



Accountable Entities
Stakeholder Office Hours Meeting
DXC 2nd Floor Conference Room
Monday, July 31, 2017 2:00-3:30pm

Facilitator: Debbie Morales, Deb Faulkner, Jennifer Bowdoin

Prepared by: Maria Narishkin

Participants: Alan Post, Christopher Dooley, Craig DeVoe, Cristina Amedeo, , John Bonin, Karen Lally, Kathleen Gerber, Libby Bunzli, Lisa Tomasso, Maria Narishkin, Mark Kraics, Kulwant Babra, Neil Shunney, Ray Parris, Sandy Pardus, Brenda DuHamel, Garry Bliss, Irene Qi, Jim Nyberg, Jordan Quintin, Louis Paolino, Mary Benway, Michael Bigney, Mike Walker, Robert Haigh, Paul Loberti, Heath Carmichael, Joan Lynn, Pam L, Rebecca Lebeau, Tracy Cohen, Chris Ferraro, Jim McNulty, Debra Reakes, Jennifer Olson Armstrong, Ken Howells, Andrew Saal

Agenda Item	Key Discussion Points	Action Items/Follow Up
Welcome & Introductions	Welcome and introductions. No specific topic of discussion this week – will be taking questions.	
	<ul style="list-style-type: none"> • Kulwant – The renewing period started, we are pulling data, discussing base line. Is this renewal going to be on a fiscal year basis or moving to calendar year? <ul style="list-style-type: none"> ○ There may be a contract extension, then the following contract to renew on same date annually for all AEs. We will get back with positive answer. Details will be in the APM guidance. ○ When will it be decided? This clarification will be in the final guidance document submitted to CMS on October 1. ○ At this point it seems to make sense to align with SFY, however we need to think through potential contract implications • Irene - When will the AE application be available? <ul style="list-style-type: none"> ○ I– The Guidance documents (TCOC, attribution, certification standards) at least in draft form will be appended to the application therefore we anticipate the application being release in early October. • Mary Benway – will APM document have payment methodology for homecare? <ul style="list-style-type: none"> ○ the TCOC and shared savings model will be included and a high level description of a potential APM models (PMPM). The APM (PMPM) model for home care needs CMS approval the State currently does not have authority to implement that time of model per the State Plan. • What is the time frame to expect LTSS specific guidance documents? <ul style="list-style-type: none"> ○ All the documents for both comprehensive and LTSS specialized AEs will be released by August 18th 	To clarify in final total cost of care guidance if the base line time period is based on SFY or CY.

	<ul style="list-style-type: none"> • Michael Bigney – What qualifies as startup costs and how I will get reimbursed? <ul style="list-style-type: none"> ○ The best guidance document currently that describes this in summary is the AE Roadmap, which describes the domains that qualify for comprehensive and LTSS. The incentive funding guidance will provide greater detail on the funds distribution and allocation. ○ Mike – if I hire someone to help set up, when do I get reimbursed? <ul style="list-style-type: none"> ▪ Payments come based on hitting milestones (project plan completed), the investments you are making have to tie to specific domain and be performance based (accomplishing specific milestones and/or targets). ○ This is not a traditional reimbursement model, this is a performance based incentive model based on a AE specific budget. Payments are likely to be made on a quarterly basis. Further details to be shared in the incentive funding guidance document. ○ = • Will there be reimbursement for a new computer system? <ul style="list-style-type: none"> ○ Must define appropriate milestone and you would get it once milestone is met. ○ The opportunity to centralized the support for technology may be available. ○ Infrastructure incentive funds will end in in 4-5 years, the goal is for the program to be sustainable and investments to be made to support the sustainability of the program. These funds are to support the infrastructure and capacity build needed to be a self-sustaining entity. • Bob Hague – what do you anticipate shared savings to be? PMPM or general? <ul style="list-style-type: none"> ○ The AE roadmap submitted to CMS did not provide financial targets, but identified specific areas of opportunity in which accomplishments would result in savings ((i.e. improve behavioral health integration, high risk patient care, LTSS out of nursing homes) to accomplish savings. • Regarding PMPM, would we have to apply to get approval from CMS? <ul style="list-style-type: none"> ○ The APM home care model was not part of original roadmap submitted to CMS, we need to seek separate approval/authority for this specific component. • You expect us to jump in and we have no idea what the savings/outcomes will be? <ul style="list-style-type: none"> ○ The Specialized LTSS AE is a pilot. As such, the goal is to learn from the pilot model and make adjustments. 	
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	<ul style="list-style-type: none"> • Question on specific of the 95th percentile within total cost of care methodology. The percentiles align with the managed care stop loss provisions., • Bob H. Is “average number of days patient is in homecare”, a measure that will be used? <ul style="list-style-type: none"> ○ Tying historical data with LTSS AEs. That is exactly what we are looking for. • What is the opportunity to look ahead to anticipate who’s going to come in to the system? To see # of people who make less than 40K a year. <ul style="list-style-type: none"> ○ This idea is part of what we are thinking with regard to the Medicaid AE Pre-eligible program, we are targeting who is at risk, specifically for LTSS ○ The Medicaid AE pre-eligible is pending at the moment. • Mary Benway – We are already saving millions by keeping people out of hospitals, our challenge will be to have care delivery into community. We can’t retain staff. • When will we know who is going to be attributable? <ul style="list-style-type: none"> ○ Certification standards language has some information. We have a draft attribution guidance document for internal review now and it will be available soon. There are decision points and opportunity for comments before submission to CMS. ○ We will need to continue to revisit as we learn more. • Attributed lives or assigned lives – it will be attributed based on assignment. It is in attribution guideline. August 18th is our deadline to have all the guidance documents out. • How long has CMS taken to respond to submissions? In this instance, they only have to review the documents. We can use them once we submit them. The AE Roadmap is the document that needs CMS approval. • EOHHS will amend contract with plans to incorporate the program design elements related to total cost of care methodology etc... The contract amendments do have to be approved by CMS. (normally 90-day time-line) NHPRI comment: Population Volatility affects PMPM. There are upper and lower bounds for savings pool. There should be flexibility. There is no efficiency factor in the proposed guidance document. The Risk adjustment occurs with the Historical adjustment factor of 2%. • Panel discussion time line? We want the guidance documents first, and there are scheduling conflicts due to summer vacation, probably 2nd week in September. • Data reporting on quality measures, some will be in claims, others will involve hybrid and other measures – how do we plan to validate the data reporting/measures? 	
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	<ul style="list-style-type: none"> ○ Libby (OHIC) – There is an upcoming meeting regarding changes in SIM measures. ○ The methodology will use a tiered measure score - +- 5%. <ul style="list-style-type: none"> 1. Some performance to be based on reporting/establishing baseline 2. Ability for low performance to improve 3. Already high performers. ○ Tiers are designed to ensure that an AE that is not a strong performer has opportunity to improve, regardless of starting point. Other suggestions are welcome. ● AE concerns that they will be measured on quality based on people they are not focusing on. There are complications with the application of a measure for two distinct populations those attributed to an AE within an entity and those who are not attributed. <ul style="list-style-type: none"> ○ There are always going to be more people you care for than those who are attributed to your AE. ● This is a cost and quality program – we have to be able to measure the quality. ● Chris Dooley - Application timeframe? At least 30 days for turn around on application. 	
	<p>August 21st, 2-3:30 PM at DXC 2nd floor. Agenda items to include the Quality component of total cost of care methodology</p>	