Olympic Community of Health
Agenda (Action items are in red)

Board of Directors Meeting
February 13, 1:00-3:00 pm|7 Cedars Hotel & Casino

Key Objective: To collaboratively advance the work of Olympic Community of Health

#	Time	Topic	Purpose	Lead	Attachment
1	1:00	Welcome, introductions, land acknowledgement, housekeeping	Welcome	Mike Maxwell	
2	1:10	Consent agenda	Action	Mike Maxwell	1. BOD Minutes from January 9, 2023 2. February Executive Director Report
3	1:20	Public Comments (2-minute max)	Information	Mike Maxwell	
4	1:25	Value-Based Purchasing Workgroup Report (2022)	Action	Miranda Burger & VBP Workgroup Member	3. SBAR VBP Case Study 4. VBP Case Study Report
5	2:00	MCO Procurement	Discussion	Mike Maxwell	5. Letter to HCA about MCO Procurement
6	2:15	2022 Annual Report	Information	Amy Brandt	2022 Annual Report Link
7	2:25	Annual ED Performance Review Process	Information	Mike Maxwell	
8	2:35	Coffee Break Video #5 – Community & Clinical Partnerships	Discussion	Amy Brandt	Video Link
11	2:55	Good of the Order – Board member and public comments (2-minute max)	Information	Mike Maxwell	
13	3:00	Next meeting & Adjourn **March 13** Location: 7 Cedars Hotel & Casino Lunch provided prior to the meeting, and everyone is welcome at a post-meeting social hour.	Information	Mike Maxwell	

Olympic COMMUNITY of HEALTH

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Board of Director's Meeting Minutes

Date: 1/09/2023	Time: 1:00 PM	Location: 7 Cedars Hotel, Jamestown S'Klallam

Chair In-Person: Michael Maxwell, *North Olympic Healthcare Network*
Members Attended In-Person: Apple Martine, *Jefferson County Public Health*; Bobby Beeman, *Olympic Medical Center;* Brent Simcosky, *Jamestown S'Klallam Tribe*; G'Nell Ashley, *Reflections Counseling*; Stormy Howell, *Lower Elwha Klallam Tribe*; Wendy Sisk*, Peninsula Behavioral Health;* Beth Johnson, *Coordinated Care;* Brian Burwell, *Suquamish Wellness Center;* Jennifer Kreidler-Moss, *Peninsula Community Health Services*
Members Attended Virtually: Cherish Cronmiller, *Olympic Community Action Programs*; Roy Walker*;* Kim Freewolf, *Port Gamble S'Klallam Tribe;* Keith Sprague, *St. Michael Medical Center*; Jolene Kron, *Salish Behavioral Health Administrative Services Organization;* Jolene Winger, *Quileute Tribe;* Laura Cepoi, *Olympic Area Agency on Aging;* Jody Moss*;* Susan Buell*, YMCA of Pierce and Kitsap Counties;* Jake Davidson, *Jefferson Healthcare*
Non-Voting Members Attended In-Person: Jim Novelli, *Discovery Behavioral Healthcare;* Laura Johnson, *United Healthcare Community Plan*; Kate Jasonowicz, *Community Health Plan of Washington*
Non-Voting Members Attended Virtually: Laurel Lee*, Molina Healthcare;* Lori Kerr, *St. Michael Medical Center;* Siobhan Brown*, Community Health Plan of WA;* Derek Gulas, *United Healthcare*
Guests and Consultants Attended In-Person: Lori Fleming, *Jefferson County Behavioral Health Consortium*
Guests and Consultants Attended Virtually: Barb Jones, *Jefferson County Community Health Improvement Plan;* Carmen Ortiz, *First Step Family Support Center*
OCH Staff: Celeste Schoenthaler, Miranda Burger, Amy Brandt (virtual)

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Mike Maxwell	Welcome, introductions, land acknowledgement, housekeeping		
Mike Maxwell	Consent agenda	The Executive Committee discussed sole source contracts and recommended the motion.	Minutes **APPROVED** unanimously Consent Agenda **APPROVED** unanimously
Mike Maxwell	Public Comments (2-minute max)	Molina Healthcare is offering $100 flu vaccine incentives for all members 6 months and older.	

Celeste Schoenthaler	2023 MCO Sector Representative	Beth Johnson has 34 years of healthcare experience in Washington on both provider and payer side. She has been with Coordinated Care for 5 years. Coordinated Care also covers Medicare and participates in the Washington Exchange.	Motion to approve Beth Johnson as the MCO sector rep for the OCH Board of Directors for calendar year 2023. **APPROVED** unanimously
Mike Maxwell	Conflict of Interest Policy & Procedure	Many Board members do have conflicts and that do not prohibit Board participation. Forms should be filled out with all conflicts declared. Board members, committee members, Staff, and some vendors complete the Conflict of Interest form each year. Staff will send the form out in the coming weeks via DocuSign.	Motion to approve the Conflict-of-Interest policy and direct staff to send to applicable parties via DocuSign. **APPROVED** unanimously
Celeste Schoenthaler	Quarter 3 2022 Financials	All materials were reviewed by Finance Committee in December. How did the $700,000 VBP P4P incentives get budgeted? This is 100% of what OCH can earn under 2021 VBP P4P, per Board approved Funds Flow Model. This is the last time OCH is eligible for VBP dollars under MTP 1.0. Earnings will be known in the summer of 2023. Staff will convene the Funds Flow workgroup after	Motion to accept the 2022 quarter three financials as presented. **APPROVED,** Beth Johnson abstained

		we know actual earnings to make decisions on how to allocate funding.	
Celeste Schoenthaler	2023 Budget	Do salaries/benefits include dollars to recruit/retain staff competitively? Salaries/benefits include kind increases for staff. We don't spend a lot on recruiting. Currently we have 3 job openings and we advertise on our website, newsletters, and social media. How much of the overall business line is now Care Connect? Care Connect takes 2.0 FTE. This is a cost reimbursement contract. OCH has four contracts with partners to implement this work (PCHS, NOHN, Olympic Peninsula YMCA, and KPHD). The biggest expense is the household assistance which is also direct reimbursement. Estimate close to 30% of OCH's overall budget. Where is this work going? The program is more popular than we thought. OCH served over 180 people in the first 4 months. Care Connect feels like a social service outside of the regular system.	Motion to approve the 2023 budget and direct the Executive Director to implement and execute it accordingly. **APPROVED** unanimously

		How have employee duties shifted with added administrative burden? Hiring the new 0.5 FTE to help on the administrative side due to the higher burden. 2023 feels like an off year as we wait for MTP 2.0. Care Connect can be beneficial because it prepares us for some of the care coordination work that is to come under MTP renewal waiver. This budget does not include High Performance Pool (HPP) dollars. Once final dollar amounts are received for P4P, VBP P4P, and HPP, staff will convene the Funds Flow workgroup to make decisions on how dollars are allocated. Auditors do not review the budget. OCH has a stellar audit history. OCH does contract with an external accountant for bookkeeping and accounting services.	
Miranda Burger	Focus Area Action Plan next steps	Why are the two direct services actions under SUD not prioritized? And why are there two actions around transitional housing? OCH staff looked for actions where we could build on momentum or early successes to	Motion to approve prioritizing these 9 actions for 2023-2024 including a related forthcoming funding opportunity. **APPROVED,** Opposed by G'Nell Ashley Motion to approve the formation of a 2023 RFP Committee to determine principles, a high-level RFP concept, application scoring and review process, and funding

		demonstrate actionable successes, as well as alignment with Board approved 2023 priorities and budget. We would like to elevate the priorities from 3CCORP. These actions align with OCH's past work and planned priorities for 2023. What does the implementation of actions look like? It depends on the action and whatever strategy is the best fit. OCH will lead some actions and partners will apply for funding to carry out other collaborative projects. Convenings will be organized around actions. The action groups will not continue in the same formation into 2023. Their work was to establish the action plans that were approved by the Board in December 2022. Funded partner projects will align with OCH's strategic plan and mission. OCH works at a systems level toward health transformation, not health delivery. SUD services encompass harm reduction. Prioritized actions will guide OCH funding and staff time. In	recommendations for ultimate approval by the Board. **APPROVED** unanimously

		alignment with OCH's commitment to partnership, actions outside of the priorities will still be considered as funding and capacity allow. These priorities are a place to start for 2023-2024. Detox services are very needed. It is unclear how much impact OCH could have around this action. There is interest in conducting a white paper to learn more about detox and possible solutions.	
Amy Brandt	Coffee Break Video #5 – Community & Clinical Partnerships	Skipped due to time.	
Mike Maxwell	Good of the Order – Board member and public comments (2-minute max)	Jamestown S'Klallam will be giving a presentation to elected officials to build an evaluation and treatment center. Sharing support with elected officials is appreciated. Jamestown is willing to partner on white paper for regional detox. Andrew Shogren is the new health planner at Jamestown and can help. PCHS is in process of buying a house to convert for low-income housing, seeking collaboration with people who've done this before. Peninsula Behavioral	

		Health continues to work on a housing project. They anticipate occupying it in March. NOHN is seeing new patients in their newest service site. Expanding Optometry for Medicaid.	
Mike Maxwell	Confirm February 13, 2023, meeting and adjourn		

Monthly Executive Director report to the OCH Board of Directors – February 2023

- Hot Topics
    - OCH brought over 30 partners together on January 31 to share results of the recent **network analysis** (this was shared with the Board in November 2022).
    - The partners who received funding in 2022 for the "**Expanding the Table**" funding opportunity are compiling reports and will earn their second and final payment in February. Staff will share a summary of that work with the Board soon.
    - OCH staff attended a meeting in Kitsap County, hosted by Commissioner Rob Gelder to explore the idea of establishing a **Public Hospital District in Kitsap County**. The group discussed the strengths and challenges of the health delivery system in Kitsap and agreed to continue meeting quarterly.
    - OCH brought together the Care Coordination Agencies (CCAs) who work to support **Care Connect**, a program that offers resources for those who test positive for COVID-19 and are willing to isolate to stop the spread. The group reviewed data from the first few months of the program and shared feedback about the program.
    - OCH staff met with Department of Health in-person on February 1 for a **Care Connect site visit**. This was an opportunity to review workflows and processes with DOH and to share feedback about the program.
    - HCA and CMS continue to negotiate the forthcoming **Medicaid Transformation renewal waiver**. Staff hope to have concrete information to share with the Board and partners in the Spring.
- Subcommittee reports/updates
    - **Executive Committee** – The executive committee met on January 24 to discuss the agenda for the February board meeting and to hear updates from the Executive Director. The group is starting to plan for Celeste's annual performance review.
    - **Finance Committee** – The finance committee will meet again in April, 2023.
    - **Funds Flow Workgroup** – will meet again in the summer of 2023.
    - **2023 RFP Committee** – The initial meeting of the 2023 RFP Committee happened on January 30. The group reviewed a timeline, principles, and a high-level concept of the forthcoming Request for Proposals. The group will meet one more time before the RFP is released.
    - **Visioning Taskforce**- Committee is on hold.
- Upcoming meetings and events
    - Clallam & Jefferson County partners meeting with Peninsula College – February 27 – Peninsula College
    - OCH Executive Committee – February 28 - virtual
    - Board of Directors – March 13 – 7 Cedars
- Administrative & staffing updates
    - Welcome to Jocelyn Moore! Jocelyn joined the team in late January and will serve as an Operations & Events Coordinator.
    - Ruth Winkler will join the team on February 13 as a Community Program Coordinator. Welcome Ruth!

- The team is in the final stages of hiring for a second Community Program Coordinator.
- Staff are participating in an annual open enrollment process, with a new benefits cycle starting March 1.

Olympic Community of Health

SBAR: Value-Based Purchasing Action Group Case Study

Presented to the VBP Action Group on September 13, 2022
Updated and presented to the OCH Board of Directors on February 13, 2023

Situation

The Value-Based Purchasing (VBP) Action Group collaboratively shares the Olympic Region Case Study to promote advancement of the Health Care Authority's (HCA) efforts to transform health care by ensuring Washington residents have access to better health and better care at a lower cost. This case study provides a look at the challenges, successes, and opportunities in the Olympic region in hopes that it will guide future statewide as well as regional decision making and next steps.

Background

The VBP Action Group launched in March 2022 in response to partner feedback and is comprised of regional, cross-sector partners, including primary care, mental health, substance use disorder, hospital, community-based organizations, Managed Care Organizations (MCOs), and HCA. The purpose of the VBP Action Group is to identify challenges, gaps, as well as advocate for creative solutions to expand and improve VBP efforts across Clallam, Jefferson, and Kitsap counties. The Olympic Region Case Study is a direct result of the VBP Action Groups efforts.

As an on-time adopter for Integrated Managed Care (IMC) the Olympic region did not receive funds to support integration efforts. Clallam county was the only county in Washington state that did not have managed care for primary care prior to the launch of IMC, posing additional unique challenges. Prior to IMC all 5 MCOs had a presence in the Olympic region. With the transition to IMC the region went to three MCOs. In 2021, this expanded and all 5 MCOs are now again present.

In March 2020, statewide lockdowns were initiated in response to COVID-19. Providers necessarily solely focused on COVID-19 response for much of 2020. Many providers requested adaptations to MCO contracts through 2020 and 2021 as COVID-19 severely impacted provider ability to work towards targets and goals unrelated to COVID-19 response.

The Olympic region did not meet VBP Pay for Performance (P4P) metrics in 2020 causing significant financial impacts. OCH earned only $22,500 in VBP P4P and lost out on the majority of funds available, about $450,000, that could have been used to further support providers in VBP readiness.

OCH hosted several convenings throughout the Medicaid Transformation Project (MTP) to promote collaboration and shared learning across regional and statewide partners.

- Along the way OCH has promoted the VBP survey and tracked regional gaps, challenges, and opportunities.
- Along the way OCH has compiled partner feedback on gaps, challenges, and opportunities with VBP.
- In 2019 OCH hosted a convening of MCOs and community-based organizations to better understand the role of CBO's in VBP efforts.

- In August 2021 OCH hosted a convening of regional partners, HCA, and MCOs to promote shared understanding and conversations to address regional concerns in VBP. At this convening it was decided to bring together a smaller group of partners to continue action-oriented conversation.

Action

The VBP Action Group sets forth the Olympic Region Case Study and the following recommendations:

- Explore group contracting
- Create and enhance interoperable data systems
- Speed up data reconciliation process
- Include additional provider types in VBP arrangements
- Align metrics across different provider types
- Increase reimbursement rates, particularly for behavioral health
- Statewide workforce investments
- Community-based organization capacity building
- Establish baseline funding for transformation work
- Clear direction set by HCA on the role of community-based organizations in VBP and a path forward for direct contracting
- Investment in bi-directional communication and referral systems

The VBP Action Group pose the following for discussion:

- Where does HCA see alignment with other initiatives (Primary Care Transformation Model, WA-Integrated Care Assessment, MTP renewal waiver, care coordination, other)?
- How can this information inform HCA's strategy for implementation of planned initiatives?
- What can we collaboratively address now? Where do we start?
- What should we leave for another day?
- How can the VBP action group and/or OCH support next steps?

Recommendation

The OCH Board of Directors adopts the Olympic Region Case Study and directs staff to take action to share broadly with the OCH partner network as well as statewide partners.

The OCH Board of Directors directs staff to continue to facilitate connections between partners and MCOs.

December 2022

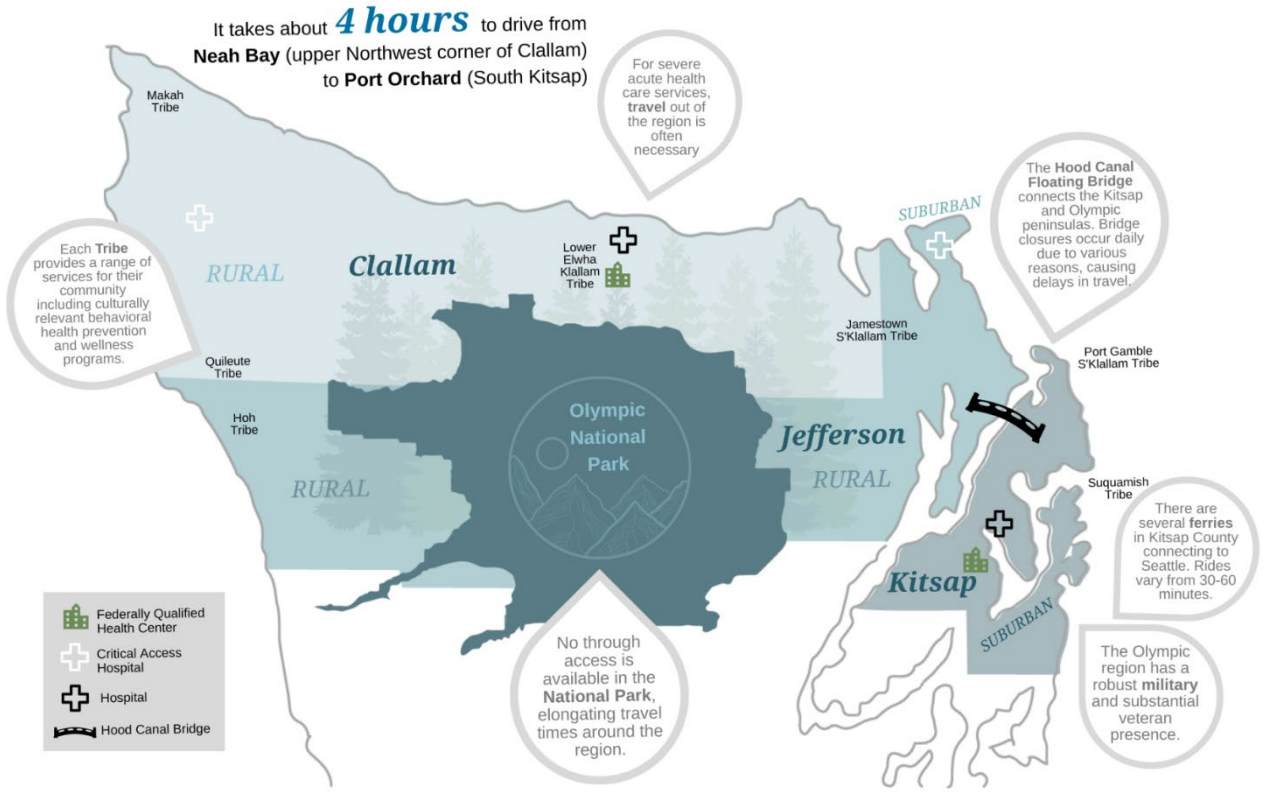
The purpose of this case study is to promote advancement of the Health Care Authority's (HCA) efforts to transform health care by ensuring Washington community members have access to better health and better care at a lower cost. This case study provides a look at the challenges, successes, and opportunities in the Olympic region around Value-Based Purchasing (VBP) to guide future statewide and regional decision making and next steps towards HCA's vision for a healthier Washington.

> *"VBP is a strategy used to improve the quality and value of health care services a person receives. VBP ensures health plans and health care providers are accountable for providing high-quality, high-value care and a satisfying patient experience.*
>
> *VBP uses value-based payment, which is a payment method for providers that rewards providers for the quality of health care, rather than the volume or number of patients a provider sees. (This is called fee-for-service.)" (Health Care Authority, 2022)*

Olympic Community of Health Value-based Purchasing (VBP) Action Group

The VBP action group is comprised of regional and statewide partners, including local Federally Qualified Health Centers, hospitals, primary care, behavioral health, substance use disorder, community-based organizations (CBOs), all five Managed Care Organizations (MCOs), and HCA.

The Olympic Region



How we got here

November 2019
OCH hosted a CBO & MCO convening to better understand the role of CBOs in VBP.

January 2020
Transition to Integrated Managed Care (IMC). As an on-time adopter the Olympic region did not receive funds to support integration efforts. Clallam county was the only county in Washington state that did not have mandated managed care for primary care prior to IMC.

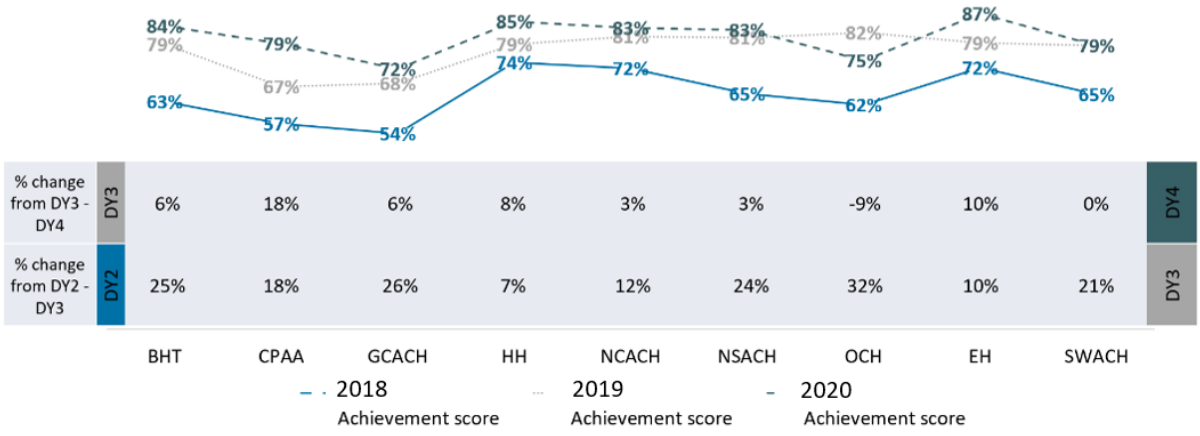
March 2020
COVID-19 lockdowns.

August 2021
Regional VBP convening to promote shared understanding and conversations to address regional concerns.

2022
Launched VBP action group to continue action-oriented conversation.

Current landscape

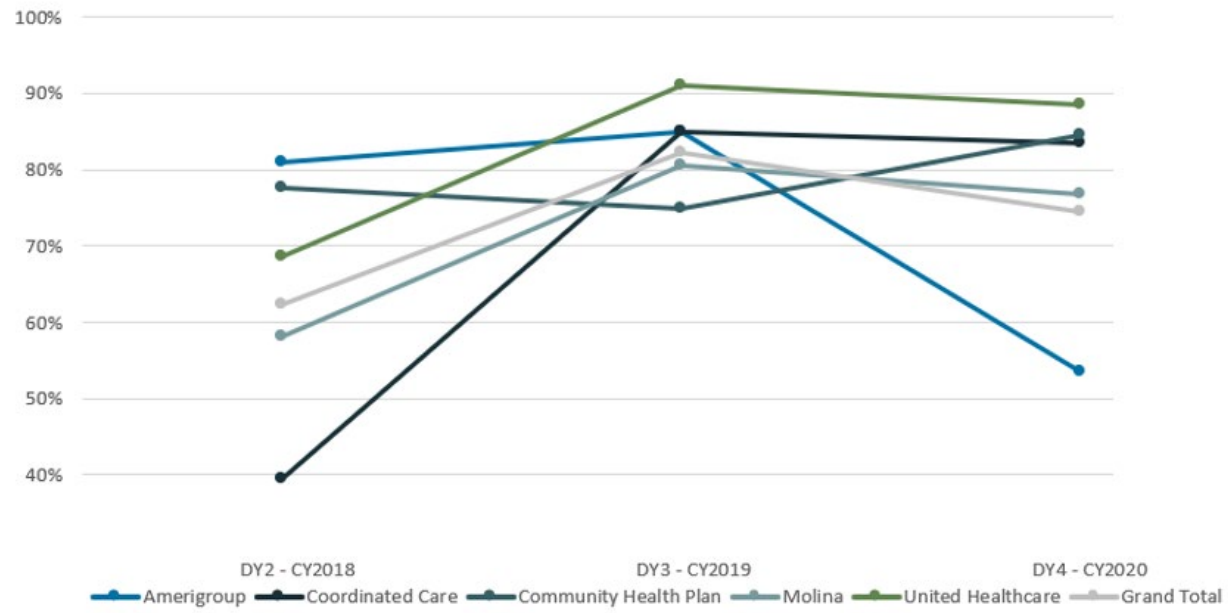
Figure 1: VBP achievement score comparison from 2019-2020



Key takeaways from Figure 1

- The Olympic region decreased penetration of MCO VBP by 7% (82% in 2020 and 75% in 2021) while the rest of Washington state increased or stayed the same.
- OCH earned only $22,500 in VBP pay for performance (P4P) for the performance year of 2020, and lost out on the majority of funds available, about $450,000, that could have been used to further support providers in VBP readiness.
- Statewide data indicate that rural areas, like the Olympic region, may be more negatively impacted compared to urban areas.

Figure 2: %VBP- OCH



Key takeaways from Figure 2

- In the Olympic region, a very limited number of providers are currently engaged in VBP contracts.
- Each MCO has their own approach to partnering and engaging providers in VBP to ensure success. MCOs are creative in their approaches to VBP, and many promising pilots have been launched.
- Molina has several promising VBP pilots in the Olympic region including:
    - Kitsap Recovery Center, an inpatient and outpatient SUD facility.
    - Kitsap Children's Clinic, a pediatric clinic.
    - Washington Alliance of YMCA's for Diabetes Prevention Program.

Challenges

Metrics

Metrics pose a significant barrier across multiple levels.

- **Misidentification:** Will these metrics lead to improved health outcomes and costs?
- **Misalignment**: Metrics across MCOs are not aligned leading to the unnecessary split of limited provider time and resources.
- **Inconsistency:** Changing metrics year to year poses a considerable burden for providers, who spend resources, time, and staff capacity to build systems to meet specialized metrics.

> **"If you do something for one patient, you do it for the entire patient population, you don't pick and choose depending what insurance provider they have."**
>
> – Peninsula Community Health Services

Data

Accurate as well as timely data are an essential component to provider quality improvement. The problem with data begins at attribution and misassignment is common.

	Barriers	Enablers
Payers	• Lack of interoperable data systems* • Payment model uncertainty* • Attribution* • Disparate incentives/contract requirements* • Disparate quality measures/definitions	• Interoperable data systems* • Cost transparency • Trusted partnerships and collaborations* • Aligned incentives/contract requirements* • Aligned quality measures/definitions*
Providers	• Misaligned incentives and/or contract requirements* • Lack of timely cost data to assist with financial management* • Lack of access to comprehensive data on patient populations* • Lack of interoperable data systems* • Insufficient patient volume by payer to take on clinical risk*	• Development of medical home culture • Ability to understand and analyze payment models • Access to comprehensive data on patient populations* • Common clinical protocols and/or guidelines associated with training for providers • Sufficient patient volume by payer to take on clinical risk

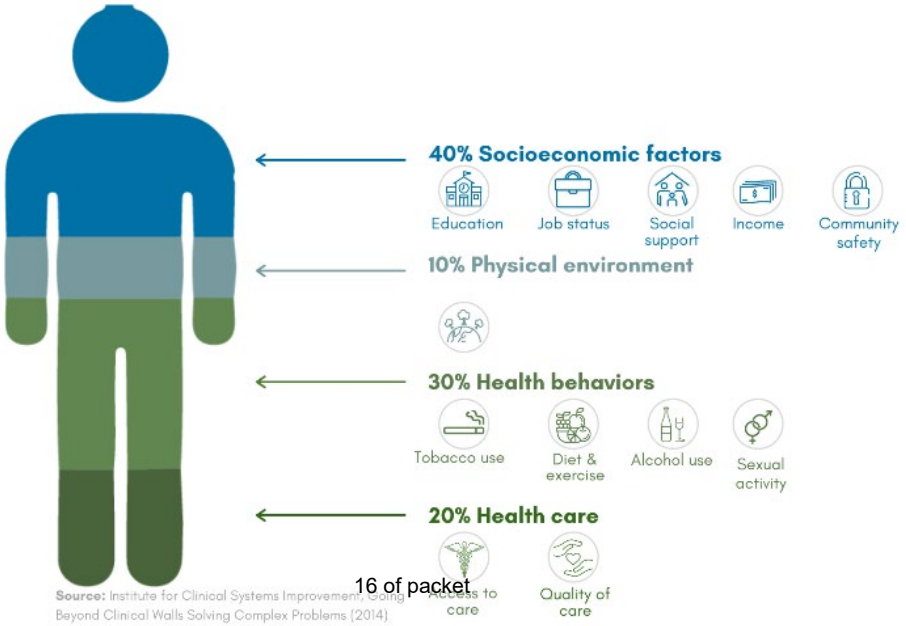
*Consistent with 2020 survey responses

Small numbers

The rural geography, extremely limited footprint of large health systems, and presence of all 5 MCOs results in **limited attributed lives to any one MCO.** For example, Jefferson Healthcare is the largest provider in Jefferson County, and serves approximately 6,000 Medicaid lives. Split across 5 MCOs, this means no significant population is attributed to any one MCO.

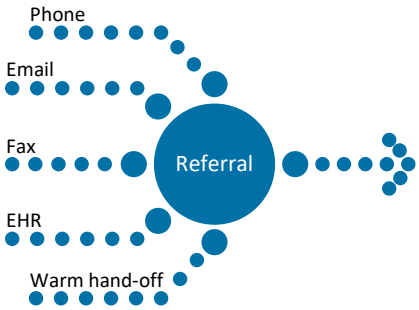
Role of CBOs

CBOs are uniquely poised to impact the determinants of health and already possess the expertise, relationships, and trust of the community to have high impacts on health. Direction on the role of CBOs in VBP has been passive. A more direct path for engaging CBOs is needed from HCA. Additionally, clinical providers need to be reimbursed for the expanded in-house services to address health-related social needs.



Infrastructure

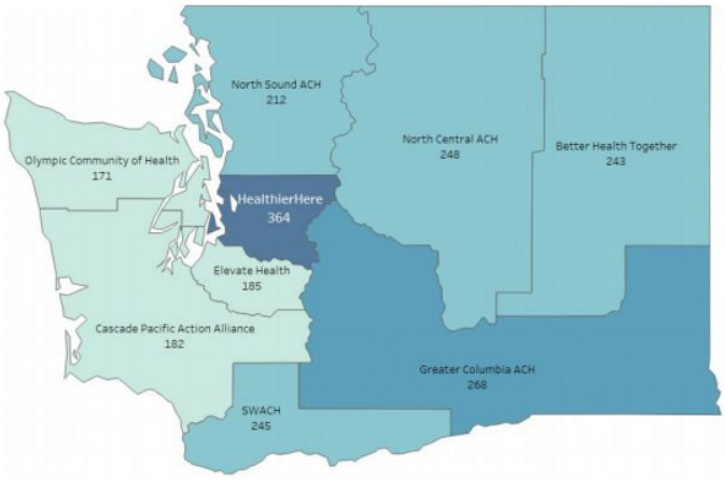
Smaller providers operate on limited budget and workforce constraints and often lack sophisticated infrastructure to effectively manage VBP contracting complexities. Throughout the Olympic region, multiple Electronic Health Records (EHR) are in use, population health management functionality is severely limited, and most providers have created low-tech systems outside of the EHR to supplement efforts. Most CBOs operate without any formal EHR system, creating barriers to showing their value in health outcomes.



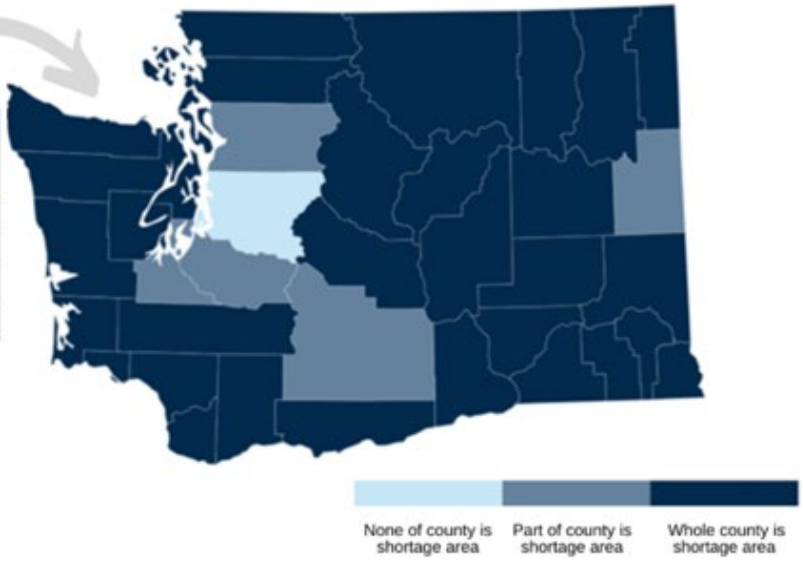
Workforce and administrative burden

Workforce shortages continue to severely impact health-serving organizations across all levels. **The Olympic region is a uniquely rural area that struggles to recruit and retain a quality health-serving workforce.** Contracting is burdensome and taxes the already limited workforce.

Map 42. Overall Physicians per 100,000 Population: ACHs, 2019



	# Mental Health Providers	Ratio to Population
WA State		270:1
Clallam County	256	300:1
Jefferson County	128	250:1
Kitsap County	887	300:1



Possible solutions *– The VBP Action Group spent time in 2022 exploring possible solutions to the Olympic region's unique challenges. These proposed solutions consider statewide objectives, regional priorities, and partner interest and capacity.*

Group contracting: Group contracting could incent greater collaboration across partners, be one of the avenues to directly include CBOs, address some administrative burdens, and increase attribution by pooling populations in rural communities. This approach must come with added dollars.

Speed up data reconciliation process: An easy system for members, providers, and MCOs to update attribution is necessary to keep data accurate.

Align metrics across different provider types: HCA contract requirements need to stay consistent for a longer period of time and provide more lead time so MCOs can align metrics. Statewide alignment in data sharing, for example simply agreeing to the order of columns and inclusions, could streamline data reconciliation for MCOs as well as providers. Demo years for proposed metrics allows providers to build systems and ramp up work to be more successful.

CBO capacity building: CBOs will benefit from infrastructure support to build capacity within local communities. As HCA prioritizes CBO capacity building in a renewal waiver, the Olympic region seeks continued flexibility to implement this in a way that works for local communities. Additionally, CBO capacity building must come with dollars. CBOs operate on incredibly small margins and most funding is not flexible. Flexible funds that allow CBOs to build out infrastructure is needed.

Interoperable data systems: Statewide investment in interoperable data systems and an expedited process to get accurate data into provider hands is essential to improving health outcomes. Targeted infrastructure investments aid providers to maximize population health management and streamline patient interventions. Any efforts to expedite claims data is beneficial.

Include additional provider types in VBP: Engaging additional providers in VBP, like behavioral health, specialty care, and community-based organizations, will enhance HCA's current efforts to contain costs. A clear avenue for CBOs to directly contract with MCOs could help in a variety of ways. When engaging additional provider types, it will be important to align metrics to maximize impact.

Statewide workforce investments: Investment in programs to promote and increase the health-serving workforce, like student engagement and incentives and rural-placement programs and incentives are helpful to supplement the dwindling existing workforce. In order to retain a quality workforce, reimbursement rates must be increased.

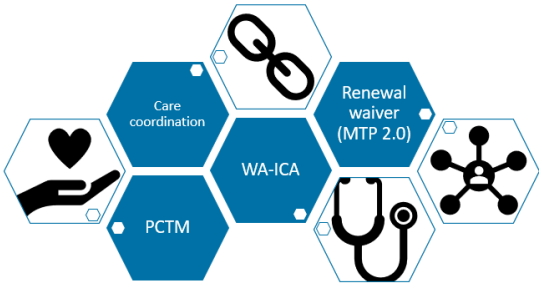
Baseline funding for transformation: Adding additional dollars for a baseline of per member per month to recoup for transformation work. As one provider states, *"it's the same work to transform regardless of your size."* This may align with the Primary Care Transformation Model (PCTM) approach and would be beneficial to implement beyond primary care.

Investment in community information exchange tool: Community information exchange systems can also be beneficial for closing care gaps.

Next steps

We've provided a look at the challenges, successes, and opportunities in the Olympic region in hopes that it will guide future decision making and regional next steps to promote advancement towards HCA's vision for a healthier Washington. With that in mind, we pose the following questions:

- ***Where does HCA see alignment with other initiatives (PCTM, WA-ICA, renewal waiver, care coordination, other) and how can this information inform HCA's strategy for implementation of planned initiatives?***
- ***What can we collaboratively address now? Where do we start?***
- ***How can OCH and/or the VBP action group support next steps?***



Olympic COMMUNITY of HEALTH

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August 10, 2022

Jason McGill
Assistant Director, Medicaid Programs Division
Health Care Authority
626 8th Ave SE
Olympia, WA 98501

Dear Jason,

Thank you for sharing the announcement in early May regarding the process and timeline for the upcoming procurements for Medicaid Managed Care Organizations (MCOs) and the new low-income uninsured product. In regard to the goals outlined for procurement of Apple Health managed care contracts, Olympic Community of Health (OCH) recommends that HCA procure a baseline of three contracts, with each serving the whole state. Additional MCOs could be procured for the more populous areas of the state.

This type of system would better meet the needs of Medicaid beneficiaries, a population that tends to be transitory. A baseline of MCOs would help to ensure the patient is at the center of the system and could support more consistent coverage and care for the state's most vulnerable patients.

Based on provider interest, OCH is convening a *Value-Based Payment Action Group* in 2022. This group is comprised of local providers, managed care partners, and HCA staff. The group shares the purpose of identifying challenges and gaps to advocate for creative solutions to expand and improve value-based purchasing (VBP) efforts across the three-county region. The group will soon offer to present its findings to HCA regarding local challenges and potential solutions to streamline VBP and administrative stability in the region. As of 2022, the Olympic Region (the smallest region based on percent of Medicaid beneficiaries) now has all five MCOs providing services in the region. This has proven a significant administrative burden in a region with many small providers and it is unclear how the region has benefited from having multiple MCO competitors. The current system limits the region's ability to establish and implement VBP mechanisms in place for panels with small numbers. This has far-reaching impacts in our region, as we have very few large health systems and most providers have small patient panels in context with the rest of the state. If there were fewer MCOs in the region, there could be more VBP arrangements in the region, leading to lower cost of care and improved health outcomes for our region's most vulnerable community members.

Providers (Traditional & Tribal) in the region stand ready to discuss this further as HCA has interest. We appreciate the opportunity to share our feedback and look forward to continued partnership with both HCA and managed care.

Sincerely,

Michael Maxwell, Board President
CEO, North Olympic Healthcare Network

Celeste Schoenthaler
Executive Director, Olympic Community of Health