



## Accountable Communities of Health Roles: Medicaid Purchasing

The Cascade Pacific Action Alliance appreciates this opportunity to comment on the proposed role of Accountable Communities of Health (ACH) in Medicaid Purchasing outlined in the document DRAFT Role for ACH as a Partner in Purchasing in Washington, WA State Health Care Authority, Last Updated: January 16, 2015. In response to the draft paper, our region would like offer the following initial thoughts:

### Stakeholder Partnerships

- Our region is seeking to develop a partnership approach with all health stakeholders, including Health Plans. With this in mind, we strive for win-win solutions.

### Community Accountability

- Our region believes that community accountability must be based on clearly articulated roles and responsibilities of different health stakeholders reflecting shared regional priorities and regionally aligned strategies and actions.

### Health System Transformation

- Our region is particularly interested in facilitating health system reforms that emphasize investments in population health improvements to address the social determinants of health.
- Our region feels strongly that if ACHs are intended to serve as key vehicles to achieve health system transformation, ACHs must be able to affect public and private spending across far more than just medical care for poor people. ACHs should have influence over spending for all of the most critical determinants of population health based on shared local and regional priorities. These include all of those areas identified in the University of Wisconsin's annual county health rankings including health behaviors, social and environmental factors, personal behaviors and clinical care as defined in those rankings.
- Our region affirms that Medicaid purchasing is important; however, payment reform is bigger than Medicaid purchasing and the ACHs must have a meaningful role in facilitating payment reform beyond Medicaid procurement.

### Performance Monitoring and Evaluation

- Our region believes that the role of ACHs in performance monitoring and evaluation is not limited to monitoring and evaluating the performance of "the health plans", and that ACHs should enhance existing performance monitoring and evaluation mechanisms, rather than duplicate such mechanisms. It is our view that the ACH needs to have a role in monitoring, assessing and reporting publicly on the performance and community wide outcomes of all major sectors affecting our region's health on a scope that parallels that of the county health rankings. Focusing only on entities which are contracted by the state to provide Medicaid services, such as Medicaid Managed Care Organizations, Regional Service Networks/Behavioral Health Organizations, and Area Agencies on Aging excludes community health improvement activities that explain the overwhelming majority of community health outcomes such as public health, K-12 and higher education, economic development, employment, housing, and others. These reports should encompass the investments of many relevant state agencies making investments in our region's housing, education, etc., and the reports should be shared with these state agencies to guide future budget and policy decisions.



## ACH Partnership with Washington State Health Care Authority

### Data and Community Accountability

In order for ACHs to be effective, ACHs need access to high quality data and data analytics. Ensuring accountability in our region depends on our ability to know how well we are performing individually and collectively vis-à-vis our region's performance targets. This includes all ACH stakeholders, not merely "the Health Plans". Given that our region is composed of seven distinct counties, such data need to be provided at the county level, not only at the regional level.

Our region does not currently have the ability to effectively access and analyze such data and developing such capabilities would be cost prohibitive. Therefore, we will need to depend on the state to provide high quality data and data analytics in order to fulfill this critical performance monitoring function. We would welcome the opportunity to work with the state to help identify the right data points and data reports to support effective ACH performance monitoring.

### Shared Cost Savings and Reinvestments

To sustain the interest and participation of our stakeholders in the ACH, our region must be able to affect increased investments in population health improvements. Developing an effective formula for identifying, capturing and sharing cost savings across sectors for reinvestment into population health improvements is key to accomplishing this. We would welcome the opportunity to work with the state and other ACHs to help co-design an effective shared cost savings and reinvestment model.

## ACH Roles Specific to Medicaid Purchasing

Our region would welcome the opportunity for ACHs to be involved in:

1. Supporting the active involvement of Medicaid contractors in at least one high-priority regional ACH project that involves investments in population health improvements;
2. Setting performance metrics and targets for Medicaid contractors that align with our region's shared health priorities, strategies and actions;
3. Developing contract requirements for Medicaid contractors (MCOs, RSNs/BHOs, AAAs, etc.) to ensure contract language is aligned with our region's shared health priorities, strategies and actions; and
4. Monitoring the performance of Medicaid contractors in our local communities.

## Final Thoughts

We appreciate this opportunity to share our thoughts on the role of Accountable Communities of Health in Medicaid purchasing and beyond. Again, we would like to reiterate that our view of the role of ACHs in the health care transformation process is much more expansive than merely participating in the monitoring and evaluation of our health plan partners. We hope the above is helpful as the state further develops its thinking on these matters and we look forward to hearing from you in response to this memorandum.