



August 23, 2019

Dear Ms. Moore:

Thank you for the submission of Olympic Community of Health's Semi-Annual Report Assessment 3. As the contracted Independent Assessor for the Washington Health Care Authority's Section 1115 Medicaid Transformation Project, Myers and Stauffer LC (Myers and Stauffer) has assessed the Semi-Annual Review 3 submission requirements.

Upon review of the documentation submitted, we have identified the below areas within your submission where we have requests for additional information.

Please feel free to contact Myers and Stauffer at WADSRIP@mslc.com for additional information should you need clarification about the request. In your email, please specify your questions, or request a conference call if a discussion would be preferred. If requesting a conference call, please provide two or three available timeframes.

Please post your response in PDF, Excel or Word format following the resubmission instructions below to WA CPAS (<https://cpaswa.mslc.com/>) within the Request for Information folder (pathway is Semi-Annual Report > Semi-Annual Report 3 – July 31, 2019 > Request for Information). **We ask for your response no later than 5:00 p.m. PST, September 9, 2019.** Information received after this date will not be considered.

Thank you,
Myers and Stauffer LC



**Healthier Washington Medicaid Transformation
Accountable Communities of Health
Semi-Annual Report 3 Assessment
*Reporting Period: January 1 to June 30, 2019***

Request for Supplemental Information

Upon review of the ACH's Semi-Annual Report Assessment, the Independent Assessor has identified the below areas where we have additional questions or requests for clarification.

- If the question applies to the project narrative, please provide a response within this document. The naming convention should be as follows: "RESPONSE ACH name.SAR3.RFI.Date"
- If the question applies to any attachments, please respond with an **updated** attachment. The naming convention should be as follows: "REVISED ACH Name.SAR3 Attachment Name"

Section 1: ACH Organizational Updates

Question 10 – Budget/funds flow: The Financial Executor will provide to the Independent Assessor an ACH-specific report from the Financial Executor Portal, representing activity in the Portal during the reporting period. The Independent Assessor will append this document to the semi-annual report. Use Category reconciliation documentation will be included, if applicable.

The ACH may provide any context that may add clarity regarding the portal activity reports (e.g., inaccurate provider type designations, payments made outside the portal, etc.)

1. **Independent Assessor Question:** In your SAR 2.0 submission, it appears all ACH funds were listed as Administration (both listed total of 300,000 in funds distributed). In the SAR 3, Administration Funds are listed as 3,000 and ACH funds distributed as \$662,640.00. Are these dollars amounts correct? How were these funds allocated?

OCH Response: We reviewed the OCH SAR 2.0 submission and are unable to determine where the Independent Assessor is seeing \$300,000 of distributions to the Administrative category. The dollar amounts provided in SAR 3 and referred to in this document are correct. With the exception of the direct partner payment, the below list of funds were drawn down and allocated to support specific line items as approved by the OCH Board of Directors in our 2019 budget:

- \$3,000 – Administration: supports administrative meeting expenses.



- \$353,640 – Provider Engagement, Participation and Implementation: direct payment to a partner (\$133,640 to Kitsap Medical Group) and implementation of the Six Building Blocks program with up to 10 providers (\$220,000 for the University of Washington contract for Six Building Blocks).
- \$196,000 – Project Management: support for project management meeting expenses, contract to provide practice coaching to implementation partners
- \$110,000 – Health Systems Capacity Building: to provide financial support for a HIE/HIT solution in the OCH region

Question 10 – Design funds: Provide the ACH's total Design Fund expenditures to date and an outline of how those funds have been used, by Use Category or other ACH-specific identifiers. If the ACH has not expended the full amount of earned Design Funds, describe the planned use for these funds. ACHs may identify future expenditures by Use Category, or other ACH-specific identifiers.

2. **Independent Assessor Question:** For the "Other" category in your SAR2 Workbook under Design Funds, a total of \$124,749 spent for the reporting period of Jan 1, 2019 to June 30, 2019 was listed with the following comment: "These funds were spent under the old Use Category, "Project Plan Development," which is no longer in use."

In your SAR 3 report, the same amount is listed in the "Other" category and the same note on page 11. If this category is no longer in use, should it have been included in the SAR3?

OCH Response: Please note that OCH submitted a request to the WADSRIP email box to better understand this question. We didn't hear back before we needed to submit our write-back, so please let us know if further clarification is necessary. The question is confusing as you've referenced SAR2 and the first half of 2019 in the same question, which are different timelines. OCH assumed that the question in the SAR asked for total Design Fund expenditures to date, not just for the SAR time period. So, we provided the same answer as our spending to date did not change. Again, please let us know if we've interpreted the SAR question incorrectly.

Section 2: Project Implementation Status Update

Question 15 - Implementation work plan: The ACH must submit an updated implementation plan reflecting progress made during the reporting period. The updated implementation plan must clearly indicate progress made during the reporting period.

3. **Independent Assessor Question:** Stage 1 work step "Participate in the Health Systems



Capacity Building Workgroup (AWPHD, UW, HCA, ACHs, DOH)" has the status of not yet started for DY3. It is not clear when this work step will be completed for DY 3 (note it was completed in DY2). Please provide clarification.

OCH Response: OCH is not aware of such a workgroup, so we are not actively participating. As invited, we are happy to participate. OCH does participate in meetings with HCA and the other ACH executives on a regular basis, however, that meeting is not focused on health systems capacity building and does not include AWPHD, UW, or DOH.

Question 17 – Quality improvement strategy update: The ACH must submit quality improvement strategy updates on a semi-annual basis to keep HCA and IA apprised of quality improvement activities and findings. ACHs may determine the format to convey this information.

Semi-annual updates should demonstrate that the ACH has insights into the current implementation of transformation approaches, barriers identified by partnering providers, and the resources and technical assistance provided by the ACH to partnering providers to promote achievement of transformation outcomes and objectives.

Through these updates, ACHs are expected to report developments over the reporting period, such as: 1) modifications to the ACH's quality improvement strategy, 2) summary of findings, adjustments, and lessons learned, 3) support provided to partnering providers to make adjustments to transformation approaches, 4) identified best practices on transformation approaches.

4. **Independent Assessor Question:** OCH noted providers have varying interpretations of 42 Code Federal Regulations Part 2. How does OCH plan to address this finding?

OCH Response: Per federal regulations (specifically 42 Code Federal Regulations Part 2), Substance Use Disorder providers are held to a higher standard of patient confidentiality. This information may not be clear to all providers, so confusion persists regarding the sharing of information across sectors. In response to feedback from partners, OCH shared the recent guidance released by HCA, "[Substance use disorder \(SUD\) consent management guidance](#)" with many of our partnering providers including those providing substance use disorder treatment. Additionally, OCH is consulting with a local attorney on this issue and urges provider organizations to do so as well.

5. **Independent Assessor Question:** OCH stated that its contract with Coimagine has ended as of May 2019 and "ongoing partner support will be provided through other mechanisms." Please provide additional specificity on the "other mechanisms" OCH will employ to ensure ongoing partner support is provided.



OCH Response: When Comagine transferred our long-standing practice coach to another ACH region without a local replacement, it gave us the opportunity to step back and evaluate our approach to the provision of technical assistance, training, and support to OCH partners. Since submitting SAR 3, we conducted a survey with partnering providers to understand the needs and preferences of partners related to technical assistance and training. Only a few indicated interest in practice coaching, so we will not be moving forward in this direction. Based on the survey results (Survey responses were due at the end of July), we are now finalizing our plan and approach including multiple trainings, web-based support, peer-to-peer resource sharing, convenings, site visits, and more.

Question 19 – Regional integrated managed care implementation update: For 2020 adopters, briefly describe progress made during the reporting period on the development and participation in the region’s early warning system, communications workgroup, and provider readiness/technical assistance workgroup.

6. **Independent Assessor Question:** What progress was made on the Early warning system workgroup and Communications workgroups during the SAR3 reporting period? It is noted that OCH stated in your SAR2 RFI response that the Communications workgroup would be established no later than DY3 Q2. It appears neither of these workgroups met during the SAR3 reporting period. Please confirm. If this is correct, please explain the delay in implementing these two work groups.

OCH Response: The Health Care Authority is the lead organization for both of these IMC workstreams. At the direction of the Interlocal Leadership Structure (ILS) Health Care Authority representative, both the Communications and Early Warning System workgroups were launched after the SAR 3 reporting period, in August.

7. **Independent Assessor Question:** It is documented that OCH and Salish Behavioral Health Organization (SBHO) leadership held monthly Interlocal Leadership Structure (ILS) meetings throughout the reporting period with MCO, HCA, and county commissioners to develop collaborative plans for the Provider readiness/technical assistance workgroup, Early warning system workgroup and the Communications workgroup. Please provide additional detail on what a "collaborative plan" is including its purpose, goals and intended outcomes and how will this plan support regional integrated managed care implementation.

OCH Response: The Olympic/Salish region created the Interlocal Leadership Structure (ILS) to be a coordinating body to support successful financial integrated managed care (IMC). Given that our region elected to be an “on time” IMC adopter, resources and



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incentives specific to support financial integration aren't in place, so we are relying on close coordination and collaboration among partners to ensure success in 2020. There is not a formal plan of the ILS, however we are attaching a document that the group created that outlines the timeline for provider readiness, it is **Response OCH.SAR3.RFI**.

9.9.19_Attachment 1. At each monthly meeting, we discuss upcoming meetings and opportunities to support partners, as well as ensure we are tracking along the created timeline. This coordination ensures that all organizations working to support providers are on the same page and aligned.