



Monday, February 24, 2020
1:30 p.m.

Location: 450 W. State St.,
7th Floor, Conference Room 7A

Meeting Minutes:

Member Attendees: Kathy Brashear (phone), Pam McCord (phone), Dr. Kelly McGrath, Matt Wimmer, Cynthia York, Yvonne Ketchum-Ward, Neva Santos, and Norm Varin

Staff: Mary Sheridan, Stephanie Sayegh, Ann Watkins, Marissa Guerrero, Matt Walker

Guests: Patt Richesin, Emilie Sites, Linda Rowe, Dr. Chuck Hofmann, Jenni Gudapati, Lutana Haan, Krista Stadler, Janet Reis (phone), Abner King (phone), Natoshia Erickson (phone), Darin Dransfield (phone), Christina Thomas (phone), and Pam Fischer (phone), Russ Duke

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Summary of Motions/Decisions:

Motion:

Cynthia York moved to accept the minutes of the November 18, 2019 Payer Provider Workgroup meeting as presented.

Neva Santos seconded the motion.

Outcome:

Passed

Agenda Topics:

Welcome and Opening Remarks; Roll Call; Introductions; and Agenda Review- *Norm Varin and Dr. Kelly McGrath Co-Chairs of the Payer Provider Workgroup*

Norm Varin convened the meeting at 1:35 p.m., welcomed everyone, and introduced two (2) new members of the Payer Provider Workgroup: Melissa McVaugh, Mountain Health Co-op, and Pam McCord, Idaho Medical Association.

HCP-LAN (Healthcare Payment Learning & Action Item) presentation and Q & A- *Dr. Chuck Hofmann, Clinical Consultant, Eastern Oregon CCO, and Emilie Sites, MPH, Project Manager, Comagine Health*

Dr. Hofmann and Emilie Sites provided a presentation about HCP-LAN, including an overview of the categories and subcategories, principles of the framework, and examples of how different payments align with the framework. HCP-LAN was created at the request of the Centers for Medicare and Medicaid Services (CMS) to help drive payment reform and alignment across public and private sectors of the U.S healthcare system. HCP-LAN categories include:

1. Fee for Service- no link to quality and value
2. Fee for Service- link to quality and value,
3. Alternative Payment Models (APMS) Built on Fee-For-Service Architecture
4. Population Based Payments

The presenters responded to questions from the group and provided links to additional resources in the presentation slides. Co-chairs expressed appreciation for the information and the expertise shared by the presenters. The presenters offered to follow-up if there were additional questions and co-chairs welcomed them back in the future for additional dialogue.

Finance Request for proposal update and HTCI brief – *Mary Sheridan, Bureau of Rural Health and Primary Care*

The procurement process is currently underway to identify a vendor to conduct the financial analysis to identify the percent of value-based healthcare payments in Idaho. The new contractor will likely be identified by the March meeting and, if so, will be invited to meet with the group.

Meeting Adjourned: 03:00 pm

Next Meeting: Monday March 16, 2020, 2:30-4:30 p.m. Mountain Time

READY FOR NEXT

Together...We Are Ready For What Comes Next

IDAHO TRANSFORMATION

FINANCIAL MILESTONES

Idaho

March 16, 2020

Scott Banken
Katie Falls



MEASURING PROGRESS SUPPORT THE TRANSFORMATION



Collect data using standardized templates.



Compare data and trends to projected trends to calculate cost avoidance.



Track progress of membership attribution and total dollars along the HCP-LAN framework.



In support of the transformation since 2013 as part of the SHIP planning grant and again in 2015 through 2019 for the SHIP Model Testing grant.



Provide project management expertise, actuarial analysis of data collected to compare to trends and projected cost savings.



Collected data from CY 2015 through part of 2018.



Drafted reports of results.

WHY SEND DATA TO MERCER? INDEPENDENT, SECURE, PROTECTED

Mercer has NDAs from the SHIP with most commercial payers. We can renew or revise as needed.

Aggregate the data so that no single commercial entity can be tracked.

Combined and compared to Medicare, Medicaid.

Help to identify opportunities for improvement, efficiency and analysis.

Peer reviewed by credentialed actuaries.

“What gets measured gets changed.”

DATA REQUESTS

TOTAL COST OF CARE



HTCI Cost of Care Data Request Template											
2019											
	Medicaid/CHIP				Private/Other		Medicare				
	Adult	Child	Dual Eligibles (Only)	Disabled/Elderly (Without Duals)	Individual	Family	Dual Eligible	Fee for Service/Non-Duals (Parts A and B)	Medicare Advantage Part C		
Member Months											
Inpatient Hospital	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Emergency Dept	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Urgent Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Outpatient Hospital	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Primary Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Specialty Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Diagnostic Imaging/X-Ray	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Laboratory Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DME	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Dialysis Procedures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Other (e.g., PT, OT)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Skilled Nursing Facility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Home Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Custodial Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ICF/MR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Home and Community-Based Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Behavioral Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Prescription Drugs (Outpatient)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

HCP-LAN FRAMEWORK

CHANGING THE WAY HEALTHCARE WORKS

The HCP-LAN APM Framework

Category descriptions defined by the HCP-LAN Alternative Payment Model framework.
Risk increases moving from left to right and from top to bottom.



CATEGORY 1
FEE FOR SERVICE — NO LINK TO QUALITY AND VALUE



CATEGORY 2
FEE FOR SERVICE — LINK TO QUALITY AND VALUE

- A. Foundational Payments for Infrastructure and Operations** (e.g., care coordination fees and payments for HIT Investments)
- B. Pay for Reporting** (e.g., bonuses for reporting data or penalties for not reporting data)
- C. Pay-for-Performance** (e.g., bonuses for quality performance)



CATEGORY 3
APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE

- A. APMs with Shared Savings** (e.g., shared savings with upside risk only)
- B. APMs with Shared Savings and Downside Risk** (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)

3 N

Risk Based Payments NOT linked to Quality



CATEGORY 4
POPULATION — BASED PAYMENT

- A. Condition-Specific Population-Based Payment** (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
- B. Comprehensive Population-Based Payment** (e.g., global budgets or full/percent of premium payments)
- C. Integrated Finance and Delivery Systems** (e.g., global budgets or full/percent of premium payments in integrated systems)

4 N

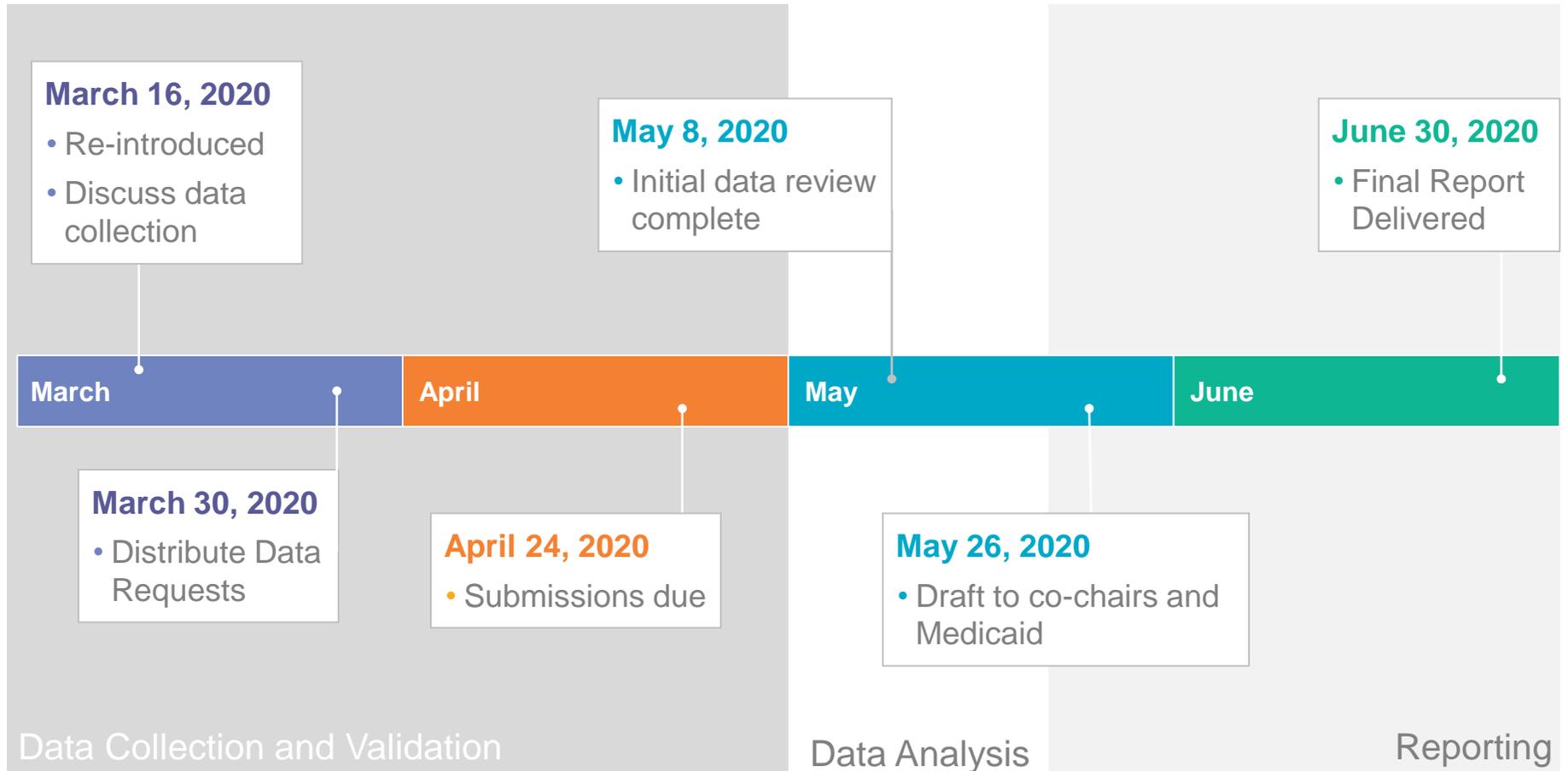
Capitated Payments NOT linked to Quality

PROGRESS TRACKER MOVEMENT TOWARD INCENTING VALUE



HTCI Payment Reform Metrics		
Financial progress toward paying for value		
January 1 - December 31, 2019		
	Percentage of Beneficiaries per Category	Total Percentage of Payments (paid or accrued) to Providers per Category
Category 1: Fee for Service – No Link to Quality & Value. Example is fee for service payments.		
Category 2: Fee for Service – Link to Quality & Value. Examples include a) Foundational payments for infrastructure and operations, b) Pay for reporting, c) Rewards for performance, and d) Rewards and penalties for performance.		
Category 3: Methodologies built on Fee-for-Service Architecture. Examples include a) Methodologies with Upside Gainsharing and b) Methodologies with Upside Gainsharing/Downside Risk.		
Category 4: Population-Based Payment. Examples include a) Condition-specific population-based payments and b) Comprehensive population-based payments.		
Additional Metrics:		
Total Idaho Beneficiaries / Payments (paid or accrued) to providers in 2019.		

TIMELINE



NEXT STEPS CONTINUING THE JOURNEY



MERCER GOVERNMENT

READY FOR NEXT. TOGETHER.

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