

# PRIMARY CARE INNOVATION IN MEDICAID MANAGED CARE PROFILE: Washington State

STATE PROFILE | AUGUST 2019



## IN BRIEF

Increasingly, states are seeking more advanced primary care models that better address the diverse health-related needs of patients, including behavioral health and social needs. This profile is part of a series that explores how five states — **Louisiana, Hawaii, Pennsylvania, Rhode Island, and Washington State** — are using their managed care purchasing authority to advance primary care models. The states were participants in [Advancing Primary Care Innovation in Medicaid Managed Care](#), a national learning collaborative made possible by The Commonwealth Fund and led by the Center for Health Care Strategies. A companion toolkit, [Advancing Primary Care Innovation in Medicaid Managed Care: A Toolkit for States](#), is also available that summarizes strategies for advancing primary care innovation. It includes design considerations, and sample contract and procurement language, with a focus on four key delivery areas: (1 addressing social needs; (2 integrating behavioral health into primary care; (3 enhancing team-based primary care approaches; and (4 using technology to improve access to care. To learn more, visit [www.chcs.org/primary-care-innovation](http://www.chcs.org/primary-care-innovation).

## Primary Care Innovation Vision

Washington State entered a new era of Medicaid purchasing in 2015, when the state's legislature directed the Washington Health Care Authority to employ more value-based purchasing strategies. The biggest change came in 2016 through the financial integration of physical and behavioral health delivery and a greater level of accountability and community-clinical linkages, followed by the Medicaid Transformation 1115 initiative in 2017. By providing physical and behavioral health benefits and care under an integrated managed care program and improving linkages with community resources, Washington aims to achieve improved health outcomes and quality of life.

### Washington Medicaid Landscape

- Medicaid Enrollees: **1,824,730**
- Enrollees in Comprehensive Managed Care: **1,611,793 (88.3%)**

Source: *Medicaid Managed Care Enrollment and Program Characteristics, 2017*. Effective July 2017.

## Advanced Primary Care Goals

- ✓ **Goal 1:** Gain knowledge about existing advanced primary care delivery models to inform managed care organization (MCO/provider uptake of preferred models and accelerate physical-behavioral health integration.
- ✓ **Goal 2:** Leverage value-based payment and other managed care contracting levers to support primary care advancement.
- ✓ **Goal 3:** Define roles and provide resources needed to support uptake of clinically integrated services.

## Existing Primary Care Initiatives

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- Through **Healthy Washington**, which includes the State Innovation Model and the Medicaid Transformation Project, Washington is accelerating adoption of whole-person care across the state.
- Washington procured Medicaid MCOs operating in regional service areas that correspond with boundaries defined for **Accountable Communities of Health (ACH)**. As part of an overall strategy to deliver integrated, whole-person care, ACHs are: (1) assessing for service gaps and addressing those needs in their communities; (2) providing supports/funding to primary and behavioral health practices; and (3) addressing care coordination and care transitions.
- Washington uses **Predictive Risk Intelligence System (PRISM)**, a web-based predictive modeling and clinical decision support tool that provides a unified view of medical, behavioral health, and long-term care service data, refreshed weekly. PRISM provides prospective medical risk scores for 12-month medical costs based on disease profile and pharmacy use.

## Managed Care Organization Contract Language

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- Washington is transitioning to **Integrated Managed Care (IMC)** contracts, with all regional contracts covering both medical and behavioral health services by 2020.
- IMC contracts use a **1.5 percent withhold** from capitation payments that MCOs can earn back through value-based purchasing arrangements with providers and performance on quality of care measures.
- Contracts require MCOs to **promote bi-directional behavioral health integration through education, training, financial, and non-financial incentives**. To fulfill this requirement, primary care providers can be offered training in behavioral health screening tools, evidence- and research-based promising practices, and appropriate referrals.

## Select Primary-Care Related Quality Measures

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Following are current primary-care related pay-for-performance measures in Washington State’s MCO contracts:

### HEDIS

- Comprehensive Diabetes Care: Poor Hb A1c Control (>9%); Blood Pressure Control (<140/90)
- Controlling High Blood Pressure (<140/90)
- Antidepressant Medication Management - Effective Acute Phase Treatment
- Antidepressant Medication Management - Effective Continuation Phase Treatment (6 Months)
- Childhood Immunization Status - Combo 10
- Well-Child Visits in the 3rd, 4th, 5th and 6th years of life
- Medication Management for People with Asthma: Medication Compliance 75%

### Washington State-Specific

- Alcohol and Drug Treatment (Service) Penetration
- Substance Use Disorder Initiation
- Substance Use Disorder Engagement
- Mental Health Treatment (Service) Penetration