Rhode Island Medicaid Accountable Entity Program

Medicaid Infrastructure Incentive Program

April 13, 2017

Goals for Today

- Review the modifications made to the roadmap
- Preliminary review and discussion of the AE Infrastructure Incentive Funding opportunity
- Review next key steps and time line

Agenda

- AE Program Overview: Roadmap Structure and Commitments
- AE Incentive Program Details
- Program Implementation and Oversight
- Next Steps

Reminder: What is the Roadmap

Roadmap Purpose

- Document the State's vision, goals and objectives under the Waiver Amendment
- Detail the state's intended path toward achieving the transformation
- Detail the intended outcomes of that transformed delivery system
- Request and obtain approval by CMS

Additional Considerations

- Roadmap is a gating requirement of the Special Terms and Conditions (STCs) of RI's Waiver
- The State may not begin payments of federal incentive funds until after CMS has approved both the claiming protocol (sources of funds) and the Roadmap (uses of funds).
- Conceptualized living document that will be updated annually
- Key components to be further specified in future Guidance Documents

Reinventing Medicaid 2.0

Vision

The vision, as expressed in the Reinventing Medicaid report is for "*…a reinvented Medicaid in which our Medicaid managed care organizations (MCOs) contract with Accountable Entities (AEs), integrated provider organizations that will be responsible for the total cost of care and healthcare quality and outcomes of an attributed population.*"

Goals

RI anticipates that **by 2022, Rhode Island will have achieved the following:**

- Improve the balance of long term care utilization and expenditures, away from institutional and into community-based care;
- Decrease readmission rates, preventable hospitalizations and preventable ED visits;
- Increase the provision of coordinated primary care and behavioral health services in the same setting; and
- Increased numbers of Medicaid members who choose or are assigned to a primary care practice that functions as a patient centered medical home (as recognized by EOHHS).

Objectives

- Focus on Total Cost of Care (TCOC) -- Transition from fee for service to value based purchasing
- Deploy new forms of organization to create shared incentives across a common enterprise
- Create population based accountability for an attributed population
- Apply emerging data capabilities to refine and enhance care management, pathways, coordination, and timely responsiveness to emergent needs
- Build interdisciplinary care capacity that extends beyond traditional health care providers

Source: Report of the Working Group to Reinvent Medicaid, July 8, 2015. See http://reinventingmedicaid.ri.gov for additional documentation.

Three Types of AEs

EOHHS is taking a **multi-pronged strategy** to building accountable care models:

1. Comprehensive AE Program

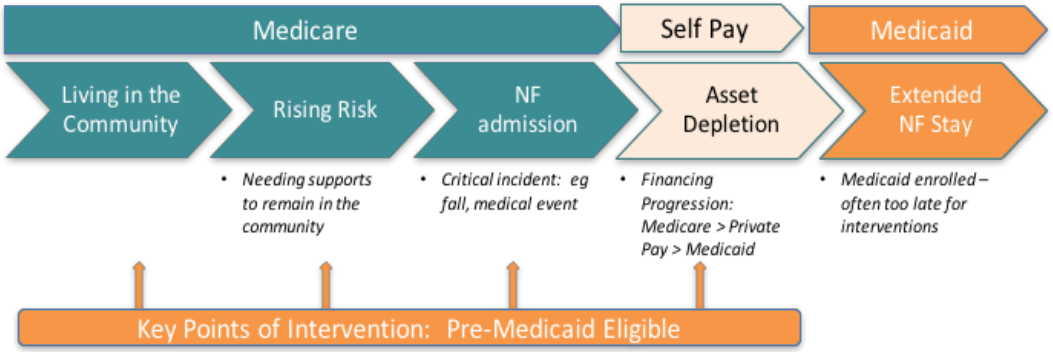
The Comprehensive AE will represent an interdisciplinary partnership of providers with a strong foundation in primary care and inclusive of other services, most notably behavioral health (including substance abuse disorders) and social support services.

2. Specialized LTSS AE Pilot Program

This pilot program is intended to encourage participating LTSS providers to build collaborative LTSS focused integrated care delivery systems that include a continuum of care (e.g., home care, adult day, SNFs).

3. Medicaid Pre-Eligibles Pilot Program

Intended to engage high volume <u>Medicare</u> providers in the development and implementation of targeted interventions for Medicaid Pre-eligibles –especially at risk populations residing in the community.



AE Program: Phased Approach

AE Type	Primary Target Population	Program Phase	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Comprehensive AE	Medicaid only	Program Design and Pilot Certification								
		Pilot Performance Period		***						
		Certification Renewal/ Full Certification								
		Full program performance period								
Specialized LTSS	LTSS Eligibles	Program Design and Pilot Certification								
		Pilot Performance Period				***				
		Certification Renewal/ Full Certification								
		Full program performance period								
Medicaid Pre-Eligibles	Medicaid LTSS Prevention: *Medicare elgibles at risk of becoming duals*	Program Design and Pilot Certification								
		Pilot Performance Period					***			
		Certification Renewal/ Full Certification								
		Full program performance period								

*** Initial pilot performance period begins

AE Program Structure

- The foundation of the EOHHS program is the Certification of Accountable Entities (AEs)
- Apply to EOHHS for "Provisional Certification with Conditions"
- Demonstrate readiness across eight domains

- Certified AEs must participate in EOHHS qualified Alternative Payment Methodology (APM)
- Through contractual partnerships with Medicaid Managed Care

Today's Discussion

- Certified AEs participating in qualified APMs
- Eligible to participate in an Medicaid Infrastructure Incentive Program (MIIP)

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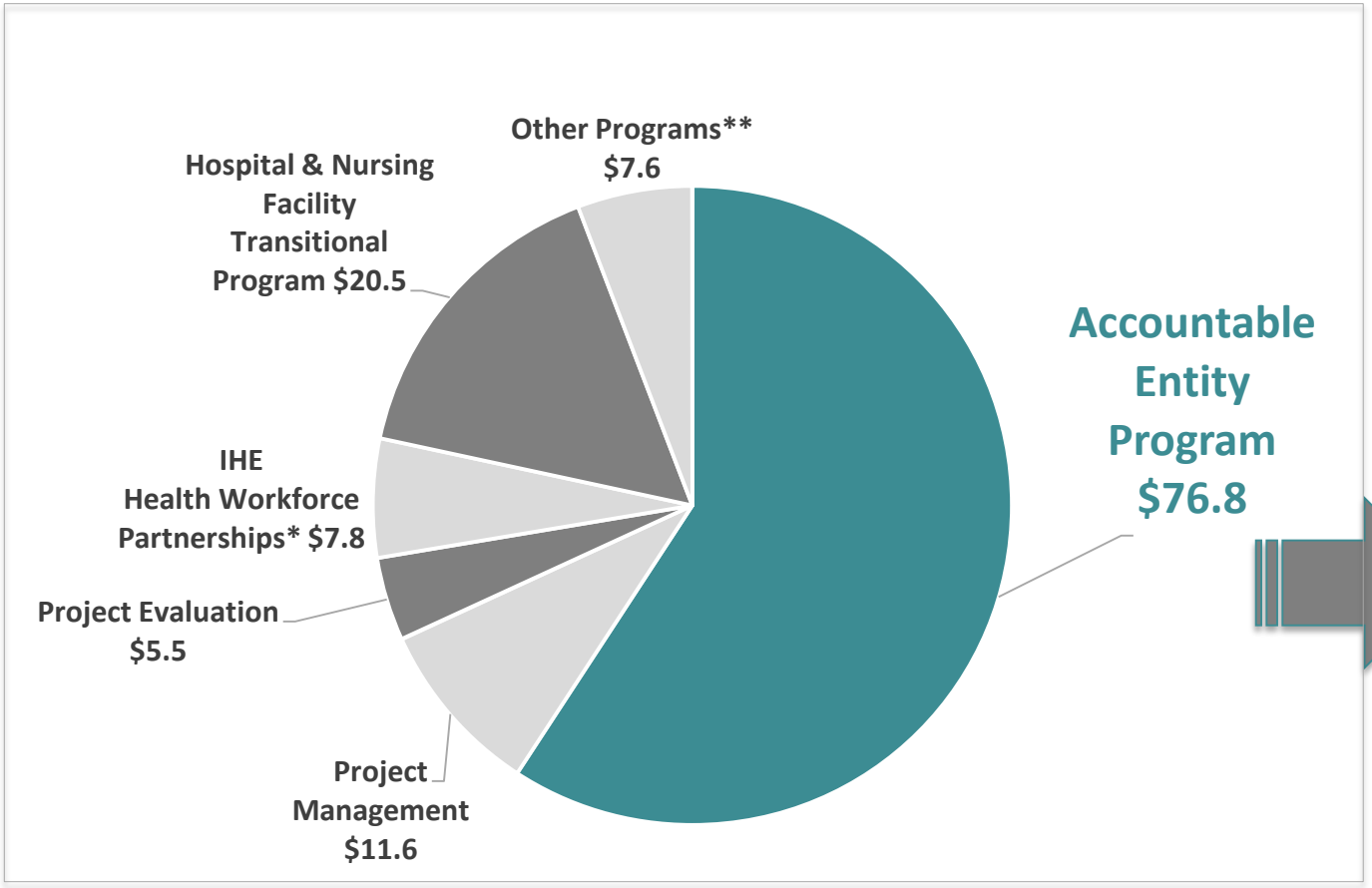
HSTP Funding Opportunity

Total HSTP Funding = $129.8 M

Preliminary Funding Details, $M



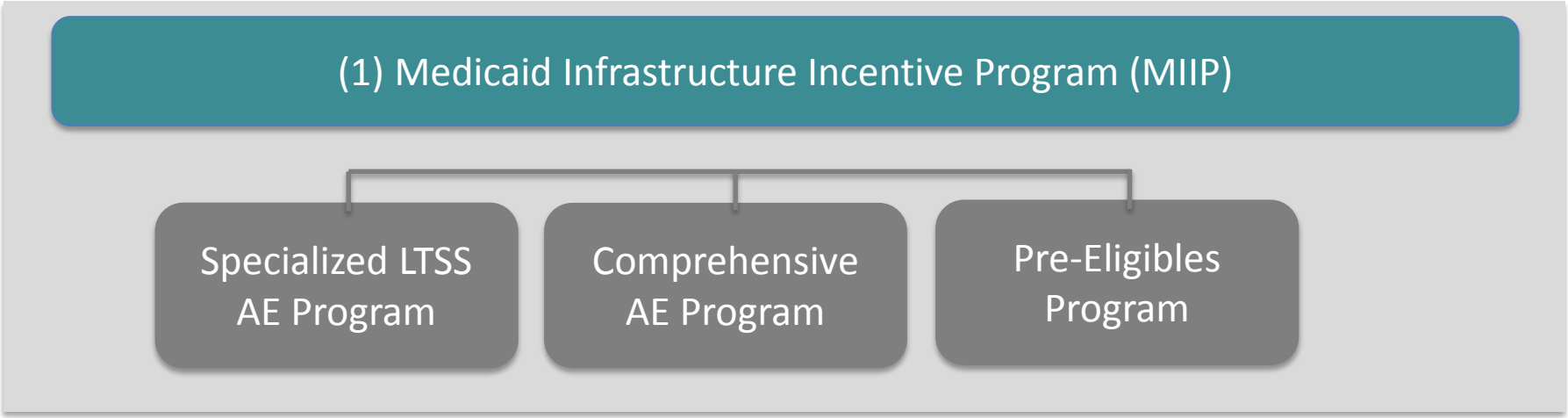
Medicaid Infrastructure Incentive Program (MIIP)

- Introduced in AE Roadmap
- Detailed structure established via CMS required Guidance

*Institutes of Higher Education (IHE) Health Workforce Partnerships includes $5.4 M for Workforce Development and $2.4 M for Program Operations.
**Other Programs includes: Consumer Assistance, Wavemaker Fellowship, TB Clinic, RI Child Audiology Center, and Ctr for Acute Infectious Disease Epidemiology. Includes some unavailable funding

Medicaid Infrastructure Incentive Program (MIIP)

Medicaid Infrastructure Incentive Program



An AE Program Advisory Committee shall be established by EOHHS.

- ✓ Chaired by EOHHS, Community Co-Chair, with representation from AEs, MCOs & Community
- ✓ Support the development of AE infrastructure priorities
- ✓ Help target funds to specific priorities that maximize impact
- ✓ Review specific uses of funds by each AE and MCO
- ✓ Monitor ongoing MCO/AE program performance
- ✓ Support effective program evaluation and integrated learnings

Upcoming detailed guidance

MIIP: Three Key Considerations

1. **Allocation of Funds to three core program areas**
   - Comprehensive
   - Specialized
   - Pre-Eligibles

2. **How are we investing funds across landscape of players**
   - **For each MCO:** How do we apportion funds to each participating MCO?
   - **For each AE:** How do we apportion those investment dollars to contracting AEs?

3. **What are we investing IN**
   - **Priority Areas**
     What priority investments are most critical to our overall program goals?
   - **Allowable Domains**
     Within those priority areas – what types of projects will these funds support?
   - **Evidence of Performance**
     How can AEs earn incentive funds?

1. Allocation of funds to three core programs

Commitments of the Roadmap:

AE Programs	Share of Available AE Funds	
	Program Year 1	Full Program
Comprehensive AE Program	60-70%	60% - 70%
Specialized LTSS Pilot AE Program	30-40%	25% - 35%
Specialized Pre-eligibles Pilot AE Program		5%-15%

Preliminary estimates to be confirmed by EOHHS with support of Advisory Committee

	SFY 18	SFY 19	SFY 20	SFY 21	Total	%
Total Incentive Pool (TIP)	**$10.0**	**$29.4**	**$23.9**	**$13.5**	**$76.8**	
Comprehensive AE program	$6.5	$17.6	$14.3	$8.1	$46.6	*60%*
LTSS AE Program	$3.5	$10.3	$8.4	$4.7	$26.9	*35%*
Medicaid Pre-eligibles Program		$1.5	$1.2	$0.7	$3.3	*5%*

2. How are we investing funds across participants

For each MCO the MIIP shall include three dimensions:

(1) Total Incentive Pool (TIP)

- EOHHS sets a TIP for each MCO
- Established with consideration to MCO share of attributed lives

(2) Accountable Entity Incentive Pool (AEIP)

- AEIP = TIP - MCOIMP
- EOHHS defined base + pmpm adjuster per AE
- Performance based, consistent with AE specific HSTP project plan

(3) MCO Incentive Mgt Pool (MCO-IMP)

- Performance based
- Maximum pool: 5-8 % of TIP
- +1% per AE contract beyond min
- Support development of MCO capabilities required to advance AE Program

2. Investing funds across participants Comprehensive AEs

Competitive Program

EOHHS anticipates stricter requirements for certification beginning in year two, subject to available funding.

Preliminary Estimates of Comprehensive AE Specific Funds Available*

	SFY 18	SFY 19	SFY 20	SFY 21	Total
Estimated Number of Certified AEs					
High	7	5	5	5	
Low	5	3	3	3	
Maximum Allowable AE Incentive Funds*					
Estimated Base Amount	$ 500,000	$ 500,000	$ 500,000	$ 500,000	
Estimated pmpm Range	*$1.51*	*$11.04*	*$8.60*	*$4.00*	
	$2.80	*$18.02*	*$14.31*	*$7.32*	

*Subject to available funding, CMS approval of claming protocols and AE roadmap, and Advisory Committee review

*Note that these are **preliminary estimates for discussion purposes only** – and shall be refined and finalized in the AE Incentive Program Guidance*

2. Investing funds across participants Comprehensive AEs

Preliminary minimum req'ts to be considered for certification include:

- Attributed lives
- Medicaid share of lives
- Ability to collect, share and report data
- Behavioral health integration
- Affiliation with a SUD treatment provider
- Affiliation with a community based organization

Qualified applicants must meet req'ts across eight (8) domains

- Breadth and Characteristics of Participating Providers
- Corporate Structure and Governance
- Leadership and Management
- IT Infrastructure
- Commitment to Population Health and System Transformation
- Integrated Care Management
- Member Engagement & Access
- Quality Management

- EOHHS' expects AEs to be structured to provide care for all populations
- EOHHS recognizes that the necessary skills and capacities of an AE will vary considerably across populations.
- AE Certification may be specific to an approved population – Children, Adults – with attribution limited to the approved population.
- Some capacities may be demonstrated through participating MCOs

3. What are we investing IN: Use of Funds

Priorities

EOHHS defined, required MCO allocation of funds

Each MCO's AE Incentive Pool budget and actual spending must align with the priorities of EOHHS as developed with the support of the Advisory Committee

Allowable Areas of Investment

What can AEs invest in – Domains -- e.g. Network development, IT, etc.

Intended to support AEs in building the capacity and tools required for effective system transformation.

Evidence of Performance

Incentive Funds Earned

AE Incentive Pool funds shall be distributed by the MCO to the AE based on fully meeting AE specific milestones

MIIP Decision # 3. Use of Funds: Priorities

Each MCO's AE Incentive Pool budget and actual spending must align with the priorities of EOHHS as developed with the support of the Advisory Committee and shown below.

Program	Priorities
Comprehensive AEs	☐ Planning and core infrastructure development ☐ Medical enhancements: enhanced systems of care, workforce development ☐ Integration and innovation in behavioral health care ☐ Integration and innovation in SUD treatment ☐ Integration & intervention in social determinants, incl cross system impacts
Specialized Pilot LTSS AEs	☐ Building partnerships, including governance, leadership and financial arrangements, between LTSS providers. ☐ Developing programs and care coordination processes towards effective and timely care transitions and reduced institutional/ED utilization ☐ Repurposing skilled nursing capacity for acute psychiatric transitions and/or adult day capacity ☐ Home and Community based behavioral health capacity development BH specialized adult day care, home care, & alternative living arrangements

Note: This is a draft set of priorities – to be reviewed and confirmed through Advisory Committee

MIIP Decision # 3. Use of Funds - Allowable Areas of Expenditure (Domains)

Year 1 spending may be heavily weighted toward Readiness, as AEs build the capacity. Over time the allowable areas of expenditure will be required to shift toward system transformation

- Breadth & Characteristics of Participating Providers
- Corporate Structure & Governance
- Leadership & Management organization

- EHR capacity, patient registries, Current Care
- Provider access to information
- Patient portal
- Analytics for population segmentation, risk stratification, predictive modeling
- Clinical decision support tools, early warning systems, dashboard, alerts
- Staff development & training

- Commitment to Population Health
- Integrated Care Management
- Member Engagement & Access
- Quality Management

MIIP Decision # 3. Use of Funds
Evidence of Performance & Earned funds

Earned funds shall be distributed by the MCO to the AE in accordance with the distribution by performance area defined in the AE specific Health System Transformation Plan, consistent with the requirements defined below:

Performance Area	Sample Milestones	Yr 1	Yr 2	Yr 3	Yr 4
Planning and Design	☐ Detailed workplan and budget ☐ AE Gap Analysis	70%	15%		
Developmental Milestones	☐ Detailed Health System Transformation Project Plan ☐ Quarterly progress, financial reports ☐ MCO/AE defined milestones	30%	85%	75%	50%
Value based purchasing metrics	☐ Marginal risk requirements			20%	30%
System Performance Metrics	☐ Preventable Admissions, Readmissions, Avoidable ED Use ☐ MCO/AE Specific Performance Targets (up to 3)			5%	10%
Final Deliverable					10%

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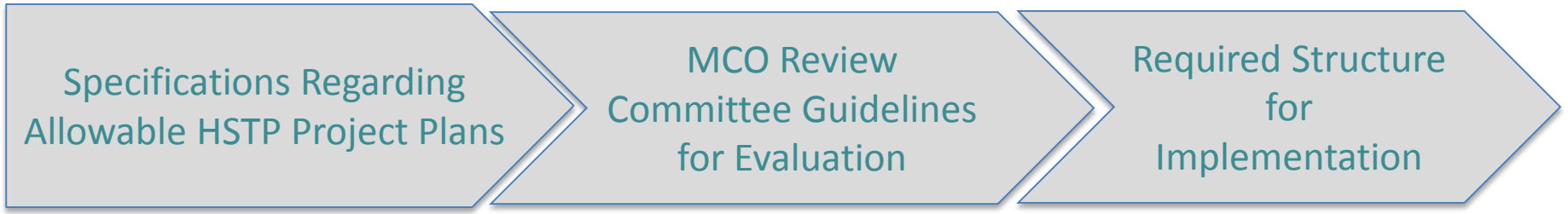
Guidelines for HSTP Project Plans

With the assistance of the Advisory Committee EOHHS will develop "Guidelines for Health System Transformation Project Plans", to include the following:



Specifications shall delineate additional details regarding:

- Core Goals
- Allowable Priority areas
- Allowable Areas of Expenditure
- Required Performance Areas
- Characteristics of approvable project plans

MCO review committee to evaluate each proposal.

- EOHHS designee shall participate on the committee
- Committee, in accordance with EOHHS guidelines, shall determine:
  - Project as submitted is eligible for award
  - Project merits incentive funding
  - Incentive funding request is reasonable and appropriate

MCO/AE Contract Amendment shall:

- Subject to EOHHS review/approval
- Incorporate central elements of the approved HSTP Plan, including
  - Program objective
  - Scope of activity to achieve
  - Performance schedule
  - Payment terms – basis for earning incentive payment(s)
- Define process for determining whether AE performance warrants incentive payments

Program Monitoring and Oversight

EOHHS will build upon and enhance its program monitoring and oversight activities in the following four key areas

1. MCO Compliance and Performance Reporting Requirements
2. In-Person Meetings with MCOs
3. State Reporting Requirements to CMS
4. Evaluation Plan

Program Monitoring and Oversight
MCO Compliance and Performance Reporting

Areas of current reporting that will require enhanced AE level reporting include:

- Provider Access Survey
- Provider Panel Report
- Appeals & Grievances Report
- Informal Complaint Report
- AE Shared Savings Report
- MCO Performance Incentive Pool Report

Quarterly reports demonstrating movement towards value based payment models, including:

- Alternate Payment Methodology (APM) Data Report
- Value Based Payment Report

Accountable Entity Specific Reports, including:

- **AE Attributed Lives**
  Quarterly
  number of Medicaid MCO lives attributed to each AE
- **AE Population Extract File**
  Monthly
  member level detailed report of MCO members by attributed AE
- **AE Participating Provider Roster**
  Monthly
  Ongoing roster of the AE provider network

Next Steps

Immediate Priorities: Submission and CMS approval of:

- AE Roadmap Submission
- IHE Claiming Protocols

Upcoming Priorities

- Establishing draft proposals, and a process for stakeholder input regarding
  - Finalizing the AE Application and Certification Standards
  - Program Guidance: APM and Attribution

- Establishing the AE Program Advisory Committee, finalizing the Incentive Funding Guidance

Next Steps: Future Guidance

Beyond this roadmap, **four core guidance documents will govern this program**, specifying requirements for EOHHS, MCOs and participating AEs:

Core Documents	Targeted CMS Submission	Description
1. AE Application and Certification Standards	Spring 2017	☐ AE certification standards ☐ Applicant evaluation and selection criteria ☐ Submission guidelines
2. APM Guidance	Fall 2017	☐ Required components and specifications for each allowable APM structure ☐ AE Scorecard ☐ Areas of required consistency, flexibility
3. Attribution Guidance	Fall 2017	☐ Required processes for AE attribution, hierarchy
4. AE Incentive Program Guidance	Fall 2017	☐ Additional details on funding allocation, required priorities, allowable areas of expenditure, milestones

- EOHHS shall hold public input sessions and participant working sessions with key stakeholders and interested public participants to refine each guidance document.
- Draft guidance shall be posted, comments received will be reviewed, and documents will be revised in consideration of public comments before final submission to CMS