. Community and Consumer Engagement and Input

5. Tribal Engagement and Collaboration

   - Demonstration that the ACH has complied with the Tribal Engagement and Collaboration requirements.

6. Budget and Funds Allocation

7. Value-based Payment Strategies

DSRIP Planning Protocol

II.   ACH Project Plan Requirements

c. ACH Project Plan Requirements

For each selected project, Section II requires that ACHs provide details regarding:

1.   Partnering Organizations

2.   Relationships with Other Initiatives

3.   Monitoring and Continuous Improvement

4.   Expected Outcomes

5.   Sustainability

6.   Regional Assets, Anticipated Challenges, and Proposed Solutions

7.   Implementation Approach and Timing

DSRIP Planning Protocol

III. Project Toolkit

    a. Overview of Project Categories

- Each ACH, through its partnering providers, is required to implement at least 4 transformation projects and participate in statewide capacity building efforts to address the needs of Medicaid beneficiaries.

- The projects will be spread across 3 domains:

  1. Health Systems and Community Capacity Building

     - Projects in this domain are to be tailored to support efforts in the other domains.

  2. Care Delivery Redesign (at least two projects)

  3. Prevention and Health Promotion (at least two projects)

DSRIP Planning Protocol

III. Project Toolkit

b. Description of Project Domains

Health Systems and Community Capacity Building has 3 areas of focus:

1. Financial sustainability through value-based payment

   Paying for value across the continuum of care is necessary to ensure the sustainability of the transformation projects undertaken through this demonstration...providers may need assistance to develop additional capabilities and infrastructure.

2. Workforce

   Workforce transformation will be supported through the provision of training and education services, hiring and deployment processes, and integration of new positions and titles to support transition to team-based, patient-centered care and ensure the equity of care delivery across populations.

3. Systems for population health management

   The expansion, evolution, and integration of health information systems and technology will need to be supported to improve the speed, quality, safety, and cost of care. This includes linkages to community-based care models. Health data and analytics capacity will need to be improved to support system transformation efforts, including combining clinical and claims data to advance VBP models and to achieve the triple aim.

DSRIP Planning Protocol

III.   Project Toolkit

b. Description of Project Domains

Domain 1: Health Systems and Community Capacity Building

1. Financial sustainability through value-based payment

    Paying for value across the continuum of care is necessary to ensure the sustainability of the transformation projects undertaken through this demonstration…providers may need assistance to develop additional capabilities and infrastructure.

2. Workforce

    Workforce transformation will be supported through the provision of training and education services, hiring and deployment processes, and integration of new positions and titles to support transition to team-based, patient-centered care and ensure the equity of care delivery across populations.

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DSRIP Planning Protocol

III. Project Toolkit

   b. Description of Project Domains

   Domain 2: Care Delivery Redesign

   A. Bi-directional integration of physical and behavioral health through care transformation

   B. Care coordination

   C. Transitional care

   D. Diversion interventions

   Domain 3: Prevention and Health Promotion

   A. Addressing opioid use public health crisis

   B. Reproductive and maternal/child health

   C. Access to oral health services

   D. Chronic disease prevention and control

DSRIP Planning Protocol

IV. Project Stages, Milestones, and Metrics

a. Overview

- The state will shift accountability from focus on rewarding achievement of progress milestones in the early years to rewarding improvement on performance metrics in later years.

Milestone/Metric Type	DY1 (2017)	DY2 (2018)	DY3 (2019)	DY4 (2020)	DY5 (2021)
Project Progress Milestones	NA	P4R	P4R	P4R	NA
Performance Metrics	NA	NA	P4R/P4P	P4R/P4P	P4R/P4P
Value-based Payment Metrics	P4R/P4P	P4R/P4P	P4R/P4P	P4R/P4P	P4P

DSRIP Planning Protocol

IV. Project Stages, Milestones, and Metrics

b. Progress Milestones - Categories

- Identify target population and assess partnering providers' capacity to fulfill project requirements. Collectively, partnering providers should serve a significant portion of Medicaid covered lives in the region and represent a broad spectrum of care and related social services that are critical to improving how care is delivered and paid for.

- Engage and obtain formal commitment from partnering providers responsible for carrying out project activities.

- Develop detailed implementation plan, including timing of activities, financial sustainability, workforce strategies, and population health management.

- Ongoing reporting of standardized process measures, including number of individuals served, number of staff recruited and trained, and impact measures as defined in evaluation plan.

DSRIP Planning Protocol

IV. Project Stages, Milestones, and Metrics

c. Performance Metrics

- See Appendix II of this Protocol for the project metrics that will be used.
- See Section III of the Funding and Mechanics Protocol for further detail on how measures will be used to evaluate ACH performance.

d. Value-based Payment Milestones

- Achievement of VBP targets will be assessed at both ACH and MCO-specific levels. As shown below, ACHs and MCOs will be rewarded based on reported progress in the early years and performance in later years.

	2017		2018		2019		2021		2021	
	P4R	P4P	P4R	P4P	P4R	P4P	P4R	P4P	P4R	P4P
MCO	75%	25%	50%	50%	25%	75%	-	100%	-	100%
ACH	100%	-	75%	25%	50%	50%	25%	75%	-	100%

DSRIP Planning Protocol

V. Process for Project Plan Modification

- No more than twice a year, ACHs may submit proposed modifications to an approved Project Plan for state review and approval/denial. ACHs must include supporting documentation.

- The state will have 60 days to review and respond to the request.

- Allowable Project Plan modifications are not anticipated to change the overall ACH project incentive valuation. However, modifications to decrease scope of a project may result in a decrease in the valuation.

- Unearned funds as a result of a decrease in the scope of a project will be redirected to the Reinvestment pool and earned in accordance with the DSRIP Funding and Mechanics Protocol.

- The state will not permit modifications that lower expectations for performance because of greater than expected difficulty in meeting a milestone.

- Removal of a planned project intervention may result in a forfeiture for that project as determined by the state.

DSRIP Planning Protocol

VI. Health Information Technology

- In accordance with STC 39, the state will use Health Information Technology and Health information exchange services to link core providers across the continuum of care to the greatest extent possible.

- To detail how the state will achieve its stated Health IT goals, the state will provide a Health IT strategy by April 1, 2017, which will detail tactics and initiatives, technical gaps addressed, critical actions, policy levers and key metrics in place or planned for the following key business processes:

  1. Addressing data needs and gaps

  2. Acquiring clinical data

  3. Leveraging data resources

  4. Supporting clinical decisions with integrated patient information

  5. Ensuring data integrity

Project Toolkit

- See Project Toolkit

Funding

- Need slides with information on how much total funding would be, from a large tribe to a small tribe, based on estimated attributable lives

Tribal Protocol

- See Draft Tribal Protocol

Brief Announcements

Goal: Information sharing

Open Forum

Goal: Discuss any pressing issues that are not on today's agenda

Questions?

Issues?

Concerns?

Division of Policy, Planning & Performance

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Transforming lives

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