integra
Community Care Network

September 19, 2017

To: Deborah Morales
(Via Email)

From: Garry Bliss, Program Director
Integra Medicaid AE

Re: EOHHS Incentive Program Guidance for the AE Program

CC: James E. Fanale, MD, EVP, Chief Operating Officer CNE & Chief Clinical Officer, Integra
John Minichiello, Executive Director, Integra
Deb O'Brien, President, The Providence Center

Thank you very much for the opportunity to comment on the proposed AE Incentive Program. Prior to comments which reference specific sections of the document, we offer some general comments.

As always, if you have any questions, or would like to discuss any of the issues raised in this memo, we would be more than happy to meet with you at your convenience or provide additional detail via email or phone.

We continue to appreciate the state's collaborative and inclusive process for refining the original AE Pilot and look forward to working with EOHHS in the months and years ahead.

General Comments

We believe there is considerable opportunity to increase the effectiveness and efficiency of the Incentive Program by streamlining management and administration.

As currently proposed, the Incentive Program will be administered by the MCOs via their contracts with AEs. AEs be required to work with each MCO separately to develop and implement separate projects. Each MCO will develop unique procedures for this process as well as for measuring success and allocating funding based on outcomes. With two MCOs, and a third on the way, AEs will be required to navigate a cumbersome process that could be rife with redundancy and conflict. Given the finite nature of resources – financial and human – a process that would limit variety, avoid dilution, and achieve focused, concentrated effort would be preferable.

This focused implementation could be achieved if AEs developed a single set of projects, subject to EOHHS review and approval, to be performed across all of an AEs contrats. Under this approach, Integra would develop one set of Incentive Program projects and not have different projects under our contract with Neighborhood Health Plan and different projects under out contract with United Healthcare and different projects under our contract with Tufts.

The difference between populations under different contracts is not so great to necessitate project tailored by MCO contract, as opposed to building projects based on overall AE patient panel and overall AE strengths and capacity.

This streamlined process for developing, implementing, and monitoring project would yield a greater return and significantly reduce the burden imposed on all Accountable Entity partners. We strongly urge EOHHS to consider this alternative approach which we believe will be more effective and yield a greater impact.

Page 2 AE Program Advisory Committee

Given the intersection of the Incentive Program and the state's healthcare workforce goals, the Office of Healthcare Workforce Transformation would be a positive addition to the Advisory Committee.

Additionally, the presence of the state's higher education institutions could foster more synergies in research, student engagement, classroom learning, professional development, workforce training, and more.

In terms of AE and MCO participation, the representation should be balanced to ensure a fair presence of all perspectives and avoid a the over- or under-representation by one sector.

The role of this Committee, compared to the role of the AE/MCO working groups that will develop Incentive Payment projects, could be clarified.

The draft states that the Program Advisory Committee will "Review specific uses of funds by each AE and MCO, such that individual AE Project Plans are designed and implemented to maximum effect." The scope, nature, and depth of this review – compared to that conducted by the AEs and MCOs – need to be clarified. Depending upon the nature of this review, it is possible that an AE's proprietary information, strategies, data, business plans, and the like would be open to review at this forum by competing AEs. The same would apply to MCOs. Clarification could ensure this does not occur.

In order to ensure maximum alignment across this initiative, we urge EOHHS to tie the work of this committee to the Outcome Metrics in the table on page 11.

Page 3 MCO Incentive Program Management Pool

This section could be strengthened with the addition of greater clarity around the definition of "satisfactory MCO performance." MCO eligibility for these funds should be contingent upon collaboration with the AE in meeting key goals in the priorities areas of cost, efficiency, quality, and patient experience. By aligning all incentive payments around success in these fields, EOHHS can ensure unified, coordinated activity by all partners in this initiative.

Page 4 Comprehensive AE-Specific Incentive Pools

Because this is not specified in the document, we are seeking clarification from EOHHS regarding the PMPM and Base Pool allocations. Will these be uniform, on a per capita/per attributed life basis under each MCO for each AE?

Page 5 AE Specific Health System Transformation Project Plans

We believe AEs should be able to propose current, in-place infrastructure that has been and remains funded by the AE using non-MCO and non-Medicaid funds.

In other words, Integra should be able to propose and receive funding to continue the investments previously made by Integra, without reimbursement, which have proven effective. Incentive funds should not be exclusively limited to "new" projects or services not currently in place.

This section states that "Any monies not remitted to an AE from the Accountable Entity Incentive Pool must be returned to EOHHS." What will be the use of any funds returned to EOHHS and what process will be used to determining those allocations?

Page 5 Data Driven Identification of Shared MCO/AE Priorities

In line with our comments above regarding the Advisory Committee, we recommend that the Outcome Metrics in the table on page 11 form the basis for the development, review, assessment of projects.

Page 6 Data Driven Identification of Shared MCO/AE Priorities

We recommend that the list or review criteria also include AE program features already implemented, tested with a proven return/benefit.

Page 6 AE Specific Core Projects: Workplan and Budget

The requirement that "each core project must be MCO specific" could result in the development of more projects than necessary – or effective. However, allowing one AE to perform a given project for more than one MCO will increase efficiency and the impact of each initiative undertaken. Such a change would reduce the administrative burden, program complexity, and simultaneously increase impact, efficiency, and effectiveness of the work of AEs.

Alternatively, in keeping with the general points above, if EOHHS were responsible for review, approval, and administrative oversight of projects, AEs could propose and implement projects across all MCO contracts after review and approval by EOHHS.

Page 6 MCO Review Committee Guidelines for Evaluation

This process would be more efficient and streamlined if EOHHS were to develop a uniform template for project proposal, review, monitoring, evaluation, etc. This would avoid the situation where a single AE could have different processes under each MCO contract – likely three. With EOHHS facilitation, it should be possible for AEs, MCOs, and EOHHS to develop uniform standards for this process.

Alternatively, a single process through EOHHS, rather than the MCOs, would accomplish the same goal.

Under either process detailed in this memo, or the alternative described above, AEs should have equal representation on the Review Committee in order to ensure transparency and full, equal engagement throughout the review, approval, and monitoring of proposals.

Page 7 Incentive Funding Request is Reasonable and Appropriate

It would appear that funding is limited to covering/reimbursing the expense of any given project. Given the at-risk nature of AE project investments, and through this initiative overall, is it possible for EOHHS to allow AEs to earn more than the cost of implementation in Incentive Funds upon meeting certain performance metrics?

Page 7 Required Structure for Implementation

In line with our request above that EOHHS produce a proposal template, it would be helpful if EOHHS produced a common reporting document AEs could use for all projects, avoiding the possibility of reporting on three different templates.

Again, this would also be accomplished with unified administration under EOHHS, rather than through multiple MCOs.

With the intention to utilize a Contract Amendment, EOHHS must provide guidelines so that any terms or conditions relating the Incentive Program are limited to that Program and due not interfere with, undermine, or contradict any terms or conditions negotiated and contained in the underlying AE/MCO contract. The Incentive Program is a supplement to this underlying business relationship, and that relationship must remain sound and functional without unintended interference of provisions in this amendment.

Page 8 Required Structure for Implementation

Given the at-risk nature of AE investments in projects – an investment exclusively made by the AEs and not by any other participants in the overall initiative – we urge EOHHS to consider allowing partial payment for partial fulfillment of the goals for any given project.

AEs, like Integra, have already invested in infrastructure and under this scenario will continue to be expected to make up-front investments.

The Incentive Program opens the possibility for a return of that investment – a significant, positive, and welcome change. However, given the burden of these projects and the financial strain already borne by AEs, we urge EOHHS to consider allowing AEs to receive Incentive Funds for projects that largely, but do not fully, meet their goals.

In the draft, the following framework is established for paying out incentive funds in circumstances where the goals of a project are not met:

> An AE, that has failed to meet its target, may receive funding later "by fully achieving the original metric in combination with timely performance on a subsequent related metric."

As currently written, the exact way this would occur is not clear. This provision, if it is retained, needs greater detail so that all parties have a clear understanding of how this arrangement would be implemented.

Page 9 EOHHS Priorities

The priorities for the Comprehensive AEs should be built around the same outcome metrics used in the table on page 11. As currently written these priorities do not align with EOHHS outcome metrics or with metrics in AE/MCO contracts regarding quality and/or financial performance.

Additionally, AEs should be granted to latitude to propose projects that meet other priorities – so long as data indicate the project would have a meaningful impact on cost drivers.

Page 9 Allowable Areas of Expenditure

As discussed above, previously developed AE capacity, funded by AE resources, should also be eligible for Incentive funding.

To do otherwise would penalize those AEs that made capacity investments at a time when there was no established method for funding/reimbursing the AE.