Washington State Snapshot

At a glance

Since 2019, Washington has advanced primary care payment and delivery reform largely through voluntary mechanisms. The state's Health Care Authority (HCA) co-designed its comprehensive Primary Care Transformation Initiative (PCTI), which now includes the Primary Care Transformation Model (PCTM) and participation in the federal demonstration Making Care Primary (MCP), in partnership with diverse payer, provider, purchaser, and health systems stakeholders.

Consistent voluntary efforts by the state and many stakeholders through the PCTI have sharpened their collective transformation focus, increased awareness about the needs and value of primary care and laid the groundwork for the state's selection for MCP in 2023. On March 12, 2025, the CMS Innovation Center (CMMI) announced that MCP, which started in 2024 and was originally planned for 10.5 years, will end early by December 31, 2025.

Federal

2013

State Innovation Model design award (SIM)

2015

State Innovation Model test award (SIM)

2019

State

2019

The Beginnings of the Primary Care Transformation Initiative (PCTI)

- HCA convened health systems, payers, and primary care clinicians to begin developing key elements of the Primary Care Transformation Model (PCTM) as part of the state's more comprehensive PCTI.

2020

Multi-payer MOU Among WA State Health Plans in Support of the PCTI

- Non-binding memorandum of understanding (MOU) signed by eight health plans within the WA multi-payer collaborative and the HCA to support aligned primary care reform efforts to advance integrated, whole person care.
- The PCTI includes seven components. The payer-specific components include:
  - Aligning payment and incentive approaches, tied to measurable metrics; payments may include transformation of care fees, per-member-per-month (PMPM) payments, and performance-based incentives.
  - Investing a defined and incremental percent spend on primary care. A specific percent spend was not established in the MOU.
  - Adopting a core set of process and outcome measures as well as using cost and utilization data in collaboration with providers to assess transformation initiatives.

Federal

State

2022

Finalized PCTM Framework

- Includes many elements from the 2020 non-binding multi-payer MOU.
- Payer accountabilities include:
  - Aligned practice supports, such as data sharing and common attribution principles.
  - Shared quality standards, determined by an ad hoc measures work group.
  - Aligned payment model by practice recognition level based on different provider accountabilities. Levels one and two involve transformation payments and fee-for-service (FFS) payments. Level three transitions to comprehensive care payments plus quality incentives.

Senate Bill 5589 Health Care–Primary Care Expenditures

- Directs the Health Care Cost Transparency Board (Board) to measure and provide annual reports on primary care expenditures and its progress towards increasing primary care spend to 12% of total health care expenditures.
- Authorizes the commissioner of insurance to include an assessment of primary care expenditures in its reviews of health plan forms or rate filings.

Health Care Cost Transparency Board Preliminary Report

- Introduced the new Board-established Advisory Committee on Primary Care and its initial responsibilities, including defining primary care for purposes of calculating spend, recommending how to measure claims and non-claims spending, and reporting on barriers to accessing data needed to perform the calculations.

2023

Making Care Primary

- WA was selected as one of eight states to participate in the federal model, Making Care Primary (MCP).
- State-run PCTM and federal MCP share similar elements, including capitated payments and infrastructure investments. MCP differs in that it additionally features total cost of care measurement and involves specialists in care coordination.
- WA primary care purchasers released a statement supporting multi-payer collaborative primary care reform efforts.

Annual Report of the Board re: Senate Bill 5589

- The Board shared approved actions of its Advisory Committee on Primary Care, including a state definition of primary care and a claims-based measurement methodology incorporating providers, facilities, and services.

Federal

2024

Making Care Primary (MCP)

2025

State

Updated Multi-payer MOU Among WA State Health Plans in Support of the PCTI

- Builds upon the 2020 multi-payer MOU and the 2022 final PCTM framework, connecting these efforts with MCP.
- Payers offer alternative payment to MCP participants based on level of advanced care capacities:
  - Level one: mostly FFS, potential upfront infrastructure investment, and quality incentives.
  - Level two: FFS or partial prospective payment, smaller potential upfront infrastructure investment, and quality incentives.
  - Level three: prospective payment and quality incentives.
- Quality: Payers will prioritize the use of the WA Primary Care Core Measure Set.

MOU for the WA PCTI

- CMMI and HCA commit to a collaborative relationship to support multi-payer primary care reform work through the state-led PCTI. CMMI will participate in WA multi-payer collaborative meetings to support PC reform initiatives and to align messaging and stakeholder engagement efforts across the PCTI and MCP.

Annual Report of the Board re: Senate Bill 5589

- The Board approved all seven recommendations made by the Advisory Committee on Primary Care, including two that would require legislative action:
  - "Increase primary care expenditures as a percentage of total health care spending annually by one percentage point until a 12 percent primary care expenditure ratio is achieved."
  - "Increase Medicaid reimbursement for primary care by no less than 100 percent of Medicare no later than 2028."