STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Taskforce

Meeting Summary
Tuesday, November 27, 2018
6:00pm – 8:00 p.m.

Meeting Location: CTBHP, 500 Enterprise Drive, Suite 3D, Hartford Room, Rocky Hill

Members Present: Shirley Girouard; Randy Trowbridge; Elsa Stone; H. Andrew Selinger; Susan Adams; Maria Dwyer; Mark Vanacore; Daniel Lawrence; Rowena Rosenblum-Bergmans; Douglas Olson; Kate McEvoy; Anita Soutier; Leigh Dubnicka; Dan Lawrence

Members Absent: M. Alex Geertsma; Alta Lash; Edmund Kim; Lesley Bennett; Heather Gates; Anne Klee; Grace Damio;

Other Participants: Alyssa Harrington; Linda Green; Mary Jo Condon; Stephanie Burnham; Ellen Bloom; Eve Berry; Eileen Smith; Victoria Veltri, Kelly Sanchez, Lisa Honigfeld, Marie Smith

1. Call to Order
The meeting was called to order by Dr. Elsa Stone at 6:00pm.

2. Public Comment
There was no public comment.

3. Review and Approval of Meeting Summary
Ms. Susan Adams gave a motion to approve the November 13th meeting summary of the Practice Transformation Taskforce.
Dr. Andrew Selinger seconded the motion.
Discussion: There was no discussion.
Vote: All in favor.

4. House Rules Refresh

5. Purpose of Today's Meeting

Ms. Alyssa Harrington reviewed the purpose of the meeting, which was to review the Payment Reform council provisional recommendations to date and next steps.

6. Review of Payment Reform Council Provisional Recommendations

Ms. Mary Jo Condon reviewed the Payment Reform Council's consideration of the Task Force model options, and discussed the basic bundle, supplemental bundle, and fee-for-service payments. Ms. Condon reviewed the qualifications for participation in PCM for an

Advanced Network/FQHC, the rationale behind these qualifications, and the questions being discussed. Ms. Condon then reviewed the qualifications for participation in PCM for practices within an Advanced Network and the rationale behind these qualifications. Ms. Shirley Girouard asked how many networks would meet these criteria, to which Ms. Condon explained that it is going to depend on what that risk criteria looks like for the total cost of care program. This will be one of the biggest considerations for the Advanced Networks as to whether they will participate. Ms. Condon estimated that there would be several but not more than twenty.

Dr. Douglas Olson asked whether PCM would change the rules for the underlying risk programs like MSSP and Next Gen. Ms. Condon confirmed this effort would not alter the rules, but instead, ask the Centers for Medicare and Medicaid Services (CMS) for permission to lay this on top of the MSSP and Next Gen. Ms. Condon explained there is some desire to think about how much of the bundle's payments might be included in the calculation of the total medical expense over gains and/or losses. The group will talk about this at their next meeting. Dr. Olson asked Ms. Condon if "state" referred to the insurance exchange level, to which Ms. Condon replied this was still to be determined. There is a state process that reviews Advanced Networks for their ability to participate and it could be a similar process for Connecticut.

Ms. Rowena Rosenblum-Bergmans asked if this effort would consider Bundled Payments for Care Improvement Program as well, to which Ms. Condon clarified that this would be in addition. In reference to Dr. Olson's comment, Ms. Kate McEvoy added that Medicaid would retain the obligation of determining the necessary qualifications. Ms. Condon noted that other commercial payers would likely echo that as well.

Ms. Condon explained the Payment Reform Council recommendation to base attribution on existing methods (and adjust as needed). One recommendation is to prioritize patient reporting of PCP over number of visits and cost in order to recognize the need for consumer choice, leverage existing infrastructure and policies, and give providers the opportunity to know attributed patients in advance. Ms. Condon added that retrospective reconciliation will not be recommended for Medicare FFS as it was determined to offer insufficient benefits for the additional efforts and resources it would require.

Ms. Anita Soutier asked if primary care was defined as just internal, family medicine or if specialists were included as well (OBGYN, cardiologist, etc.). Ms. Condon explained primary care provider was defined as internal medicine only, and not subspecialists. There is not enough primary care being delivered by those subspecialists to allow bundled payments to return an investment. However, the FQHC design group is currently talking through how it will work with OBGYNs, specifically around prenatal care. Ms. Shirley Girouard noted that OBGYNs were considered primary care by federal guidelines, and that they're considered primary care providers by Medicaid. Ms. Condon explained that it varies by state, and that OBGYNs were not included. Ms. Kate McEvoy clarified that OBGYNs were not defined as primary care under the ACA, and so Medicaid does not include them as primary care

providers. Ms. Girouard asked how this effort could change this. Ms. McEvoy explained this is a federal issue in terms of a rate increase and offered to speak with Ms. Girouard separately regarding this.

Dr. Olson asked how the Payment Reform Council has addressed the concept of integrated care in attribution methodologies. For example, whether patients being seen at a methadone clinic who do not have a regular primary care doctor would get attributed. Those patients would be assigned to an FQHC because the patients self-report or the charges come from there. Ms. Condon noted that it's going to be increasingly beneficial for that FQHC or Advanced Network-affiliated clinic to have a relationship established with the primary care practice. Practices will be incentivized to bring those patients in so they are attributed to them for bundled payments. Ms. Condon explained that the PRC is considering a robust risk adjustment strategy for both types of bundled payments.

Ms. Harrington explained that through the community integration design group, people who are not connected to primary care right now will get connected through organizations that provide home assessments and community care teams. As the model evolves, the attribution methodology will need to evolve to account for this.

Ms. Rosenblum-Bergmans added that Medicare risk adjusts based on the code billed and asked whether PCM will have different requirements for risk adjustment coding. Ms. Condon explained that providers will use the same codes through shadow claims to capture the diagnosis codes for risk adjustment. Dr. Selinger added that in terms of risk adjustment codes, he believed the hierarchal categorical coding system is corrupt, and that it takes a tremendous amount of attention away from the patient and towards the digital world of maximized billing. Dr. Selinger hoped this effort could work to minimize this. Ms. Condon agreed and confirmed that this effort is trying to think about how to balance documentation with the need to risk adjust payments.

Ms. Condon reviewed how services in the basic bundle will no longer receive fee-for-service payments and went over the risk of revenue loss with the hybrid model. Ms. Anita Soutier added that under the 50/50 hybrid, it looks as if there is a loss in total revenue, and would that free up the primary care physician to take on new patients? Ms. Condon confirmed that opportunity would be present under the full bundle, and that this effort expects there will be an opportunity to increase access to new patients. Primary care providers will also be spending more time with patients with complex needs, in addition to their own development. Dr. Olson stated that increasing revenue is unlikely if the number of office visits decrease.

Ms. Condon then reviewed the supplemental bundle with the Task Force and how funds flow. Ms. Rosenblum-Bergmans described how Advanced Networks usually employ many of the physicians, and that their compensation is an agreement between the medical group and Advanced Network. There would be many challenges if payments go directly to the primary care physicians. Ms. Condon replied that all the Advanced Networks are organized differently and the PRC has tried to stay out of those organizational structures and think of

the cleanest way for those funds to flow. Ms. Condon explained how there is a mechanism in Medicare where payments can roll up into a shared account, and that this effort is still figuring out whether that occurs.

Ms. Condon reviewed provider compensation and the Payment Reform Council's agreement on the provision that individual provider compensation will not be directly related to a provider's contribution to total cost of care in a way that incents underservice or patient selection (i.e. cherry picking). Dr. Olson noted it was heartening to hear that this robust agreement on a commitment to equity and no underservice continues in the work of the Payment Reform Council. Ms. Condon went on to discuss the Payment Reform Council's next steps with the Task Force and asked the group if the provided recommendations aligned with their expectations. Ms. Rosenblum-Bergmans asked if the core expectations in the Advanced Network would be priced out, to which Ms. Condon confirmed that they would be. Ms. Condon explained the current process for pricing out the capabilities now based on literature, and how there would be an actuarial analysis conducted in the future.

Ms. Girouard asked the Task Force if anyone had done any calculations about how much money this will save. Ms. Condon replied that similar models have been carried out in other states, and the results have shown a lower total cost of care over time, in addition to real improvement in care delivery and outcomes. The team is currently working on estimating Return on Investment. Ms. Girouard then asked the group who will support the monitoring and evaluation of these changes as they get operationalized. Ms. Condon explained there would be a role for state oversight and that Medicaid would maintain its current oversight functions for its members. There would be a multiplayer oversight rule as well. Ms. Girouard asked who will be paying for these changes, to which Ms. Condon explained that other states (including Massachusetts) have been able to carry out these changes in an efficient way. A member asked how the model design might be impacted by changes happening at the federal level and whether the State was monitoring this. Ms. Victoria Veltri confirmed that the state is closely monitoring what's happening at the federal level.

7. Next Steps

The next Practice Transformation Task Force meeting will be on 12/18 in-person, with a webinar option.

8. Adjourn

Dr. Elsa Stone gave a motion to adjourn the meeting.

The motion was seconded by Dr. Olson.

The meeting adjourned at 7:30pm