

Change Plan

Frequently Asked Questions (FAQ)

General

Q1: How long should responses in the comments section be?

A1: There is no minimum or maximum length. We recommend striving for conciseness, but also providing responses that adequately describe what your organization is currently doing and its future plans.

Q2: My organization is partnering with multiple Accountable Communities of Health (ACH) and completing multiple change plans is a major administrative burden. Can HealthierHere improve coordination with other ACHs so that we only have to submit a single plan?

A2: We certainly appreciate reducing administrative burden when we can. Because each ACH's portfolio is comprised of a unique combination of projects, there may not be complete alignment in our work. Still, we hope that your work across the ACH regions is consistent enough that the information you put together can be used for multiple ACH change plans.

Q3: Will HealthierHere examine submitted change plans with an eye towards synergy and “matchmaking”? Will you be helping practice partners align their efforts?

A3: HealthierHere wants to support potential practice partner alignment. In response to helpful feedback during the July Implementation Workgroups, our project managers have connected potential practice partners by sub-project via email. We hope you will use your email group(s) as a forum to share ideas, identify areas of alignment, and discuss potential collaboration. One sub-project group has requested HealthierHere's assistance in facilitating a meeting to share ideas before change plans are due, and this is something we will gladly take on. We are happy to accommodate similar requests for other sub-project groups as well. We recognize the timeline for submitting change plans is tight, and that conversations around alignment will continue to emerge as we move closer to implementation.

Q4: What will HealthierHere do if not enough potential practice partners are interested in a particular project?

A4: HealthierHere is actively assessing project participation and we may engage practice partners, as needed, if we think participation is too low to achieve the desired improvements on the pay-for-performance metrics. Additionally, HealthierHere staff will explore capacity and need to pull together special projects throughout the Medication Transformation Project.

Q5: How will the ACHs, the Behavioral Health Organization (BHO), Integrated Practice Association (IPA), and Managed Care Organizations (MCOs) work together?

A5: HealthierHere is actively engaged with the IPA and BHO to ensure alignment of metrics and collaborating on braided funding to support system innovation, workforce development, and infrastructure investments. Our efforts are intended to maximize potential return on the distribution of



resources and eliminate duplication. Additionally, HealthierHere is working with the MCOs to address a number of VBP strategies.

Focus Population

Q6: I'm confused about why there are metric-specific populations with unique age bands, as well as a separate focus population per sub-project. Which population is my organization supposed to focus on?

A6: HealthierHere's contract with the Health Care Authority specifies pay-for-performance metrics that come from the [Statewide Common Measure Set](#). When defining the focus populations in the clinical summaries, HealthierHere identified guidelines for practice partners as they target their interventions.

Q7: The clinical summary and change plan focus population is too broad. Is my organization expected to provide support for all Medicaid individuals who meet the focus population criteria?

A7: No, the clinical summary focus population was meant to serve as a set of guidelines. We recognize that most organizations will not have the capacity to provide support for the entire focus population. However, we do expect an organization's plan to, at a minimum, impact the highest risk individuals from within the focus population and ideally, a large enough volume to help move the pay-for-performance metrics enough to ensure innovation funds continue to flow to King County region.

Q8: My organization already has processes in place to stratify individuals based on criteria that differs from the focus population criteria. Is HealthierHere expecting us to change our stratification criteria?

A8: Not necessarily; the clinical summary focus population was meant to serve as a set of guidelines. We understand that organizational workstreams can be difficult to change. In such cases, we ask that your organization's interventions serve high-risk individuals similar to those described by the focus population and to change practices where necessary to achieve improved outcomes.

Q9: My organization does not have payer-specific workstreams. Are we required to develop workstreams that separate out Medicaid individuals for intervention?

A9: No, it is not necessary to create payer-specific workstreams. We understand that healthcare delivery innovations should be beneficial to all individuals. However, we expect your interventions to touch a significant number of Medicaid individuals, and incentive funding will likely be tied to your organization's ability to move the pay-for-performance metrics for Medicaid individuals.

Key Elements

Q10: How should I respond in the change plan about a key element that is being done in a specific location and/or to some extent within my organization?

A10: Select the 'Occurring Now' answer choice and use the comments section to describe where and to what extent the key element exists in your organization. For key elements that you intend to expand, enhance, or change via the project, please also describe your expansion plans and milestones.

Q11: What if some of the key elements (e.g. of an evidence-based model) aren't appropriate for some Medicaid individuals?

A11: HealthierHere recognizes that there will be exceptions. To the extent possible, please describe some of the types of exceptions you expect to encounter in the comments section.

Q12: What if our organization employs a model with different elements than the ones described in the clinical summary and change plan?

A12: HealthierHere's intent is not to disrupt what organizations plan on doing if it works for Medicaid individuals. We're aware that best practices can be exhibited by multiple models. Please use the comments section to describe your organization's practices, how your organization plans on expanding, enhancing, or changing them, and why these practices are suitable for Medicaid individuals. To the extent possible, identify the elements of your model that are congruent with HealthierHere's core elements and if you are leaving any out, what your rationale is as to why an element is not needed for innovation.

Q13: For the key elements in the change plans that reference electronic health records, is it fine to select 'Occurring Now' if an alternate electronic platform is being used?

A13: Yes, but please clarify in the comments section what type of non-EHR electronic platform is being used.

Q14: The change plan identifies the following as one of our key elements: "Use of electronic health records and registries to identify individuals and the services that are needed, share integrated care plans and other Continuity of Care Documents, as appropriate and allowed by law." Why was 'allowed by law' included in this phrasing?

A14: HealthierHere understands that there are existing laws which prohibit the free exchange of information among certain types of providers. We want all practice partners to do what they can to facilitate communication among healthcare team members including pursuing signed releases of information. Additionally, HealthierHere will participate in broader policy-level discussions in collaboration with our partners, so we can continue to innovate around sharing of information among all members of a healthcare team, including access to referrals and linkages to services addressing the social determinants of health, which may currently not be allowed by law.

Q15: What will HealthierHere do to help organizations remain compliant with 42 CFR Part 2?

A15: SAMHSA has developed important tools to address integrated care and patient privacy. See the following reference: <https://www.samhsa.gov/health-information-technology/laws-regulations-guidelines>

We will continue to take a learning approach with this work, recognizing that the system changes that are needed for innovation may identify future policy issues.

Metrics

Q16: How were these pay-for-performance metrics chosen?

A16: These metrics are part of the [Special Terms and Conditions](#) contract signed between the state and the federal governments for Washington's Medicaid Transformation Project. The Health Care Authority selected the metrics from the [Statewide Common Measure Set](#), which is comprised of standard industry metrics. The Health Care Authority has included these metrics in the contracts with the ACHs throughout the state. Some of the metrics are cross-cutting and apply to all projects whereas others are more project-specific. HealthierHere wanted to keep these metrics on your organization's radar by including them in the clinical summaries and change plans.

Q17: When will specifications for the pay-for-performance metrics be released?

A17: Please refer to the 'Measure Steward' column the [Statewide Common Measure Set](#). HealthierHere will use the existing data definitions.

Q18: Are all the potential reporting metrics required?

A18: Unlike the pay-for-reporting metrics, the potential reporting metrics were identified as reasonably viable metrics by members of our Implementation Workgroups and subject matter experts. These metrics were identified as early indicators to gauge project progress since there will be a considerable lag before the Health Care Authority is able to share our performance on the claims-based pay-for-performance metrics. HealthierHere wants to avoid imposing an additional burden on practice partners, so the decision to monitor and/or report on these metrics will be made in collaboration with HealthierHere and our practice partners during Quality Improvement Learning Collaboratives.

Q19: When will specifications for the potential reporting metrics be released?

A19: These definitions will be finalized with input from the Quality Improvement Learning Collaboratives. HealthierHere is required to submit a Quality Improvement Plan to the Health Care Authority by June 30, 2019, so these specifications for these metrics will be available around then.

Q20: Can my sub-project group determine additional process metrics?

A20: Yes, but HealthierHere asks that the decision to monitor and/or report on any metrics beyond the pay-for-performance metrics and agreed upon potential reporting metrics be made at the organizational level. HealthierHere recognizes that participation in these initiatives is already a significant lift and wants to avoid imposing additional requirements on practice partners when possible.

Payments

Q21: Should my organization submit change plans for a project area that we're already excelling in? Or should we prioritize a project area in which we may be able to make more substantial improvements?

A21: An organization should select projects that are aligned with its strategy, goals, readiness, and capacity, while keeping the potential for future payments in mind. Although HealthierHere has yet to determine the formula for how practice partners will be paid, compensation will likely be tied to a practice partner's ability to improve one or more pay-for-performance metrics for Medicaid individuals.

Q22: How can my organization complete the change plan if the execution of a project is dependent on the resources that HealthierHere makes available (e.g. funding, HIE/HIT-related infrastructure, trainings, etc.)?

A22: Please use the comments section to describe both of the following scenarios:

- 1.) What your organization can accomplish without any major investments (it is fine to assume that trainings will be available);
- 2.) What your organization has the appetite to do and is ready to operationalize if provided with major investments. Feel free to clarify your assumptions about resource investments. For example, “With 2 additional CHWs serving our patient population with a diagnosis of DM and a HbA1C >9% (n=200), we anticipate seeing an improvement in 15 patients by bringing their HbA1c <9% over the course of 12 months. Salary and benefits for 2 CHWs is approximately \$150,000.”

Q23: If my organization decides to take on additional projects after August 22nd, will we be compensated for additional change plans that we submit?

A23: Unfortunately, this will not be possible due to the distribution schedule of current year funds. However, organizations that complete a change plan and are selected to participate will be eligible for project-specific pay-for-reporting and pay-for-performance funding, the details of which will be determined later.

Q24: What is the attribution methodology for determining how much funding a practice partner receives?

A24: This is still being developed within HealthierHere through our committees and board structure. We anticipate that this work will be completed in late fall 2018 and will be shared publicly at that time.