AE Program Year 2 Requirements

Public Stakeholder Meeting
November 14, 2018
AE Program Updates

Program Year 1 Incentives
   Signed MCO/AE contracts triggered first payments totaling $2.4 M

1115 Wavier Renewal
   CMS decision targeted by December 31

EOHHS/Office of the Health Insurance Commissioner MOU
   Will establish a process for assessing and certifying AE capacity for down-side risk

AE Advisory Committee will meet January 30th
   Leveraging AEs to integrate behavioral health care with primary care

AE/MCO HSTP Project Plans to be submitted to EOHHS
   HSTP Project Plans will determine the timing of much of the remaining PY1 incentive funding
Today’s Meeting:
Program Year 2 Requirements

- **Background**
  - Review of Comments
    1. Attribution
    2. Incentive Program
    3. Total Cost of Care

- Next Steps

- Public Comment
AE Requirements Timeline

Program Year 1
SFY 2019

December 15, 2018
PY 2 Requirements submitted to CMS

Program Year 2
SFY 2020

Summer 2019
PY 3 Requirements development begins

December 15, 2019
PY 3 Requirements submitted to CMS

Program Year 3
SFY 2021

Program Year 2 Goal:
Minimally modify AE program requirements to allow for consistency and stability of the model

Program Year 3 Goal:
Consider more substantive changes to the AE program requirements to move the program forward
Initial Proposed Program Year 2 Modifications

Key Revisions included in the draft/released PY 2 Requirements

- Elimination of the Specialized AE Pilot Program specifications in recognition of the delay in Specialized AE Pilot Program development and implementation

- Articulation of the **PY 2 incentive funding specifications**
  - **Pool**: basis for the allocation of funds to AEIP + MCO-IMP
  - **Performance**: required performance areas and milestones

- Incorporation of program requirements and **technical corrections communicated since the release of the PY 1 Requirements**
Draft PY 2 Requirements released on September 18, 2018
30-day public review period ended on October 19, 2018

EOHHS received comments from eight stakeholder entities
  • MCOs: NHP, THPP, UHC
  • AEs: BVCHC, IHP, PHSRI
  • BHDDH
  • The Economic Progress Institute (EPI)

EOHHS performed a detailed review of all comments
  • Clarifications to Program Year 2 requirements
  • Modifications to Program Year 2 requirements
  • Program Year 3 Considerations

Comments are posted on the EOHHS website:
http://www.eohhs.ri.gov/Initiatives/AccountableEntities/PublicComments.aspx
Considerations for Program Year 3

Substantive comments related to the following broad areas have been cataloged for further consideration for PY 3

**ATRIBUTION**
- Transparency of the AE to the member
- PCP assignment process
- IHH-based attribution

**INCENTIVE**
- MCO-IMP vs. AEIP funding allocation
- Required number of MCO/AE contracts

**TOTAL COST OF CARE**
- Downside risk requirements
- Shared savings and loss pool parameters
- Historic base cost calculation

**QUALITY AND OUTCOMES**
- Transition Outcome Metrics to pay-for-performance
- Alignment of MCO and AE expectations
- Measure specifications, scoring methodology
Quality and Outcomes

- EOHHS is currently in the process of securing an SME to move forward the work of refining the quality and outcome measures framework

- SME Scope of Work:
  - Recommend specific enhancements to the Medicaid AE Quality standards
  - Recommend specific enhancements to the Medicaid AE Outcome Measurement plan
  - Convene stakeholders to seek robust input and advice
  - Recommend specific enhancements to the Medicaid Comprehensive Quality Strategy
Focus of Today’s Meeting
Program Year Two AE Requirements

- Background

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Attribution Requirements Overview

- Defines the Population Eligible for Attribution
- Specifies Certified AE-Identified Providers
- Establishes an Attribution Hierarchy
  - IHH Assignment, determined by BHDDH
  - PCP Assignment by the MCO
- Defines process for quarterly updates to PCP assignment and attribution
Stakeholder Feedback: Attribution

Modifications to PY 2 Requirements

• Eliminate the attribution logic exception for IHH members who change their PCP to one participating in an AE

Clarifications to PY 2 Requirements

• Members enrolled in an IHH include members enrolled in Assertive Community Treatment (ACT)
• Reference to Rhody Health Options (RHO) members removed; the population eligible for attribution remains unchanged (Medicaid-only beneficiaries enrolled in managed care)

PY 3 Considerations

• Transparency of the AE to the member
• PCP assignment process
• IHH-based attribution
Incentive Program Requirements Overview

**Overall Funding: Medicaid Infrastructure Incentive Program (MIIP)**
- Comprehensive vs. Specialized Allocation
- Allocation AEIP and MCO-IMP

**HSTP Project Plan**
- Required Components, Process of Evaluation
- Structure of Implementation, Reconciliation

**AEIP Requirements**
- EOHHS Priorities, Allowable Areas of Expenditure (Domains)
- Required Performance Areas and Milestones

**MCO-IMP**
- Required Performance Areas and Milestones
Stakeholder Feedback: Incentive Program

Modifications to PY 2 Requirements

- Monthly attribution rosters will be due 15 days from the start of the month (as opposed to 10 days)
- A member level detail report beneath the MCO/AE co-signed attribution report must be provided to the AE in advance of signing

Clarifications to PY 2 Requirements

- Outcome Metrics - AE Engagement Requirements (AE Outcome Metrics meeting and submission of an AE Outcome Performance Plan) will be further defined

PY 3 Considerations

- Flexibility of MCO-IMP vs. AEIP funding allocation
- Required number of MCO/AE contracts
- Transition Outcome Metrics to pay-for-performance
Stakeholder Feedback: Incentive Program

AEIP PY 2 Funding Allocation

- **Domain 1 Reduction**
  Anticipates less start-up cost associated with these milestones in PY 2, as compared to PY 1

- **Reporting on Outcome Metrics**
  Reduction recognizes that outcome metrics will remain pay for reporting in PY 2; EOHHS anticipates increasing the funding allocation to this category when outcome metrics are transitioned to pay-for-performance in PY 3

<table>
<thead>
<tr>
<th>AEIP Performance Area</th>
<th>PY 1</th>
<th>PY 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Milestones: Fixed Percentage Allocations Based on Specific Achievements</td>
<td>35%</td>
<td>20%</td>
</tr>
<tr>
<td>Quarterly Reporting on Outcome Metrics</td>
<td>20%</td>
<td>15%</td>
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<tr>
<td>Developmental Milestones: Variable Percentage Allocations Based on the HSTP Project Plan</td>
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<td>65%</td>
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<tr>
<td><strong>Total</strong></td>
<td>100%</td>
<td>100%</td>
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Stakeholder Feedback: Incentive Program

MCO-IMP PY 2 Funding Outcome Metrics

- EOHHS received feedback that outcome metrics should be included in the MCO-IMP funding allocation
- Outcome Metrics to be distinguished as a distinct MCO-IMP milestone

<table>
<thead>
<tr>
<th>MCO-IMP Performance Area</th>
<th>PY 2</th>
<th>PY 2 Revised</th>
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</thead>
<tbody>
<tr>
<td>APM Contracting with AEs</td>
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<td>15%</td>
</tr>
<tr>
<td>AEIP Program Development</td>
<td>20%</td>
<td>15%</td>
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<tr>
<td>AEIP Program Implementation</td>
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<tr>
<td>AEIP Program Oversight</td>
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<td>40%</td>
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<tr>
<td>Quarterly report on results of monitoring to member access to care</td>
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<td>5%</td>
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<tr>
<td>Summary reports on AE incentive performance and payments</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Completion of required operations, quality, and financial reporting</td>
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<td></td>
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<tr>
<td><strong>Outcome Metrics</strong></td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100%</td>
<td>100%</td>
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Stakeholder Feedback: Incentive Program

Value based agreement with SDOH, BH, and/or SUD provider

Must be in accordance with the standards defined by HCP-LAN for a Category 2 APM

- In order to qualify as a **Category 2 APM**, the executed agreement must include one or more of the following:
  - Foundational payments for infrastructure and operations
  - Pay for reporting
  - Rewards for performance
  - Rewards and penalties for performance

- The execution of a value based agreement is intended to encourage development of meaningful partnerships in PY 2
### Stakeholder Feedback: Incentive Program

#### HCP-LAN APM Framework

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
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</thead>
<tbody>
<tr>
<td>Fee for Service – No Link to Quality &amp; Value</td>
<td>Fee for Service – Link to Quality &amp; Value</td>
<td>APMs Built on Fee-for-Service Architecture</td>
<td>Population-Based Payment</td>
</tr>
<tr>
<td>A</td>
<td>B</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Foundational Payments for Infrastructure &amp; Operations</td>
<td>Pay for Reporting</td>
<td>APMs with Upside Gainsharing</td>
<td>Condition-Specific Population-Based Payment</td>
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<tr>
<td>B</td>
<td>C</td>
<td>B</td>
<td>B</td>
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<tr>
<td>Rewards for Performance</td>
<td>Rewards and Penalties for Performance</td>
<td>APMs with Upside Gainsharing/Downside Risk</td>
<td>Comprehensive Population-Based Payment</td>
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Stakeholder Feedback: Incentive Program

Additional Program Clarifications

- The inclusion of an additional AE for PY 2 will not change the AEIP or MCO-IMP funding amounts shown (MCO-IMP funds are available for up to 5 AE contracts)

- The quarterly report on results of monitoring of member access to care is a standard report included in the MCO reporting calendar

- Ambulatory Care Sensitive ED Visits measure specifications will be shared as soon as possible for MCO/AE review
TCOC Requirements Overview

Setting the Performance Target

Defining the Historical Base
• AE specific historical cost
• Covered services
• Mitigation of impact of outliers
• Adjusting for changing risk
• Required cost trend assumptions

Required Adjustments to the Historical base
• Prior year savings
• Historically low cost AEs

TCOC Expenditure Target for the Performance Period
• Required cost trend assumptions
• Adjusting for Changes to the attributed risk profile

Performance and Savings/Risk

Actual Expenditures for the Performance Period
• Calculate actual expenditures consistent with historical base methodology

Shared Savings/Loss Pool Calculation
• Small sample size adjustment
• Impact of Quality and Outcomes
• Maximum allowable shared savings pool

AE Share of the Savings/loss
• AE share of savings/loss
• Required progression to downside risk
Stakeholder Feedback: Total Cost of Care

In order to preserve TCOC model stability in PY 2, **no significant modifications** will be made to the TCOC model requirements for PY 2.

**Modifications to PY 2 Requirements**

- Changes in covered services
- Risk adjustment requirements, including transparency
- Small sample size adjustment
- Cost trend assumptions, treatment of budgetary savings

**Clarifications to PY 2 Requirements**

**PY 3 Considerations**

- Downside risk requirements + approval process
- Shared savings and loss pool parameters
- Pharmacy cost exclusion
- Historic base cost calculation + risk normalized
Focus of Today’s Meeting

Program Year Two AE Requirements

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- Next Steps
Next Steps

• Next meeting: November 26, 2018

• AE PY 2 Requirements due to CMS: December 15th
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