



EOHHS AE Stakeholder Meeting
DXC 2nd Floor Conference Room
September 11, 2017 2:00 pm to 3:30 pm

Input and feedback on Incentive Guidance for Comprehensive and Specialized AEs

Facilitator: Debbie Morales, Deb Faulkner, Jen Bowdoin

Prepared by: Maria Narishkin

Participants: Alison Croke (NHPRI), Ann Detrick (BHDDH), Barbara Addison (EOHHS), Bill M, Chris Gadbois (Chartercare), Christopher Dooley (Prospect Medical Holdings), Craig DeVoe (Nursing Placement), Deb Faulkner (Faulkner Consulting), Debbie Morales (EOHHS), Diana Beaton (EOHHS), Diane Evans (Thundermist), Irene Qi (Hope Nursing HomeCare, LLC), Jason Brown (Tufts Health Plan), Jen Bowdoin (EOHHS), Jennifer Crosbie (Seniorlink/Caregiver Homes), Jessica Hedstrom (THP), Joe Cicione (Nursing Placement), John Minichiello (Integra), Laurie Ellison (Cowesett Home Care), Lisa Tomasso (TPC), Liz Almanzor (HARI), Maria Narishkin (EOHHS), Maria Petrillo (EOHHS), Mark Kraics (EOHHS), Mary Barry (Capitol Home Care Network), Michael Bigney (Nursing Placement), Olivia Burke (Faulkner Consulting), Patrice Cooper (UHC), Paul Loberti (EOHHS), Ray Parris (PCHC), Raymond Lavoie (BVCHC), Rick Brooks (EOHHS), Robert Haigh (Health Care Services), Sandy Pardus (BVCHC), Vinnie Ward (Home Care Services of RI)

Agenda Item	Key Discussion Points	Action Items/Follow Up
<p>Welcome & Introductions</p> <p>Updates</p>	<ul style="list-style-type: none"> • Today’s meeting will focus on Incentive Payment Guidance • Reminder of comments due dates: <ul style="list-style-type: none"> ○ Attribution, September 14th ○ Incentive Guidance, September 18th ○ TCOC for specialized LTSS AEs, September 18th ○ Quality Methodology, September 22nd ○ All above documents will be submitted to CMS by October 1st ○ Oct meeting to go through public comments and key areas of modified documents • Updates to documents will be posted on our website http://www.eohhs.ri.gov/Initiatives/AccountableEntities.aspx, please check there to ensure you are looking at the latest versions • Comments submitted to EOHHS will be posted on our website and will be google searchable • The AE Roadmap is being reviewed by CMS and they have a few questions • There will be a meeting in October (Date TBD) to go through public comments and review key areas of documents modified based on comments • AE Panel discussion meeting will occur this Thursday, September 14th at DXC. A selection of Comprehensive AE Panelists will discuss steps and challenges they faced when creating their AEs. LTSS providers interested in creating an AE are encouraged to attend. Domenic Delmonico will facilitate the meeting. • Paul Loberti is the new team leader for the AE program 	

<p>Incentive program guidance overview</p>	<p>Background</p> <ul style="list-style-type: none"> HSTP Funding – RI 1115 Waiver amendment approval by CMS (10/2016) based on partnership with RI’s Institutes of Higher Education (IHEs) for Healthcare Workforce Transformation (HWT). The result is that expenditures for HWT have become Medicaid expenditures which we can match and use the match toward the Healthcare System Transformation Project (HSTP). Three buckets of allowable expenditures are: Transitional program for hospitals and nursing homes, Reinventing Medicaid (AEs), and Healthcare Workforce Partnerships. <p>Allocation of HSTP funds</p> <ul style="list-style-type: none"> An estimated \$77M will be allocated to the AE program through 4 years <ul style="list-style-type: none"> Year 1 = \$20M Year 2 = \$30M Year 3 = \$15M Year 4 = \$12M Program years will align with state contract year <ul style="list-style-type: none"> Year 1 must start between 1/1/18 and 7/1/18 and will end on 6/30/19 EOHHS would like to add a year 5 to the program, must be approved by CMS Patrice Cooper questioned possibility of changing the yearly allocations to provide more money to year 1. <ul style="list-style-type: none"> We are open to suggestions and recommendations Vinnie Ward questioned advantages and disadvantages for waiting until year 2 to form or join an AE, will software and hardware still be covered in year 2? <ul style="list-style-type: none"> The intent would be that if it is the AE’s year one, then the AE should be able to spend on year one expenses. (AE year one, not provider’s year one) Year one should be more about start-up (leadership/staff) Technology purchase may be more geared toward year 2 <ul style="list-style-type: none"> Possible State investment on software that could be used by all AEs to save money <ul style="list-style-type: none"> Michael Bigney emphasized that EOHHS needs to work collaboratively with MCOs and AEs to plan purchasing of software so all can participate in discussion of options Data transmission between MCOs and AEs should be standardized to follow the same format There may not be an application process for comprehensive AEs in year 2 (it has not been decided yet) For providers who chose not to become/join an AE, will FFS payment change? <ul style="list-style-type: none"> The goal is to provide an advantage to being in an AE and a disadvantage to not being in one. We do not have the structure yet. 	<p>Please provide written comments and suggestions</p> <p>EOHHS to provide definite answer regarding year 2 funding (see Vinnie’s question)</p>
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- Year one planned allocation of funds is \$14M for Comprehensive and \$6M for LTSS. These may change based on actual number of applicants in each.
 - Assumption based on current AEs
 - EOHHS gives funds to MCOs and MCOs give funds to AEs
 - MCO portion based on attributed lives in performance period (split between MCOs)
 - Distribution of funds will be split (92% to AE Incentive Pool and up to 8% to MCO Incentive Management Pool)
 - MCO/AE contracts to determine AE-Specific incentive pool for each AE based on EOHHS incentive document
 - This will represent the total each AE is eligible for. Actual amount will be dependent on AE's performance.
 - Comprehensive AEs: Incentive payments comprised of base incentive pool (estimate of \$750,000 per AE) and a PMPM (estimate of \$4 per attributed lives).
 - Specialized AEs: per AE basis based on number of certified LTSS pilot AEs. Note 20% of the AE specific incentive pool shall be set aside to support potential shared savings associated with AE total cost of care target, inclusive of quality multiplier.
 - An AE who is certified in both comprehensive and LTSS would get both incentives
 - An advisory committee for external review to be established (target date early 2018). The purpose of this committee will be to support the development of AE infrastructure priorities help target funding, and target effective ways to leverage the intersection between AE project plans and workforce development partnerships.

AE specific HSTP project plans

- MCOs and AEs will work together to create AE specific HSTP project plans
 - Identify objectives (shared priorities between AEs and MCOs)
 - Specify activities and timelines
 - Identify performance areas and milestones
 - Create a workplan and budget
 - **Why do we have to have projects with each MCO?** EOHHS is open to idea of one project shared with both MCOs.
 - Comprehensive AEs do not have to create 3 projects, that was a requirement for the pilot program
 - Performance milestones must be met to receive funding. The goal is for AEs to receive their first incentive payment within the first-second quarter.

We need to address and reference contract

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> • AEs are dependent on MCOs to provide the required data, and currently it is tough to get the data from MCOs ○ AE application with EOHHS identifies gaps in domains of certification standards and can be a guide to project plans • MCO Review Committee <ul style="list-style-type: none"> ○ Designees must include EOHHS, MCO and AE ○ Evaluate the HSTP workplan and budget ○ 1st performance milestone will be the development of proposed project plan and its acceptance by MCO Review Committee • Incentive Funding requests must be awarded to the AE via a Contract Amendment between the MCO and the AE <ul style="list-style-type: none"> ○ Must be reviewed and approved by EOHHS ○ Must define program objective, scope, performance and payment ○ Must define review process ○ Must specify reporting (semi-annual) ○ Must stipulate AE payments have to be earned based on performance and failure to meet performance would result in forfeiture of associated incentive payment ○ Must provide a process by which and AE can reclaim a forfeited incentive payment by fully achieving original metric along with timely performance on subsequent related metric <ul style="list-style-type: none"> • RIDOH currently approves contracts and amendments, will that not lead to duplication of resources? • EOHHS reserves the right to review and approval contracts and amendment as appropriate ○ Incentive funds not distributed to AEs due to AE not meeting a milestone will be retained by EOHHS and allowed to be reclaimed at a later date <ul style="list-style-type: none"> • Possible change in metrics • One additional year to meet that metric ○ Development of standards Reporting templates to be used by all MCOs will be a significant next step <p>Allowable use of Funds</p> <ul style="list-style-type: none"> • Structured into 3 core readiness and 5 system transformation domains <ul style="list-style-type: none"> ○ Core Readiness Domains: <ol style="list-style-type: none"> 1. Breadth and characteristics of participating providers 2. Corporate Structure and Governance 3. Leadership and Management ○ System Transformation Capacity Domains <ol style="list-style-type: none"> 1. Data Analytics Capacity and Deployment 	<p>requirements regarding the inclusion of milestones</p>
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	<ul style="list-style-type: none"> 2. Commitment to Population Health and System Transformation 3. Integrated Care Management 4. Member Engagement and Access 5. Quality Management <ul style="list-style-type: none"> ○ Year one anticipated to be weighed towards readiness domains ○ Subsequent years will shift toward system transformation domains <ul style="list-style-type: none"> ● Project plans must include milestones in 3 different performance areas for year one: <ul style="list-style-type: none"> 1. Developmental Milestones (75%) 2. Value Based Purchasing Metrics (5%) <ul style="list-style-type: none"> ● APM, TCOC and Risk 3. Outcome Metrics (20%) 	
Next meeting:	EOHHS AE Stakeholder meeting will be held on Monday, September 18 th at 2:00pm at DXC's second floor conference room. The focus will be on Total Cost of Care for Specialized AEs.	