

Work Plan for Dual Eligible Work Group – DRAFT 11/13/13

Objectives	Supporting Staff Activities	Supporting Work Group Activities	Target Date	Status of Activity	Measures of Success
<p>Finalize Work Group logistics: charter, membership, meeting schedule, resource needs, etc.</p>	<ul style="list-style-type: none"> • Redraft charter following VHCIP standardized template • Review membership list: each entity should assign 1-2 key Work Group members, others can be “interested parties” • Distribute 2013-2014 monthly meeting schedule • Develop resources identified as needed by Work Group 	<ul style="list-style-type: none"> • Approve charter for official use • Provide input on and final approval of membership list • Identify information /resources needed to inform discussions and decision-making • Identify mechanisms for broader beneficiary engagement 	<p>October - November 2013 and on-going (for development of resources for Work Group)</p>	<ul style="list-style-type: none"> • Charter re-drafted for November Work Group meeting • Membership list: needs to be refined (1-2 key members) • Meeting Schedule: is being developed through 2014 	<ul style="list-style-type: none"> • Final Charter • Comprehensive membership list • 2013-14 meeting schedule • Resources are adequate to accomplish objectives • Successful beneficiary engagement
<p>Develop a strategic plan for <i>alignment</i> of the Medicare Shared Savings Program, Medicaid Shared Savings Program, and Duals Demonstration</p>	<ul style="list-style-type: none"> • Develop any additional information requested by Work Group • Draft a strategic plan for chosen alignment option • Obtain agreement from CMS for chosen alignment option and strategic plan • Implement strategic plan 	<ul style="list-style-type: none"> • Review and discuss Alignment and Options documents • Identify any additional information needed to recommend an alignment option • Recommend an alignment option • Approve the strategic plan for alignment • Receive status reports and discuss implementation of strategic plan 	<p>November -December 2013 and on-going (for strategic plan implementation)</p>	<ul style="list-style-type: none"> • Alignment and Options documents completed • Topic on agenda for November and December Work Group meetings 	<ul style="list-style-type: none"> • Alignment option chosen with agreement by all Vermont parties • CMS agreement for chosen alignment option and strategy to achieve option • Alignment option reflected in MOU • Strategic plan implemented

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Finalize Duals MOU	<ul style="list-style-type: none"> • Develop summary document of MOU content elements and comparison with future CMS/AHS/DVHA contract for Work Group • Finalize draft MOU with CMS • Provide status updates to Work Group throughout this process, including all relevant information and documentation • Finalize MOU 	<ul style="list-style-type: none"> • Review final draft MOU when available from CMS • Receive status reports on negotiations of MOU with CMS • Make recommendations on whether or not to sign MOU 	November 2013 - January 15, 2014	<ul style="list-style-type: none"> • Summary document of MOU and contract elements completed • Draft MOU in process with CMS 	<ul style="list-style-type: none"> • Signed MOU between CMS and AHS
Finalize management structures for project administration at the state and provider level	<ul style="list-style-type: none"> • Develop agreement on proposed management structures for the DE Demonstration at the state level • Develop proposed structure for Demonstration-required Dual Eligible Consumer Advisory Committee • Develop agreement on proposed provider-level administrative structures for the DE Demonstration 	<ul style="list-style-type: none"> • Discuss proposed management structures for the DE Demonstration at the state level • Review and provide input on proposed structure for Demonstration-required Dual Eligible Consumer Advisory Committee • Review and provide input on proposed management structures for the DE Demonstration at the provider level 	January – February, 2014 <i>Must be completed by this date to be incorporated into CMS Funding Proposal (which will be negotiated during this timeframe after MOU is signed)</i>	<ul style="list-style-type: none"> • State-level project administration management structure and current and new state staff positions were included in May 2012 Demonstration Proposal to CMS and April 2013 Funding Proposal to CMS • Current model for provider-level administrative structure (i.e., Integrated Care Partnerships) 	<ul style="list-style-type: none"> • Successful management structures for project administration at the state and provider level

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<p>Agree on Duals Care Model</p>	<ul style="list-style-type: none"> • Review and update Work Group on the work of the DE “person-directed” Work Group and the Duals Model of Care (MOC) submitted to CMS in February 2013 • Convene sub-work group to refine Enhanced Care Coordination (ECC) staffing estimates (also feeds into update Duals Funding Proposal) • Present the work of the DE “person-directed” Work Group and the DE MOC to the VHCIP Care Model/Care Management Work Group to inform their work • Develop a plan for incorporating/adapting the elements of the Duals Care Model into the VHCIP Care Model/Care Management Work Group activities • Inform Duals Work 	<ul style="list-style-type: none"> • Review and provide input on ECC sub-work group changes, if any • Review, provide input on, and approve a plan for incorporating /adapting the elements of the Duals Care Model into the VHCIP Care Model / Care Management Work Group activities • Provide input on any proposed changes to Duals Model of Care by VHCIP Care Model/Care Management Work Group 	<p>January -March 2014</p> <p><i>Must be completed by this date in order for ICP RFP to be developed in March/April and issued May 1</i></p>	<p>developed in spring/summer 2013</p> <ul style="list-style-type: none"> • DVHA Duals Model of Care submitted to CMS in February 2013; approved for three years by NCQA (on behalf of CMS) 	<ul style="list-style-type: none"> • DVHA Duals Model of Care approved for three years by NCQA (on behalf of CMS) • Successful implementation of DVHA Duals Model of Care

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	<p>Group of any proposed changes to Duals Model of Care by VHCIP Care Model/Care Management Work Group</p> <ul style="list-style-type: none"> If necessary, discuss with CMS the implications of any proposed changes to the Duals Care Model to the NCQA three-year approval 				
<p>Ensure that disability-related and cultural competency issues are incorporated into all VHCIP activities</p>	<ul style="list-style-type: none"> Develop a list of items (e.g. accessibility of information and services, training for professionals, etc.) Develop a strategy for identified items, including incorporation into VHCIP Work Group efforts Develop an approach to monitor whether incorporation of these items occurs over the long term 	<ul style="list-style-type: none"> Review, provide input on, and approve strategy for integration of disability-related and cultural competency issues into VHCIP activities Receive status updates on incorporation of identified items 	<p>January -March 2014 and on-going (for status updates)</p>	<ul style="list-style-type: none"> Activities have not yet begun 	<ul style="list-style-type: none"> Completed list of disability-related and cultural competency items Action plan for inclusion of identified items into VHCIP Work Group efforts Vermont health care reform activities are disability and culturally sensitive
<p>Identify current Medicare policy barriers that can be addressed through the Duals Demonstration or other means</p>	<ul style="list-style-type: none"> Further develop list of current Medicare barriers which impede the provision of integrated care 	<ul style="list-style-type: none"> Provide input on list of Medicare barriers Review, provide input on, and approve strategies for 	<p>January -March 2014</p>	<ul style="list-style-type: none"> Initial list of barriers identified by DE Service Delivery workgroup in summer/fall 2011 	<ul style="list-style-type: none"> Completed list of current Medicare barriers Action plan to implement

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	<ul style="list-style-type: none"> Develop strategies to address these barriers Work with CMS to obtain approval to implement strategies, if applicable 	overcoming Medicare barriers			strategies
Finalize Duals Demonstration Quality and Performance Measures	<ul style="list-style-type: none"> Work with CMS to finalize the Quality Metrics, Quality Withholds, and Performance Measures outlined in the Duals MOU Develop a plan to incorporate/adapt Duals Quality Metrics, Quality Withholds and Performance Measures into the VHCIP Quality and Performance Measures Work Group deliverables 	<ul style="list-style-type: none"> Discuss Duals Quality Metrics, Quality Withholds and Performance Measures in the draft Duals MOU and alignment with proposed Medicaid ACO measures Make recommendations to incorporate Duals Quality Metrics, Quality Withholds and Performance Measures into the VHCIP Quality and Performance Measures Work Group 	January - March 2014 <i>Must be completed by this date in order to be included in ICP RFP to be developed in March/April and issued May 1</i>	<ul style="list-style-type: none"> CMS-required and state-proposed Quality Metrics, Quality Withholds, and Performance Measures are outlined in the draft Duals MOU DAIL will utilize Duals Quality Metrics, Quality Withholds and Performance Measures to create a set of LTSS/HCBS measures to present to the VHCIP Quality and Performance Measures Work Group in December 2013 	<ul style="list-style-type: none"> Recommended Duals Quality Metrics, Quality Withholds and Performance Measures to be incorporated /adapted into the Medicaid ACO Standards in Years 2 and 3
Identify technical and IT needs of Duals Demonstration	<ul style="list-style-type: none"> Draft a memo regarding the HIT needs relevant to the Duals project Determine process for collaborating with the VHCIP HIE Work Group to include 	<ul style="list-style-type: none"> Review and provide input on final memo regarding Duals HIT needs for inclusion by the VHCIP HIE Work Group. Receive status reports on progress 	January - March 2014	<ul style="list-style-type: none"> Memo in drafting phase 	<ul style="list-style-type: none"> Completed memo re: Duals HIT issues Action plan for inclusion of these issues in work of HIE Work Group Duals Demonstration IT needs met

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	relevant Duals HIT needs. <ul style="list-style-type: none"> • Provide on-going status reports to Duals Work Group on progress regarding Duals HIT needs 	regarding Duals HIT needs			
Facilitate an updated and comprehensive financial analysis of Duals Demonstration	<ul style="list-style-type: none"> • Review Wakely analysis and provide summative materials for Work Group consideration • Update Duals Funding Proposal (which focuses on administrative and operational costs) • Develop any additional items needed for a financial analysis • Identify next steps 	<ul style="list-style-type: none"> • Provide feedback/comments on Wakely analysis • Review and provide input on updated funding proposal • Identify any additional information needed for financial analysis • Review, provide input on, and approve next steps 	First Quarter 2014	<ul style="list-style-type: none"> • Initial Wakely analysis completed • Duals Funding proposal submitted to CMS in April 2013; needs updating based on state review and new Demonstration start date 	<ul style="list-style-type: none"> • Thorough analysis of financial viability of Duals Demonstration • State decision about financial viability of Duals Demonstration
Finalize Duals Demonstration Provider Payment Models	<ul style="list-style-type: none"> • ICP and ICP-Plus Payments <ul style="list-style-type: none"> ○ Finalize the ICP payment model, underlying mechanisms, and rates ○ Determine the list of services included in the ICP-Plus bundled payment and develop ICP-Plus payment model/mechanisms 	<ul style="list-style-type: none"> • Review and provide input on ICP and ICP-Plus payment models design (i.e., design of bundled payment, definition of EOC framework) • Review and provide input on proposed mechanisms for Integrated Medicare-Medicaid provider reimbursement for all dual eligible services 	March, 2014 (final ICP payment design) <i>Must be completed by this date in order to be included in ICP RFP to be developed in March/April and issued May 1</i> April, 2014 (integrated Medicare-Medicaid provider reimbursement)	<ul style="list-style-type: none"> • High-level ICP payment methodology identified in April 2013 Funding Proposal to CMS • Internal state DE working group began process of exploring integrated Medicare-Medicaid provider reimbursement methodologies in 	<ul style="list-style-type: none"> • Finalized ICP and ICP-Plus payment methodology and design • Finalized blended payment methodologies for all dual eligible services

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	<ul style="list-style-type: none"> ○ Collaborate with the VHCIP Payment Models Work Group to determine the methodology for ICP payments and ICP-Plus bundled payments ● Develop integrated Medicare-Medicaid provider reimbursement mechanisms for all dual eligible services ● Collaborate with the VHCIP Payment Models Work Group regarding proposed blended payment mechanisms for all dual eligible services 	<ul style="list-style-type: none"> ● Discuss goal of the CMS DE Demonstration program to integrate funding at the Plan level to enable the use of blended Medicare and Medicaid funds to reimburse providers for services in order to reduce incentives to cost shift and to increase service flexibility ● Review and provide feedback on DVHA proposed blended payment mechanisms for each provider type 	<p>methodologies)</p> <p><i>This provides one year to change the MMIS to accommodate the new methodologies prior to April 1, 2015 implementation start date</i></p> <p>March, 2015 (final ICP-Plus payment design)</p>	<p>summer 2012</p>	
<p>Issue RFP for ICPs and Provider Infrastructure Grants</p>	<ul style="list-style-type: none"> ● Work with DVHA to draft RFP, proposal evaluation criteria, and proposal evaluation process 	<ul style="list-style-type: none"> ● Review and provide feedback on proposed timeline for developing and issuing the RFP ● Review and provide feedback on draft RFP and proposal and proposal evaluation criteria ● Review and provide feedback on proposal evaluation process 	<ul style="list-style-type: none"> ● May 1, 2014 (for RFP release) ● July – August (for signed ICP contracts) <p><i>Latest possible dates for these activities in order to be in place before CMS Readiness Review in Fall 2014</i></p>	<ul style="list-style-type: none"> ● Draft ICP RFP Criteria Response Template completed in June 2013 	<ul style="list-style-type: none"> ● Fully functioning ICPs throughout the state
<p>Prepare for Readiness Review of DVHA as the</p>	<ul style="list-style-type: none"> ● Work collaboratively with CMS to develop 	<ul style="list-style-type: none"> ● Discuss CMS Readiness Review 	<ul style="list-style-type: none"> ● Fall 2014 (anticipated) 	<ul style="list-style-type: none"> ● Activities have not yet begun 	<ul style="list-style-type: none"> ● CMS approves DVHA as the Duals

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MMP Health “Plan”	Readiness Review Tool <ul style="list-style-type: none"> • Work with DVHA to develop a detailed work plan to prepare for CMS/AHS readiness review 	Tool and DVHA’s Work Plan	timeline for CMS Readiness Review) <i>This timeline has not been approved by CMS; they may want to start earlier on some of the Review items.</i>		Demonstration MMP “Plan” and signs three-way contract between CMS/AHS/DVHA to allow VT to begin implementation

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