HSTP AE Advisory Committee Meeting Notes

Meeting Date, Time and Location: November 14, 2018, 3:00 p.m. to 4:30 p.m., 301 Metro Center Blvd., Warwick, R.I. 02886 Room 203

Meeting Facilitators/Presenters: Lauretta Converse, Deb Faulkner, Olivia Burke

Advisory Committee Member Participants: M. Adelman (Lifespan), Chris Ausura (RIDOH), Garry Bliss (Integra), Libby Bunzli (EOHHS), Olivia Burke (Faulkner Consulting Group), Lauretta Converse (EOHHS), Debra Driscoll (Ocean State Nursing), Diane Evans (Integrated Healthcare Partners), Deborah Faulkner (Faulkner Consulting Group), Patricia Gleason (Gleason Medical), Nancy Hermiz (Neighborhood Health Plan of RI), Deb Hurwitz (Health Centric Advisors), Mark Kraics (Conduent/EOHHS), Juan Lopera (Tufts Health Public Plans), Beth Marootian (Neighborhood Health Plan of RI), Deborah Morales (EOHHS), Ashley O'Shea (EOHHS), Ray Parris (PCHC), Dennis Roy (EBCAP), Marea Tumber (OHIC), Maria Viveiros (UnitedHealthcare of New England), Cheryl Wojciechowski (EOHHS), Greg Young (Providence Community Health Center), Edward Smith (Providence Community Health Center)

Agenda Item	Facilitator(s)	Meeting Notes
HSTP-AE Program Updates	**Lauretta Converse**	- Lauretta welcomed stakeholders and group provided introductions. - Lauretta thanked stakeholders for submitting comments on Accountable Entity (AE) requirements documents. The following areas were goals for PY2 requirement docs feedback: - Minimize disruption for PY2, maintain stability - Considered comments to inform more substantial PY3 changes. - Support on SDOH dataset (particularly housing) - TCOC methodologies and capturing experience more measures accurately - Clarifying attribution around IHH participation - Answer questions about PCP assignment and implications - Diane Evans asked question about 1115 Waiver renewal and how that impacts sources vs uses of HSTP funds. Current extends claiming ability from 3-5 years and the Specialized AE program is on hold.
EOHHS Comment Review Process	**Deb Faulkner**	- Deb F went through the timeline, initial modifications to PY2 (as reflected in posted versions of requirements), public comments and review process. - Garry Bliss asked - whether women would want attribution based on OBGYN? Some women use their OB as PCP. EOHHS will investigate this feedback. - Diane Evans asked what will happen with PY2 requirements for quality since we are bringing on a SME? - PY2 requirements will likely not change, unless guided by SME and will align with SIM/OHIC measure alignment processes

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		○ Beth requests that the process with the SME be public and transparent 　■ Plan right now is to keep some pay for reporting element ○ Beth also requested consistency across years in measures and not onboard, offboard measures. Hinders opportunity to improve. 　■ EOHHS intends not to modify the measure set significantly year to year, but will allow for flexibility to dive deeper into target populations, etc. ○ Beth asked specifically about the health status and SDOH measures and how they will be applied - need more information, seem challenging 　■ SDOH is a priority of the program, will remain P4R in PY2. SME will come and help refine that measure. ○ Diane - collaborative meetings around quality between plans and AEs, should be attended by someone from EOHHS.
AE Requirements Changes: Attribution	**Olivia Burke**	• Olivia started Attribution Requirements overview of comments. ○ Olivia clarified elimination of attribution logic exception for IHH members - IHH/ACT participation supersedes PCP enrollment ○ Diane and Beth want to double check attribution - asked whether state checks data, but state assumes that is reflected in attribution reports we receive
AE Requirements: Incentive Guidance	**Olivia Burke**	• Diane asked for clarification on "specialized allocation" for the Specialized AE program. Funds set aside to design specialized AEs - program is on hold, but dollars still allocated. Will not detract from comprehensive AE pool ○ Beth wants to be a part of LTSS AE discussion - opportunity to begin discussion on VBP. EOHHS agreed we need to start a public dialogue to build that program ○ Member level attribution file - clarified that it is not in the requirements now for AE pool establishment. • Olivia explained rationale for funding allocation changes proposed for PY2 ○ Beth asked what the fixed milestones are - same milestones (TCOC contract, agreement with BH/SDOH, HSTP project plan) but less incentive allocation ○ Beth asked why incentives would also be P4P in PY3 on top of TCOC and shared savings 　■ Also want measures beyond TCOC measures, population specific, to hold accountable to. 　■ Beth suggested we increase outcome measure allocation in PY2 ○ Diane asked for clarification on member access report (MCO IMP Milestone) and expressed that it should be shared with AE ○ Beth said that analytic profile should not be a one-time report. PY1 indicates that it is.

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		- Olivia explained rationale for value-based agreement with BH/SUD/SDOH provider - Beth asked about the existing uptake of value-based arrangements with these type of providers - Deb and Debbie Morales responded that it is probably in its infancy, but that metrics could be very rudimentary - Chris Ausura suggested investing in identifying population needs before pushing agreements with partners, to build a stronger foundation - Corinna asked why it is BH *OR* SDOH? Deb explained that some AEs have some capacities in house, but all had opportunities to expand by building connections in the community. Corinna explained that there are BH/SUD system deficiencies - residential treatment - opportunity for capital investments - Beth - clarified concerns around specificity of category 2 HCP LAN language - suggested EOHHS refine language
Next Steps	**Lauretta Converse**	- The requirements documents are due to CMS on December 15th - The group will reconvene on November 26th at 3 p.m. at the Arnold Conference Center. Additional information will be shared with stakeholders.
Public Comment	**All**	No one offered public comment.
Adjourn	**All**	

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