Medicaid and Exchange Advisory Committee

February 24, 2020

Vermont Medicaid and Exchange Advisory Committee Meeting Agenda

February 24, 2020
10:00 AM – 12:00 PM

Waterbury State Office Complex
Waterbury, VT
(Oak Conference Room)

Call-in: (802) 828-7667
Guest Number/Code:
552130920

#	Time	Item	Presenter
1.	10:00	**Call to Order**	Zack Goss, Health Care Training and Communication Manager (DVHA)
2.	10:00	**Chairperson introduction**	Zack Goss, Health Care Training and Communication Manager (DVHA)
3.	10:05	**Roll Call and Establish quorum**	Devon Green and Erin Maguire, Co-Chairs
4.	10:10	**Statutory Review, Structures and Protocols**	Devon Green and Erin Maguire, Co-Chairs
5.	10:30	**Approve Previous Minutes**	Devon Green and Erin Maguire, Co-Chairs
6.	10:35	**Vermont Medicaid Next Generation, St. Johnsbury Attribution Pilot**	Alicia Cooper, Director of Payment Reform, Reimbursement, and Rate Setting (DVHA)
7.	11:15	**Commissioner's Update**	Cory Gustafson, Commissioner (DVHA)
8.	11:30	**Meeting Review and Planning**	Devon Green and Erin Maguire, Co-Chairs
9.	11:50	**Public comment**	
10.	12:00	**Adjourn**	Devon Green and Erin Maguire, Co-Chairs

Upcoming Meeting Dates

March 23, 2020
April 27, 2020

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Chairperson Introduction

Zack Goss, Healthcare Training and Communication Manager, DVHA

Upcoming Advisory Committee Draft Agendas

March	April	May
• Integrated Eligibility and Enrollment • Premium Processing Project • Commissioner's update	• Commissioner's update	• Commissioner's update

Statutory Review

Federal Rules: 42 C.F.R. 431.12, Medical Care Advisory Committee

“The committee must have opportunity for participation in policy development and program administration, including furthering the participation of beneficiary members in the agency program.”

Statutory Review

State Statute: 33 V.S.A. 402, Medicaid and Exchange Advisory Committee

- "Members shall have the opportunity to review and comment on **Agency (DVHA) policy initiatives"** pertaining to quality improvement, health care benefits, and eligibility under Medicaid or Vermont Health Connect.
- Opportunity to comment on proposed rules
- Comment on waiver applications
- DVHA shall engage committee on budget process

Structures and Protocols

- Revisiting the purpose of this group reminds us that it is our responsibility to convey feedback about the impact of DVHA policy changes to the administration.
- Impact will be considered from two perspectives:
  - Consumers/Clients
  - Providers
- To reach this goal the Medicaid and Exchange Advisory Committee/Board will move through a repeated protocol across topics that come before the Committee/Board.

Structures and Protocols Cont.

Impact Analysis Protocol

1. Issue/topic Presentation (Specific Format) (10-20 min)
2. Clarifying Questions (5 min)
3. Analysis of Consumer/Client Impact (10 min)
4. Analysis of Provider Impact (10 min)
5. Revisit Impacts through Theming (5 min)
6. Offer final comments (5 min)

Vermont Medicaid Next Generation ACO Program: 2018 Performance

Alicia Cooper, Director of Payment Reform, Reimbursement and Rate Setting, DVHA

The VMNG program is reinforced by DVHA's priorities

01
Value-Based Payments

02
Information Technology Projects

03
Performance

- Medicaid as predictable and reliable payer partner
- A focus on continual, incremental programmatic and performance improvements
- Opportunities to align with other payer programs; opportunities to be an innovative leader

VMNG ACO Contract Term

- The original contract was a one-year agreement (2017) with four optional one-year extensions.
- DVHA and OneCare triggered one-year extensions for each 2018, 2019, and 2020. The parties will have the option of one additional one-year extension thereafter.
- Rates are renegotiated annually and reconciliation may occur more frequently.

2018 VMNG
Program Performance

2018 Results Report

Result 1: DVHA and OneCare made incremental program improvements

- DVHA and OneCare continued program operations and identified opportunities for incremental improvement.
  - Expansion of prior authorization waiver to all providers in the Vermont Medicaid network.
  - Further decreasing administrative burden for providers; relying on their clinical expertise when caring for patients.

Result 2: The program continues to grow

- Additional providers and communities have joined the ACO network to participate in the program for the 2019 and 2020 performance years.
- In 2020, DVHA and OneCare are testing a new attribution methodology, which further increases the number of Vermonters connected to the All-Payer ACO Model.

	2017 Performance Year	2018 Performance Year	2019 Performance Year	2020 Performance Year
Health Service Areas	4	10	13	14
Provider Entities	Hospitals, FQHCs, Independent Practices, Home Health Providers, SNFs, DAs, SSAs			
Unique Medicaid Providers	~2,000	~3,400	~4,300	~5,000
Attributed Medicaid Members	~29,000	~42,000	~79,000	~114,000 *(~86,000 + ~28,000)*

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Impact for Providers & Vermont Medicaid (Result 3): ACO providers and Medicaid shared financial accountability for health care in 2018

- DVHA and the ACO agreed on the price of health care upfront, and the ACO provided approximately $1.5 million in care above the expected price. Financial performance was within the ±3% risk corridor, which means that OneCare Vermont and its members paid this amount to DVHA.

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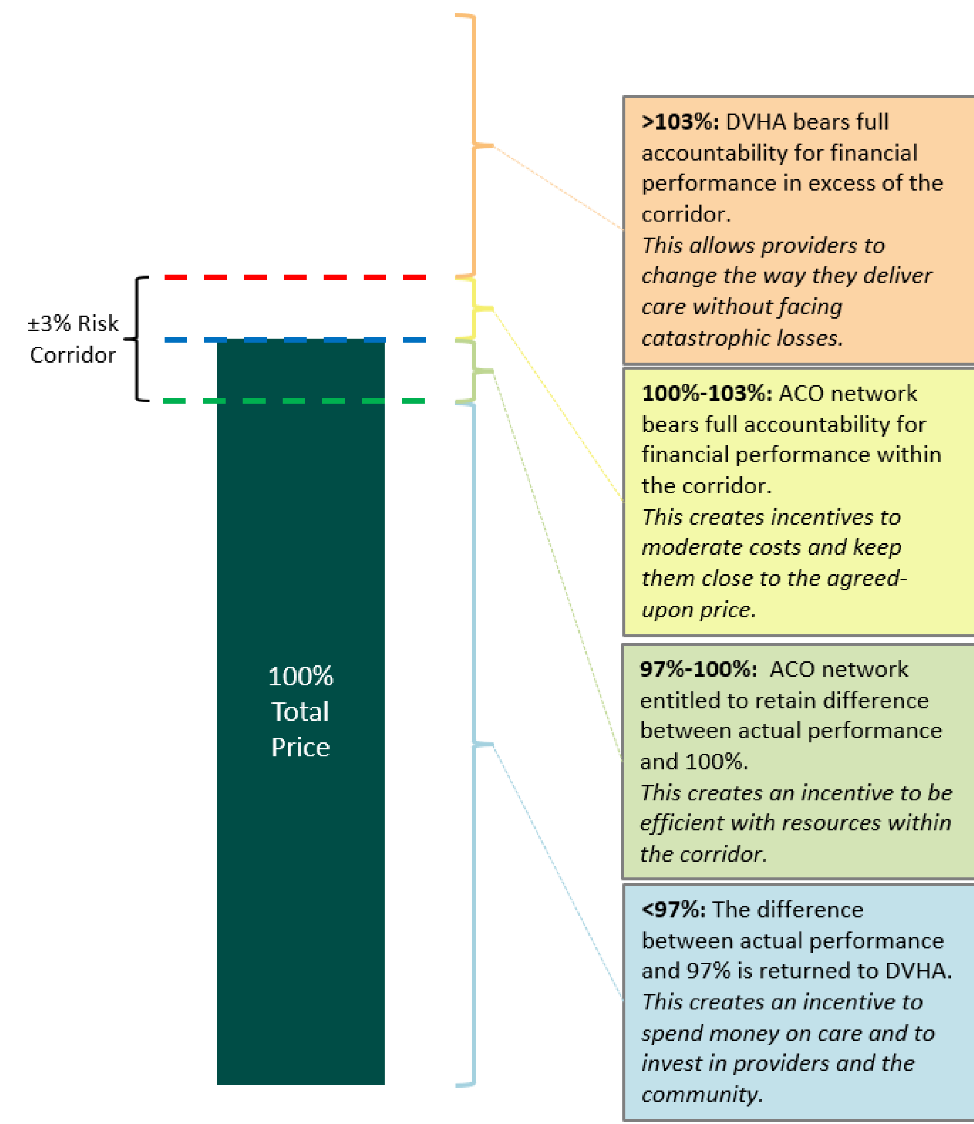
Impact for Vermont Medicaid: DVHA and OneCare set an agreed-upon price for each VMNG contract year



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Vermont Medicaid Next Generation ACO Program: 2017 & 2018 Financial Performance - Impact for Vermont Medicaid

103% of Price (Upper Limit of Risk Corridor)

100% of Price

97% of Price (Lower Limit of Risk Corridor)

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Impact for Patients & Providers: The ACO met most of its quality targets (Result 4)

- The ACO's quality score was 85% on 10 pre-selected measures.
- OneCare's performance exceeded the national 75th percentile on measures relating to developmental screening in the first three years of life and 30-day follow-up after discharge from Emergency Departments for mental health, alcohol, and other drug abuse or dependence.
- Examining quality results over time will be important in order to understand the effect of changing provider payment on quality of care.

Impact for Patients & Providers: Focus on Quality - Overview of VMNG Quality Performance (2018)

Measure Description	NQF #	Numerator	Denominator	Rate	Quality Compass 2018 Benchmarks (CY 2017) National Medicaid Percentiles				Points awarded
					25th	50th	75th	90th	
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence	2605	72	247	29.15%	10.07	16.26	24.48	32.15	2
30 Day Follow-Up after Discharge from the ED for Mental Health	2605	282	345	81.74%	45.58	52.79	66.25	74.47	2
Adolescent Well Care Visits	N/A	4903	8693	56.40%	45.74	54.57	61.99	66.80	1.5
All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions*	CMS ACO #38	11	1078	1.02%	N/A	N/A	N/A	N/A	2
Developmental Screening in the First 3 Years of Life‡	1448	1861	3140	59.27%	17.80	39.80	53.90	N/A	2
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)*	0059	122	366	33.33%	46.96	38.20	33.09	29.68	1.5
Hypertension: Controlling High Blood Pressure	0018	223	349	63.90%	49.27	58.68	65.75	71.04	1.5
Initiation of Alcohol and Other Drug Dependence Treatment	0004	494	1271	38.87%	38.62	42.22	46.40	50.20	1
Engagement of Alcohol and Other Drug Dependence Treatment	0004	206	1271	16.21%	9.11	13.69	17.74	21.40	1.5
Screening for Clinical Depression and Follow-Up Plan	418	142	327	43.43%	N/A	N/A	N/A	N/A	2
								Total Points Earned	**17**

** denotes measures for which a lower rate indicates higher performance*
‡ denotes measure with multi-state benchmarks: 26 states reporting (FFY 2016)

Key: Performance Compared to National Benchmarks
Equal to and below 25th percentile (0 points)
Above 25th percentile (1 point)
Above 50th percentile (1.5 points)
Above 75th percentile (2 points)
Above 90th percentile (2 points)

Result 5: The ACO expanded implementation of the Advanced Community Care Coordination (A3C) model to all participating communities – Impact for Communities

- OneCare distributed approximately $2.7 million in A3C payments to 65 community partner organizations (including primary care practices, Designated Mental Health Agencies, Area Agencies on Aging, and Visiting Nurse Associations).
- Key performance indicators showed incremental increases in care team activity in OneCare's care coordination software, Care Navigator.
- OneCare trained nearly 700 community care team members in care coordination skills and core competencies, including the use of Care Navigator.
- Care Coordination Core Teams were active in all ten participating communities, tasked with expanding upon best practices, sharing learnings, and implementing team-based care quality improvement projects using Care Navigator.

Vermont Medicaid Next Generation ACO Program: St. Johnsbury Attribution Pilot

Erin Flynn
Health Care Project Director, DVHA

St. Johnsbury Expanded Attribution Pilot Project: Background

The St. Johnsbury expanded attribution pilot project was established to test a model that more closely aligns the mission of the Accountable Community for Health (NEKprosper!) with the VMNG ACO program.

"All members of our Community will be: well-nourished, well-housed, mentally healthy, physically healthy, and financially secure."

St. Johnsbury Expanded Attribution Pilot Project: Goals

St. Johnsbury Community:

- Alignment with the All-Payer Model
- Enhanced Attribution and Application of Care Model
- Sustainable Financing
- Governance

DVHA:

- Empower local communities within the All-Payer ACO Model
- Testing an Enhanced Attribution Model
- Demonstrating investments from the acute care system into the community
- Supporting expansion of the model

St. Johnsbury Expanded Attribution Pilot Project: Implementation

With an expanded population, St. Johnsbury was able to:

- Include more members in care coordination and communication tools like Care Navigator.
- Include more members in data analytics and population health tools like Work Bench One.
- Expand the role of VCCI and the CHT to provide outreach to members not connected to a care team, conduct an initial screening, and then use this information to establish a care team connection.
- Create a prevention fund to promote upstream investments to improve the health of the whole community.

St. Johnsbury Expanded Attribution Pilot Project: Impact on Members, Providers, and the Medicaid Program

- **Payment that allows flexibility** in service delivery enables members and providers to work together to tailor care to the person's needs.
- **Access to common tools that support care coordination and population health** efforts leads to more integrated care teams and a more seamless experience for members and providers.
- **Increasing scale in the VMNG** makes it more likely that the transformation that we're trying to achieve in health care, in partnership with the ACO, will take hold.
- **Enhanced outreach and screening** increases the likelihood that people with complex needs will get connected to the care teams they need.
- Ultimately, this leads to **better outcomes for members, providers and the program** by reducing the growth in health care costs, improving quality and population health, and focusing more on prevention and longitudinal care across an individual's lifespan vs. acute or episodic care.

Commissioner's Update

Cory Gustafson, Commissioner, DVHA

Public Comment