

OHHS Accountable Entity Program

Stakeholder Comment Review and Key Modifications

October 18, 2017

Agenda

- ❖ **Stakeholder Comment Review**
- ❖ **CMS Deliverable Key Modifications**
Overview of changes made in submitted CMS documents
- ❖ **Public Comment**

Stakeholder Comment Review Process

- ❖ EOHHS shared with stakeholders CMS Requirement Documents for 30 day public commenting period in July-September 2017.

Requirements Document	Date Released for Public Comment	Date Comments Due	# Commenters
Total Cost of Care Requirements (Comprehensive)	7/7/2017	8/14/2017	8
Quality Framework (Comprehensive)	7/28/2017	8/25/2017	8
EOHHS Attribution Requirements	8/14/2017	9/14/2017	8
EOHHS Incentive Program Requirements	8/18/2017	9/18/2017	7
Total Cost of Care Requirements (Specialized)	8/18/2017	9/18/2017	9
Quality Framework (Specialized)	8/28/2017	9/22/2017	3

Stakeholder Comment Review Process

- ❖ EOHHS received over 200 unique comments from stakeholders: Attribution (35 comments), Quality (32 comments), Total Cost of Care (133 comments) and Incentive Requirements (47 comments). All comments are posted on [EOHHS website](#).
- ❖ We received comments from the following stakeholders.

Blackstone Valley Community Health Center	Carelink
Community Health Center Accountable Care Organization	Coastal Medical
Division of Elderly Affairs	Integra
Neighborhood Health Plan of Rhode Island	Prospect Health Services
Questicare	Rhode Island Parent Information Network
Senior Agenda Coalition of RI	United Health Care

Stakeholder Review Process

- ❖ Stakeholders provided valuable feedback and insight on key design elements of the AE program.
- ❖ The AE Review team reviewed stakeholder submissions and categorized comments based on priority and needs.
- ❖ The team had thorough discussions on proposed changes and made numerous changes to the documents based on stakeholder feedback.
- ❖ EOHHS leadership reviewed the revised documents for approval of submission to CMS.
- ❖ The requirement documents were submitted on September 29th to meet October 1 CMS deadline. If not received, 15% withhold from CMS in incentive payments.

Timeline and Next Steps

- ❖ The AE Team is planning for the release of the Comprehensive and Specialized LTSS AE Application.
- ❖ The following dates are targeted for the application and review process to begin:

	Comprehensive AEs	Specialized LTSS AEs
Application Open	November 15 th	December 15 th
Application Review Meeting	December 4, 2017	January 4, 2017
Application Submission Due	February 1 st	TBD
Certification Complete	April 1	TBD

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Key Modifications: Incentive Program Requirements

- ❖ **Total program commitment increased** from \$77M to \$95M
- ❖ **Program Year 1 total incentive pool increased** from \$20M to \$30M
- ❖ **MCO Incentive Management Pool increased** from 5-8% to 8-10% of total incentive pool
- ❖ **Execution of AE/MCO contract** added as the first developmental milestone
- ❖ **AEs in Comprehensive and Specialized Program** (clarified eligibility for funds from both Incentive Pools)

Key Modifications: Attribution

- ❖ MCOs required to provide monthly attributed population report, inclusive of additions/deletions.
- ❖ Specialized LTSS AE attributed beneficiaries to remain attributed for 9 months after services have ended, vs. 12 months (if they cannot be attributed to a different AE after 3 months)
- ❖ A member attributed to a comprehensive AE based on assignment to an IHH shall continue to be attributed to that AE for one year following IHH discharge unless: The member is assigned by BHDDH to a different IHH; or the member requests that the MCO change his or her PCP to one that is participating in an AE
- ❖ **Attributable Services for Specialized AEs:** Added skilled nursing facility care
- ❖ **No Change:** Dual Eligible members will not be included in attribution for comprehensive AEs and keeping IHH assignment as part of attribution for comprehensive AEs

Key Modifications: Total Cost of Care Requirements

- ❖ **Minimum membership threshold:** Changed to a minimum of 5,000 members per comprehensive AE across all MCOs, vs. per MCO
- ❖ **Historic Base Year Weighting:** Apply equal annual weighting to historic base years, vs. weighting the most recent year most heavily
- ❖ **Risk requirement parameters:** Changed to align with OHIC's definition (minimum and maximum shared savings/loss defined relative to AE contract revenue)
- ❖ **Progression to Downside Risk and Financial Reserve Requirements:** Requirements anticipate an interagency process (including DBR or OHIC) will be setup to approve entities assuming downside risk; absent interagency review and approval, AEs must adhere to the financial reserve requirements proposed

Key Modifications: AE Quality Framework

Comprehensive AE's

- ❖ Allowable **optional measures**: Changed from 1 to 4
- ❖ **Benchmark Comparison**: Changed from MCO average to NCQA Quality Compass Medicaid (with High and Medium benchmark percentiles established based on current MCO performance)
- ❖ **Pay for Reporting**: Specified that the 4 measures for which baseline data is not available will be 100% pay for reporting in Year 1, while all other measures will be 100% pay for performance in Year 1

Specialized LTSS AE's

- ❖ **Minimum Quality Weight for SDOH Measure**: *Changed from 20% to 10%*
- ❖ **Added Three Measures to the Common Measure Slate**: *Patient/client satisfaction, caregiver support/caregiver burden, social isolation*

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For additional comments please email
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