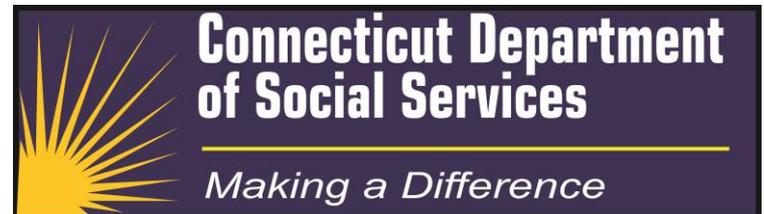


MAPOC PCMH Committee
Overview of Medicaid Commitments
Within the State Innovation Model
August 20, 2014



Today's Agenda

- Status update on DSS Medicaid PCMH initiative
- Overview of Medicaid commitments within the State Innovation Model (SIM)
 - Advanced Medical Home (AMH)
 - Population Health Initiative
 - Medicaid Quality Improvement and Shared Savings Program
 - Value-Based Insurance Design (VBID)



Status Update on DSS Medicaid PCMH Initiative

Status Update on DSS Medicaid PCMH Initiative

DSS remains fully committed to its current health care agenda, which is focusing on five strands of activity:

- Centralization of services in statewide, Administrative Services Organization (ASO) arrangements
- Use of data analytics to improve care
- Further enhancement of access to primary care
- Integration of primary, behavioral health and long-term services and supports (LTSS)
- “Re-balancing” of LTSS

Status Update on DSS Medicaid PCMH Initiative (cont.)

Activity around access to primary care centers on these strategies:

- Person-Centered Medical Homes (PCMH)
- Continuation of the ACA primary care rate increase
- Funding for Electronic Health Records (EHR)
- Rewards to Quit (incentive-based tobacco-cessation program)

Status Update on DSS Medicaid PCMH Initiative (cont.)

- As of August, 2014, there are 87 practices (associated with 323 sites and 1,273 providers) enrolled in the DSS PCMH program. These practices are serving 254,288 Medicaid beneficiaries.
- Beneficiaries are attributed to these practices based on beneficiaries' active choice of provider, as opposed to the typical managed care approach of assigning beneficiaries irrespective of their preference.

Status Update on DSS Medicaid PCMH Initiative (cont.)

- On the whole, health outcomes for participants (e.g. use of preventative visits, management of chronic conditions including diabetes) of PCMH practices are better than for individuals who were not served by a PCMH.
- DSS will continue to carefully monitor performance across practice types.

Status Update on DSS Medicaid PCMH Initiative (cont.)

- The ACA primary care rate increase inspired many primary care providers to enroll in Medicaid. There were 3,458 primary care providers enrolled in Medicaid at the end of July, 2014, up from 2,370 in January 2013, when the reimbursement increase became effective. In January 2012, there were only 1,622 primary care enrollees.



Overview of Medicaid Participation in the State Innovation Model (SIM) Project

Overview of Medicaid Commitments within SIM – Advanced Medical Home Glide Path

- **Advanced Medical Home (AMH) Glide Path (p. 6 of SIM application):** “In 2012, DSS established a glide path program to provide practical, on-site technical support to facilitate practice transformation towards medical home recognition. The PMO will leverage this DSS program to establish a multi-payer AMH Glide Path. The PMO will enroll a total of 500 primary care practices, with 250 practices in each of two waves during Years 1 and 3 of the test period . . . DSS will provide operational support for the AMH Glide Path Program, including providing health plans with information regarding AMH Glide Path enrollment, achievement of milestones, and designation status.”

Overview of Medicaid Commitments within SIM – AMH Glide Path (cont.)

Important details:

- Administration of SIM AMH Glide Path enrollment, performance review, and designation status **will not** alter the current terms and conditions of the DSS Medicaid PCMH program

Overview of Medicaid Commitments within SIM – Population Health Initiative

- **Population Health Initiative (p. 1 of SIM application):** “Plan development will be led by DPH in collaboration with the Department of Social Services (DSS), which administers the CT’s Medicaid program, and the State Innovation Model Program Management Office (PMO), which will ensure integration of population health interventions with the care delivery and payment innovations of the Model Test.”

Overview of Medicaid Commitments within SIM – Population Health Initiative (cont.)

Important details:

- DSS proposes to promote clinical and community integration by developing with sister department DPH and diverse stakeholders a demonstration project specifically related to population health, better supporting the needs of whole family systems, and particularly addressing childhood trauma and social determinants of health.
- Medicaid has keen interest in this not only to support the current day needs of children and families, but also to prevent the likely effects of failing to intervene in Adverse Childhood Events - failure which is associated in those children growing up to become adults challenged by chronic conditions, obesity and tobacco dependence.

Overview of Medicaid Commitments within SIM – Population Health Initiative (cont.)

Important details (cont.):

- DSS' goals with both of these strategies are to:
 - better address whole person needs of beneficiaries;
 - continue to enable practice transformation, and to extend the reach of transformation to encompass community integration; and
 - overcome some of the rigidity of services approvable under our Medicaid State Plan by enabling coverage of additional supports.

- DSS plans, with DPH and stakeholders, to review and consider all available Medicaid authorities that will support these goals.

Overview of Medicaid Commitments within SIM – QISSP

- **Medicaid Quality Improvement and Shared Savings Program (QISSP)(pp. 9-10 of SIM application):** “DSS seeks to establish and test a complementary [Shared Savings Program] SSP, which will improve care and reduce costs for vulnerable populations. DSS will undertake a competitive procurement of advanced networks and FQHCs to participate in the Medicaid QISSP. Selection criteria will be established through an intensive stakeholder engagement and design process to conclude in early 2015. Criteria may include demonstrated commitment, experience and capacity to serve Medicaid beneficiaries; ability to meet identified standards for clinical and community integration; a willingness to invest in special capabilities such as data analytics, quality measurement and rapid cycle improvement efforts; and a minimum of 5,000 attributed single-eligible Medicaid beneficiaries.

Overview of Medicaid Commitments within SIM – QISSP (cont.)

- **Medicaid QISSP (pp. 9-10 of SIM application)(cont.):** The selection process will prioritize providers who are participating in Medicare and commercial SSP arrangements to maximize multi-payer alignment, practicing in areas of critical need in the state for the Medicaid population, as evidenced by disease burden, disparities and cost of care. DSS will include an estimated 200,000 to 215,000 beneficiaries in the first of two waves conducted during the test period. The wave one procurement will occur in 2015, with the performance period beginning January 1, 2016. The second wave procurement will occur in 2017, with the performance period beginning January 1, 2018.

Overview of Medicaid Commitments within SIM – QISSP (cont.)

- **Medicaid QISSP (pp. 9-10 of SIM application)(cont.):** DSS will implement advance payments for participants in the Medicaid QISSP using an established Medicaid Management Information System (MMIS) based payment methodology that ties enhanced fees to specific primary care services, depending on the level of medical home recognition. DSS will use its current PCMH retrospective attribution methodology to evaluate performance and determine eligibility for upside-only SSP payments. Medicaid and health plans will tie their SSP payment calculations to the achievement of performance targets using a common scorecard for access, quality, care experience, health equity, and cost. This will reduce complexity for providers and confusion for consumers, while increasing the business case for investment in new capabilities to achieve specified targets.”

Overview of Medicaid Commitments within SIM – QISSP

Important details:

- FQHCs are an appropriate focus for the Medicaid shared savings initiative because they are serving over 200,000 Medicaid beneficiaries, and have keen interest in integrating services and supports that will help enable better health outcomes.
- Existing advanced networks in Connecticut (e.g. Accountable Care Organizations) are also currently serving Medicaid beneficiaries and there is an interest in enabling advanced networks to more effectively support their needs.
- In providing for an RFP process, DSS will have the ability to choose those providers that are best situated to achieve desired goals.
- QISSP will permit FQHCs to resume participation in the DSS Medicaid PCMH initiative and to receive enhanced fee-for-service payments and performance incentives.

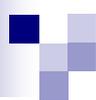
Overview of Medicaid Commitments within SIM – QISSP

Important details (cont.)

- DSS will not implement QISSP until measures of and means of monitoring under-service are adopted by the SIM Equity and Access Council.
- QISSP will use an adapted version of the current PCMH attribution methodology – attribution honors beneficiaries' choice of provider.
- QISSP will involve upside risk only.
- No entity participating in QISSP will share in savings unless it meets identified benchmarks on the performance measures that are identified by the relevant SIM councils.
- DSS intends to disqualify QISSP providers from receipt of shared savings if they demonstrate repeated or systematic under-service.

Overview of Medicaid Commitments within SIM – Value-Based Insurance Design

- **Value-Based Insurance Design (VBID)(pp. 12-13 of SIM application):** “CT’s Medicaid program currently features VBID with its grant-funded Rewards to Quit tobacco cessation incentive. DSS will consider the implementation of additional incentives in alignment with the development of the state's population health plan.”



Overview of Medicaid Commitments within SIM – Value-Based Insurance Design

Important details:

- The Department will have to investigate how to implement VBID strategies, other than cost-sharing, under the Medicaid State Plan.

In conclusion . . .

- The Department sees SIM as an important means of building on and amplifying the current success of its Medicaid PCMH initiative.
- It will be vital for the Department to collaborate in an open and transparent way with the PCMH Committee to ensure that this is the result, and that there is appropriate resolution of the concerns that have been articulated by stakeholders.



Questions or comments?