

# Minnesota's Accountable Health Model: Joint Task Force Meeting

August 29, 2013, 2 to 5 pm central



## Agenda

- I. Welcome/Introductions**
- II. Task Force and Facilitator Roles**
- III. National Perspective on State Innovation Model (SIM) Efforts**
- IV. Minnesota's Accountable Health Model: Vision and Goals**
- V. Operational Plan Overview and Next Steps**
- VI. Feedback on Draft HIT/Data Analytics Request for Information**

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## Task Force Roles and Parameters

- \* Task Forces
  - \* Community Advisory Task Force
  - \* Multi-Payer Alignment Task Force
- \* Roles
  - \* Task Force members
  - \* Chairs
  - \* Facilitators from CHCS
- \* Content Drivers
  - \* Task force scope and objectives
  - \* Communication



**A non-profit health policy resource center dedicated to improving services for Americans receiving publicly financed care**

- ▶ **Priorities:** (1) enhancing access to coverage and services; (2) improving quality/delivery system reform; (3) integrating care for people with complex needs; and (4) building Medicaid leadership and capacity.
- ▶ **Provides:** technical assistance for stakeholders of publicly financed care, including states, health plans, providers, and consumer groups; and informs federal and state policymakers regarding payment and delivery system improvement.
- ▶ **Funding:** philanthropy and the U.S. Department of Health and Human Services.

## Select CHCS National Initiatives

Enhancing Access to Coverage and Services	Improving Quality/Delivery System Reform	Integrating Care for People with Complex Needs	Building Medicaid Leadership and Capacity
<p>State Health Reform Assistance Network</p> <p>Charity Care Affinity Group</p>	<p>State Innovation Model Resource Center</p> <p><i>Aligning Forces for Quality</i></p> <p>Advancing Medicaid Accountable Care Organizations: A Learning Collaborative</p>	<p>Complex Care Innovation Lab</p> <p>Integrated Care Resource Center – Dual Eligible Demonstrations*</p> <p>Medicaid Health Homes Program Design*</p>	<p>Medicaid Leadership Institute</p> <p>Annual Medicaid Boot Camp</p> <p>California Department of Health Care Services Academy</p>

## Welcome and Introductions

\* **Multi-Payer Alignment Task Force**



**Dianne Hasselman**  
CHCS  
Co-Facilitator



**Diane Stollenwerk**  
Consultant  
Co-Facilitator



**Shannon McMahon**  
CHCS  
Senior Technical  
Advisor



**Community Advisory Task Force**



**Carolyn Ingram**  
CHCS  
Facilitator



**Shannon Kojasoy**  
Consultant



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## State Innovation Model (“SIM”)

- \* National initiative from the Centers for Medicare and Medicaid Innovation (CMMI)
- \* Support state-based models to design and test multi-payer payment and delivery system transformation
- \* \$300 million to 25 states over 3 ½ years
  - \* Six test states ready to test new models now – \$250 million
  - \* 3 pre-test states and 16 design states – submitting plans to CMMI this fall for second round of funding

## Overall Themes

- \* Unprecedented opportunity to drive transformation of delivery system and how we pay for health care
- \* Hitting at the best and worst time for states
- \* Building on existing foundation of delivery system and payment reform initiatives
- \* Ongoing conversations between test states and CMMI on “going live” with projects
- \* Driving meaningful statewide private/public partnerships
- \* Fueling needed investments in data infrastructure and provider capacity building
- \* Robust measurement of transformation results

## Arkansas

- \* Strengthening primary care foundation– majority of Arkansans will have patient-centered medical homes (PCMH) by 2016
  - \* Health homes for Medicaid recipients with complex/chronic conditions
- \* Implementing episode-based care delivery/bundled payment – 90% of participating payer spend by mid-2016 will be episode-based care delivery
- \* Collaborating through multi-payer group which includes Medicaid, surgeon general, BCBS, and QualChoice Arkansas
- \* Data exchange:
  - \* Multi-payer web-based portal for performance reports
  - \* All payer claims database will aggregate claims across Medicare/Medicaid/commercial and support patient panels, registries and data needed for Health Benefits Exchange

11

## Maine

- \* Aligning Medicaid/Medicare/commercial payers through multi-payer Accountable Care Communities, multi-payer PCMH, and shared risk arrangements
- \* Purchasers driving various payment reforms (shared savings, partial cap, global cap)
- \* Identifying and managing high-need, high-cost individuals through Community Care Teams affiliated with PCMHs and Accountable Care Communities
- \* Data exchange:
  - \* Maine's Health Information Exchange (HIE) and Regional Extension Center (REC) will exchange clinical health data for 90% of hospital inpatient, outpatient and emergency department (ED) utilization by year 3
  - \* All payer database reports available on website
  - \* HIE will support ED notifications, personal health records (PHRs), and behavioral health electronic medical record program

12

## Massachusetts

- \* State spearheading multi-payer PCMH initiative across state
  - \* Integrating behavioral health into Medicaid primary care
- \* Testing alternative payment methodologies
  - \* Moving from volume to value through global payments by plans to integrated providers and primary care providers (PCPs)
- \* State implementing 3-way contract for duals with Medicaid-Medicare-Integrated Care Organization (primary care, behavioral health, and long-term care)
- \* Supporting safety net hospitals as they transition away from fee-for-service reimbursement
- \* Implementing electronic referrals from providers to community/public health services
- \* All payer database, state HIE, and statewide quality advisory committee

13

## Oregon

- \* Supporting newly implemented Coordinated Care Organizations (CCOs) which serve as the single point of accountability and shared financial risk based on outcomes for physical health, behavioral health, long-term care, oral health services under a global payment (like ACOs)
  - \* State-coordinated Transformation Center accelerating spread of CCOs
  - \* Aligning core CCO elements with public employee benefits and commercial payers
- \* Aiming to spread PCMH to public employees, Medicare, commercial payers by end of 2013
  - \* Goal: linking 75% of Oregonians with a recognized PCMH by end of 2016

14

## Vermont

- \* Expanding/strengthening foundation of existing provider- and payer-led ACOs to include shared risk, bundled payments, and incentive payments for quality
- \* Implementing global budgets for two state hospitals
- \* Developing shared savings model between state and network of FQHCs
- \* Leveraging Multi-Payer Advanced Primary Care demonstration project, including multi-payer claims database
- \* Using SIM grant to enhance capacity to share data across discrete sources
- \* Offering provider portal to providers who do not have an electronic health record or who need access to Health Information Exchange data remotely

15

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## SIM Vision/Goals

- \* Strawman being developed by state
- \* Discussion questions for today:
  - \* Do the principles for investment make sense?
  - \* Do these principles put anyone at a disadvantage? If so, what alternative approaches might be better?
- \* Homework for Task Forces:
  - \* What are appropriate expectations for ACO/TCOC arrangements?
  - \* Would these expectations exclude or overly burden any types of providers or care settings? If so, what would reduce or remove the burden or barrier for them?
  - \* How do we define – and recognize – the core components that should be expected at different points along the continuum toward ultimately meeting the ACO/TCOC expectations?

17

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18

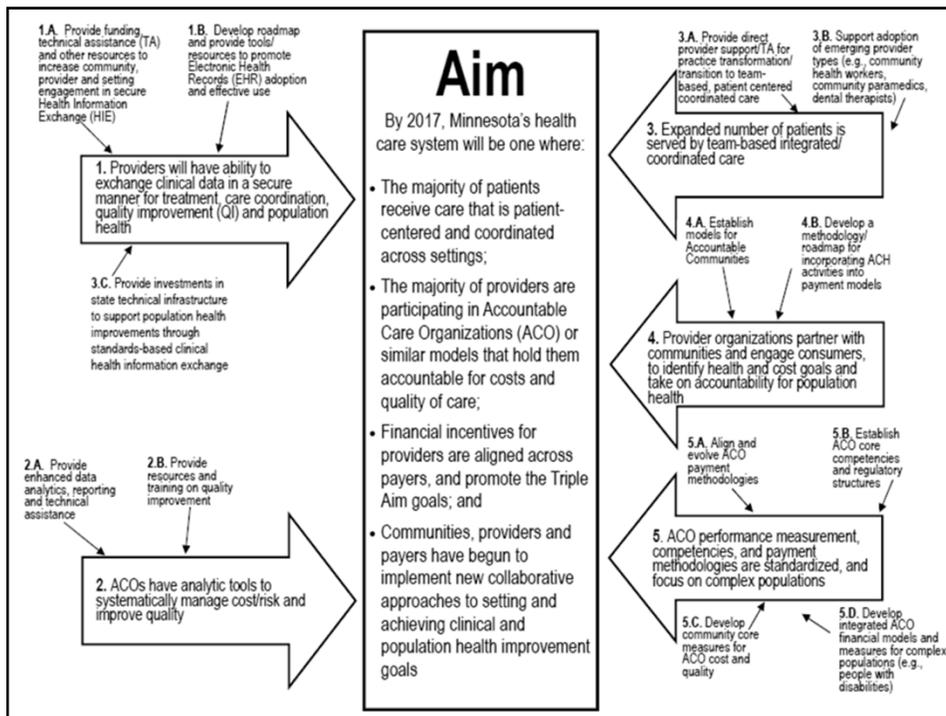
# SIM Operational Plan

- \* Submitted to CMMI 8/1/13
- \* Covers many topics: governance & oversight, communication & engagement, data privacy & security, evaluation, timeline, workplan
- \* Bulk of the document describes the implementation plan
  - \* Organized based on five primary “drivers” for change
  - \* Outlines the overall approach, activities & milestones for each driver
  - \* Explains key partners and collaboration strategies
- \* Current thinking, not set in stone: flexibility to adapt to input and lessons learned

MN Accountable Health Model

19

8/29/2013



## SIM Operational Plan: Next Steps

- \* CMMI and National Opinion Research Center (NORC) review: Aug - Sept
- \* Feedback, comments and questions from CMMI: mid to late Sept
- \* CMMI approval: late Sept

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## HIT and Data Analytics: Request for Information (RFI) Purpose

- \* Request broad input on plans for SIM grant investments to support the data and analytics goals in the community
  - \* Comment on: general issues and specific subject matter
- \* Establishes the foundation for determining the activities that might be funded and the types of organizations that might be eligible to receive funding
- \* This is one of several ways we are gathering comments
- \* Task force feedback will be summarized by themes

## Request for Information Task Force Discussion Topics

- \* Does the RFI contain the right mix and scope of topics and questions?
- \* Are terms clear? Do questions resonate for your members/constituents/provider settings
- \* Are the questions at a sufficient level of detail to obtain useful information for making decisions on investments needed to support SIM?
- \* Does the RFI contain sufficient background regarding the MN Accountable Health Model?
- \* Are additional topics or questions needed? Or should some be removed?
- \* How can we share this RFI as broadly as possible to get input?

## Request for Information Next Steps

- \* Homework Assignment for Task Forces:
  - \* Provide input by Monday, **September 9**
- \* RFI release/posting: mid-September
- \* RFI responses due: ~ early to mid October

## Task Force Homework Assignments

- \* Assignment with instructions for submitting comments will be sent to you Friday, August 29
- \* Will request review and comments on:
  1. Vision and Goals document, targeting review of *Principles of Investment* section
  2. HIT/Data Analytics RFI
- \* Will be due COB, Monday, September 9

## Contact Information

- \* Multi-Payer Alignment Task Force
  - \* Garrett Black ([garrett.e.black@bluecrossmn.com](mailto:garrett.e.black@bluecrossmn.com))
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