



Medicaid Accountable Entities Stakeholder Meeting

September 18, 2017 2:00-3:30pm

DXC 2nd floor conference room

Total Cost of Care, LTSS

Facilitator: Olivia Burke, Jen Bowdoin, Rick Jacobson, Deb Faulkner

Prepared by: Maria Narishkin

Participants: Alan Krinsky (EOHHS), Alan Post (AMI – CSRI), Bill McQuade, Brenda DuHamel (EOHHS), Craig DeVoe (Nursing Placement), Deb Faulkner (Faulkner Consulting), Debbie Morales (EOHHS), Garry Bliss (Integra), Holly Garvey (EOHHS), Irene Qi (Hope Nursing HomeCare, LLC), Jason Brown (Tufts Health Plan), Jen Bowdoin (EOHHS), Joe Cicione (Nursing Placement), Libby Bunzli (OHIC), Lisa Tomasso (TPC), Maria Narishkin (EOHHS), Maria Petrillo (EOHHS), Mary Barry (Capitol Home Care Network), Michael Bigney (Nursing Placement), Mike Walker (CareLink), Mykahla Gardiner (EOHHS), Nelie Botelho (Caregiver Homes), Olivia Burke (Faulkner Consulting), Ray Parris (PCHC), Raymond Lavoie (BVCHC), Rebecca Lebeau (EOHHS), Rick Boschwitz (Bayada), Rick Jacobsen (EOHHS), Robert Haigh (Health Care Services), Sandy Curtis (EOHHS), Trish Gleason (Gleason Medical), Vinnie Ward (Home Care Services of RI)

Agenda Item	Key Discussion Points	Action Items/Follow Up
Welcome & Introductions	<ul style="list-style-type: none"> • Guidance documents comment due dates: <ul style="list-style-type: none"> ○ TCOC and Incentive are due today ○ LTSS Quality due Friday, September 22 • We will have a meeting in October to go over changes made to guidance documents based on comments 	
Jen Bowdoin Overview	<ul style="list-style-type: none"> • TCOC methodology relates to how shared savings/risk are calculated. It is different from Alternative Payment Methodology specific to Home Care, for example. • Modifications from Comprehensive TCOC methodology were made for LTSS AEs • Uses a historical baseline tied to an AE's attributed population which is projected forward • Compares actual cost in the performance period to historical cost to arrive at shared savings/risk • TCOC and quality multiplier determine shared savings/risk pool 	
Olivia Burke	<ul style="list-style-type: none"> • General Requirements (LTSS AEs) <ul style="list-style-type: none"> ○ Minimum membership: 500 Attributable lives (Medicare Managed Care and FFS combined) as detailed in the Attribution Guidance Document • Overall Goals <ul style="list-style-type: none"> ○ Supports meaningful performance measurements ○ Provides a sustainable business model <ul style="list-style-type: none"> ▪ Opportunity to continue to achieve shared savings through: <ol style="list-style-type: none"> 1. Allowance for retained earnings 2. Historical adjustment <ul style="list-style-type: none"> ○ Initially upward adjustment only ○ Downward adjustment not in the first performance year, need approval from CMS to start shared risk for LTSS AEs in year 4 	

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Cap on risk – plan is to have risk that is meaningful to organization but not enough to bankrupt the organization, moderation of risks ○ Addresses small populations challenges (high volatility) ○ Include quality metrics ○ Progression to risk • Challenges of small populations <ul style="list-style-type: none"> ○ Statistical uncertainty due to random variations in utilization and spending ○ Use a minimum Savings (Loss) Rate threshold of 4% that LTSS must achieve to be eligible for shared savings. <ul style="list-style-type: none"> ▪ Once eligible, savings go back to 1st dollar to not penalize the AE ○ High cost claims adjustments for outlier costs <ul style="list-style-type: none"> ▪ Michael Bigney – The base year cost will be too low due to labor shortages (not delivering all the service hours) and UHIP issues. In the last 3 years, there has been a huge drop in homecare. Down 20% now. Base will need to take this in consideration. <ul style="list-style-type: none"> • Rick Jacobsen – the issue of completeness of data needs to be transparent. Pilot is helpful for that. ○ Calculation for TCOC will be based on the AE’s whole population (managed care and FFS), however the Savings pool based on percentage of Managed Care patients ○ We have CMS authority for shared savings only for managed care population <ul style="list-style-type: none"> ▪ Incentive dollars for full population based on similar total cost of care metric • Quality Metrics <ul style="list-style-type: none"> ○ Incorporate quality metrics into TCOC ○ Quality addendum (For LTSS AEs) on website, comments due September 22 • Progression to meaningful risk <ul style="list-style-type: none"> ○ Within 4 to 5 years ○ May be eligible for higher share of shared savings <ul style="list-style-type: none"> ▪ Can AEs assume downside risk earlier? <ul style="list-style-type: none"> • There will be requirements, we are open to it. LTSS year one will not have terms for risk allowance ▪ Vinnie Ward – AEs get the shared savings, not the agencies. It does not replace reimbursement rate increases. <ul style="list-style-type: none"> • Jen – APM for home care would be a way to address that problem, but may need authority from CMS • Olivia walked through TCOC Calculation Example: Targeted Expenditures 	
Stakeholder questions and concerns	<ul style="list-style-type: none"> • Mary Barry – Patients are not being seen enough now based on need, meeting their need will increase TCOC. New patients coming in due to UHIP. Historical data will not be valid due to current underutilization 	

	<ul style="list-style-type: none"> • What happens if an AE is growing? <ul style="list-style-type: none"> ○ The historical base will be adjusted for size. Payment is PMPM and does not change base. • Offering more services affecting TCOC • How do you account for raise in hourly pay and its effect on TCOC? <ul style="list-style-type: none"> ○ This is addressed through trend adjustment • Providers need to know where the money is being spent for each existing AND new patient in their AE to effectively manage them. • Historical data is gathered from claims data • When will MCOs and the State give benchmark info to AE? AEs need that right away • How do we know if we are high-cost provider? • How do we know if a potential AE partner is a high-cost provider? • Can providers find out how their agency is doing relative to others? • Would like to see examples with real numbers for next week 	
Next Meeting	Next meeting will focus on a continued discussion on TCOC for LTSS. The September 25 th meeting is cancelled in order to allow time for review of guidance documents. The meeting will be rescheduled in early October after our October 1 st CMS submission deadline.	