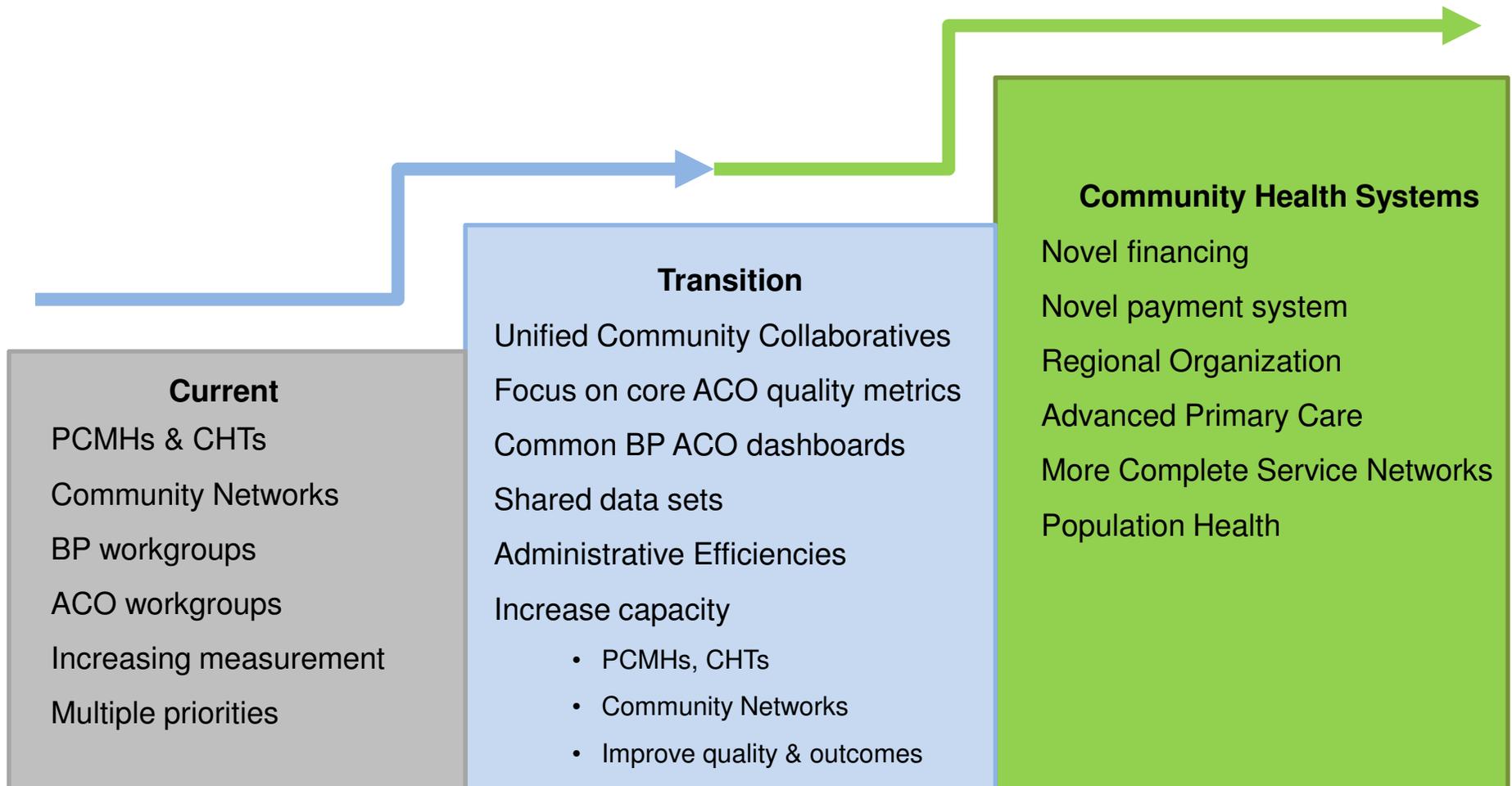


Blueprint Plan

Executive Committee Expansion, Design & Evaluation Committee

March 25, 2015

Transition to Community Health Systems



Strategy for Building Community Health Systems

Action Steps

- Unified Community Collaboratives (quality & coordination initiatives)
- UCC Leadership Team (3 ACOs, DA, VNA, AAA, DRHO, Peds, ad hoc)
- Collaborative Performance Reporting & Data Utility
- Increase PCMH and CHT payments
- PCMH: Base Payment + Service Area Performance
- CHT: Each insurers share tied to PCMH market share (attribution)

Unified Community Collaborative (UCC)

Overview

- Leadership Team (up to 11 member team)
 - 1 local clinical lead from each ACO (2 to 3)
 - 1 local representative from VNA, DA, SASH, AAA, Peds
 - Additional ad hoc members chosen locally
- Use measure results and comparative data to guide planning
- Planning & coordination for quality initiatives & service models
- Project managers provide support (convening, coordination)
- PCMHs & CHTs participate in quality initiatives

Performance Reporting & Data Utility

Reporting & Comparative Performance

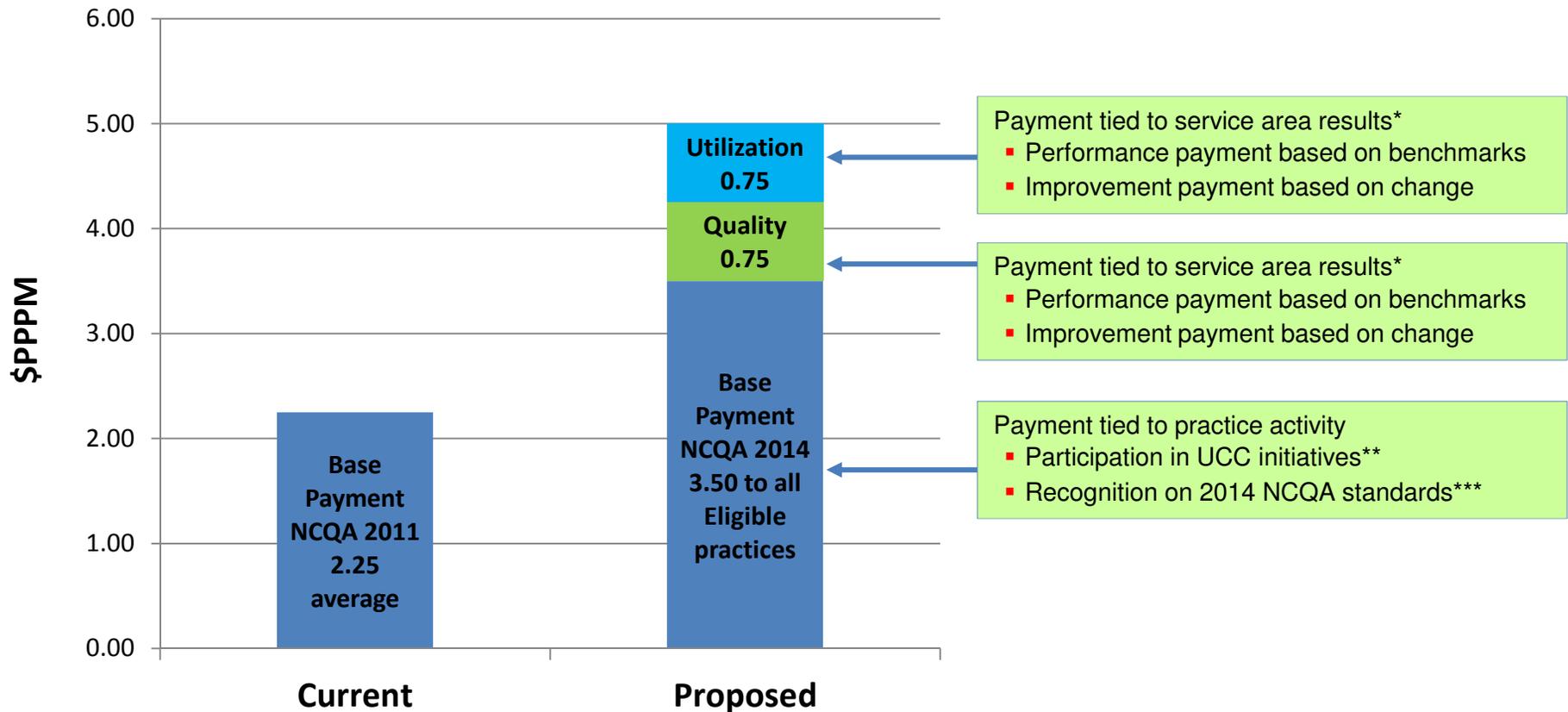
- Profiles for each medical home practice
- Profiles for each Health Service Area
- Whole population results (MCAID, MCARE, Commercial)
- Measures - Expenditures, utilization, quality (core ACO for HSAs)
- Can help guide collaborative work & performance payments
- Produced every 6 months (rolling 12 month look back)

Payment Modifications

Recommendations

- Increase PCMH payment amounts
- Shift to a composite measures based payment for PCMHs
- Increase CHT payments and capacity
- Adjust insurer portion of CHT costs to reflect market share

Proposed Payment Modifications



*Incentive to work with UCC partners to improve service area results.

**Organize practice and CHT activity as part of at least one UCC quality initiative per year.

***Payment tied to recognition on NCQA 2014 standards with any qualifying score. This emphasizes NCQAs priority 'must pass' elements while de-emphasizing the documentation required for highest score.

Proposed Modifications to CHT Payments (example only)

	Current Share of CHT Costs	Current Annual CHT Cost	Proposed Share of CHT Costs	Proposed Annual CHT Cost	Differential (annual)
		Based on \$1.50 PPM and current cost allocations	Based on percentages of attributed beneficiaries	Based on \$3.00 PPM for non-Medicare, and new cost allocations	
Medicare*	22.22%	\$2,150,229	22.22%	\$2,150,229	\$0
Medicaid	24.22%	\$2,343,768	35.66%	\$6,901,634	\$4,557,865
BCBS	24.22%	\$2,343,768	36.92%	\$7,145,494	\$4,801,725
MVP	11.12%	\$1,076,082	4.71%	\$911,573	-\$164,509
Cigna	18.22%	\$1,763,149	0.49%	\$94,835	-\$1,668,314
Total	100.00%	\$9,676,996	100.00%	\$17,203,763	\$7,526,767

*Medicare share of CHT patient allocation remains unchanged at 22.22% and payment level remains unchanged at \$1.50 PPM.

Community Oriented Health Systems



- Core measures set priorities and provide a statewide framework
- Portion of medical home payment model tied to community outcomes
- Community collaboratives guide quality & coordination initiatives
- Shared interests stimulate goal oriented health services & networks
- Health System (Accessible, Equitable, Patient Centered, Preventive, Affordable)

Blueprint Committee Recommendations

2010 ACT 128

§ 706. HEALTH INSURER PARTICIPATION

(c)(1) The Blueprint payment reform methodologies shall include per-person per-month payments to medical home practices by each health insurer and Medicaid for their attributed patients and for contributions to the shared costs of operating the community health teams. Per-person per-month payments to practices shall be based on the official National Committee for Quality Assurance's Physician Practice Connections – Patient Centered Medical Home (NCQA PPC-PCMH) score and shall be in addition to their normal fee-for-service or other payments.

(2) Consistent with the recommendation of the Blueprint expansion design and evaluation committee, the director of the Blueprint may implement changes to the payment amounts or to the payment reform methodologies described in subdivision (1) of this subsection, including by providing for enhanced payment to health care professional practices which operate as a medical home, payment toward the shared costs for community health teams, or other payment methodologies required by the Centers for Medicare and Medicaid Services (CMS) for participation by Medicaid or Medicare.

Blueprint Committee Recommendations

Adjust for State Employee Health Plan Shortfall

Should Community Health Team (CHT) payments paid by Blue Cross Blue Shield and Cigna be adjusted to account for a change in their overall market share due to the shift of the State Employees Health Plan:

The State Employees Health Plan, a self-insured plan that has opted into the Blueprint, changed carriers from Cigna to Blue Cross Blue Shield. Blue Cross Blue Shield's share would increase by 4.56% of total CHT costs and Cigna's share would decrease by 4.56% of total CHT costs effective immediately and applicable to quarter 1 of 2015 (January 1, 2015 to March 31, 2015) and forward (Yes, No, No Response).

Blueprint Committee Recommendations

Adjust CHT Payment to a Market Share Basis

Should the formula for payer contributions to Blueprint Community Health Teams (CHTs) be changed, effective July 1, 2015, as follows:

Payments will be based on payer-reported, claims-attributed patient-counts, and thus be based on market share of medical home patients. An adjustment to the CHT per-patient-per month amount would be made so that the total CHT payments would be maintained at the current levels (Yes, No, No Response). (Details are described in the Draft Blueprint Manual effective July 1, 2015.)

Blueprint Committee Recommendations

Double CHT Payment Amounts

Should the Blueprint Community Health Team (CHT) Per Patient Per Month (PPPM) payment rate be doubled from the adjusted July 1, 2015 level, effective January 1, 2016 (Yes, No, No Response)?

Blueprint Committee Recommendations

Double PCMH Payment Amounts

Should the average effective Blueprint Patient-Centered Medical Home (PCMH) Per Patient Per Month (PPPM) payment rate be doubled from 2015 levels, effective January 1, 2016 (Yes, No, No Response)?

Blueprint Committee Recommendations

New PCMH Payment Model

Should changes be implemented to the payment method for Blueprint PCMH PPPM payments, consistent with the Blueprint Phase II Payments and ACO Integration Plan, effective January 1, 2016 (Yes, No, No Response). (Details of the model are described in the Draft Blueprint Manual effective January 1, 2016.)

Blueprint Committee Recommendations

Survey Process

- Send out materials (Integration Plan, Updated Blueprint Manuals)
- Send out survey to committee members (one vote per organization)
- Tally survey results
- Finalize payment model & implementation details
- Execute on plan