

Integrated Care System Partnerships (ICSP) Evaluation

Final Recommendations to the Minnesota Department of Human Services

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Presentation Content

1. Purpose
2. Scope of Evaluation
3. DHS Leadership
4. National Findings from Environmental Scan
5. Impact of ICSP
6. Recommendations for DHS
7. Opportunities to Expand Best Practices

Purpose

- DHS contracted with Bailit Health to evaluate the ICSP initiative
- Evaluation focused on the overall initiative
- Not an evaluation of individual ICSPs, though we provided a summary analysis
- Purpose of presentation to share final recommendations

Scope of Evaluation

- Environmental scan
- Interview plans, providers and DHS staff
- ID challenges and barriers
- Assess current ICSP projects and performance measures
- Review ICSP operational and reporting requirements
- Identify themes from findings and scalable best practices

DHS Leadership

- Created opportunities for value-based payment model experimentation for populations with complex care needs (*more than any other state*)
- Continues to lead in implementing performance-based financial incentives for populations with complex care
- Committed to improving health care programs, as evidenced by this evaluation
 - Descriptive information collected through ICSP can inform future payment models
- Seeks to act on evaluation-revealed opportunities to build on successes and evolve value-based purchasing strategies



National Findings of Value-based Payment

- Value-based payments are largely designed around primary and acute care services
- Minnesota is one of few states with specific value-based purchasing strategies for LTSS programs (other examples: AZ, KS, TN, TX)
- Nationally, there is movement towards managed care approaches to LTSS
- From a state perspective, good purchasing is conducted the same way regardless of population
- From a value-based provider payment perspective, however, there are some important differences

Impact of the ICSP Initiative

ICSP

- ICSP is a value-based purchasing strategy for seniors and individuals with disabilities enrolled in DHS' special needs programs
- 2013 contract provision requiring value-based purchasing of long-term, primary care, and/or behavioral health care services
 1. Improve quality of care for seniors and individuals with disabilities
 2. Tie payment of services to financial performance and quality measures
 3. Improve care coordination

Impact of ICSP Initiative

1. Motivated some plans to try new payment arrangements
2. Accelerated quality-payment connection where it was lacking
3. More than 3x as many ICSPs implemented than required by contract

Impact of ICSP Initiative (*cont'd*)

4. Opportunity for additional revenue led to some investments in the delivery system
 - Community Health Workers
 - Care coordination investments
 - Social worker support in ED

5. Increased communications between health plans and providers, and strengthened relationships
 - More open dialogue with LTC providers encouraged process improvements and identified training opportunities for staff

Recommendations

Final Recommendations

- DHS outlined specific areas of focus for the final recommendations
 1. Opportunities for further expansion of the ICSP initiative and any related changes needed
 2. Programmatic alignment (with MN and national initiatives)
 3. Facilitating the exchange of information between plans and providers
 4. Measure alignment
 5. Reporting requirements
 6. Medicare data sharing
 7. Increasing public awareness

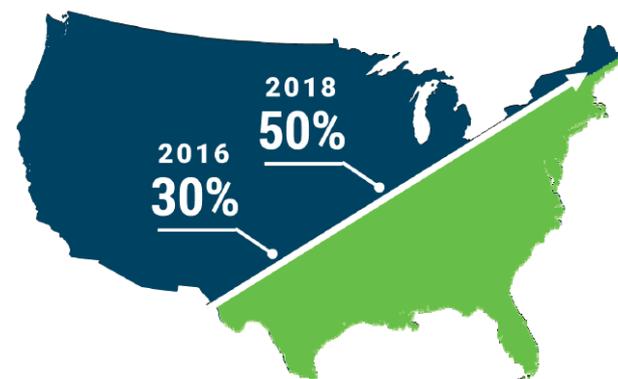
1. Opportunities for Expansion/Evolution

- Establish contractual targets for value-based payments as a percentage of all payments to providers under MSHO, MSC+ and SNBC
 - Preserves the flexibility for plans and providers to establish agreements while allowing DHS to continue to direct growth in value-based payments for LTSS and behavioral health
 - Signals that this is a long-term strategy for DHS, which may encourage providers on the sidelines to participate
 - An approach that is being adopted by CMS and other states (AZ: 15% in 2016; 35% in 2017)
- Require special focus on LTSS and behavioral health services

1a. Considerations for Implementing a Target

- Provide *clear guidance* to the health plans on criteria for qualifying value-based model
- *Align* with existing value-based payment model frameworks
 - DHS: IHP
 - National: HCP-LAN, MACRA
 - States: MA Center for Health Information & Analysis (CHIA)
- A qualifying payment must create a *substantive financial implication* for *quality performance*

Adoption of Alternative Payment Models (APMs)



Better Care, Smarter Spending, Healthier People

1a. Considerations for Implementing a Target (part 2)

- Track risk-based value-based contracts
 - Phase in a target to promote progression toward more evolved models
- Incorporate the target into the withhold framework
- Require a certain percentage of value-based payments for behavioral health and LTSS providers
 - Acknowledging unique technical challenges

1b. Special Focus on BH and LTSS: Challenges

■ Small numbers

- Community-based LTSS provider system is made up of many small, independent providers
- Small number of members served by one provider
- Providers lack infrastructure for performance measurement or to invest in sophisticated quality improvement technologies
- Providers lack financial reserves to accept downside risk
- Administrative cost to plans to invest in small providers serving few members

1b. Special Focus on BH and LTSS: Challenges (*cont'd*)

- Limited standardized LTSS measures and few, if any, national performance benchmarks
- Readiness of LTSS providers is highly variable
- Little activity in this space nationally from which to draw
- Greater challenges generally than with other providers, and especially in taking on risk

1b. Special Focus on BH and LTSS: DHS Support

- Facilitate a multi-plan and multi-provider effort to develop models for LTSS
- Provide state resources and/or seek out grant funding for technical assistance to support collaboration
- Integrate HCBS into SNBC capitation rate to promote further alignment of payment and delivery
- Add specific LTSS and behavioral health performance measures to the withhold framework to encourage alignment with value-based payment model measures

2. Programmatic Alignment

- Use existing and established frameworks to inform criteria for qualifying payment model
- Encourage plans to leverage existing data sources to structure value-based contracts
 - National Core Indicators Survey (NCI)
 - DHS nursing facility performance evaluations
- Align with Integrated Health Partnerships (IHP)
 - Apply the same definitions for qualifying value-based payment models
 - Implement a similar data sharing platform

3. Facilitate Exchange of Information

- Share information about current models
 - Webinars
 - Descriptive case study briefs
- Convene meetings with health plans and providers on specific topics
- Facilitate a dialogue with health plans and providers about the value of standardization
- Support the provision of meaningful and actionable data

4. Measure Alignment

- Revisit with health plans and providers contractual performance measures with an eye toward measure alignment
 - RI: Established “core” and “menu” sets of aligned measures for value-based payment contracts
 - WA: Completed development of aligned measures for multiple uses
- Achieve a balance of measures appropriate for the population
- Balance standardization with opportunities to innovate
- Work with health plans to identify and implement withhold measures

5. Reporting Requirements

- Streamline the health plan reporting requirements
- Eliminate proposal template requirement
- Implement an annual plan-level report of all value-based payments as a percentage of all payments
- Require annual reporting of limited descriptive information for new value-based contracts with LTSS and behavioral health providers (“case study” reports)
- Develop reporting templates

6. Medicare Data Sharing

- Leverage existing DHS or other state systems to create a *centralized source* for collecting and reporting Medicare FFS data
 - Develop to support multiple end-users, but primarily health plans and providers
 - Acknowledge variability in provider data analytics capabilities



6a. Medicare Data Sharing: Colorado and Washington

- States expanded the functionality of existing platforms to integrate Medicare FFS data
- Centralized data collection and analytics at the state level (WA) or with a contracted vendor (CO)
- Recognized that plans and providers had different technical and data capabilities
- Clinical decision-making support tools
- Predictive modeling functionality
- Customized reports, including utilization and spending
- Used for care coordination, program integrity and quality improvement (WA)

7. Increasing Public Awareness

- Prepare annual summary reports based on plan-level reporting
- Publish annual report on DHS website
- Select a handful of BH and LTSS case studies to feature in summary report
- Convene an annual meeting or conference focused on special needs programs
 - Outside expert speakers
 - Plans / providers can discuss case studies
 - Invite broad group of stakeholders, including legislators
 - Provide CME credits

Opportunities to Expand Best Practices

Best Practices

1. Value-based payment *meaningfully* rewards quality, cost management and provides an opportunity for providers to invest in delivery system changes
2. Payment model supports comprehensive, coordinated and individualized care
3. Structured information-sharing process
4. Simplified contracts with providers

1. Meaningful Financial Reward

- Financial consequences are significant enough to promote:
 - Improvements in the quality of care
 - Cost management
 - Investments in the delivery system
- Value-based payment models can support those objectives
- Shared savings/risk only tenable with providers with sufficient patient volume and financial/operational capacity

1a. Opportunities to Expand

- Regularly evaluate the capacity and readiness of providers to progress into risk-bearing contracts
- Support entry by smaller providers, in particular LTSS, with grants and capacity-building opportunities
- Initially link incentive payments to process-related measures for providers with less experience

2. Supports Delivery of Comprehensive Care

- Payments that hold providers accountable may encourage
 - Collaboration across multiple providers
 - Investments in population health management tools
- Care coordination and care management PMPM payments reimburse for services not traditionally billable under FFS
- Payers may encourage innovation by structuring payments to reimburse for enhanced benefits (e.g., telehealth)

2a. Opportunities to Expand

- Payment supports comprehensive, coordinated care for complex needs
 - Nurse help lines
 - Reimbursement for services not provided in a traditional office setting, as appropriate
- Care management payments reflect intensity and variability of services
 - More frequent care coordination touchpoints
 - Longer office visits
- Supplemental payments can be deducted from the distribution of any earned shared savings

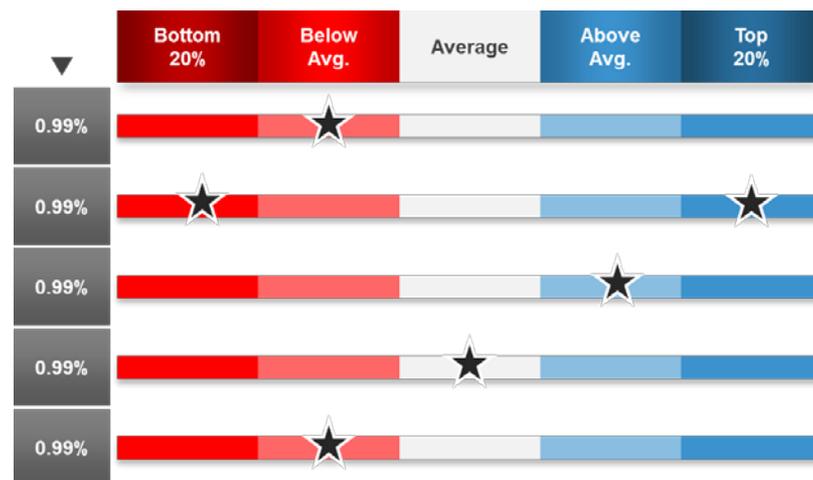
3. Structured Information-Sharing Process

Plans...

- Are available for coaching, collaborative planning and problem-solving
- Hold regular meetings with providers
 - Review status of contracts with respect to performance
 - Work together to identify adjustments/performance improvement strategies
- Establish a single point of contact for providers
- Supply *meaningful and actionable data and analysis* to providers
 - Predictable frequency
 - Consistent format

3a. Opportunities to Expand

- Implement a structured data-and-information-sharing process
 - Data should be customized to provider
 - At a minimum, track and share cost and quality performance information
 - Establish timeframes for sharing data (e.g., quarterly)
 - Easy-to-understand format
 - Opportunities to discuss reports and strategies for improvement
- Identify high-risk members for providers



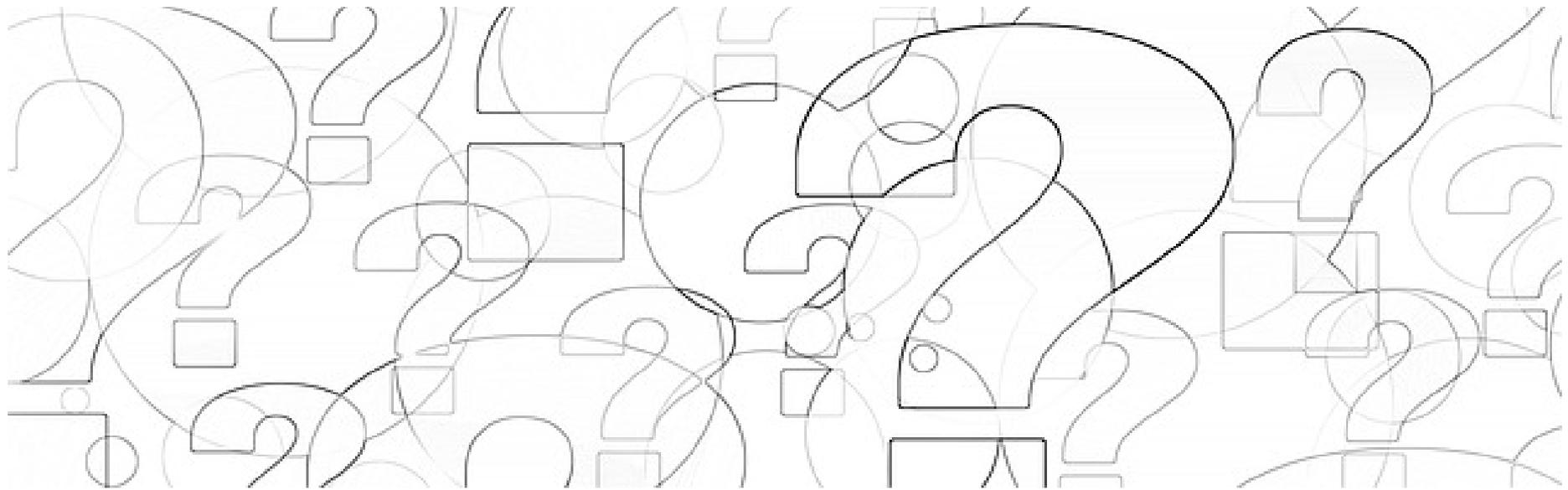
4. Simplify Contracts with Providers

- Design unified financial models for managing different Medicaid populations
- Align IHP and ICSP so performance and financial terms are generally consistent

4a. Opportunities to Expand

- Align payment models across product lines
- Take a thoughtful approach to delegating functions to providers, recognizing the appropriateness of plan/provider level responsibilities
- Provide training on best practices in complex care

Questions and Discussion



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