**Medicaid Accountable Entities Stakeholder Meeting**  
**September 18, 2017    2:00-3:30pm**  
**DXC 2nd floor conference room**

**Total Cost of Care, LTSS**

**Facilitator:** Olivia Burke, Jen Bowdoin, Rick Jacobson, Deb Faulkner  
**Prepared by:** Maria Narishkin  
**Participants:** Alan Krinsky (EOHHS), Alan Post (AMI – CSRI), Bill McQuade, Brenda DuHamel (EOHHS), Craig DeVoe (Nursing Placement), Deb Faulkner (Faulkner Consulting), Debbie Morales (EOHHS), Garry Bliss (Integra), Holly Garvey (EOHHS), Irene Qi (Hope Nursing HomeCare, LLC), Jason Brown (Tufts Health Plan), Jen Bowdoin (EOHHS), Joe Cicione (Nursing Placement), Libby Bunzli (OHIC), Lisa Tomasso (TPC), Maria Narishkin (EOHHS), Maria Petrillo (EOHHS), Mary Barry (Capitol Home Care Network), Michael Bigney (Nursing Placement), Mike Walker (CareLink), Mykahla Gardiner (EOHHS), Nelie Botelho (Caregiver Homes), Olivia Burke (Faulkner Consulting), Ray Parris (PCHC), Raymond Lavoie (BVCHC), Rebecca Lebeau (EOHHS), Rick Boschwitz (Bayada), Rick Jacobsen (EOHHS), Robert Haigh (Health Care Services), Sandy Curtis (EOHHS), Trish Gleason (Gleason Medical), Vinnie Ward (Home Care Services of RI)

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| Welcome & Introductions | • Guidance documents comment due dates:  
  ○ TCOC and Incentive are due today  
  ○ LTSS Quality due Friday, September 22  
  • We will have a meeting in October to go over changes made to guidance documents based on comments |                        |
| Jen Bowdoin Overview    | • TCOC methodology relates to how shared savings/risk are calculated. It is different from Alternative Payment Methodology specific to Home Care, for example.  
  • Modifications from Comprehensive TCOC methodology were made for LTSS AEs  
  • Uses a historical baseline tied to an AE’s attributed population which is projected forward  
  • Compares actual cost in the performance period to historical cost to arrive at shared savings/risk  
  • TCOC and quality multiplier determine shared savings/risk pool |                        |
| Olivia Burke            | • General Requirements (LTSS AEs)  
  ○ Minimum membership: 500 Attributable lives (Medicare Managed Care and FFS combined) as detailed in the Attribution Guidance Document  
  • Overall Goals  
    ○ Supports meaningful performance measurements  
    ○ Provides a sustainable business model  
    ▪ Opportunity to continue to achieve shared savings through:  
      1. Allowance for retained earnings  
      2. Historical adjustment  
        ○ Initially upward adjustment only  
        ○ Downward adjustment not in the first performance year, need approval from CMS to start shared risk for LTSS AEs in year 4 |                        |
Cap on risk – plan is to have risk that is meaningful to organization but not enough to bankrupt the organization, moderation of risks

- Addresses small populations challenges (high volatility)
- Include quality metrics
- Progression to risk

Challenges of small populations

- Statistical uncertainty due to random variations in utilization and spending
- Use a minimum Savings (Loss) Rate threshold of 4% that LTSS must achieve to be eligible for shared savings.
  - Once eligible, savings go back to 1st dollar to not penalize the AE
- High cost claims adjustments for outlier costs
  - Michael Bigney – The base year cost will be too low due to labor shortages (not delivering all the service hours) and UHIP issues. In the last 3 years, there has been a huge drop in homecare. Down 20% now. Base will need to take this in consideration.
    - Rick Jacobsen – the issue of completeness of data needs to be transparent. Pilot is helpful for that.
- Calculation for TCOC will be based on the AE’s whole population (managed care and FFS), however the Savings pool based on percentage of Managed Care patients
- We have CMS authority for shared savings only for managed care population
  - Incentive dollars for full population based on similar total cost of care metric

Quality Metrics

- Incorporate quality metrics into TCOC
- Quality addendum (For LTSS AEs) on website, comments due September 22

Progression to meaningful risk

- Within 4 to 5 years
- May be eligible for higher share of shared savings
  - Can AEs assume downside risk earlier?
    - There will be requirements, we are open to it. LTSS year one will not have terms for risk allowance
    - Vinnie Ward – AEs get the shared savings, not the agencies. It does not replace reimbursement rate increases.
      - Jen – APM for home care would be a way to address that problem, but may need authority from CMS

- Olivia walked through TCOC Calculation Example: Targeted Expenditures

Stakeholder questions and concerns

- Mary Barry – Patients are not being seen enough now based on need, meeting their need will increase TCOC. New patients coming in due to UHIP. Historical data will not be valid due to current underutilization
| **Next Meeting** | Next meeting will focus on a continued discussion on TCOC for LTSS. The September 25th meeting is cancelled in order to allow time for review of guidance documents. The meeting will be rescheduled in early October after our October 1st CMS submission deadline. |