EOHHS AE Stakeholder Meeting
DXC 2nd Floor Conference Room
January 31, 2018 1:00 pm to 2:30 pm

Facilitator: January Angeles, Deb Faulkner
Prepared by: Maria Narishkin
Participants: January Angeles (EOHHS), Chris Ausura (RIDOH), Mary Bennet, Michael Bigney (Nursing Placement), Garry Bliss (Integra), Olivia Burke (FCG/Conduent/EOHHS), Patrice Cooper (UHC), Domenic Delmonico (Conduent/EOHHS), Chris Dooley (Prospect), Craig Dwyer (Lt. Governor's Office), Diane Evans (Thundermist), Deb Faulkner (FCG/Conduent/EOHHS), Morgan Goulet (Care New England), Hannah Hakim (Conduent/EOHHS), Rick Jacobsen (Conduent/EOHHS), Ray Lavoie (BVCHC), Jason Lyon (EOHHS), Beth Marootian (NHPRI), Debbie Morales (Conduent/EOHHS), Maria Narishkin (Conduent/EOHHS), Charles Normand (Hinckley Allen), Sandy Pardus (BVCHC), Ray Parris (PCHC), Alan Post (AMI/CSRI), Tarah Provencal (EOHHS), Putney Pyles (Healthcentric Advisors), Debra Reakes (Coastal Medical), Auren Weinberg (Prospect)

Agenda Item	Key Discussion Points
Welcome & Introductions	

Background and Context: HSTP and AE Program Approach
 	
January Angeles
 	
Memo on AEIP Pools.docx
	• Our last meeting in November, we went over the comprehensive AE application. The applications are due February 15, 2018
	• Today we will focus on clarity around financial opportunities for comprehensive AEs and discuss the Memo sent on January 17, 2018. (See imbedded file)
	• <u>Recent developments:</u>
	  ○ Governor's budget
	  ▪ Budget is very difficult this year – estimate a $200M deficit
	  ▪ Significant portion of funds to close the gap will come out of Medicaid since it's a large portion of the overall budget
	  ▪ Patrick Tigue and Medicaid leadership and team are committed to implement budget cuts in a responsible way to minimize harm to beneficiaries, providers and plans
	  ○ Long term care redesign
	  ▪ Proposal to restructure the delivery of long term care
	  ▪ LTSS AEs are an important part of the initiative
	  ▪ We are optimistic that there will still be opportunities
	  ▪ We will share information as we develop further
	  ▪ Stakeholders are invited to share thoughts and ideas
	  ○ HSTP Funding
	  ▪ HSTP funding is available to invest in the Accountable Entities Program
	  ▪ CMS' Memo in December regarding DSHP funding
	  • Guidance provided by CMS
	  • Conversations with CMS confirmed our understanding on how it will affect RI
	  • Full 5 years of claiming is through 2020
	  ○ October 2016 for 5 years
	  • Dependent on successful 1115 waiver renewal

Establishing the Accountable	• The AEIP Memo provides clarity on funding opportunity • Brief overview of background of HSTP funding

Entities Incentive Pool (AEIP)
 	
Deb Faulkner
 	
AEIP Slides.pptx
	• HSTP project provides funding – in partnership with our Institutes of Higher Education (IHEs) (CCRI, PC, URI) and establish funding opportunities for HSTP
	  ○ Hospital and Nursing Homes Incentives
	  ○ Accountable Entities
	  ○ Healthcare Workforce Transformation to support the establishment of AEs
	• Our approach is to build on the Managed Care program (Approved by CMS) and have an integrated delivery system to:
	  ○ Focus on health outcomes (fee based system to value based system)
	  ○ Build partnerships across payment systems, delivery systems and medical/social support systems
	  ○ Better meet the needs of those with complex health needs
	  ○ Address Social Determinants of Health (SDOH)
	  ○ Provide opportunities for incentive dollars
	• Timeline
	  ○ Comprehensive AE applications are due February 15th, 2018
	  ○ Certification and certification with conditions expected Mid-April
	  ○ MCO-AE contracts must be executed no later than July 1, 2018 (ideally before)
	  ▪ Contract-year (CY) one will end June 30, 2019 for all AEs regardless of date of contract execution to align with State Fiscal Year (SFY)
	  ▪ Performance year calculations for Total Cost of Care (TCOC) must be aligned with SFY (rate period) and quality: 7/1/18 to 6/30/19
	  ○ MCOs and AEs may have 2 contracts with overlapping time
	• Incentive funds administered through MCOs with TCOC model in accordance with EOHHS requirements
	• Incentives payments are separate from TCOC contract payments
	  ○ Intent is for shared savings dollars to replace incentive dollars in the long run
	• Stakeholder questioned when EOHHS will finish reviewing MCO proposals on TCOC.
	  ○ Currently in progress, expected to be complete in next few weeks

Incentive Payment details
 	
Deb Faulkner
	• Total HSTP funds allocated to AE Incentive Pool (AEIP): $95M
	• HSTP Funds allocated to AEIP for PY1: $30M
	• 70% of funds are allocated to Comprehensive AE Program: $21M
	  ○ MCO incentive pool portion is 10%: $2.1M
	  ○ Comprehensive AEs Incentive pool for PY1: $18.9M
	• What does that mean for each AE
	  ○ PMPM Multiplier for PY1 is set at 7.87 PMPM
	  ○ Based on calculations using Total AEIP for PY1, current pilot enrollment, and estimated growth (See imbedded slide deck)
	  ○ Using these figures, each AE can estimate their incentive pool (slide 14 is an example)
	• Agreement on number of lives (attributed members) is done with MCOs and AEs based on EOHHS Attribution Methodology and will be fixed at the start of contract period
	• Fluctuations in number of lives during PY1
	  ○ No change for the most part
	  ○ Only goes down if there is a material reduction of 15% or more sustained over 2 quarters
	  ▪ Stakeholder questioned impact to AE funding if attributed lives reduction is the result of changes in Medicaid Policy
	  ○ HSTP funds are not affected by Medicaid policy
	  ○ Incentive dollars are fixed, thus not affected
	  ○ TCOC payments may be affected
	  ○ Program year 2 may have a different set of rules

	○ Material growth in number of attributed lives will not affect the AE's pool amount ○ If all funds are not used in PY1, they will be added to the following year's AEIP
Incentive Payment Details **Deb Faulkner**	• Funds will be tied to performance milestones ○ Domain 1 (35%) ▪ Execution of MCO AE Contract (15%) (goal is to reward for early investments) • MCO submits MCO-AE Attributed lives report ▪ HSTP Project plan (10%) • MCO submits completed MCO-AE Milestones template (provided by EOHHS) ▪ Agreement with SDOH, BH, SUD service providers (10%) • May be just one if that is all the AE needs, but all three elements must be included • Must demonstrate that 10% or more of PY1 incentive funds are allocated to partners who provide that care • Agreements must include: ○ Protocols to identify the needs ○ Protocols for referral ○ Reporting requirements ○ Reporting on outcome metrics (20%) ▪ Quarterly (MCOs report to EOHHS) ▪ Must include • EOHHS measure specifications (reporting only for PY1) ○ Preventable admission, Avoidable ED use, Readmissions • Two or more MCO-AE outcome metrics ○ Feedback from MCOs what they would use ○ Must be standardized ○ Milestones on AE HSTP project plan (45%) • Specifications for PY2 will be shared once we evaluate AE capacity • Domains 1-3 lean more towards infrastructure and no more than 30% of AEIP dedicated to these domains • CMS requires that AEs build a model which is sustainable once the funding stops
Questions – public comment	• Who decides on a compliant project plan, reporting and if milestones are met ○ Medicaid AE requirements are established by EOHHS ○ EOHHS will certify or certify with conditions AEs which will identify specific conditions and timelines that must be met, for example, final execution of a proposed agreement ○ Will this be in conditions and who will oversee the fulfillment of conditions? EOHHS or MCOs? ▪ Certification – EOHHS ▪ Milestones - MCO ▪ Conditions set forth through certification and milestones may overlap ▪ Some conditions but not all may be within MCO/AE project plan • What percentage of funding will be allocated to domains 1-3 after PY1? AEs need to plan and this information is necessary. (example – payment for corporate staffing requirements) ○ EOHHS will take this back for consideration • What is the timing for payments? Quarterly? ○ EOHHS and the MCOs are coordinating ○ We want to make it timely • AE alignment of projects/milestones with the MCOs ○ MCO-AE Advisory council can facilitate– structure will be place

	○ EOHHS could participate in MCO-AE advisory council ○ Not the intention of NHP or UHP to have different projects