



# Primary Care Practice Recognition





# Background


- The Primary Care Practice Recognition (PCPR) program is a critical component to advancing primary care transformation
- Centralized and administered by HCA to reduce burden
- HCA convened workgroup of providers and payers to define:
  - Ten provider accountabilities
  - How accountabilities will be evaluated
  - Level assignments
- HCA is has built an application and workflow process to collect data from practices
- Coming soon.....

## Ten Accountabilities

Whole-person Care	Care Coordination Strategy
A Team for Every Patient	Expanded Access
Resource Allocation Strategy	Culturally Attuned Care
Behavioral Health Integration	Health Literacy
Patient Support	Data Informed Performance Management



# Recognition Levels

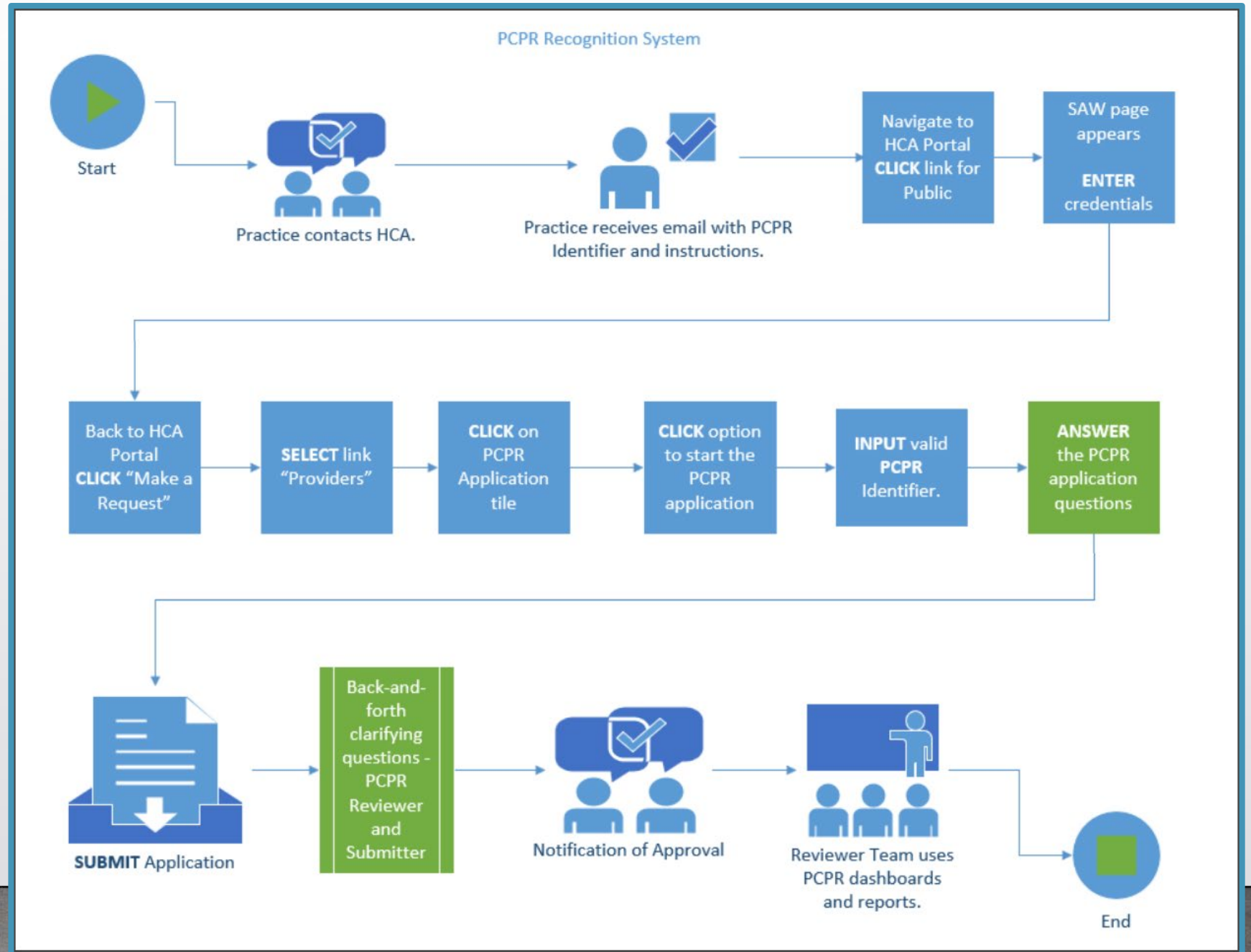


Level 1: Meet minimum standards and working towards transformation

Level 2: Active progress towards transformation

Level 3: Provide most or all the accountabilities

# PCPR Application Process Overview



# PCPR Application

Washington State Health Care Authority

Make a request My requests Tours

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## Primary Care Practice Recognition Application

Primary care practices, use this form to apply for recognition

Use this form to apply for recognition.

Thank you for your interest in Primary Care Practice Recognition. If you have not done so, review the application instructions and workbook before completing this application. For questions about the application process, email [hcapcpr@hca.wa.gov](mailto:hcapcpr@hca.wa.gov).

Enter the PCPR identifier that you received from HCA. 

\* PCPR Identifier

4444BirchBayClinic

### Organization & Practice Information

Organization Information:

* Name	WA CARES	* Address	6215 Lake Washington Boulevard
* Tax ID	332234	Address Line 2	Suite 305
* NPI (National Provider Identifier) number	34344343	* City	Seattle
Washington Medicaid ID	434324343	* State	WA
* Contact person name	Sarah Melanie	* Zip Code	98111
* Contact job title	MANAGER	* County	King
* Contact email			

Submit



Which topics would you be interested in receiving training or technical assistance? Please check all that would be relevant to supporting transformation of your practice.

\* Options

- Behavioral health integration
- Care coordination
- Care management/complex case management
- Culturally attuned care/competency
- Data systems and analytics
- Health literacy
- Identifying resources in the community for patients
- Implementing and using patient experience of care surveys
- Increasing patient access to care
- Patient and family engagement and communication
- Patient-centered care plans
- Processes for organizational change
- Quality improvement methods and strategies

# PCPR Accountabilities Workbook

PCPR Identifier							
Level	Does Not Qualify For Level 1 or Higher						
Accountability	Level	ID #	Capacity description (Also found in program guide)	Required for Level?	Point Value	Does your practice meet this criteria? (Yes or No only)	
1. Whole-person care	Level 1	1.1.A.	Practice routinely offers all the following categories of services: <ul style="list-style-type: none"> <li>•Acute care for minor illnesses and injuries, including low complexity behavioral health interventions</li> <li>•Ongoing management of chronic diseases</li> <li>•Office-based procedures and diagnostic tests for adults and as clinically appropriate for children</li> </ul> preventive services including, but not limited to recommended immunizations, patient education, behavioral health screening, and self-management support	Yes	9		
1. Whole-person care	Level 2	1.2.A.	For services not provided by the practice, the practice has established and documented practices that ensure that when care is referred to a clinician outside of the practice, the receiving physician understands the intent of the referral, the patient returns to primary care, and the specialist will provide their notes in a timely manner on a per person basis.	Yes	10		
1. Whole-person care	Level 2	1.2.B.	For services not provided by the practice, the practice has sufficient relationships with clinicians outside of the practice to ensure patients can access specialty care in a timely manner.	No	9		
1. Whole-person care	Level 2	1.2.C.	Members of the care team are aware of the established relationships and adhere to expectations.	No	9		
1. Whole-person care	Level 3	1.3.A.	Practice has integrated physical and behavioral health care as demonstrated by satisfying competency 4.3.4	No	11		

Tab 1 - READ ME FIRST

Tab 2 - Accountabilities

Tab 3 - Scoring and Level Info







Washington  
MULTI-PAYER COLLABORATIVE  
Better Quality, Less Hassle.

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MEMORANDUM OF UNDERSTANDING AMONG  
WASHINGTON STATE HEALTH PLANS IN SUPPORT OF  
MULTI-PAYER COLLABORATIVE  
PRIMARY CARE REFORM WORK

July 8, 2024

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<https://www.hca.wa.gov/assets/program/primary-care-transformation-mou-with-signatures-2024.pdf>



# Organizations Agreeing to the MOU

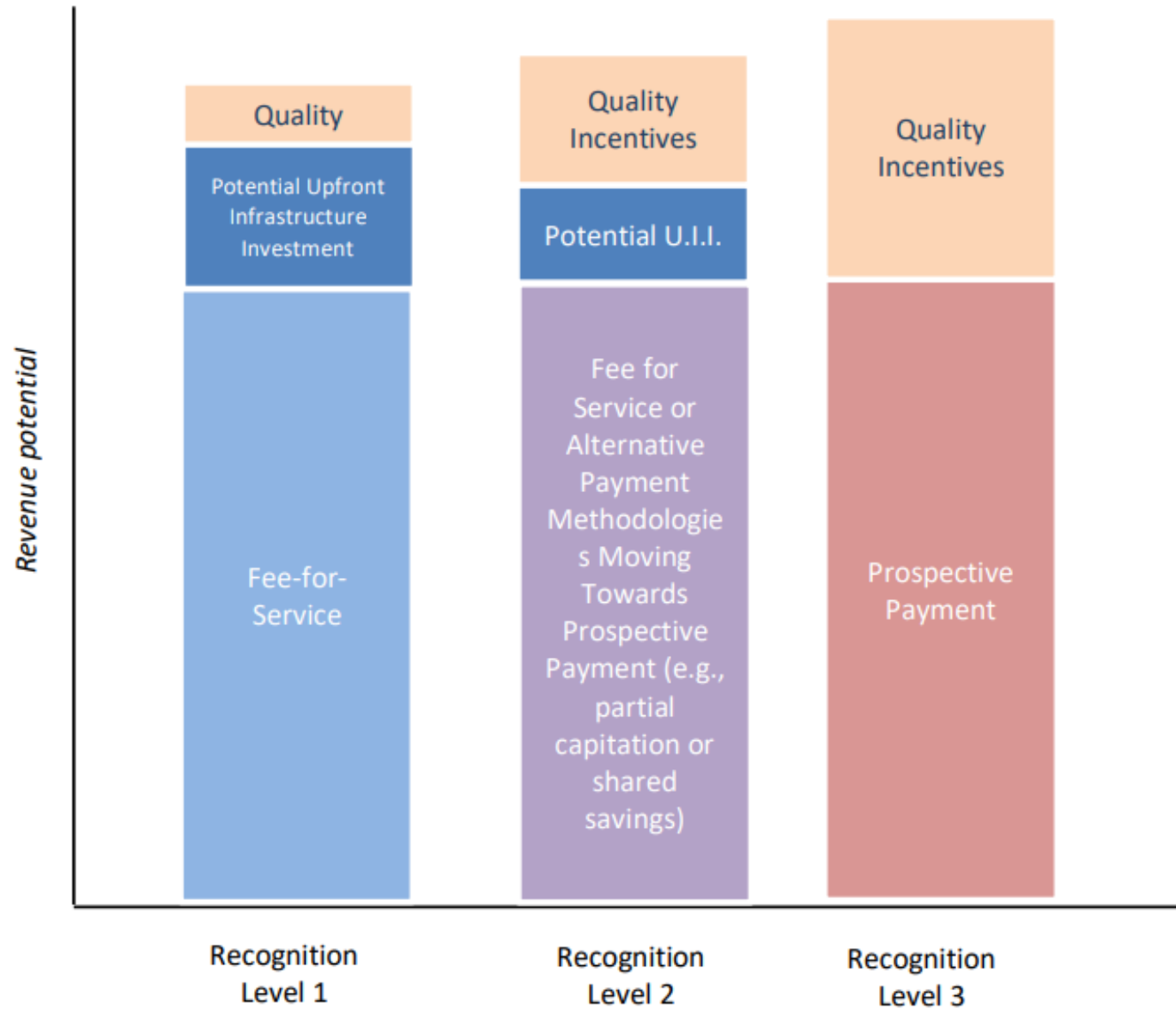
- Community Health Plan of WA
- Kaiser Permanente Washington
- Premera Blue Cross
- UnitedHealthcare
- Wellpoint Washington
- Coordinated Care
- Molina Healthcare of Washington, Inc
- Regence BlueShield
- WA State Health Care Authority



## **Payers are committed to the following actions:**

- 1) Ongoing and active participation in the Washington Multi-payer Collaborative to foster collaborative support strategies for primary care.
- 2) Adherence to the Washington Multi-payer Collaborative's Alternative Payment Policies for Primary Care (see Attachment 1).
- 3) Use of the Washington Primary Care Practice Recognition Program to inform provider partnership and contracting strategies.

# Payment Model Components



*Illustrative, not to scale.*





# Exceptions to Offering WA Primary Care Transformation Initiative Payment Models

- Practice volume of assigned or attributed patients is insufficient, as determined by payer.
- Payer is not contracted with provider.
- Participation is not supported by the purchaser.
- Participation would result in the plans no longer being actuarially sound.
- Provider chooses not to participate.
- Provider is not in the cohort being offered APMs based on the current payer implementation phase (see implementation phase policies below).
- Purchaser, provider, and payer are mutually satisfied with current contract model
- Implementing an alternative payment model that adheres to these policies would result in movement back to a payment model that is tied more closely to fee-for-service, as determined by payer (see the HCPLAN APM framework for an example continuum for alternative payment).
- Provider is not satisfying minimum Washington PCTI participation requirements per provider's contract.
- Prohibited by state or federal law.





# Why Complete the Application for PCPR?

- Add to the ongoing work in our state to accomplish multi-payer alignment
- Position your organization to leverage the work you are doing to aid in advanced payment contracts
- It's easy!!!



# Roundtable Sharing

- Kadlec
- CHCW
- Columbia County Hospital System
- Pomeroy Medical Clinic
- Providence Medical Group
- Yakima Neighborhood Health