



**Accountable Entities
Stakeholder Office Hours Meeting
DXC 2nd Floor Conference Room
Monday, August 21, 2017 2:00-3:30pm**

Facilitator: Debbie Morales, Deb Faulkner, Jen Bowdoin

Prepared by: Maria Narishkin

Participants: Debbie Morales (EOHHS), Deb Faulkner (EOHHS), Jen Bowdoin (EOHHS), Hannah Hakim (EOHHS), Maria Narishkin (EOHHS), Mark Kraics (EOHHS), Alan Post (AMI-CSRI), Beth Marootian (NHPRI), Brenda DuHamel (EOHHS), Chris Ferraro (Coastal), Chris Gadbois (Chartercare), Debra Reakes (Coastal), Diane Evans (Thundermist), Holly Garvey (EOHHS), Irene Qi (Hope Nursing Home Care), Jason Brown (Tufts Health Plan), Jason Lyon (EOHHS), Jennifer Olson Armstrong (RIDOH), Joy Ryan (Scalabrini Villa), Maria Petrillo (EOHHS), Mary Barry (Capitol Homecare), Mike Walker (CareLink), Ray Parris (PCHC), Rick Boschwitz (Bayada), Robert Haigh (Healthcare Services), Sandy Curtis (EOHHS), Sandy Pardus (BVCHC), Shaun Cournoyer (Berkshire Place), Trish Gleason (Gleason Medical)

Agenda Item	Key Discussion Points	Action Items/Follow Up
Welcome & Introductions	This meeting's focus is on input and feedback on the Quality Framework and Proposed Methodologies for Comprehensive AEs	
Input and feedback on Quality Framework and Proposed Methodologies for Comprehensive AEs	<ul style="list-style-type: none"> • Measures requirements <ul style="list-style-type: none"> • Must measure cost and quality • Quality measures must be standardized • Must be measurable, consistent, and transparent • Quality improvement and maintenance of quality performance must be measured • Year one interim structure – performance on year one based on reporting • <u>Proposed Common Measure Slate</u> <ul style="list-style-type: none"> • In alignment with SIM • Includes cross cutting measures • Has a limited set of measures for feasibility <ul style="list-style-type: none"> ▪ Beth - who should be collecting these measures? <ul style="list-style-type: none"> • Both the AEs and the MCOs, depending on the measure • NHP has to have a way to be audited ▪ PSA screening – prostate exam as a measure <ul style="list-style-type: none"> • Not commonly used, so it is not included in the Common Measure Slate ▪ #8 (follow-up after hospitalization for mental illness (7 days)) <ul style="list-style-type: none"> • What is the definition of practitioner – case manager, physician? • PCP doesn't know when the patient has been in for a mental illness 	Definition of medical practitioner in regards to measure #8. This is part of HEDIS measure

	<ul style="list-style-type: none"> • Access to information is delayed (MCOs have the information) – PCPs have no way to impact when they don't have the information • Could it be a reportable only-measure for the 1st year? • How does the frequency of ED visit that lead to psychiatric hospital admission compared to direct admission in a psychiatric hospital? • Existing AE contracts experience to date on these measures (implementation) <ul style="list-style-type: none"> ▪ Integra – screening for clinical depression with DMR – follow up plan measure is difficult to measure (Pam) • <u>TCOC benchmark and quality score</u> <ul style="list-style-type: none"> • Quality score used as multiplier to determine percentage of shared saving based on TCOC • Weighting is determined in contract between MCO and AE • Year one – Measure specific quality score will be 50% for reporting and 50% performance based (tired measure score). The measure specific score will be multiplied by the weight of measure to get the overall quality score. • There are 3 performance tiers that can be assigned to an AE based on MCO average of all their Medicaid population. The shared savings will be calculated based on which tier the AE is in for each measure. <ol style="list-style-type: none"> 1. Tier 1 (Low): AE score is more than 5% less than MCO score 2. Tier 2 (Medium): AE score is within 5% of MCO score 3. Tier 3 (High) AE score is more than 5% above MCO score • What if the MCO's average is at 95%? AEs could not be assigned to Tier 3? <ul style="list-style-type: none"> • This is not an issue yet – will review to address that. • Will this be calculated on MCO base year or performance year? • How could AEs verify that the MCO base year score is accurate for the MCO population? • Is the MCO average calculated on Medicaid plans across the country or local just MCOs? 	<p>technical specifications.</p> <p>Address delayed information sharing to PCP regarding psych hospitalization</p> <p>Address tier calculation if MCO average is 95%</p> <p>Need to revisit and clarify basis for MCO average.</p>
	<ul style="list-style-type: none"> • Beth questioned the post CMS document submission deadlines, emphasizing that contract development and negotiation process will take time. • In theory, the application process could start October 1st and work on contracts can be done simultaneously. Incentive guidance, APM guidance, and quality guidance will provide all the information needed. • Mary - What tools are we looking to use to measure the specialized LTSS AEs? <ul style="list-style-type: none"> • Surveys, claims and clinical records • Measures for Social Determinants of Health (SDOH) <ul style="list-style-type: none"> • Details need to still be discussed and defined • Must align with SIM and OHIC • Stakeholder concerns regarding SDOH: <ul style="list-style-type: none"> ▪ Measure definition 	<p>Specific tools to measure LTSS AEs</p> <p>SDOH definition, measure...</p>

	<ul style="list-style-type: none"> ▪ How will it be measured? ▪ What tools will be needed to measure SDOH, can we adapt to mechanisms already in place? ▪ Who will measure, AEs or MCOs? – no duplication of efforts ▪ Want SDOH to be a reporting-only measure for the first year • Quality workgroup could be formed to get into more details • Reconciliations from audits will be difficult • SIM and OHIC are working on this measure and list of questions that all AEs can use. • Auto assignment of members into AE (attribution) – difficult to contact those members, demographic values associated with member are often non-existent (UHIP issue) <ul style="list-style-type: none"> • Appeals process for AEs regarding auto assignment due to negative impact on AE score <ul style="list-style-type: none"> ▪ MCO contract requirements regarding auto assignment and member engagement ▪ Investment in improvement on reaching out ▪ Shared responsibility between AEs and MCOs • Will an increase in membership lower AE scores? How can we address that? 	<p>Attribution based on auto-assignment issues need to be addressed</p>
<p>Timeline/Next Steps</p>	<ul style="list-style-type: none"> • All draft guidance documents are due to CMS by October 1st, 2017 • Please provide comments as early as possible, and no later than one month after draft was shared, to give us time to incorporate them in documents <ul style="list-style-type: none"> ○ Quality framework comments due 8/25 ○ Attribution comments due 9/14 ○ LTSS TCOC and Incentive guidance due 9/18 • Application and application guidance documents are being completed and are based on the Certification Standards. • AE roadmap submission to CMS update: EOHHS answered CMS questions and we are waiting for response 	
<p>Next Meeting</p>	<p>Next meeting is Tuesday, September 5, 2017, 2:00 to 3:30. DXC's 2nd floor conference room. The topic will be Attribution.</p>	