Washington State Medicaid Transformation Project (MTP) Demonstration
Section 1115 Waiver Quarterly Report
Demonstration Year: 2 (January 1, 2018 to December 31, 2018)
Reporting Quarter: April 1, 2018 to June 30, 2018

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Introduction

On January 9, 2017, the Centers for Medicare and Medicaid Services (CMS) approved Washington State's request for a Section 1115 Medicaid demonstration, entitled "Medicaid Transformation Project." The activities under the demonstration are targeted to improve the system to address local health priorities, deliver high-quality, cost-effective care that treats the whole person, and create sustainable linkages between clinical and community-based services.

Over the next five years, Washington aims to:

- Integrate physical and behavioral health purchasing and service delivery to better meet whole person needs.
- Convert 90 percent of Medicaid provider payments to reward outcomes instead of volume.
- Support provider capacity to adopt new payment and care models.
- Implement population health strategies that improve health equity.
- Provide new targeted services that address the needs of the state's aging populations and address key determinants of health.

The state will address the aims of the demonstration through three programs:

- Transformation through Accountable Communities of Health (ACHs) and Delivery System Reform Incentive Payment (DSRIP) program
- Long-term Services and Supports (LTSS) – Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)
- Foundational Community Supports (FCS) – Targeted Home and Community-Based Services (HCBS) for eligible individuals

Healthier Washington

The Washington State Health Care Authority (HCA) manages the work of the demonstration under the banner of Governor Jay Inslee's Healthier Washington initiative. Healthier Washington is a multi-sector partnership working to improve health, transform care delivery, and reduce costs.

To learn more about Healthier Washington, visit www.hca.wa.gov/hw.

Quarterly report – April 1, 2018 to June 30, 2018

This quarterly report summarizes the Medicaid Transformation Project (MTP) activities from April 1, 2018 through June 30, 2018. This quarterly report includes details pertaining to MTP implementation activities, including stakeholder education and engagement, planning and implementation activities, and development of key policies and procedures.

Summary of key accomplishments of the quarter

Highlights of the quarter described in the report:

- Distribution of over $58 million of incentives by ACHs to partnering providers.
- State rule for MAC and TSOA programs became permanent effective April 27, 2018.
- Continued increase in contracted FCS providers and service delivery locations.

Stakeholder and partner engagement

Demonstration-wide stakeholder engagement

During the reporting quarter, the state continued its robust stakeholder communication strategy:

- Program-specific, frequently asked questions were routinely updated in response to public interest and inquiry. Questions were generated from a variety of forums, including webinars, presentations and stakeholder interaction, and used to clarify and define programmatic development.
- One-page documents summarizing the three MTP initiatives continue to be available online. New materials are continually developed for and updated on the webpage, including information on ACH projects and earned incentives, benefit guides for MAC and TSOA, as well as FCS provider resource guides.
- Broad communication with stakeholders and the general public was maintained through existing communication channels managed by Healthier Washington, Health Care Authority (HCA), Department of Social and Health Services (DSHS), and partner agencies, including emails to the Healthier Washington "Feedback Network" mailing lists, social media posts and quarterly email newsletter digests.

Tribal partner engagement

A key milestone this reporting quarter included HCA's travel to visit the state's Indian health care providers (IHCPs), including 29 tribes and two Urban Indian Health Programs. As IHCPs have begun the process of contracting with HCA to earn IHCP-specific funds, HCA has placed importance on meeting with each of the 31 sites to provide clarification on how these funds differ from typical grant programs as well as traditional Medicaid funds. HCA met with the following tribes and partners this quarter:

- Yakama Nation
- Spokane Tribe of Indians and the NATIVE Project
- Kalispel Tribe of Indians
- Better Health Together (ACH)
- Swinomish Indian Tribal Community and Upper Skagit Indian Tribe
- Samish Indian Nation and Tulalip Tribes
- Lummi Nation
- Stillaguamish Tribe

HCA will meet with the remaining sites in Q3. In addition, HCA tribal liaison staff engaged with the state's tribal partners at the following events this quarter:

- April 27, 2018: HCA, in partnership with the American Indian Health Commission of Washington State (AIHC), hosted an all-day learning event on Medicaid Transformation and statewide improvement of behavioral health for the American Indian/Alaskan Native population.
- May 14, 2018: HCA tribal liaison staff attended the North Sound ACH Tribal Alignment meeting, hosted by North Sound ACH, to convene all tribes sharing the region and provide education and updates on Medicaid Transformation.

- May 24, 2018: HCA tribal liaison staff hosted in-person meeting for ACH Tribal Liaisons to meet one another and establish a common baseline for IHCP-specific projects and ACH engagement with tribes.
- May 25, 2018: HCA tribal liaison staff met with the Seattle Indian Health Board to discuss IHCP-specific funds and projects.
- June 7, 2018: HCA tribal liaison staff attended the Cascade Pacific Action Alliance (CPAA) Tribal Directors meeting, hosted by CPAA, to convene all tribes sharing the region and provide education and updates on Medicaid Transformation.

DSHS Aging and Long-Term Support Administration (ALTSA) met with a number of tribes to discuss Medicaid services and Initiative 2 and 3 of the transformation during this reporting period, including:

- April 6, 2018: Quileute Tribe meeting.
- April 16, 2018: Northwest Portland Indian Health Board meeting.
- May 14, 2018: Chehalis Tribe meeting: Discussed Tribal Initiative contract and MAC/TSOA services for tribal elders.
- May 29, 2018: Yakama Nation Area Agency on Aging Advisory Council Meeting.
- June 12, 2018: DSHS Indian Policy Advisory Subcommittee meetings for Aging and Developmental Disability Services.

The Chehalis Tribe in particular has shown increasing interest in MAC and TSOA. Representatives have expressed that the programs may help to decrease the barriers of participation and estate recovery for tribal members. As a per capita tribe, Chehalis has low-income elders that do not qualify for Medicaid but could utilize these services. State staff has continued outreach to the Elders Services Director of the Chehalis Tribe to share specific details of the program and provide support and education.

DSRIP program stakeholder engagement activities

Representatives of HCA have participated in numerous stakeholder engagement activities, including public forums, presentations, emails, webinars, and direct technical assistance, including:

- April 17, 2018: HCA's HIT team facilitated direct technical assistance to ACHs regarding HIT for care management and population health, with a presentation from the Office of the National Coordinator for Health Information Technology.
- April 20, 2018: HCA and DSHS held a public webinar to highlight accomplishments of the first year of Healthier Washington's Medicaid Transformation and provide a preview of the coming year.
- April 27, 2018: Heathier Washington's Health Innovation Leadership Network (HILN) held its quarterly meeting, highlighting the state's efforts to address health equity. The meeting included work completed by HILN's Communities & Equity Accelerator Committee to support ACHs and workforce development in the transformation.
- May 8, 2018: HCA presented an update to the Health IT Operational Plan to ACHs and stakeholders. The HIT team highlighted deliverable progress, data governance for Medicaid Transformation, and IHCP-specific funds.

- May 10, 2018: HCA staff and the Pierce County ACH presented at the Governor's Interagency Council on Health Disparities regarding value-based purchasing and Pierce County's Pathways program, respectively.
- May 15, 2018: HCA's HIT team provided direct technical assistance refresher to ACHs regarding HIT for care management and population health, including use cases to highlight foundational elements for health information exchange and technical capabilities.
- June 6, 2018: Healthier Washington hosted its quarterly webinar on building equity into the state's health system transformation efforts, including Medicaid transformation. Speakers included HCA Director Sue Birch, and Better Health Together and HCA staff.

LTSS program stakeholder engagement activities

The 25th annual family caregiver conference, Giving Care, Taking Care, was held on June 4, 2018. The conference offered dynamic speakers from a variety of backgrounds including health care, rehabilitation, social work, and law who shared their expertise and knowledge in twenty different sessions offered throughout the day. There were also exhibitors who offered informational displays of caregiving products, services, and literature. The conference brochure can be viewed here.[1] About 400 people attended this event of which 350 were family caregivers.

FCS program stakeholder engagement activities

During the reporting quarter, staff from HCA, DSHS Division of Behavioral Health and Recovery (DBHR), ALTSA, as well as Amerigroup FCS staff, supported a variety of stakeholder engagement activities. An aggregated summary of activities is listed below.

FCS program stakeholder engagement activities			
	April	May	June
Training and assistance provided to individual organizations	22	27	25
Community and regional presentations and training events	4	5	4
Informational webinars	3	3	5
Stakeholder engagement meetings	2	2	2
Total Activities	**31**	**37**	**36**

Key concerns raised by stakeholders

FCS stakeholders and providers requested information and clarification regarding the allowable coordination of employment services between FCS and the DSHS Division of Vocational Rehabilitation (DVR) services.

[1] http://www.fulllifecare.org/files/2018/03/GivingCareTakingCare2018Brochure.web_.pdf

In response, the state developed an FCS and DVR coordination fact sheet.[2] This fact sheet outlines the FCS supported employment and DVR programs, the eligibility requirements for FCS and DVR services, and provides guidance for which services can and cannot be braided. The guide emphasizes that the same FCS and DVR services cannot be provided to the same person at the same time.

The state is also developing a DVR referral form to streamline and expedite referrals from the FCS supported employment program to the DVR program when a Medicaid beneficiary would benefit from DVR services that are not covered by the FCS program.

[2] https://www.hca.wa.gov/assets/program/fcs-vocational-rehab-fact-sheet-1808.pdf

DSRIP program implementation accomplishments

Financial Executor Portal activity

In DY 2 Q1, the state approved all nine Project Plan portfolios submitted by Accountable Communities of Health (ACHs). Each ACH earned its full valuation, which triggered the release of incentive payments earned for DY 1. The first installment of these incentives were made available to ACHs through the Financial Executor Portal.

Per Attachment G of the STCs, ACHs direct the state's contracted Financial Executor – Public Consulting Group (PCG) – to distribute funds to ACHs and partnering providers through the Financial Executor Portal. From April 1 through June 30, 2018, there were six opportunities for ACHs to distribute funds through the Portal. During this time ACHs distributed over $58 million to over 240 partnering providers and organizations in support of project planning and implementation activities. Attachment B provides a detailed account of funds distributed by each ACH during this quarter.

Each ACH board or decision-making body determines a funding distribution approach for its region. This includes determining the timing of payments for each stream of DSRIP funds earned by partnering providers. ACHs will continue to use the Portal to distribute incentives throughout the remainder of the Transformation.

In the Portal, ACHs must identify payments using standardized Use Categories. The Use Categories, shown in the table below, and associated definitions were developed by the state, with input from ACHs.

Use Category	Definition
Administration	Payments for the administrative operating expenses of the ACH (e.g., financial, legal, administrative salaries, facilities and equipment, taxes).
Community Health Fund	Payments held to address long-term health improvement strategies in alignment with Medicaid Transformation goals. These payments focus on primary prevention and social determinants of health. This category is not intended for payments made to non-traditional providers as part of the two provider-specific use categories.
Health Systems and Community Capacity Building	Payments for: population health management systems (EHRs, HIE/HIT, data); strategic improvement/quality improvement activities; workforce development; value-based payment support; revenue cycle management and supply chain management support; Pathways HUB operations; training and education on community and provider engagement, consumer empowerment.
Integration Incentives	Incentives earned by "mid-adopter" regions and used to support the integration of behavioral health.
Project Management	Payments for transformation project-related design and project management support.
Provider Engagement, Participation and Implementation	Payments to partners for engagement and participation (signed partner agreements, and meaningful leadership and participation on workgroups and operational committees); implementation costs for early infrastructure and process changes that actively move the partner and team toward integration and community-based care.

Provider Performance and Quality Incentives	Payments to partners for reporting on project milestones; performance-based, metric-driven payments; transitioning to new payment models.
Reserve/Contingency Fund	Payments reserved for unanticipated costs and support for administration if unforeseen expenses arise, or if overall earned incentives are adjusted.
Shared Domain 1 Incentives	Payments for specific (to be defined) Shared Domain 1 support for designated providers across all nine regions.

While these Use Categories are used by all ACHs to identify the use of funds, each ACH may use them differently. ACHs report on the use of distributed incentive funds in greater detail in semi-annual reports.

Technical assistance

During this quarter, PCG continued to provide direct technical assistance and resources to ACHs as they registered and distributed payments to providers in the Portal. Additionally, HCA held monthly calls with ACH finance leads to gather feedback on the successes and challenges of using the Portal for future process improvements.

IHCP portal activity

Additionally, the state continued to distribute payments to IHCPs through the Financial Executor Portal, totaling approximately $2.27 million. Each tribe and IHCP completes its own legal review process to enter into a contract with the state, resulting in staggered payments of DY1 funds.

DSRIP performance measurement development

Measurement Guide

In DY 2 Q1 2018, HCA made the DSRIP Measurement Guide available for public review and comment on the Medicaid Transformation webpage. Key themes raised during the public review period included:

- Additional detail about how statewide accountability works, how ACHs can earn incentives for VBP adoption and high performance.
- Clarification about aspects of P4P metric production and connection to Project Incentives.
- Information about pay-for-reporting metrics and definitions.
- Greater detail about how DSRIP quality and outcome metrics were selected.
- Request for more detail in the Project P4P technical specification sheets.

In response, during DY 2 Q2, the state compiled feedback received and worked on revisions to enhance clarity, comprehensiveness and consistency throughout the document. HCA also began development of new chapters and appendices to describe DSRIP program development that occurred since the DY 2 Q1 release. The anticipated release of the refreshed Measurement Guide is DY 2 Q3.

Pay-for-Reporting

P4R Milestones for ACH VBP Incentives. In an effort to reduce administrative burden on ACHs, while ensuring the collection of valuable information as required by the Transformation, HCA has revised and streamlined the ACH VBP P4R milestones. HCA removed redundant milestones for which information is

collected by other means, and adjusted the milestones to better align with the state's expectation for ACHs' role in VBP throughout Medicaid transformation. The final list of ACH VBP P4R milestones will be reflected in the DY 2 Q3 release of the Measurement Guide.

P4R metrics for ACH Project Incentives. During Q2, HCA worked with the DSRIP Support Team to revise P4R metrics, including refinement of metrics, questions, response options, and reporting materials. The development aimed at reducing administrative burden on ACHs, while ensuring the collection of information that contributes to understanding project implementation progress.

P4R metrics were refined to focus on gathering more detailed information to HCA and ACHs on partnering provider implementation progress in Projects 2A and 3A at a practice/clinic site and/or community-based organization (CBO) level. Twice a year, ACHs will ask that partnering providers respond to a set of questions and ACHs will collect the responses and report them to HCA. ACHs will receive credit from HCA for complete and timely reporting on these indicators of project implementation progress. The final descriptions and specifications for P4R metrics will be included with the Q3 release of the Measurement Guide.

Other

During Q2, the state continued work to finalize Project P4P metric technical specifications, as well as metric production and validation processes. In addition, the state continued to work on design and implementation of enhanced Project P4P metric reporting functionalities on the Healthier Washington Dashboard.

Upcoming activities

- *ACH submission of first semi-annual reports, July 2018*
- *Published updates to the Measurement Guide, August 2018*
- *ACH submission of implementation plans, October 2018*

Long-term Services and Supports (LTSS) implementation accomplishments

This section summarizes LTSS program development and implementation activities conducted from April 1, 2018 through June 30, 2018. Key accomplishments for this quarter include:

- State rule for MAC and TSOA programs (WAC 388-106-1900 through 1990) became permanent on April 27, 2018.
- As of May 2018, the state served over 1000 clients on the MAC and TSOA programs.
- The second focused review of Presumptive Eligibility for 2018 was completed by the ALTSA Quality Assurance unit. Results may be reviewed below in the Quality Assurance section.
- 30- and 60-day check-in meetings occurred this quarter as follow-up to the statewide Barrier Busting Event (BBE) held in March 2018. Time was spent identifying barriers and potential improvements to policy, processes and systems. Areas identified for improvement included program complexity, technology, communication, training, barcode, and resources and sustainability.

Network adequacy for LTSS programs, MAC and TSOA

Ten of the 13 Area Agencies on Aging (AAAs) submitted their 2018 milestone documents, and all documents submitted have been reviewed and approved. Each of the milestone documents includes network adequacy as a sub-milestone. Of those submitted, six have reached their completion date for achieving network adequacy in their service area across all covered benefits in 2018. The other four have not yet reached their completion date for network adequacy milestone.

AAAs report that although there are many home care agency providers contracted, the home care agencies are having difficulties staffing enough direct care workers to meet the service needs. This appears to be a statewide issue and not specific to MAC and TSOA programs. Additionally, in some areas it may be challenging to find occupational therapists, physical therapists, and registered nurses to contract for provision of consultation/training services.

Network adequacy compliance by the AAAs will continue to be monitored by ALTSA and DSHS Home and Community Services (HCS) division.

Assessment and systems update

HCS and AAA staff continue to identify, track and prioritize fixes and enhancements necessary in the various systems that support MAC and TSOA service delivery including GetCare, CARE, ProviderOne and Barcode. This is part of an ongoing change control process for these systems. During this quarter the following modifications were completed:

- Additions to interface between CARE, GetCare and Barcode to allow GetCare case manager to be easily identified in the Barcode system which is used by both financial workers and case management staff.
- Enhancement to CARE allowing non-caregiver contacts for the care receiver (such as health care provider, dentist, pharmacist, etc.) to be sent via the CARE-to-GetCare interface into the care receiver's case record in both systems.

Staff readiness and training

As part of the BBE work, staff training materials and the format of the dedicated SharePoint site, the Community WorkSpace, are being revised. This work will continue into the next quarter. In a poll taken during the 60-day BBE check-in meeting, almost 60% of case management staff report that the work being completed as part of the BBE is making a difference with their ability to implement and manage the MAC and TSOA programs. A similar poll will be taken at the 90- and 120-day check-in meetings.

ALTSA program managers meet regularly with both HCS and AAA lead managers to review policy questions related to implementation of MAC and TSOA programs. Additionally these meetings are used to share successes and address any issues that may be impacting service delivery.

Data and reporting

Report development has been completed. Currently there nine reports available to assist HCS to gather necessary information for CMS quarterly and annual reports, and to provide data for HCS and AAAs to monitor and manage the MAC and TSOA programs. Refinements to report 0001 and 0004 are underway in order to better reflect care plan development.

Report	Name
0001	Authorized Steps Monthly Count
0002	Authorizations & Claims Monthly Comparison
0003	Authorizations & Claims Year to Date Comparison
0004	Authorized Steps Year to Date Count
0006	Service Authorizations Monthly
0007	Point of Entry Monthly Count
0008	Presumptive Eligibility Disposition Monthly
0013	PSA Comparison
0018	PSA Dashboard

The following tables detail beneficiary enrollment by program.

LTSS beneficiaries by program as of 6/29/18	
MAC	**TSOA**
35	1,553

Number of new enrollees in quarter by program	
MAC	**TSOA**
12	583

Number of new person-centered service plans in quarter by program	
MAC	TSOA
0	154

Number of beneficiaries self-directing services under employer authority	
MAC	TSOA
0	0

The state continues its community outreach and engagement efforts to increase enrollment in both programs.

In regard to care plan development, compliance with completion of care plans continues to increase. This is an area the state continues to monitor and provide technical/training assistance as needed.

State rulemaking

On April 27, 2018, the state rule for MAC and TSOA programs (WAC 388-106-1900 through 1990) became permanent after extensive public comment and review with advocates.

Conflict Free Case Management

There are no updates related to the CFCM policy that was put in place last quarter.

Other LTSS program activities

Update on outreach campaign activities:

- MAC/TSOA advertisements were placed on four billboards in the Spokane area
- Additional advertisements were placed on city buses in Whatcom and Snohomish counties including a bus that uses a corridor route into King County

Upcoming activities

- August 6, 2018 - 120 day and final check-in meeting to share results of BBE.
- Outreach activities:
    - Caregiver outreach articles will be published in a Yakima area newspaper for Spanish speaking community members (one article each month for 12 months)
    - Caregiver outreach materials/posters placed in local Community Service Offices (CSO); a pilot project to also provide a MTD case worker in a CSO for a few hours to answer questions the public and CSO staff may have about the MAC and TSOA programs.
    - Statewide training with MTD case management staff to increase understanding of financial and functional eligibility and the different roles of staff completing this work.
    - Meet with the Independent external evaluator to educate and provide information about the MAC and TSOA programs.

- Evaluating the work necessary and required staffing to provide information and assistance to potential participants in advance of presumptive eligibility. The state has seen increased access to its information and assistance network.

Foundational Community Supports (FCS) implementation accomplishments

This section summarizes Foundational Community Supports (FCS) program development and implementation activities conducted from April 1, 2018 through June 30, 2018.

During Q1 of 2018, the state initiated a "soft launch" of Foundational Community Supports service delivery. Activities in Q2 focused on continuing to increase the number of contracted FCS providers and the number of FCS service delivery locations for both Community Support Services (CSS) and Supported Employment – Individual Placement and Support (IPS) services. The state also focused on increasing the internal capacity of contracted and prospective FCS providers to effectively deliver FCS services and accept new FCS client referrals. Strategies implemented to increase the capacity of FCS service delivery providers included dedicating state staff to provide technical assistance directly to current and prospective providers, and working with the Amerigroup Third Party Administrator (TPA) to provide technical assistance to current and prospective providers.

Key accomplishments for the quarter include:

- Total number of individuals served from beginning of Q1 to end of Q2: 936
    - Individual Placement and Support: 651
    - Community Support Services: 285
- Q2 providers contracted: 76 (213 service locations)
- Q2 billed services billed to date: $142,050 (based on claims submitted)
- Increased state and Amerigroup TPA dedicated staff technical assistance provided to CSS and Supported Employment IPS service providers.

Network adequacy for FCS

Network development during Q2 focused on continuing to contract with qualified providers who were identified as interested in delivering CSS and/or Supported Employment IPS services. The number of contracts increased from 68 at the end of Q1 to 76 at the end of Q2, and the number of provider locations increased from 196 at the end of Q1 to 213 at the end of Q2. During Q2, a number of providers added either Supported Employment IPS or CSS services to their contracts, and more providers are now delivering both services.

Contracting efforts will continue in Q3 with a focus on increasing CSS and Supported Employment IPS providers where network gaps exist. The state started to develop network adequacy standards during Q2, and these standards are on track to be finalized during Q3.

Provider Network Development						
	April		May		June	
	Contracts	Service Locations	Contracts	Service Locations	Contracts	Service Locations
Supported Employment (IPS)	28	99	30	109	30	109

Community Support Services (CSS)	13	30	14	24	14	24
CSS and IPS	30	77	32	80	32	80
Total	**71**	**206**	**76**	**213**	**76**	**213**

Client Enrollment

Contracted Supported Employment IPS and CSS providers increased their capacity to accept and serve new FCS client referrals during Q2, and client enrollment steadily increased throughout Q2. The total number of FCS clients served increased from 232 at the end of Q1 to 893 at the end of Q2. Client enrollment in Supported Employment IPS services has been especially successful with the total number of Supported Employment IPS enrolled clients increasing from 148 at the end of Q1 to 625 at the end of Q2.

Looking ahead to Q3, the state's focus will be supporting the growth of CSS referral pathways and CSS service provider capacity in order to continue to increase the number of enrolled CSS clients. CSS client enrollment has not increased as quickly as Supported Employment IPS client enrollment because the CSS service providers are generally smaller organizations and are taking more time to develop internal capacity to implement CSS services. The state is supporting CSS providers in developing their capacity by providing technical assistance to organizations.

FCS Enrollment			
	April	May	June
Supported Employment (IPS)	335	527	625
Community Support Services (CSS)	156	228	257
CSS and IPS	5	11	19
Total Enrollment	**496**	**766**	**893**

More detailed information about FCS client characteristics is documented in the tables below. Details regarding FCS clients' risk profiles, service utilization, and Medicaid eligibility types are included. Notable highlights include a high number of FCS clients have mental health treatment needs, and approximately 43% of FCS clients are Affordable Care Act Medicaid Expansion Adults.

FCS Client Risk Profile				
		Meet HUD Homeless Criteria	PRISM Risk Score	Serious Mental Illness
April	IPS	39	1.24	248
	CSS	50	2.21	125
May	IPS	55	1.22	409

	CSS	70	1.94	183
June	IPS	66	1.22	478
	CSS	81	1.88	210

HUD = Housing and Urban Development | **PRISM** = Predictive Risk Intelligence System

FCS Client Risk Profile Continued				
		Mental Health Treatment Need	SUD Treatment Need Flag	Co-occurring MH + SUD Treatment Need Flags
April	IPS	326	171	166
	CSS	157	111	110
May	IPS	517	280	274
	CSS	233	163	161
June	IPS	617	326	319
	CSS	268	189	186

MH = Mental Health | **SUD** = Substance Use Disorder

FCS Client Service Utilization					
		Long-Term Services and Supports	Mental Health Services	SUD Services	CARE + MH/SUD Services
April	IPS	131	273	65	82
	CSS	48	127	40	31
May	IPS	183	432	106	120
	CSS	70	187	63	46
June	IPS	213	511	123	132
	CSS	79	215	65	50

MH = Mental Health | **SUD** = Substance Use Disorder

FCS Client Medicaid Eligibility						
		CN Blind/Disabled (Medicaid-Only & Full Dual Eligible)	CN Aged (Medicaid-Only & Full Dual Eligible)	CN Family & Pregnant Woman	ACA Expansion Adults	CN & CHIP Children
April	IPS	150	12	24	144	≤10
	CSS	64	12	≤10	78	N/A
May	IPS	225	19	43	234	17
	CSS	98	19	15	107	N/A
June	IPS	267	25	55	275	22
	CSS	114	23	18	121	N/A

ACA = Affordable Care Act | **CHIP** = Children's Health Insurance Program | **CN** = Categorically Needy

Other FCS program activity

The state began developing a continuous quality improvement plan to support CSS and Supported Employment IPS providers in delivering high quality services. CSS services are using the Substance Abuse and Mental Health Service Administration's Permanent Supportive Housing fidelity model, and Supported Employment IPS services are using the Individual Placement and Support Supported Employment fidelity model. Provider fidelity expectations and trainings will be initiated during Q3, and fidelity learning collaboratives and organizational fidelity reviews will take place during Demonstration Years Three, Four, and Five.

Upcoming activities

- Network adequacy standards: Finalize and implement FCS network adequacy standards.
- Continuous service quality improvement: Communicate fidelity expectations with CSS and Supported Employment IPS providers and implement statewide fidelity trainings.
- Stakeholder trainings: The state will provide technical assistance to Supported Employment IPS and CSS providers to assist them in implementing FCS services and increasing their referral capacity. Increased attention will be given to CSS providers to ensure provider capacity and referral pathways continue to steadily increase.

Quarterly expenditures

The following tables reflect quarterly expenditures for Demonstration Year (DY) 2. During the reporting period of April 1 through June 30, 2018, ACHs earned the remainder of their earned DY 1 incentives through the Financial Executor Portal.[3]

DSRIP Funding						
	Q1	Q2	Q3	Q4	DY 2 Total	Funding Source
	January 1 – March 31, 2018	April 1 – June 30, 2018	July 1 – September 30, 2018	October 1 – December 31, 2018	January 1 – December 31, 2018	Federal Financial Participation
Accountable Communities of Health						
Better Health Together	$8,629,990	$7,209,119	-	-	$15,839,109	$7,919,555
Cascade Pacific Action Alliance	$9,301,288	$6,553,744	-	-	$15,855,032	$7,927,516
Greater Columbia	$10,983,624	$13,248,808	-	-	$24,232,432	$12,116,216
HealthierHere	$17,259,981	$20,373,755	-	-	$37,633,736	$18,816,868.00
North Central	$7,691,357	$3,276,872	-	-	$10,968,229	$5,484,114.50
North Sound	$13,709,292	$14,163,052	-	-	$27,872,344	$13,936,172.00
Pierce County	$9,414,535	$11,593,208	-	-	$21,007,743	$10,503,871.50
Olympic Community of Health	$4,594,020	$2,621,498	-	-	$7,215,518	$3,607,759
SWACH	$14,167,487	$4,587,621	-	-	$18,755,108	$9,377,554
IHCP-specific Projects						
Indian Health Care Providers	$5,400,000	-	-	-	$5,400,000	$2,700,000

LTSS (MAC and TSOA) and FCS each had service expenditures during this reporting quarter:

Service Expenditures					
	Q1	Q2	Q3	Q4	DY 2 Total
	January 1 – March 31, 2018	April 1 – June 30, 2018	July 1 – September 30, 2018	October 1 – December 31, 2018	January 1 – December 31, 2018
Tailored Supported for Older Adults	$314,035	$631,626	-	-	$945,661

[3] Due to timing of state fiscal year close, expenditures reported in quarter 2 are through June 30, 2018.

Medicaid Alterative Care	$8,107	$8,359	-	-	$16,466
MAC and TSOA Not Eligible	$210	$1,316	-	-	$1,526
Foundational Community Supports	-	$23,800	-	-	$23,800

Overall demonstration development/issues

Operational/policy issues

Implementation activities for DSRIP, LTSS, and FCS are currently underway. Other than what has been stated in prior sections of this report, there are no significant issues to report for this quarter. The approval of the state's 1115 amendment may have implications for future quarterly reporting. CMS has provided a monitoring report template and the state is currently determining how that report aligns with other reporting expectations.

Demonstration waiver amendment

In DY 2 Q1, HCA submitted to CMS a waiver amendment request to allow for the full cost of stays in institutions for mental disease (IMDs) for substance use disorder (SUD) services. During this reporting quarter, the HCA worked with state partners and CMS to complete and submit the state's SUD Implementation Plan and SUT HIT appendix. The state received approval for the waiver amendment on July 17, 2018.

Consumer issues

The state has not experienced any major consumer issues for the DSRIP, FCS, and LTSS programs during this reporting quarter, other than general inquiry about benefits available through the MTP.

Quality assurance/monitoring activity

The third focused review of the LTSS presumptive eligibility (PE) process for time period April - June 2018 was completed this quarter. The sample size was 498. Results are illustrated in three charts in Attachment C.

Based on analysis of the previous focused review for Presumptive Eligibility, some clients were ending up in the "withdrew from services" category because they were not finishing the financial eligibility determination process. In order to further analyze this assumption, the category was split into two. The added category is "Client did not submit required financial documents after application." This allowed identification of how many TSOA applicants submit their application but may experience barriers in sending necessary financial documents for the financial worker to make an eligibility determination.

Orientation and training to the Quality Assurance (QA) process and tools was completed with the AAAs this quarter. The first "practice" use of the 2019 QA tool will occur next quarter to ensure the state has captured the necessary measures, and are auditing them accurately.

Demonstration evaluation

During the reporting period, the state facilitated onboarding activities for Oregon Health and Science University (OHSU), the apparently successful bidder to fulfill the duties of Independent External Evaluator (IEE) for the Healthier Washington Medicaid Transformation.

The IEE will use both qualitative and quantitative methods to:

- Perform interim and final evaluations of the Medicaid Transformation, as specified in the state's contract with the federal Centers for Medicare and Medicaid Services.
- Provide rapid-cycle monitoring of the ACHs' project implementation.

- Identify when and how specific efforts did or did not achieve the expected outcomes.

The IEE's focus encompasses qualitative and quantitative evaluation of all three initiatives relative to the overall goals of the Medicaid Transformation Project.

Value-based payment

HCA submitted its Apple Health Appendix to the Value-based Roadmap in November 2017. The Apple Health Appendix, in accordance with the STCs, describes how managed care is transforming in alignment with the MTP, and establishes targets for VBP attainment and related incentives under DSRIP for MCOs and ACHs. The annual update to the Apple Health Appendix will be submitted to CMS by October 1, 2018.

Health IT

HCA submitted its Health IT Strategic Roadmap and Operational Plan on December 1, 2017. The Health IT Strategic Roadmap identifies activities necessary to advance the use of interoperable Health IT and HIE across the care continuum in support of the programmatic objectives of the MTP. During the reporting quarter, the HIT team held webinars for state partners, ACHs, and other stakeholders to provide updates on the Operational Plan progress. The Health IT Operational Report for Q2, 2018 can be found in Attachment D. Next quarter, HCA will begin the process to create the 2019 Health IT Operational Plan. The state will convene staff from HCA and DOH to discuss priorities, including a focus on tasks needed to support implementation of HIT/HIE activities at the point of care and re-use of electronic clinical information.

Integrated managed care

One of the key goals of the MTP is the comprehensive integration of physical and behavioral health services through new care models. During the reporting quarter, HCA completed its Statewide Integrated Managed Care MCO procurement process. The purpose of this procurement was to solicit bids from MCOs that want to provide IMC services to the 2019 mid-adopter regions, the 2020 regions, the two transitional counties (Okanogan County and Klickitat County), and/or become the third MCO in the Southwest Washington region.

HCA also completed its procurement process to select an organization to serve as the Behavioral Health-Administrative Services Organization (BH-ASO) in Pierce County (whereas the other 2019 and 2020 regions plan to operate a county-based BH-ASO). HCA will continue stakeholder and beneficiary engagement regarding the apparently successful bidders and changes to managed care coverage in each region.

Financial/budget neutrality development/issues

Financial

The state has no financial issues or updates to report during this reporting quarter.

Budget neutrality

The state has submitted the first annual budget neutrality report to CMS this quarter. The state projects it will exceed the cumulative budget neutrality limit, assuming the state spends up to the DSRIP cap each

year. This is largely due to actions not within the state's control, including significant funding increases in LTSS. Such increases include collective bargaining raises for individual and agency providers, adult family homes, and rate increases for nursing homes and vendors.

The state is looking to engage with CMS to discuss corrective actions and the impacts of the LTSS funding increases on budget neutrality. The state also understands that, per STC 102, CMS may adjust the budget neutrality limit to be consistent with decisions outside of the state Medicaid program's control.

Below are the counts of member months eligible to receive services under Medicaid Transformation.

Member months eligible to receive services count			
Calendar Month	Budget Neutrality Eligibility Groups	All Other Eligibility Groups	Total Member Months
Jan-17	375,709	1,549,438	1,925,147
Feb-17	374,541	1,544,321	1,918,862
Mar-17	374,081	1,542,453	1,916,534
Apr-17	372,915	1,541,012	1,913,926
May-17	372,456	1,539,271	1,911,726
Jun-17	372,374	1,534,667	1,907,041
Jul-17	371,463	1,520,695	1,892,158
Aug-17	371,234	1,514,069	1,885,303
Sep-17	369,995	1,502,979	1,872,974
Oct-17	369,795	1,498,132	1,867,927
Nov-17	369,610	1,503,696	1,873,306
Dec-17	369,597	1,516,421	1,886,017
Jan-18	369,525	1,511,733	1,881,259
Feb-18	368,158	1,508,000	1,876,158
*Mar-18	367,319	1,507,695	1,875,014
*Apr-18	366,805	1,498,648	1,865,453
*May-18	366,645	1,500,241	1,866,886
*Jun-18	366,140	1,501,462	1,867,602
Total	6,668,363	27,334,931	34,003,294

Member months are updated retrospectively based on June 2018 Caseload Forecast Council (CFC) medical caseload data. March 2018 through June 2018 are forecasted caseload figures from CFC. Actual member months will be provided once CFC data is available.

Designated State Health Programs (DSHP)

No significant updates to provide this quarter.

Summary of additional resources, enclosures and attachments

Additional resources

More information about Washington's Medicaid Transformation demonstration is available at: https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation.

Interested parties can sign up to be notified of demonstration developments, release of new materials, and opportunities for public comment through the Healthier Washington listserv.

Summary of enclosures and attachments

Attachment	Document Title/Description
A	State contacts
B	Total ACH-distributed incentives, DY2 Q2
C	LTSS Presumptive Eligibility quality assurance review results
D	Quarterly Health IT Operational Report

Attachment A: State contacts

Identify the individual(s) that CMS may contact should any questions arise:

Area	Name	Title	Phone
MTP and quarterly reports	Kaitlyn Donahoe	Senior Health Policy Analyst, Medicaid Transformation	(360) 725-0874
DSRIP program	Kaitlyn Donahoe	Senior Health Policy Analyst, Medicaid Transformation	(360) 725-0874
LTSS program	Kelli Emans	Managed Care Policy Analyst, DSHS	(360) 725-3213
FCS program	Jon Brumbach	Senior Health Policy Analyst, Medicaid Transformation	(360) 725-1535

For mail delivery, use the following address:

Washington Health Care Authority
Policy Division
Mail Stop 45502
628 8th Ave SE
Olympia, WA 98501

Attachment B: Total ACH-distributed incentives, DY2, Q2

Total funds distributed by ACHs by Use Category, DY2 Q2									
	Better Health Together	Cascade Pacific Action Alliance	Greater Columbia ACH	Healthier Here	North Central ACH	North Sound ACH	Olympic Community of Health	Pierce County ACH	SWACH
Administration	$431,500	$176,384	$679,000	-	-	$1,800,000	-	-	-
Community Health Fund	-	$940,715	-	-	-	$1,800,000	-	-	-
Health Systems & Community Capacity Building	$400,000	-	-	-	-	-	-	$307,450	-
Integration Incentives	$1,135,000	-	-	-	$15,000	$3,850	-	$1,715,209	-
Project Management	-	$999,510	$287,000	-	$4,666	$1,092,000	-	-	-
Provider Engagement, Participation & Implementation	$2,395,000	$120,096	$169,000	-	$1,762,390	-	-	$710,000	-
Provider Performance & Quality Incentives	-	-	-	-	-	-	-	-	-
Reserve / Contingency Fund	-	$587,947	-	-	-	$360,000	-	-	-
Shared Domain 1 Incentives	$4,505,699	$4,096,090	$5,734,526	$9,011,399	$2,048,045	$6,144,136	$1,638,436	$4,915,308	$2,867,263
Total	**$8,867,199**	**$6,920,742**	**$6,869,526**	**$9,011,399**	**$3,830,101**	**$11,199,986**	**$1,638,436**	**$7,647,967**	**$2,867,263**

Attachment C: LTSS Presumptive Eligibility quality assurance review results

Sample size: 498

Chart 1: Was the client appropriately determined to be NFLOC eligible for PE?

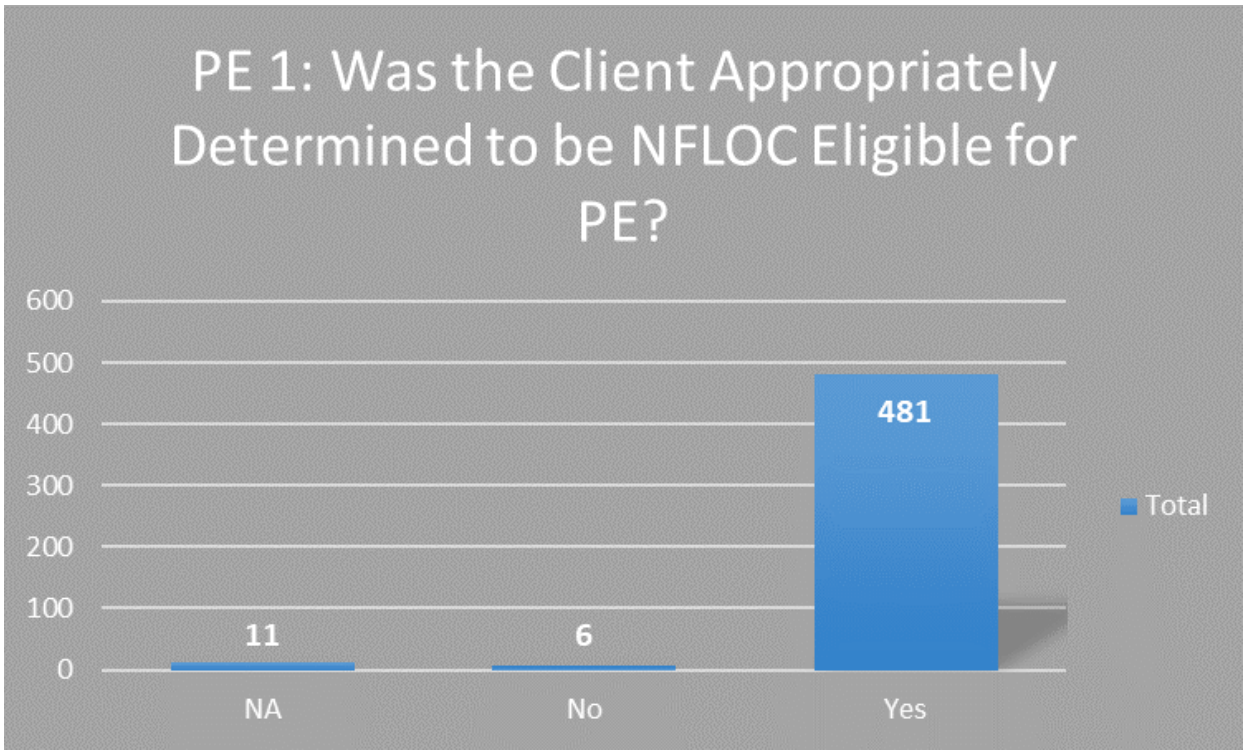


Chart 1 relates to the first PE question: Was the client appropriately determined to be NFLOC eligible for PE? Results indicate that 96.5% were appropriately determined to be functionally eligible for PE and only 1.2% were not. Note: The N/A count in the above chart is the count of clients whose PE period was still in effect at the end of June and therefore had not moved out of the Presumptive Eligibility period.

Chart 2: Did the client remain eligible after the PE period?

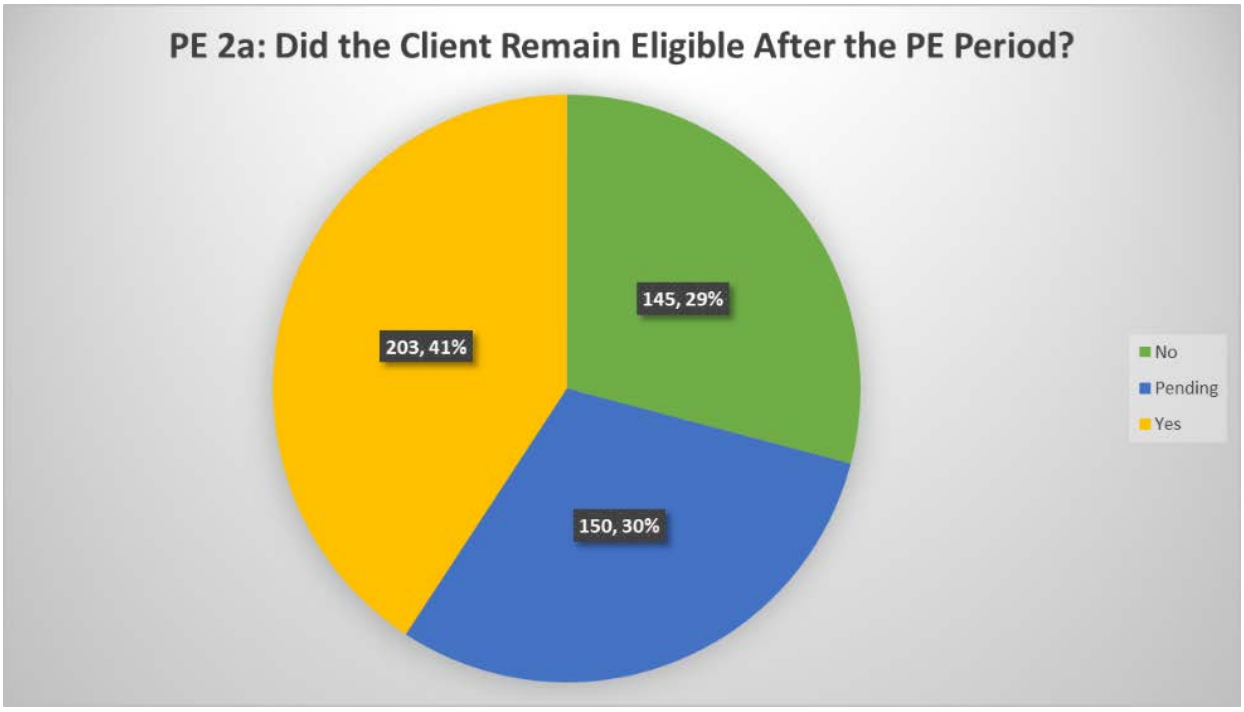


Chart 3 shows the results from the first subsection of question two: Did the client remain eligible after the PE period? 41% of eligible clients under PE moved to full eligibility, 29% did not move to full eligibility and 30% were still under PE at the time of the focused review.

Chart 3: If no to PE2a, why?

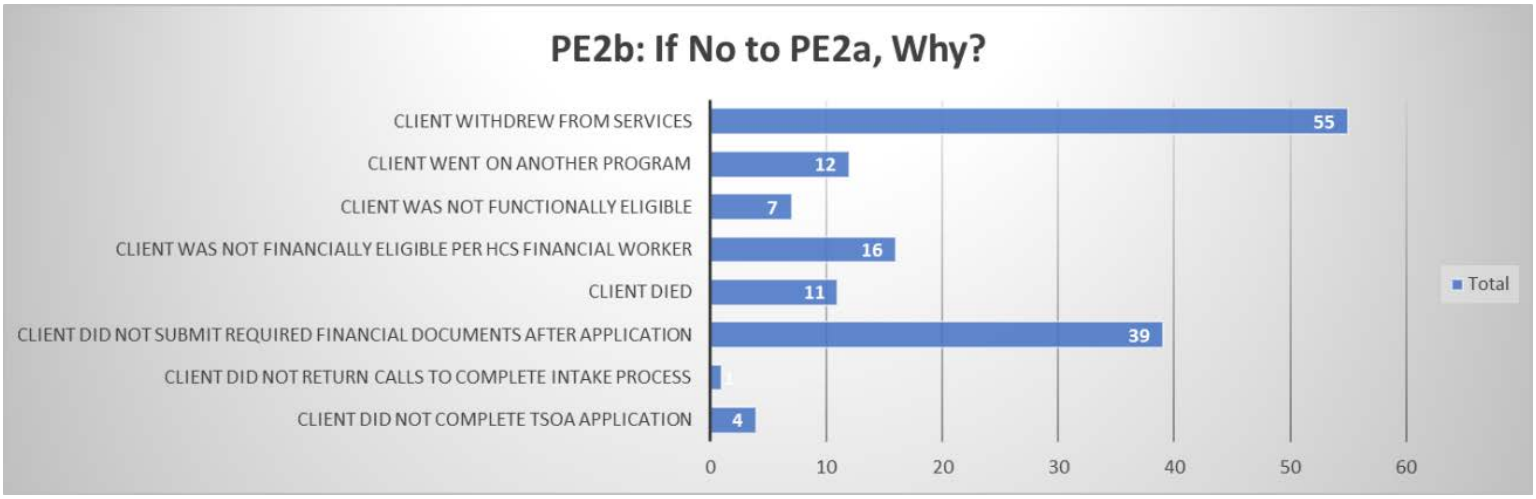


Chart 3 illustrates the reasons why 29% of the clients did not move from PE into full eligibility. Options include:

- Client withdrew from services
- Client went on another program

- Client was not functionally eligible
- Client was not financially eligible per HCS financial worker
- Client died
- Client did not submit required financial documents after application
- Client did not return calls to complete intake process
- Client did not complete TSOA application

Attachment D: Quarterly Health IT Operational Report

Washington State Medicaid Transformation Project Demonstration
Section 1115 Waiver Quarterly Health IT Operational Report
Demonstration Year 2: (January 1, 2018 to December 31, 2018)
Federal Fiscal Quarter: Second Quarter (April 1, 2018 to June 30, 2018)

Demonstration Year 2, Quarter 2
April 1, 2018 through June 30, 2018

The Health IT Operational Plan is composed of actionable deliverables to advance the health IT goals and the vision articulated in the Health IT Strategic Roadmap in support of Medicaid Transformation in Washington State.[4] The focus of the Health IT Roadmap and Operational Plan aligns with the three phases of work in the Medicaid Transformation Project: design, implementation and operations, and assessment. The Health IT Operational Plan includes 92 deliverables and tasks in multiple areas including: data, data analytics, data governance, health IT/health information exchange (HIE) (including the training needs of Accountable Communities of Health (ACHs)), financing, master person identifier, provider directory, and evaluation. This year, 2018, is largely focused on identifying and advancing the data needed by the state, ACHs, and providers; technology tools needed by providers for interoperable HIE; and existing infrastructure projects (i.e., Clinical Data Repository (CDR)).

Success Stories

The Health IT team continued to engage with the ACHs to understand their health IT capacity and develop targeted technical assistance to advance their regional projects, and ensure health IT and HIE elements are incorporated. During this quarter, HCA hosted several Health IT Operational Plan updates and technical assistance webinars for ACHs that connected foundational elements of health IT and HIE with ACH Project Plans.

HCA conducted individual meetings with ACHs to understand regional needs and differences and what support from HCA, DOH, and federal partners would help advance the ACH's health IT and HIE goals for providers in their regions. As a result of these conversations, HCA expects that ACHs will leverage and expand providers' use of the interoperable health IT and HIE infrastructure available and emerging through the statewide HIE organization, OneHealthPort (OHP), including providers' use of OHP's HIE service and the CDR.

The second quarter of 2018 saw a continuation of the Substance Use Disorder (SUD) HIE and Consent Management Workgroup with multiple state agencies collaborating and sharing information to support the exchange, re-use and consent management of SUD information. HCA, in collaboration with DOH, submitted to CMS an application for an IMD Waiver (as an amendment to its Medicaid Transformation Project). The IMD Waiver includes a SUD Health IT Plan primarily focused on enhancing the functionality and use of the Prescription Monitoring Program.

HCA continues to implement its behavioral health data streamline project that will meet health IT interoperability goals. The agency has secured a project manager and is working to augment state staff with contracting staff to successfully implement the project.

HCA shared with ACHs information about Health Information Sharing Assessments. As requested, HCA assisted ACHs in designing assessments of providers' HIE capacity. HCA provided a memo to an ACH on 90/10 funding. HCA leadership is reviewing two Biennium Budget Decision Packages (DPs) (for State Fiscal Years 2019 – 2021) requesting state funds to draw down enhanced federal Medicaid matching payments using MMIS and HITECH authorities. The DPs identify several areas for which enhancements to support statewide HIE are needed. Once approved by HCA, the packages will be advanced for consideration by the Governor, and if approved, advanced to the state legislature for authorization.

[4] https://www.hca.wa.gov/assets/program/health-information-technology-strategic-roadmap.pdf

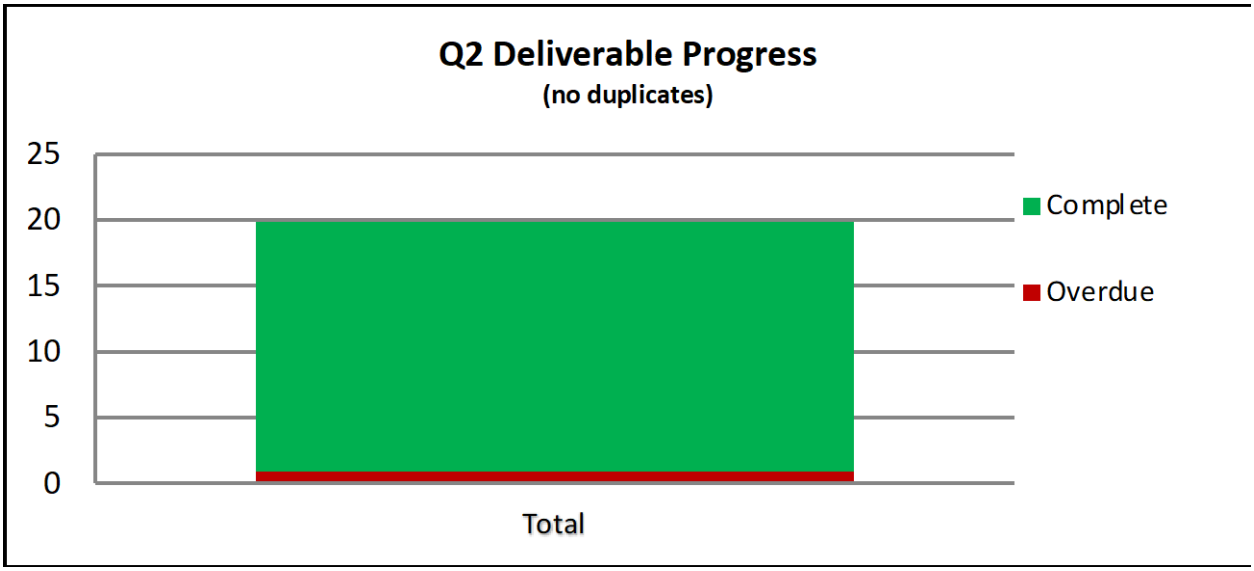
An Implementation Advance Planning Document (IAPD) was approved by CMS on 4/25/18. The IAPD requested funds (using enhanced federal match rates) for FFY 2018 and FFY 2019. Some of the activities included in the approved IAPD include:

- Design, Development and Implementation (DDI) costs for the Medicaid EHR Incentive Payment Program and planning.
- Support implementation activities for meaningful use initiatives in the State Medicaid Health Information Technology Plan.
- Expand data in the CDR.
- Subsidize/reduce CDR on-boarding costs.
- Acquire data exchange tool(s) to provide access to data from non-EHR systems used by behavioral health (both mental health and substance abuse) and long-term care providers; and cleanse, transform and load into the CDR. Work is underway to integrate into the CDR pharmacy data from state-operated residential service providers for persons with developmental disabilities.
- Continue support for DOH use of the HIE and build on the interoperability between DOH surveillance systems and registries and Medicaid provider EHR systems to increase Meaningful Use so that critical population health and surveillance data is reported and accessed from the point of care.
- Continue support for Project Management Resource to support the Health IT Operational Plan initiatives.

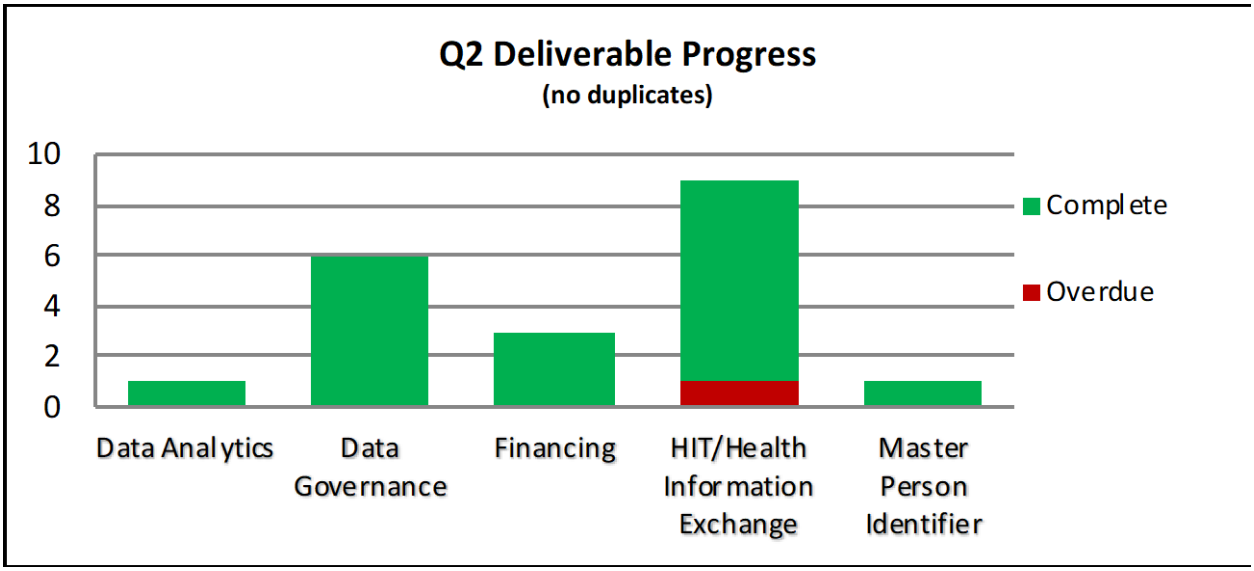
Progress to date

Washington State has made considerable progress in advancing its Health IT Operational Plan, including coordinating with tribes, disseminating information to ACHs and partners on state and national health information exchange resources, introducing ACHs, providers and others to the CMS Health Information Sharing (HIS) assessment and supporting ACHs in their efforts to assess the health IT/HIE capacities and needs of providers in their region, and continuing the SUD HIE and Consent Management Workgroup.

At the end of Q2, HCA completed approximately 95% of all deliverables due in Quarter 2. There was one deliverable that remains overdue (discussed further in the challenges section of this report).



Washington State continues to work on deliverables in all major deliverable categories.



Challenges

While substantial progress has been made, there is a one deliverable that is overdue. This deliverable includes the following:

Task Number	Task	Comment
O5-011	Based on assessment findings and need (and barriers/gaps) for HIE at the point of care, and available HIT/HIE tools. HCA will identify: • shared HIT/HIE/care coordination tools • funding for shared HIT/HIE tools • shared HIT/HIE contracts/contracting language	Task updated and edits: • HCA engaged in one on one conversations with ACHs through which shared/common HIE needs were identified across ACHs. • HCA is developing a 24 month HIE/CDR Roadmap that includes several activities that are topically aligned with ACH identified needs. • CMS approved an amendment to the Medicaid Transformation Project to permit Medicaid coverage of substance use disorder (SUD) services in institutions for mental disease (IMDs). The amendment requires a SUD HIT implementation plan which includes tasks related to enhancing the functionality and use of the Prescription Monitoring Program, and supporting the exchange and consent management of SUD information. HCA will pursue funding to support the implementation of these activities. • HCA continues conversations with OneHealthPort (OHP) to determine the feasibility of supporting priority HIE areas and considering additional resources, if necessary. • As described above, HCA staff developed two DPs requesting state funds to support HIE at the point of care using statewide HIE solutions. • In Q3 and Q4, the calendar year 2019 HIT Operational Plan will be drafted to include key infrastructure activities that will be undertaken to support and expand

		statewide HIE; and will include tasks to support the SUD HIT Plan (in the recently approved IMD Waiver), and other activities needed to support the MTP.

Changes in Health IT Operational Plan

There were no changes to deliverables during the Q2 of 2018.

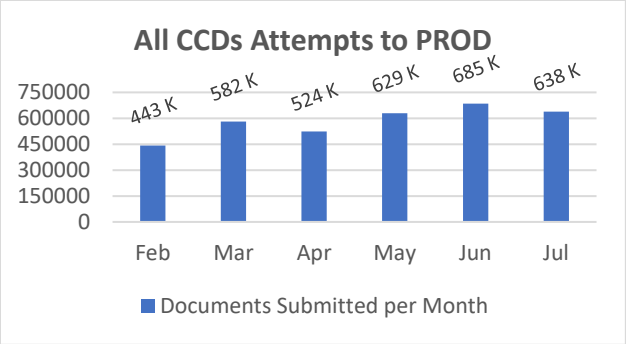
Clinical Data Repository Monthly Report

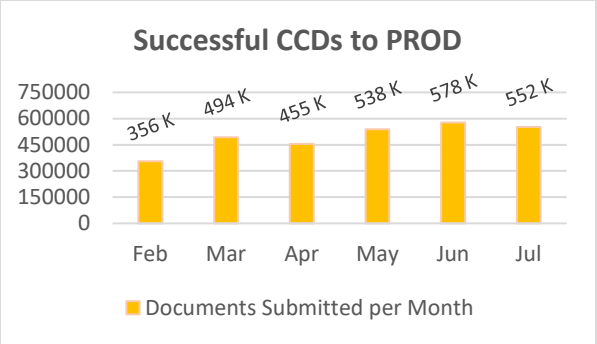
Per CMS request, attached to this quarterly report is the most recent monthly CDR status report.

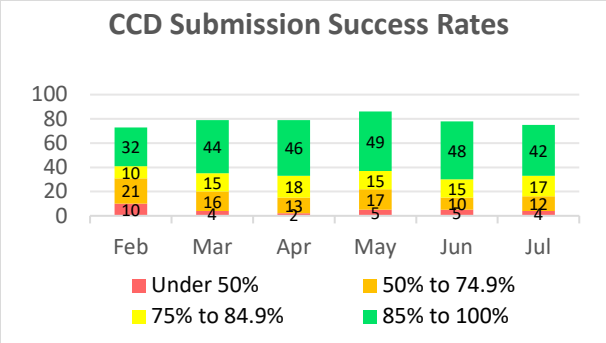
Next Steps

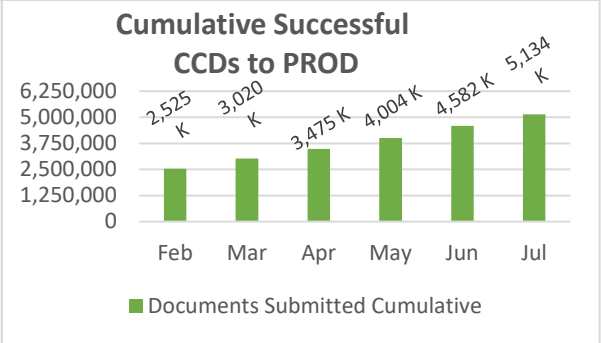
The state has initiated planning for the 2019 Health IT Operational Plan. This includes submitting decision packages for health IT related items for consideration by agency leadership and governor's staff for inclusion in the 2020 Governors Budget. This planning will be ongoing with an anticipated completion date of December 1, 2018 pending funding decisions.

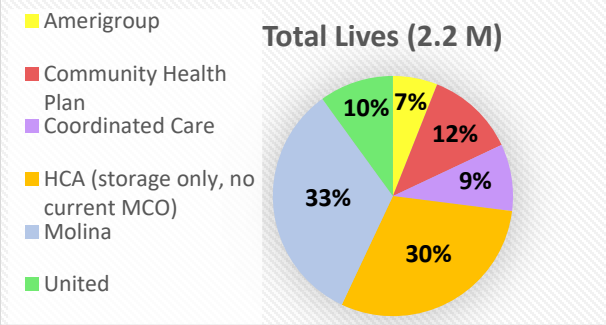
Clinical Data Repository Sponsor Dashboard
(Prepared for Executive Sponsors – August 14, 2018)











Number of providers submitting to PROD:

- Total Org Parent : 52
- Total Org Child: 22

Please note that the above counts include stand alone parent and child orgs as well as linked parent & child orgs. Some providers are reported at the overall parent organization level and some at the child level (by specific facility/location).

<u>Top 20 Organizations by total successful CCD submissions in July</u>

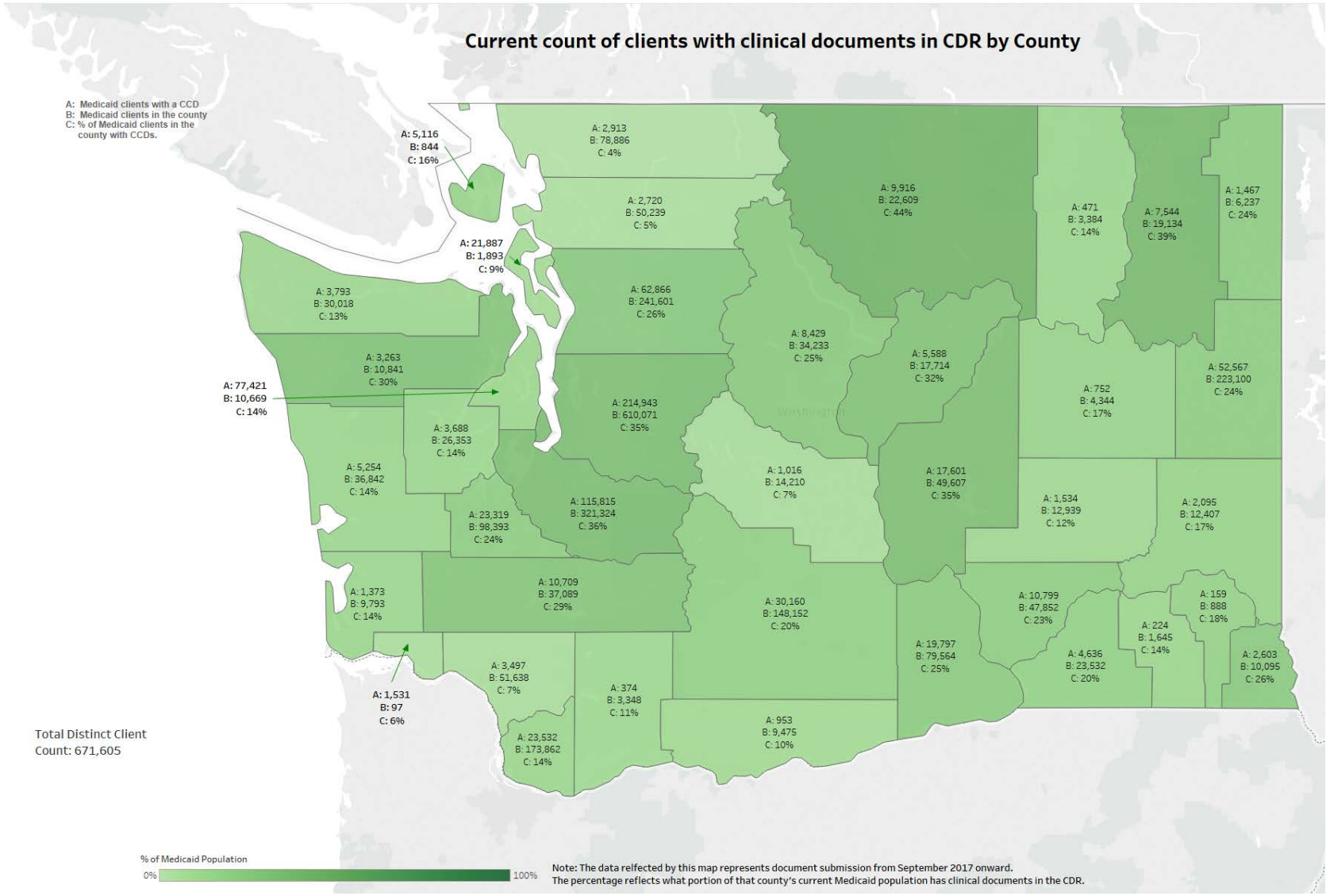
1. University of Washington (110,583)
2. MultiCare Facilities (69,804)
3. PHS Washington Montana (69,733)
4. Swedish Medical Center (45,101)
5. Health Point CHC (40,507)
6. Franciscan Health System (30,272)
7. Neighborcare Health (29,449)
8. Confluence Health (23,835)
9. Kadlec Regional Medical Center (22,821)
10. Yakima Neighborhood Health Services (17,346)
11. Community Health Care (14,177)
12. Valley Medical Center Renton (7,504)
13. Country Doctor (6,194)
14. The Everett Clinic (5,262)
15. Tri-Cities Community Health (5,110)
16. Family Health Centers (5,099)
17. Pacific Medical Center (4,838)
18. Valley View Health Center (4,687)
19. Moses Lake Community Health Center (4,423)
20. Legacy Salmon Creek (3,993)

Clinical Data Repository Sponsor Dashboard
(Prepared for Executive Sponsors – August 14, 2018)

Number of Provider Organizations in UAT in last month: 19
Current time-based extension requests: 64 (final count, no longer accepting extension requests)
CDR Tickets at HCA: 10 and CDR Tickets at OHP: 9
Please see enclosed maps for further detail:

- Green set of maps: percentage of clients with at least one CCD in their record (by county & by ACH)
- Brown set of maps: percentage of clients with at least one claim in their record (by county & by ACH)
- Blue set of maps: distribution of Medicaid clients across the state (by county & by ACH)

Clinical Data Repository Sponsor Dashboard
(Prepared for Executive Sponsors – August 14, 2018)



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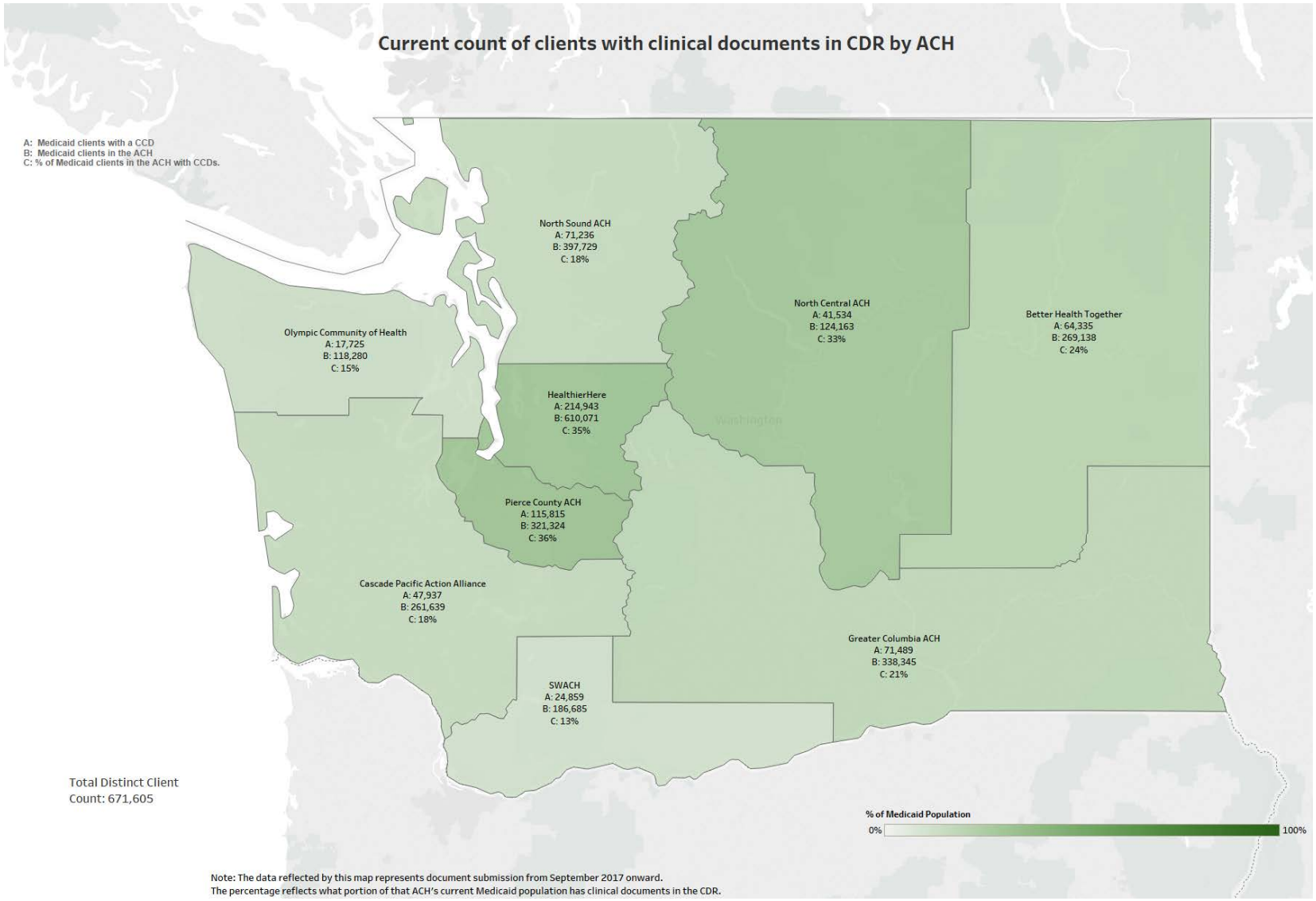

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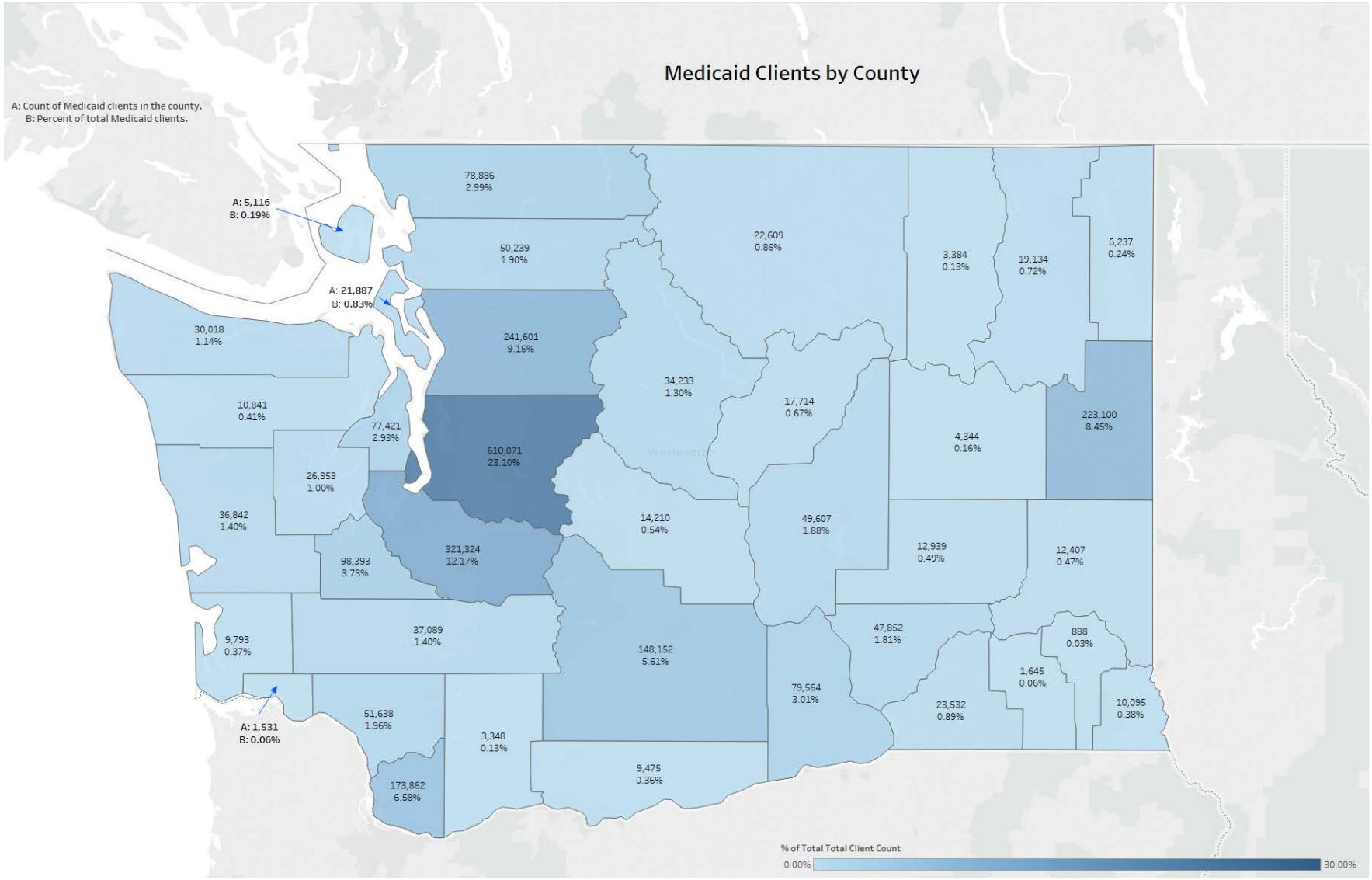

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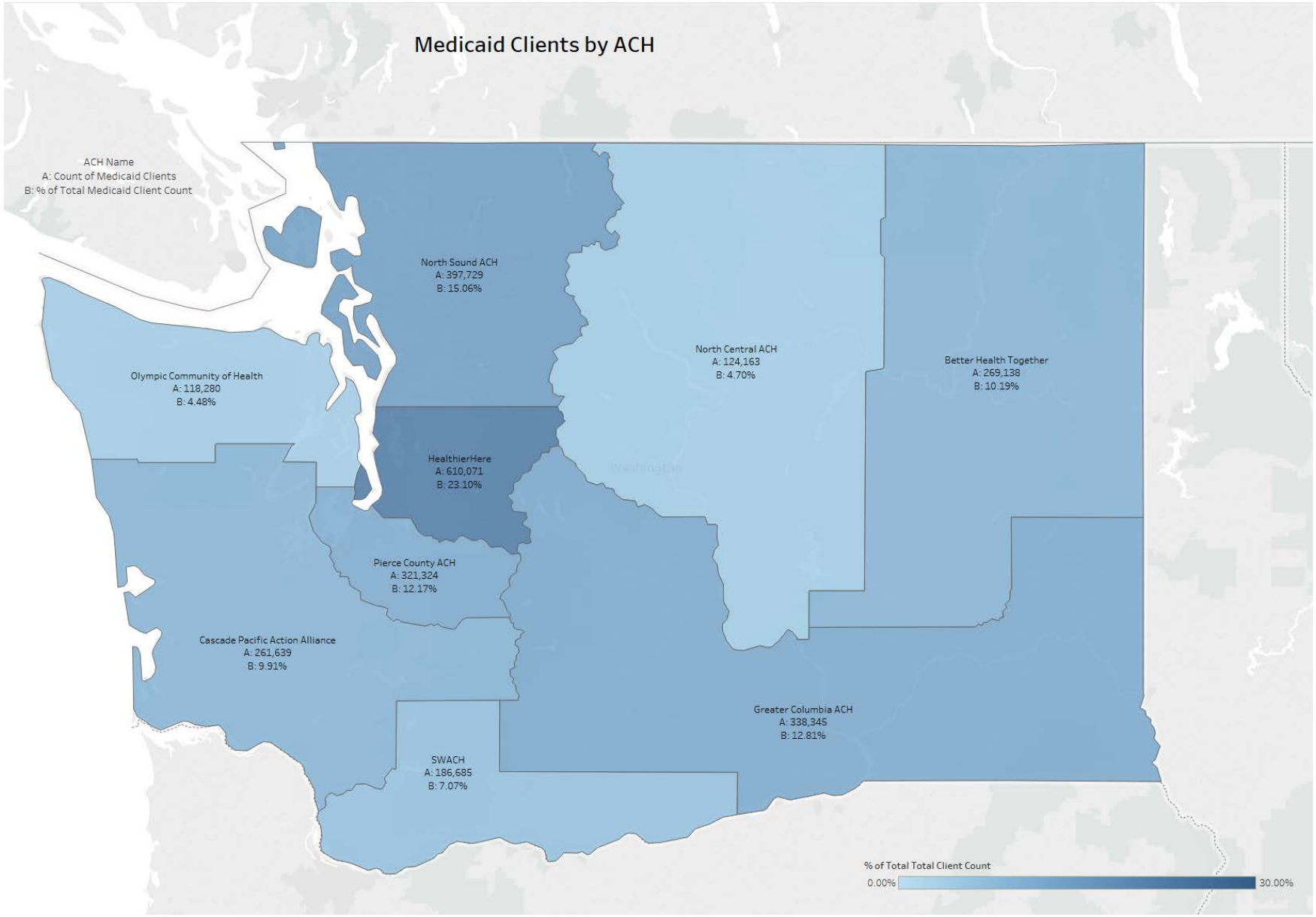

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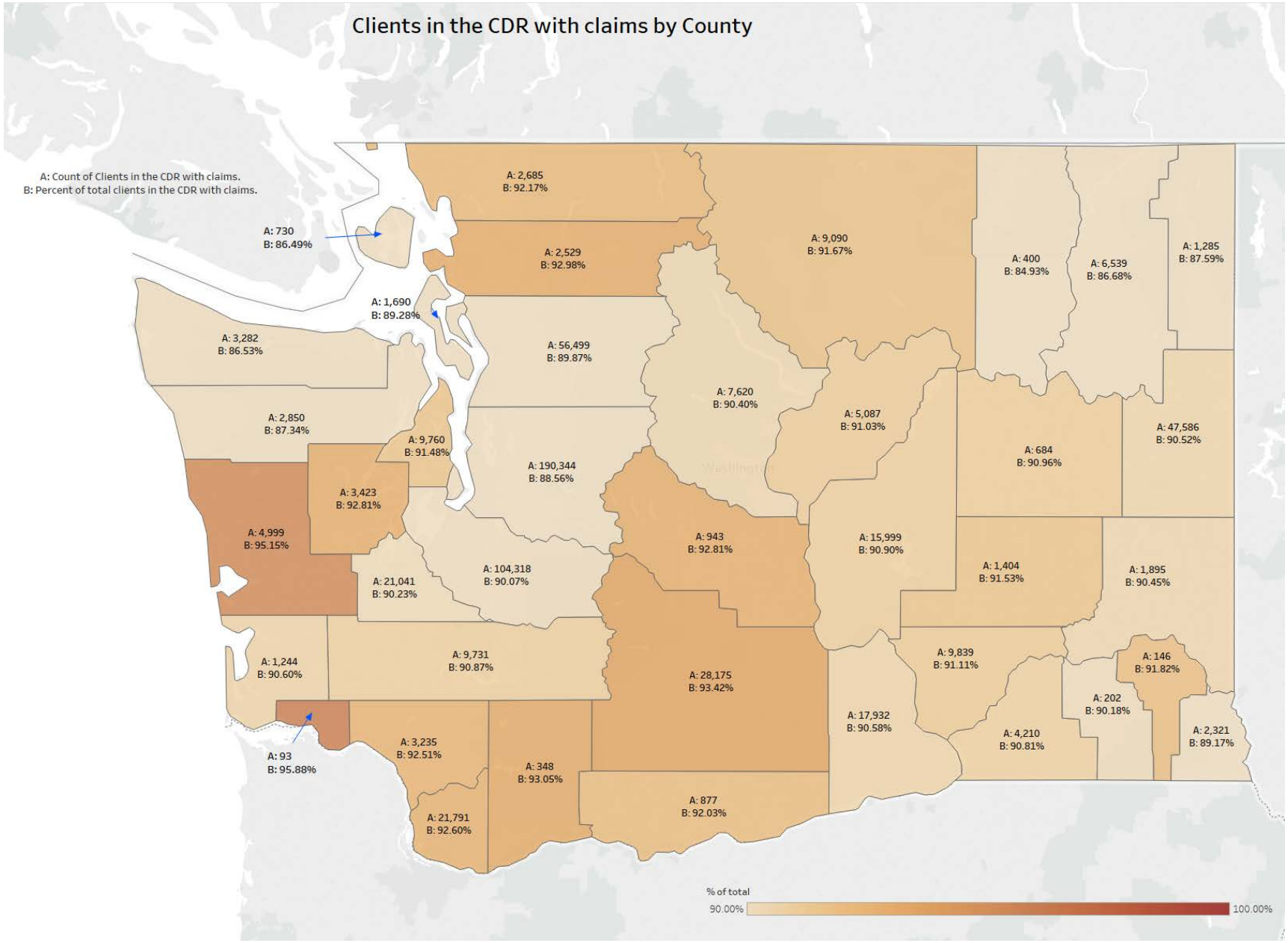

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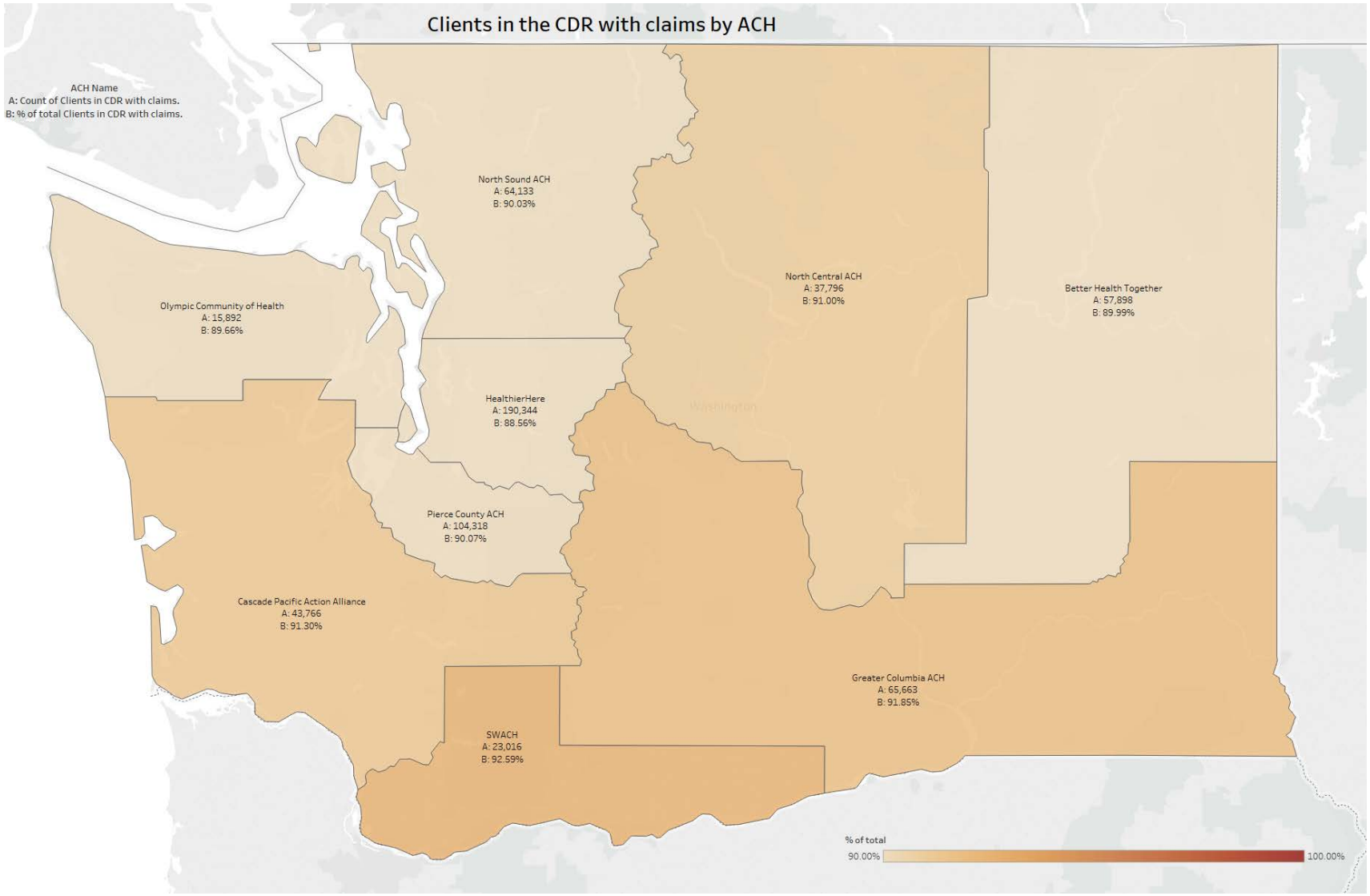

Init.	% Complete	Start	End	Deliverable Description	Qtr	Status	Category
01-001	55.00	2/1/18	12/31/18	HIT Operational Plan monthly meetings	Q4	In Process	Monthly Meetings
02-002	54.00	10/1/17	12/31/18	Create a list of data sources needed for project implementation	Q4	In Process	Data
02-003	0.00	10/1/17	12/31/18	Ensure data inventory will include comprehensive data list	Q4	In Process	Data
02-004	31.00	1/1/18	7/31/18	Propose recommended policies, governance and infrastructure changes	Q2	In Process	Data
02-005	100.00	4/1/18	12/31/18	HCA will review P1 project artifacts related to whether HCBS providers are HIPAA covered entities	Q4	Complete	Data
02-006	33.00	4/1/18	12/31/18	SAMSHA-HCA will identify and streamline BH reporting requirements	Q4	In Process	Data
02-008	36.00	10/1/17	9/30/18	Develop patient/provider attribution approach	Q4	In Process	Data
03-001	33.00	10/1/17	9/30/18	HCA will define data aggregation and present options	Q3	In Process	Data Governance
03-002	0.00	4/1/18	12/31/18	HCA will support and monitor progress of APCD	Q4	In Process	Data Governance
03-003	0.00	4/1/18	12/31/18	HCA will invest in data aggregation in support of payment model 4	Q4	In Process	Data Governance
03-004	0.00	1/1/18	12/31/18	HCA will support Master Data management	Q3	In Process	Data Governance
03-005	0.00	1/1/18	12/31/18	HCA will support Truven/IBM data model-phase 2	Q3	In Process	Data Governance
03-006	100.00	8/1/17	3/31/18	Payment Model 2 analytic support from AIM/RDA	Q4	Complete	Data Governance
03-007	100.00	4/1/18	4/1/18	HCA will explore Provider One updates to support FQHC/RHC APM4	Q4	Complete	Data Governance
03-008	88.00	1/1/18	12/31/18	HCA will develop and disseminate data governance guidelines	Q4	In Process	Data Governance
03-009	0.00	1/1/18	12/31/18	HCA will support ACHs in adhering to HCA data governance guidelines	Q4	In Process	Data Governance
03-010	100.00	10/1/17	3/31/18	HCA and DSHS will consult with SAMHSA on 42 CFR Part 2	Q1	Complete	Data Governance
03-011	100.00	10/1/17	3/31/18	HCA will collaborate with ONC on state collaborative for SUD and other sensitive information	Q2	Complete	Data Governance
03-012	100.00	1/1/18	6/30/18	HCA will encourage other state agencies to participate in ONC state learning collaborative	Q4	Complete	Data Governance
03-013	50.00	1/1/18	9/30/18	HCA will share information about consent management of sensitive/SUD information	Q4	In Process	Data Governance
03-014	0.00	7/1/18	9/30/18	HCA will identify components to pilot the exchange of consent management for 42 CFR part 2	Q1	In Process	Data Governance

Init.	% Complete	Start	End	Deliverable Description	Qtr	Status	Category
03-015	0.00	1/1/18	9/30/18	Develop DSAs that adhere to state and agency policies for data governance	Q1	In Process	Data Governance
03-016	100.00	4/1/18	6/30/18	Consult with ONC to understand 21st century cures act	Q2	Complete	Data Governance
03-017	0.00	4/1/18	12/31/18	Statewide DSA strategy Complete	Q3	In Process	Data Governance
03-019	0.00	7/1/18	9/30/18	HCA will encourage ACHs to partner with jails and corrections to ease burdens at transition	Q3	In Process	Data Governance
04-001	45.00	11/1/17	12/31/18	HCA will build out dashboards for Medicaid standard reporting	Q3	In Process	Data Analytics
04-002	100.00	10/1/17	3/31/18	HCA will create analytic ready data products	Q2	Complete	Data Analytics
05-001	50.00	10/1/17	12/31/18	HIT/HIE Assessment strategy complete	Q4	In Process	HIT/Health Information Exchange
05-002	75.00	10/1/17	7/31/18	Determine scope and results of HIT/HIE assessments of providers in ACHs	Q3	In Process	HIT/Health Information Exchange
05-003	100.00	1/1/18	3/31/18	Introduce ACHs, Providers and other to CMS Health information sharing assessment	Q4	Complete	HIT/Health Information Exchange
05-004	25.00	1/1/18	9/30/18	If needed, HCA will support ACHs in assessing provider HIT capacity	Q1	In Process	HIT/Health Information Exchange
05-005	89.00	1/1/18	7/31/18	Explore HIT/HIE solutions to address barriers/gaps in ACH projects	Q4	In Process	HIT/Health Information Exchange
05-006	100.00	1/1/18	3/31/18	Participate in round table discussions with tribal governments	Q3	Complete	HIT/Health Information Exchange
05-007	100.00	1/1/18	6/30/18	Provide a presentation on HIE to tribal government leaders	Q1	Complete	HIT/Health Information Exchange
05-008	100.00	10/1/17	3/15/18	HCA will consult with Tribal Government leaders to understand concerns related to privacy issues and identify solutions to address concerns	Q3	Complete	HIT/Health Information Exchange
05-009	100.00	10/1/17	12/31/17	Tribes and IHCP will submit a IHCP planning funds plan for statewide improvement in AI/AN behavioral health	Q3	Complete	HIT/Health Information Exchange

Init.	% Complete	Start	End	Deliverable Description	Qtr	Status	Category
05-010	0.00	1/1/18	9/30/18	HCA and Tribal governments will consult and collaborate on HIE and PHM activities	Q1	In Process	HIT/Health Information Exchange
05-011	50.00	1/1/18	6/30/18	HCA and ACHs will identify shared HIT/HIE care coordination tools, funding for HIE tools, and shared contracts/contracting language	Q2	Overdue	HIT/Health Information Exchange
05-012	100.00	4/1/18	9/30/18	HCA will pursue 10% matching funding to support HIT/HIE assessment activities	Q1	Complete	HIT/Health Information Exchange
05-013	100.00	1/1/18	3/31/18	HCA will explore CRM tool for ACHs	Q3	Complete	HIT/Health Information Exchange
05-015	0.00	4/1/18	12/31/18	HCA will design and disseminate a quarterly report by provider and MCO that shows progress in who is using the CDR	Q3	In Process	HIT/Health Information Exchange
05-016	25.00	10/1/17	12/31/18	HCA will convene a clinical group to provide guidance/feedback on the type and format of info in CDR	Q2	In Process	HIT/Health Information Exchange
05-017	75.00	10/1/17	12/31/18	FHCQ will lead effort to create "high priority" use cases for CDR	Q3	In Process	HIT/Health Information Exchange
05-018	0.00	4/1/18	9/30/18	HCA will convene group to prioritize CDR needs to meet the Medicaid transformation	Q1	In Process	HIT/Health Information Exchange
05-019	0.00	1/1/18	9/30/18	HCA and OHP will develop a catalog of OHP services, provider types registered, and future services	Q4	In Process	HIT/Health Information Exchange
05-020	0.00	1/1/18	9/30/18	HCA will work with OHP to identify EHR tools that do not support ProviderOne IDs	Q4	In Process	HIT/Health Information Exchange
05-021	0.00	1/1/18	7/31/18	HCA will work with OHP to launch CDR provider portal	Q4	In Process	HIT/Health Information Exchange
05-022	0.00	10/1/18	12/31/18	HCA will consider the need to provide individual level access to health information	Q3	No Status	HIT/Health Information Exchange
05-023	55.00	2/1/18	12/31/18	Monthly TA meetings	Q3	In Process	HIT/Health Information Exchange

Init.	% Complete	Start	End	Deliverable Description	Qtr	Status	Category
05-024	100.00	1/1/18	6/30/18	Identify TA topics	Q3	Complete	HIT/Health Information Exchange
05-025	100.00	1/1/18	6/30/18	Determine TA activities by QUALIS	Q3	Complete	HIT/Health Information Exchange
05-026	100.00	7/1/18	9/30/18	HCA will consider needs to implement alternative TA and training support models to assist providers	Q4	Complete	HIT/Health Information Exchange
05-027	0.00	7/1/18	9/30/18	HCA and ACHs will explore engaging private philanthropic organizations	Q4	In Process	HIT/Health Information Exchange
05-028	0.00	7/1/18	12/31/18	HCA annual HIT/HIE roadshow	Q2	In Process	HIT/Health Information Exchange
05-029	0.00	7/1/18	9/30/18	Contract for white paper describing best security practices for HIT/HIE	Q2	In Process	HIT/Health Information Exchange
05-030	0.00	4/1/18	9/30/18	Disseminate security practices white paper	Q3	In Process	HIT/Health Information Exchange
05-031	0.00	4/1/18	9/30/18	Identify performance measures related to adoption of HIT/HIE	Q3	In Process	HIT/Health Information Exchange
05-032	0.00	7/1/18	9/30/18	Share HIT/HIE performance measures with independent evaluator	Q4	In Process	HIT/Health Information Exchange
05-033	0.00	7/1/18	9/30/18	Disseminate performance measures	Q3	In Process	HIT/Health Information Exchange
05-034	0.00	4/1/18	9/30/18	HCA will explore methods with MCOs to encourage provider use of HIE technologies	Q3	In Process	HIT/Health Information Exchange
05-035	100.00	10/1/17	12/31/18	HCA will compile and disseminate contact list	Q3	Complete	HIT/Health Information Exchange
05-036	50.00	2/3/18	12/31/18	ONC quarterly updates	Q3	In Process	HIT/Health Information Exchange

Init.	% Complete	Start	End	Deliverable Description	Qtr	Status	Category
05-037	8.00	10/1/17	12/31/18	Reporting to Federal Government	Q3	In Process	HIT/Health Information Exchange
06-001	100.00	4/1/18	6/30/18	HCA will identify 90/10 funding sources	Q3	Complete	Financing
06-002	13.00	10/1/17	12/31/18	HCA will pursue funding sources to meet HIT needs	Q4	In Process	Financing
06-002	100.00	4/1/18	6/30/18	HCA will seek federal guidance on 10% match	Q4	Complete	Financing
06-003	0.00	1/1/18	12/31/18	HCA will actively explore opportunities to leverage 90/10 match	Q4	In Process	Financing
06-004	0.00	4/1/18	12/31/18	If needed identify a leg. Strategy	Q2	In Process	Financing
06-005	0.00	4/1/18	12/31/18	identify opportunities for shared HIT financial investments	Q4	In Process	Financing
06-006	0.00	1/1/18	12/31/18	HCA will support identified funding requests	Q2	In Process	Financing
06-007	0.00	1/1/18	6/30/18	HCA will procure Fraud Abuse Detection System tools for EDW	Q4	In Process	Financing
07-001	0.00	1/1/18	6/30/18	HCA will discuss options and authority to advance Master patient identifier	Q4	In Process	Master Person Identifier
07-002	0.00	10/1/18	12/31/18	If appropriate, HCA will pursue 90/10 funding to implement master patient identifier	Q4	No Status	Master Person Identifier
08-001	62.00	10/1/17	12/31/18	Determine feasibility of using 90/10 funding for provider directory tasks	Q4	In Process	Provider Directory
08-002	0.00	10/1/17	7/31/18	Consider enhancements to current provider license interface with ProviderOne	Q2	In Process	Provider Directory
08-003	43.00	7/1/18	12/31/18	HCA, will identify provider directory use cases	Q2	In Process	Provider Directory
08-003	100.00	7/1/18	12/31/18	Master Data Management provider files from Truven have been created	Q4	Complete	Provider Directory
08-003	100.00	7/1/18	12/31/18	Procured list of PCPs	Q4	Complete	Provider Directory
08-003	100.00	7/1/18	12/31/18	Cat 1 Provider data files in Excel form are available to ACHs in box.com	Q3	Complete	Provider Directory
08-003	0.00	7/1/18	12/31/18	Determine resources to complete the tasks	Q4	In Process	Provider Directory
08-003	0.00	7/1/18	12/31/18	Developing understanding of what is available in the Master Data Management	Q4	In Process	Provider Directory
08-003	0.00	7/1/18	12/31/18	Complete Dashboard using the provider data file for the ACHs	Q4	In Process	Provider Directory
08-003	0.00	7/1/18	12/31/18	Communicate availability of the Cat 1 provider files	Q4	In Process	Provider Directory

Init.	% Complete	Start	End	Deliverable Description	Qtr	Status	Category
09-001	0.00	7/1/18	12/31/18	HCA will present to leadership approaches for displaying P4P measures and means to explore sub-populations	Q4	In Process	Data Visualization
09-002	0.00	10/1/18	12/31/18	HCA (if appropriate) will determine costs of data visualization and identify funding sources	Q4	No Status	Data Visualization
10-001	83.00	2/1/18	12/31/18	An independent evaluation of Health IT/HIE activities will be conducted in accordance with evaluation protocol	Q4	In Process	Project Evaluation
10-002	0.00	10/1/18 0:00	12/31/18	Share independent evaluation results	Q4	No Status	Project Evaluation
10-002	0.00	10/1/18	12/31/18	Share independent evaluation results	Q4	No Status	Project Evaluation