Presentation to the Medical Assistance Program Oversight Council

February 10, 2012

Agenda

- Duals Model Review
  - ASO Services and Supports Today
  - Potential ASO Value-added Demonstration Services
  - Shared Savings Model between CMS and State
  - Re-visiting the Demonstration Population
  - Participation in the Demonstration
  - Health Neighborhoods
- PCMH update

ASO/Health Neighborhood – Draft Model 2-1-12

ASO

Medicare Shared Savings Program (SSP)
Medicare/Medicaid Data Integration
Data Analytics
Intensive Care Management (ICM)
Other Demonstration Services
Member Services
40,000-60,000?

Health Neighborhood

Local Accountability
State/Provider SSP
Team Based Care
Intensive Care Management
Other Demonstration Services
5,000

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ASO Services and Supports

ASO Services and Supports Today

- Currently Medical and Behavioral Health ASOs serve approximately 500,000 single Medicaid eligibles and 75,000 MMEs
- ASO services would continue under the demonstration:
  - Member services
  - Utilization management (Medicaid only)
  - Limited quality management and reporting
  - Provider relations

Potential Value-added ASO Demonstration Services for MMEs

- Demonstration offers the potential to contract for additional value-added services, beyond what the ASO enterprise offers to 75,000 MMEs today

Potential Value-added ASO Demonstration Services for MMEs

- Value-added services could include:
  - Data integration (Medicare A/B/D and Medicaid)
  - Advanced data analytics (health risk stratification, predictive modeling)
  - Intensive Care Management (ICM) services to promote Medicare/Medicaid coordination and integration across the health care continuum
  - Other consultative services (pharmacist, disease educators, nutritionists), if CMS permits

Potential Value-added ASO Demonstration Services for MMEs

- Value-added services could include:
  - Outreach and engagement services
  - Enhanced quality management
    - Performance measurement (state, local, provider)
    - Decisional data management
    - Reporting
  - Network development services to support emergence of health neighborhoods

Shared Savings
CMS/State

Shared Savings Between CMS and State

Global Medicare Shared Savings

Shared Savings focus includes all Medicare Part A and Part B service related savings.

50%/50% sharing of Medicare savings between CMS and the State net of federal share of Medicaid expenditures consistent with SMDL letter.

This approach is "pre-approved" under State Medicaid Director's Letter (SMDL) 11-008 and would not require Office of Management and Budget (OMB) approval

- Medicare Part D Drugs*
- Medicare Part A Hospital
- Medicare Part B Physician
- All Medicaid cost share payments for Medicare services; all state plan (e.g., medical equipment, home health and LTSS services
- Skilled Nursing Facility and other Institutional Services

Shared Savings Options Between CMS and the State

- Under shared savings demonstration, CMS would share Medicare savings that result from providing demonstration services to MMEs
  - SMDL 11-008 calls for 50/50 sharing of savings with CMS
  - Pre-approval from OMB
  - Could request 70/30, but approval unlikely
- Global savings would be shared 50/50 between CMS and the State, which is nearly identical to the current arrangement under Medicaid
- State rewarded for making investments in ASO services and other service delivery reforms to improve care experience and outcomes

Demonstration Population

Re-visiting the Demonstration Population

- Initial proposal focused on individuals over 65
- MAPOC Complex Care Committee preference for including all individuals regardless of age, health status or disability
- ASO demonstration services and other enhancements would be made available to all MMEs
- Consistent with other Medicare initiatives:
  - Accountable Care Organization (ACO),
  - Comprehensive Primary Care Initiative (CPCI), or
  - Medicare Advantage – Duals Special Needs Plan (D-SNP)
- Would not include individuals who are otherwise assigned to or enrolled with ACO, CPCI, or D-SNP

Participation

ASO

Participation in the Demonstration

- Participation in the demonstration based on simple attribution model
- Attributed to demonstration if receiving care from a practice that is not participating with ACO or CPCI <u>and</u> individual is not enrolled in D-SNP
- Would likely result in inclusion of 40,000 to 60,000 individuals

Participation in the Demonstration

- Expansive approach to demonstration population offers greatest opportunity for return on investment
- Could permit MMEs to “opt out” for:
  - Data sharing
  - Participation in individual demonstration services (e.g. ICM)
- Not clear how CMS would define required comparison population

Health Neighborhoods

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Health Neighborhoods

- Would include Medicare and Medicaid providers who collaborate to deliver integrated continuum of services
  - Team-based care
  - Access to all Medicare and Medicaid services
- Core participants on the team:
  - Primary care practitioners
  - Physician specialists
  - Hospitals
  - Home health agencies
  - Behavioral health providers
  - LTSS providers
  - Nursing facilities

Health Neighborhoods

- Integrated person-centered care plan development with input and sign-off from MMEs and caregivers/families
- Care plans would feature strategies to promote MME self-care and education
- Comprehensive assessment of MME needs including medical, behavioral and social-supports as well as functional ADL support requirements and environmental barriers to health and wellness
- Support provided by ASO for key functions such as data analytics and predictive modeling to identify high risk/high complexity individual

Health Neighborhoods

Collaboration Tools

- Neighborhood participants could be required to subscribe to Health Information Exchange (HIE)
- HIE solution could provide strong support for communication across the health neighborhood
- HITE-CT will implement secure messaging between providers which will greatly improve the exchange of health information in the coordination of care while also improving the security and privacy of patient information
- Communication governed by strong patient privacy and patient data control policies

Health Neighborhoods

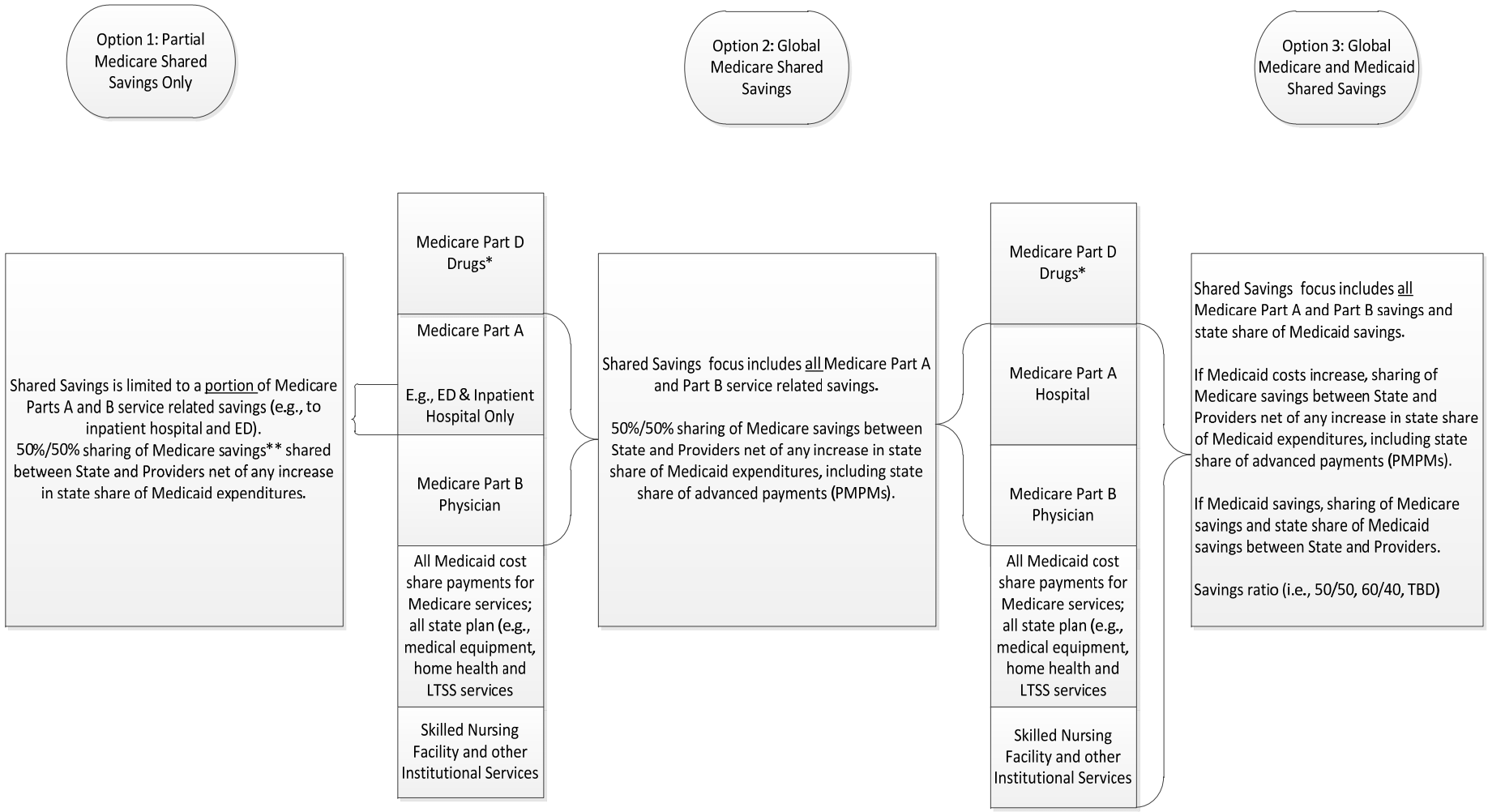
Collaboration Tools

- HITE could support the following use cases: laboratory results retrieval, clinical consults, patient referrals, coordinated care, immunization reporting, reportable health conditions, emergency care, and health care quality reporting

Health Neighborhoods

- Local accountability for care experience, quality and outcomes, and cost
- ASO would measure performance on a broad range of experience and quality metrics
- State/Provider shared savings program
- Shared savings distribution based on success in meeting care experience and quality metrics
- Three options for shared savings under review:
  - Targeted, savings limited to select Medicare services
  - Global Medicare, savings limited to all Medicare Part A/B services, net of increase in federal share of Medicaid
  - Global Medicare/Medicaid, savings includes all of Medicare Part A/B and all or most of Medicaid

Shared Savings Options Between State and Providers



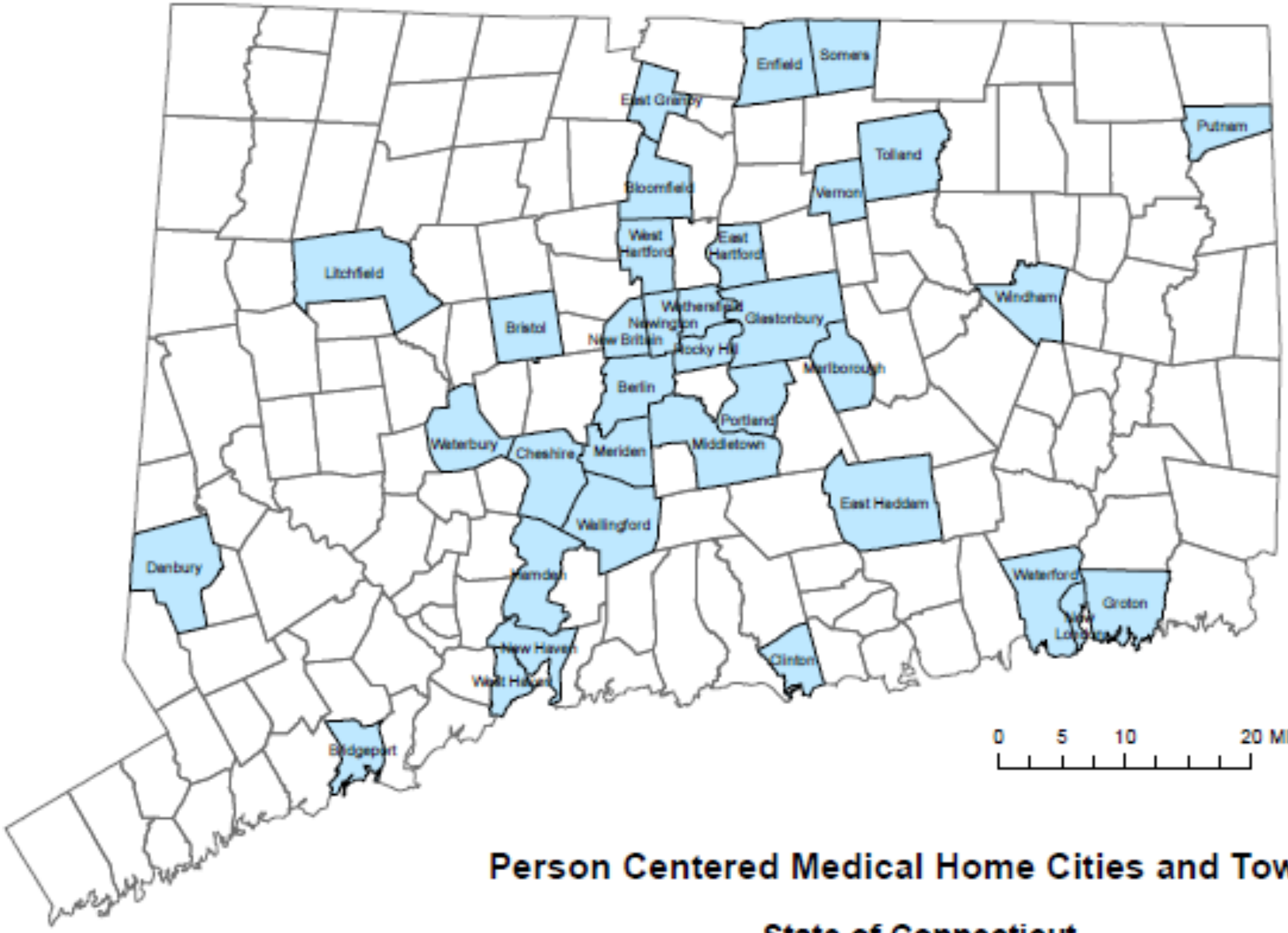
Health Neighborhoods
Some Key Questions

- What providers and agencies can participate in the HN?
- What agreements would bind the HN partners?
- How would individuals be aligned with HNs?
  - Attribution? Enrollment? Opt in? Opt out?
- Can or should more than one health neighborhood exist in a given geography?
- Should there be non-neighborhood provider options?
- What consumer protections would be required?
- Should HNs receive advance PMPM payments?
- What is the role and relationship of PCMH program and providers to health neighborhoods?

Person Centered Medical Home

PCMH Application Status

- Sixteen (16) PCMH applications received
  - 129 Practice sites
  - 367 PCMH Providers out of 608 Total Practice Providers
- Clinics vs. Practices
  - 9 FQHC Clinics and 7 Independent Practices
- NCQA Certification Level
  - 86 Practice sites applied for PCMH Level 3
  - 43 Practice sites eligible to pursue Glide Path
- 4 Practice sites approved for PCMH
  - Serving approximately 1,300 members
- 125 Practice sites under review
  - Serving approximately 140,000 members



Person Centered Medical Home Cities and Towns

State of Connecticut

Medical ASO Support

- Community Practice Transformation Specialists
  - Highly qualified professional staff (APRN, RN, MPH, MSC, JD, MBA) specially trained to assist primary care practices to make *meaningful changes* designed to improve patients outcomes
  - Use a range of practice improvement approaches and methods to build the internal capacity of a practice
    - Learning collaborative group forums
    - Individualized practice-based support
    - Provide an inventory of local and state community-based resources

Questions?