

Payment Models Work Group Meeting Agenda 11-03-14

**VT Health Care Innovation Project
 Payment Models Work Group Meeting Agenda
 Monday, November 3, 2014 2:00 PM – 3:15 PM.
 EXE - 4th Floor Conf Room, Pavilion Building, Montpelier**

Item #	Time Frame	Topic	Presenter	Decision Needed?	Relevant Attachments
1	2:00 – 2:10	Welcome and Introductions Approve meeting minutes	Steve Rauh and Don George	Y – Approve minutes	Attachment 1A: 10-06-14 Meeting Minutes Attachment 1B: 10-24-14 Meeting Minutes
2	2:10-3:00	Presentation on Yr 2 Medicaid SSP Gate and Ladder Plan	Alicia Cooper and Kara Suter	N	Attachment 2A: Yr 2 Gate and Ladder Presentation Attachment 2B: Targets Attachment 2C: Scenarios
3	3:00-3:05	Public Comment		N	
4	3:05 – 3:15	Next Steps and Action Items		N	Next Meeting: Monday, December 1, 2014 2:00 PM – 4:30 PM. DVHA Large Conference Room, 312 Hurricane Lane, Williston

Attachment 1A - Payment Models
Work
Group Minutes 10-06-14

**VT Health Care Innovation Project
 Payment Models Work Group Meeting Agenda
 Monday, October 6, 2014 2:00 PM – 4:00 PM.
 DVHA Large Conference Room, 312 Hurricane Lane, Williston
 Call in option: 1-877-273-4202 Conference Room: 2252454**

Agenda #	Notes	Next Steps
1	<p>Steve Rauh called meeting to order at 2:03. Roll call was taken for attendance. Diane Cummings made a motion to approve the minutes, Paul Harrington seconded. Minutes were approved.</p> <p>Kara Suter announced the optional EOC data meeting on October 24 from 10:30-12. This optional PMWG meeting will take place at the DVHA Large Conference Room, 312 Hurricane Lane, Williston.</p>	
2	<p>Kara Suter introduced the new proposal from VMS around care delivery and transformation for frail and elderly care. The grant proposal was revised from the last meeting to include an interview component and revised budget. Cyrus Jordan mentioned that the qualitative interviews are there to provide some extra information for the physicians to build and learn on. The following are questions or comments on the proposal:</p> <ul style="list-style-type: none"> • Bard Hill asked about who was the lead for this project. Cyrus responded that it goes beyond just clinical physician leadership, includes all primary care providers such as VNA, designated agencies, AAA, Community health teams. • Bard Hill asked about care models and how this proposal will interact with other workgroups. Kara Suter responded that this workgroup will be the first filter for guidance and help and any findings will then be presented to and looped in with the work of other workgroups. • Larry Goetschius said that home health agencies are very interested in the proposal • Julie Wasserman asked if this will come before the CMCM workgroup or the DLSS workgroup. Georgia Maheras responded that the other workgroups will have the opportunity to weigh in on this project in the coming months. • This proposal will go to the steering committee, after review from DLSS and CMCM 	

	<p>workgroups</p> <ul style="list-style-type: none"> • Vote is on whether or not the PMWG recommends this proposal. • Bard Hill made motion to move this forward for a vote on the proposal Kara Suter seconded. Motion carried. • Sharon Winn asked if this proposal has been to any other workgroup yet, no it has not. Exact route of introduction has yet to be decided. 	
3	<p>Kara Suter reviewed the comments from the Yr. 2 TCOC proposal and clarified the following: growing TCOC to include additional areas does not mean that Medicaid will not stop managing the service; savings are not in the management of services but ability to reduce unnecessary utilization of services; by expanding it is the hope that ACOs will start to see the full scope of care and healthcare costs. The following are comments or questions:</p> <ul style="list-style-type: none"> • Marlys Waller clarified her response to the TCOC as was summarized. Feels children's personal care should not be included if all of IFS is not incorporated and that IFS should not be incorporated into the shared savings program in Yr. 2. • Carrie Germaine asked how the pharmacy is going to be incorporated into Yr. 2. Kara Suter further clarified how this can occur, suggested they speak offline. 	Attachment 3: Comments
4	<p>Kara Suter updated that workgroup that gate and ladder methodology updates will be coming to this workgroup soon. As soon as Yr. 2 measures are decided, a proposal for adjustments to the gate and ladder will initially come to this workgroup.</p> <ul style="list-style-type: none"> • Question on logistics of savings • Rachel Seelig asked why this Workgroup will get the proposal first; Kara Suter explained that this is how it worked last time – in Yr. 1. • Opting into expanded Yr. 2 TCOC will not affect gate and ladder, but the actual baseline for savings. 	
5	No public comment	
6	<p>Kara Suter reminded Workgroup about optional meeting. November 3rd meeting will be a potential review of gate and ladder, efforts of disseminating frail and elderly proposal, etc.</p> <p>Meeting adjourned at 2:36</p>	<p>Next Meeting: Monday, November 3, 2014 2:00 PM – 4:30 PM. EXE - 4th Floor Conf Room, Pavilion Building, Montpelier</p>

VHCIP PM Work Group Attendance List 10-06-14

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	Staff/Consultant
X	Interested Party

First Name	Last Name		Title	Organization	Pymt Models
April	Allen		Director of Policy and Planning	AHS - DCF	X
Carmone	Austin			MVP Health Care	M
Ena	Backus			GMCB	X
Melissa	Bailey			Otter Creek Associates and Matrix Health	X
Michael	Bailit			Bailit-Health Purchasing	X
Susan	Barrett		Executive Director	GMCB	X
Anna	Bassford			GMCB	A
Kate	Bazinsky			Bailit-Health Purchasing	X
Abe	Berman			OneCare Vermont	X
Susan	Besio		Senior Associate	Pacific Health Policy Group	X
Martha	Buck			Vermont Association of Hospital and Health Care	A
Heather	Bushey	<i>phone</i>	CFO	Planned Parenthood of Northern New England	M
Gisele	Carbonneau			HealthFirst	A
Amanda	Ciecior	<i>present</i>	Health Policy Analyst	AHS - DVHA	S
Ron	Cioffi		CEO	Rutland Area Visiting Nurse Association & Hospice of Vermont	X
Lori	Collins			AHS - DVHA	X
Amy	Coonradt	<i>Amy Coonradt</i>	Health Policy Analyst	AHS - DVHA	X
Alicia	Cooper	<i>Alicia Cooper</i>	Quality Oversight Analyst	AHS - DVHA	S
Michael	Counter		Sr. Director of Finance	Visiting Nurse Association & Hospice of Vermont	X
Diane	Cummings	<i>D Cummings</i>	Financial Manager II	AHS - Central Office	M
Michael	Curtis		Director of Child, Youth & Family Services	Washington County Mental Health Services	M
Danielle	DeLong			AHS - DVHA	X
Mike	DelTreceo	<i>phone</i>		Vermont Association of Hospital and Health Care	M
Michael	Donofrio		General Council	GMCB	X
Audrey	Fargo		Administrative Assistant	Vermont Program for Quality in Health Care	A
Cyndy	Fischer			OneCare Vermont	A
Kathleen	Fish		Director actuarial Services	MVP Health Care	X
Katie	Fitzpatrick		VT Administrative Asst.	Bi-State Primary Care	A

Erin	Flynn	<i>Erin Flynn</i>	Health Policy Analyst	AHS - DVHA	S
Catherine	Fulton	<i>phone</i>	Executive Director	Vermont Program for Quality in Health Ca	M
Joyce	Gallimore	<i>phone</i>	Director, Community Health Payment	Bi-State Primary Care/CHAC	MA/M
Lucie	Garand		Senior Government Relations Special	Downs Rachlin Martin PLLC	X
Andrew	Garland			MVP Health Care	X
Christine	Geiler		Grant Manager & Stakeholder Coordi	GMCB	S
Don	George		President and CEO	Blue Cross Blue Shield of Vermont	C
Carrie	Germaine	<i>Carrie Germaine</i>		AHS - DVHA	X
Jim	Giffin		CFO	AHS - Central Office	X
Al	Gobeille		Chair	GMCB	X
Bea	Grause		President	Vermont Association of Hospital and Hea	MA
Lynn	Guillett			OneCare Vermont	MA
Heidi	Hall		Financial Director	AHS - DMH	M
Janie	Hall		Corporate Assistant	OneCare Vermont	A
Thomas	Hall			Consumer Representative	M
Bryan	Hallett				X
Paul	Harrington	<i>PLH</i>	President	Vermont Medical Society	M
Carrie	Hathaway		Financial Director III	AHS - DVHA	X
Carolynn	Hatin			AHS - Central Office - IFS	X
Erik	Hemmett			Hemmet Family Chiropractic & Rehab	M
Selina	Hickman		Policy Director	AHS - DVHA	X
Bard	Hill	<i>Bard Hill</i>	Director - Policy, Planning & Data Uni	AHS - DAIL	M
Churchill	Hindes		COO	OneCare Vermont	X
Con	Hogan		Board Member	GMCB	X
Nancy	Hogue		Director of Pharmacy Services	AHS - DVHA	X
Craig	Jones		Director	AHS - DVHA - Blueprint	MA
Pat	Jones			GMCB	MA
Kevin	Kelley		CEO	CHSLV	X
Melissa	Kelly			MVP Health Care	X
Sarah	King		CFO	Rutland Area Visiting Nurse Association &	M
Kelly	Lange	<i>phone</i>	Director of Provider Contracting	Blue Cross Blue Shield of Vermont	M
Georgia	Maheras	<i>GM</i>		AOA	S
David	Martini			AOA - DFR	M
Mike	Maslack				X
John	Matulis				X
James	Mauro			Blue Cross Blue Shield of Vermont	MA
Alexa	McGrath			Blue Cross Blue Shield of Vermont	A

Sandy	McGuire		CFO	HowardCenter for Mental Health	M
Kimberly	McNeil		Payment Reform Policy Intern	AHS - DVHA	X
Todd	Moore		CEO	OneCare Vermont	M
Jessica	Oski			Sirotkin & Necrason	MA
Annie	Paumgarten	<i>An Paumgarten</i>	Eveluation Director	GMCB	X
Tom	Pitts		CFO	Northern Counties Health Care	M
Luann	Poirer		Administrative Services Manager I	AHS - DVHA	X
Stephen	Rauh	<i>phone 3/1/14</i>		GMC Advisory Board	C/M
Paul	Reiss		Executive Director,	Accountable Care Coalition of the Green	M
Lila	Richardson	<i>phone</i>	Attorney	VLA/Health Care Advocate Project	M
Howard	Schapiro		Interim President	University of Vermont Medical Group Pra	M
Ken	Schatz			AHS - DCF	X
Rachel	Seelig	<i>Rachel Seelig</i>	Attorney	VLA/Senior Citizens Law Project	MA
Julia	Shaw		Health Care Policy Analyst	VLA/Health Care Advocate Project	M
Tom	Simpatico			AHS - DVHA	X
Ted	Sirotta	<i>phone</i>	CFO	Northwestern Medical Center	M
Richard	Slusky		Payment Reform Director	GMCB	S/M
Kara	Suter	<i>phone 1/1/14</i>	Reimbursement Director	AHS - DVHA	S/M
Beth	Tanzman		Assistant Director of Blueprint for He	AHS - DVHA - Blueprint	X
Anya	Wallack		Chair	SIM Core Team Chair	X
Marlys	Waller	<i>Marlys Waller</i>		Vermont Council of Developmental and N	X
Barbara	Walters		Chief Medical Director	OneCare Vermont	X
Julie	Wasserman	<i>JW</i>	VT Dual Eligible Project Director	AHS - Central Office	X
Spenser	Weppler			GMCB	S
Kendall	West				X
Bradley	Wilhelm		Senior Policy Advisor	AHS - DVHA	X
Sharon	Winn	<i>phone</i>	Director, Vermont Public Policy	Bi-State Primary Care	M
Cecelia	Wu	<i>Cecelia Wu</i>	Healthcare Project Director	AHS - DVHA	X
Erin	Zink			MVP Health Care	X
Marie	Zura		Director of Developmental Services	HowardCenter for Mental Health	MA
Tim	Tremblay	<i>Tim Tremblay</i>	For Blueprint for Health	DVHA	X
Brian	Corbello	<i>Brian Corbello</i>			
Jim	Westrich	<i>Jim Westrich</i>		AHS - DVHA	S
Larry	Goetschius	<i>Larry Goetschius</i>		VNAVT	
Cy	Jull	<i>Cy Jull</i>	VMS ERF		

VHCIP PM Work Group Roll Calls 10-06-14

① Diane Cummings
 ② Paul Harrington
 minutes
 Frail
 Elders
 ① Bard Hill
 ② Kara Suter

Member		Member Alternate				Organization	
First Name	Last Name						
Carmone	Austin	X				MVP Health Care	
Heather	Bushey	✓		✓	A	Planned Parenthood of Northern New England	
Diane	Cummings	✓		✓	✓	AHS - Central Office	
Michael	Curtis	X				Washington County Mental Health Services Inc.	
Mike	DelTrecco	✓	Bea	Grause	✓	X	Vermont Association of Hospital and Health Systems
Catherine	Fulton	✓			✓	X	Vermont Program for Quality in Health Care
Joyce	Gallimore	✓			✓	✓	CHAC
Heidi	Hall	X					AHS - DMH
Thomas	Hall	X					Consumer Representative
Paul	Harrington	✓			✓	✓	Vermont Medical Society
Erik	Hemmett	X					Hemmet Family Chiropractic & Rehab
Bard	Hill	✓			✓	✓	AHS - DAIL
Sarah	King	X					Rutland Area Visiting Nurse Association & Hospice
Kelly	Lange	✓	James	Mauro	✓	✓	Blue Cross Blue Shield of Vermont
David	Martini						AOA - DFR
Sandy	McGuire	X	Marie	Zura			HowardCenter for Mental Health
Todd	Moore	X	Lynn	Guillett			OneCare Vermont
Jessica	Oski						Sirotkin & Necrason MA for ?
Tom	Pitts	X					Northern Counties Health Care
Stephen	Rauh	✓			✓	✓	GMC Advisory Board
Paul	Reiss	X					Accountable Care Coalition of the Green Mountains
Lila	Richardson	✓	Rachel	Seelig	✓	✓	VLA
Howard	Schapiro	X					University of Vermont Medical Group Practice
Julia	Shaw		Rachel	Seelig	✓	✓	Health Care Advocate Project
Ted	Sirotta	✓			✓	A	Northwestern Medical Center
Richard	Slusky	X	Pat	Jones			GMCB
Kara	Suter	✓	Craig	Jones	✓	✓	AHS - DVHA
Sharon	Winn	✓	Joyce	Gallimore	A	✓	Bi-State Primary Care

Attachment 1B - Payment Models
Work
Group Minutes 10-24-14

**VT Health Care Innovation Project
 Payment Models Work Group Meeting Agenda
 Friday, October 24, 2014 10:30 AM – 12:00 PM.
 DVHA Large Conference Room, 312 Hurricane Lane, Williston**

Topic	Notes	Next Steps
Welcome and Introductions	Kara Suter started the meeting at 10:30. Questions online will be taken via the chat feature.	
EOC Data Presentation and Discussion	<p>Stacey Eccleston presented on the Data Book, the following were questions or comments to her presentation:</p> <ul style="list-style-type: none"> • Who qualifies as the attributing provider? The provider varies depending on the episode. With inpatient episodes it is often a hospital, while chronic episodes is most often a PCP or specialist that is treating the patient • Inpatient costs do include facility costs • Medicaid covers LTC, commercial does not – is there recognition of this. Included in Medicaid, not in commercial. LTC is outside traditional claims data used to create this analysis - making this a more apples to apples comparison • PAC: circles show what the percent of costs is avoidable, roughly 10-20% of episode costs. PAC are things such as what happens during an inpatient stay, slips and falls – also complications and infections • Medication and inhalers are included costs. • Randolph has opportunity for improvement around asthma, correct? Yes, higher PAC. Also look at it in variation in average cost between Medicaid and commercial payer. Randolph and STJ have significant average variation • Does this help to understand the potential difference in the way Medicaid and commercial patients are treated? Intent is to look at variations, treatment patterns, costs per payer. Does not hold constant price – different payment rates for services and payer. • This data is not risk adjusted • Medicare and duals are not included • This analysis takes into account the people in HSA, not the hospital's location – 	

therefore a HSA's data is based on the people who reside there

- How do we know if high costs are based on the differences between hospitals or other factors? Looking at the provider analysis may help to answer this question
- Incidence rate among population anywhere? Might be able to see this reflected in average savings slides. Can get this information or add to data book if needed
- Kara Suter made sure to note that requests for more information are welcomed as this is just a subset of total information available to us.
- List of PACs available? Published on HCI3 website – typical vs PAC: these are mostly a listing of IC9 codes <http://www.hci3.org/>
- CxCABG includes 90 post discharge time. Medical services such as home health are included in this analysis
- Statistical Significance? Some sample size is too small, especially CxCABG in Medicaid population.
- Diabetes: is there some way we're treating people differently in poor vs well performing HSAs. Measure quality of life? How do we translate this information? Kara Suter responded that this is the start to addressing these issues and begin to think about how to link this data up with outcomes.
- Next PMWG will look at this data, compare to matrix and determine where we should further focus our EOC efforts. The input we receive from stakeholders around what they find interesting will form the basis for our next steps and a deeper level of analysis
- Medication is huge in Diabetes. Is the commercial co-pay included? Co-pay amounts are included in these graphs.
- When does a chronic condition's measurement time begin? Data starts when it triggers (first visit) and continues to be measured for 12 months.
- Pregnancy there is a noticeable difference in PAC between payers. CSECT in low risk pregnancy is a PAC – might play a role in this. Note the difference in scale.
- Stroke – be sure to take low sample size in Medicaid population into account when analyzing that episode

	<ul style="list-style-type: none"> • Question about the amount of people in each payer – would like to see this info Cindy Thomas suggested it was about 3:1 Commercial to Medicaid • Request for demographic info at beginning of data book • Chronic conditions do not necessarily mean they are ending up in the hospital. • Request for a regional or national standard for c-section/ vaginal births slide • Medicaid slide missing for c-section/ vaginal births slide • Is there a way to break out home deliveries? Yes, as they are a provider type that is assigned to an episode. • Those in the top right could be a high risk provider as this data is not risk adjusted • Using asthma as an example: volume = more services, more office visits, more pharmaceuticals. Price = inpatient stays per day vary. Service = higher avg cost also have a mix of services that are more intense, essentially a higher cost of services • Service mix example would be an x-ray versus more intense diagnostics • Savings include infections? Yes <p>Kara Suter suggested to think about this presentation for the next meeting and find some agreement around what would make sense in taking this to the next level of evaluation and discussion</p> <ul style="list-style-type: none"> • When looking at each condition, drugs attributable are only those used to treat that condition • Do any episodes include psych visits? No – none are associated with these episodes • HCI3 working on depression and bi-polar Episodes – likely to see more mental health issues in future • Way to tease out person’s income as an impact? Would be interesting to see in the commercial data. HSAs might provide insight as well 	
Public Comment	N/A	
Next Steps and	Next Meeting:	

Action Items	Monday, November 3, 2014 2:00 PM – 4:30 PM. EXE - 4th Floor Conf Room, Pavilion Building, Montpelier	
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VHCIP PMWG 10-24-14 Attendance

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	Staff/Consultant
X	Interested Party

First Name	Last Name		Organization	Pymt Models
April	Allen		AHS - DCF	X
Carmone	Austin		MVP Health Care	M
Ena	Backus		GMCB	X
Melissa	Bailey		Otter Creek Associates and Matrix Health	X
Michael	Bailit		SOV Consultant - Bailit-Health Purchasing	X
Susan	Barrett		GMCB	X
Anna	Bassford		GMCB	A
Kate	Bazinsky		SOV Consultant - Bailit-Health Purchasing	X
Abe	Berman	X	OneCare Vermont	X
Susan	Besio		SOV Consultant - Pacific Health Policy Gro	X
Martha	Buck		Vermont Association of Hospital and Heal	A
Heather	Bushey	X	Planned Parenthood of Northern New Eng	M
Gisele	Carbonneau		HealthFirst	A
Amanda	Ciecior		AHS - DVHA	S
Ron	Cioffi		Rutland Area Visiting Nurse Association &	X
Lori	Collins		AHS - DVHA	X

Amy	Coonradt	X	AHS - DVHA	X
Alicia	Cooper	X	AHS - DVHA	S
Michael	Counter		Visiting Nurse Association & Hospice of V	X
Diane	Cummings	X	AHS - Central Office	M
Michael	Curtis		Washington County Mental Health Service	M
Danielle	DeLong		AHS - DVHA	X
Mike	DelTrecco		Vermont Association of Hospital and Heal	M
Michael	Donofrio		GMCB	X
Audrey	Fargo		Vermont Program for Quality in Health Ca	A
Cyndy	Fischer		OneCare Vermont	A
Kathleen	Fish		MVP Health Care	X
Katie	Fitzpatrick		Bi-State Primary Care	A
Erin	Flynn	X	AHS - DVHA	S
Catherine	Fulton	X	Vermont Program for Quality in Health Ca	M
Joyce	Gallimore	X	Bi-State Primary Care/CHAC	MA/M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Andrew	Garland	X	MVP Health Care	X
Christine	Geiler		GMCB	S
Don	George		Blue Cross Blue Shield of Vermont	C
Carrie	Germaine		AHS - DVHA	X
Jim	Giffin		AHS - Central Office	X
Al	Gobeille		GMCB	X
Bea	Grause		Vermont Association of Hospital and Heal	MA
Lynn	Guillett		OneCare Vermont	MA
Heidi	Hall	X	AHS - DMH	M

Thomas	Hall		Consumer Representative	M
Janie	Hall		OneCare Vermont	A
Bryan	Hallett		GMCB	X
Paul	Harrington	X	Vermont Medical Society	M
Carrie	Hathaway		AHS - DVHA	X
Carolynn	Hatin		AHS - Central Office - IFS	X
Erik	Hemmett		Vermont Chiropractic Association	X
Selina	Hickman		AHS - DVHA	X
Bard	Hill	X	AHS - DAIL	M
Churchill	Hindes		OneCare Vermont	X
Con	Hogan		GMCB	X
Nancy	Hogue	X	AHS - DVHA	X
Craig	Jones		AHS - DVHA - Blueprint	MA
Pat	Jones		GMCB	MA
Joelle	Judge	X	UMASS	S
Kevin	Kelley		CHSLV	X
Melissa	Kelly		MVP Health Care	X
Sarah	King	X	Rutland Area Visiting Nurse Association &	M
Kelly	Lange	X	Blue Cross Blue Shield of Vermont	M
Georgia	Maheras		AOA	S
David	Martini		AOA - DFR	M
Mike	Maslack			X
John	Matulis			X
James	Mauro		Blue Cross Blue Shield of Vermont	MA
Alexa	McGrath		Blue Cross Blue Shield of Vermont	A

Sandy	McGuire		HowardCenter for Mental Health	M
Todd	Moore		OneCare Vermont	M
Jessica	Oski		Vermont Chiropractic Association	MA
Annie	Paumgarten	X	GMCB	X
Tom	Pitts		Northern Counties Health Care	M
Luann	Poirer		AHS - DVHA	X
Stephen	Rauh	X	GMC Advisory Board	C/M
Paul	Reiss		Accountable Care Coalition of the Green M	M
Lila	Richardson	X	VLA/Health Care Advocate Project	M
Howard	Schapiro		University of Vermont Medical Group Pra	M
Ken	Schatz		AHS - DCF	X
Rachel	Seelig		VLA/Senior Citizens Law Project	MA
Julia	Shaw	X	VLA/Health Care Advocate Project	M
Tom	Simpatico	X	AHS - DVHA	X
Ted	Sirotta	X	Northwestern Medical Center	M
Richard	Slusky		GMCB	S/M
Jeremy	Ste. Marie		Vermont Chiropractic Association	M
Kara	Suter	X	AHS - DVHA	S/M
Beth	Tanzman		AHS - DVHA - Blueprint	X
Anya	Wallack		SIM Core Team Chair	X
Marlys	Waller		Vermont Council of Developmental and M	X
Barbara	Walters		OneCare Vermont	X
Julie	Wasserman	X	AHS - Central Office	X
Spenser	Weppler		GMCB	S
Kendall	West			X

Bradley	Wilhelm		AHS - DVHA	X
Sharon	Winn		Bi-State Primary Care	M
Cecelia	Wu		AHS - DVHA	X
Erin	Zink		MVP Health Care	X
Marie	Zura		HowardCenter for Mental Health	MA
Susan	Aranoff	X		
Christine	Tompkins	X		
Jim	Westrich	X		
Cindy	Thomas	X		
Stacy	Ecelstein	X		
Larry	Goetschius	X		

Attachment 2A - Yr 2 Gate and Ladder Presentation

Quality Gates & Ladders: Commercial & Medicaid Shared Savings Programs

Payment Models Work Group Meeting
November 3, 2014

Overview

- Review
 - Year 1 Payment Measures
 - Year 1 Benchmarks & Targets
 - Year 1 Gate & Ladder Methodology
- Changes to Year 2 Payment Measures
- Options for Updating Performance Benchmarks & Targets in Year 2
- Options for Updating Gate & Ladder Methodology in Year 2
- Discussion & Opportunity for Additional Input

Year 1 Payment Measures

Year 2 Payment Measure		Medicaid SSP	Commercial SSP
Core-1	Plan All-Cause Readmissions	X	X
Core-2	Adolescent Well-Care Visits	X	X
Core-3	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)	X	X
Core-4	Follow-Up After Hospitalization for Mental Illness: 7-day	X	X
Core -5	Initiation and Engagement for Substance Abuse Treatment: Initiation and Engagement of AOD Treatment (composite)	X	X
Core-6	Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis	X	X
Core-7	Chlamydia Screening in Women	X	X
Core-8	Developmental Screening in the First Three Years of Life	X	

Year 1 Benchmarks

	Medicaid SSP	Commercial SSP
Approach: Use national HEDIS benchmarks for all measures for which they are available; use improvement targets when national benchmarks are unavailable	Core 2-7: National Medicaid HEDIS benchmarks Core 1 & 8: Improvement targets based on 2012 VT Medicaid performance	Core 1-7: National commercial HEDIS benchmarks

Year 1 Performance Targets

- *When using National HEDIS Benchmarks:*
Compare each payment measure to the national benchmark and assign 1, 2 or 3 points based on whether the ACO is at the national 25th, 50th or 75th percentile for the measure.
- *When using Improvement Targets:*
Compare each payment measure to VT Medicaid benchmark, and assign 0, 2 or 3 points based on whether the ACO declines, stays the same, or improves relative to the benchmark.
 - Statistical significance; targets associated with each point value are set according to ACO-specific attribution estimates

Year 1 Gates & Ladders

Percentage of available points	Percentage of earned savings: COMMERCIAL	Percentage of available points	Percentage of earned savings: MEDICAID
55%	75%	35%	75%
60%	80%	40%	80%
65%	85%	45%	85%
70%	90%	50%	90%
75%	95%	55%	95%
80%	100%	60%	100%

Year 2 Payment Measures

Year 2 Payment Measure		Medicaid SSP	Commercial SSP
Core-1	Plan All-Cause Readmissions	X	X
Core-2	Adolescent Well-Care Visits	X	X
Core-3	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)	X	X
Core-4	Follow-Up After Hospitalization for Mental Illness: 7-day	X	X
Core -5	Initiation and Engagement for Substance Abuse Treatment: Initiation and Engagement of AOD Treatment (composite)	X	X
Core-6	Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis	X	X
Core-7	Chlamydia Screening in Women	X	X
Core-8	Developmental Screening in the First Three Years of Life	X	
Core-12	Ambulatory Care Sensitive Condition Admissions: PQI Composite	X	X
Core-17	Diabetes Mellitus: HbA1c Poor Control (>9.0%)	X	X

Options for Updating Benchmarks & Targets in Year 2

	Medicaid SSP	Commercial SSP
Option 1: Use national HEDIS benchmarks for all measures for which they are available; use improvement targets when national benchmarks are unavailable	<p>Core 2-7, 17: National Medicaid HEDIS benchmarks</p> <p>Core 1, 8, 12: Improvement targets based on ACO-specific Year 1 Medicaid performance</p>	<p>Core 1-7, 17: National commercial HEDIS benchmarks</p> <p>Core 12: Improvement targets based on ACO-specific Year 1 commercial performance</p>
Option 2: Use national HEDIS benchmarks for prior (Year 1) Payment measures for which they are available; use improvement targets for newly adopted Payment measures and for prior measures without national HEDIS benchmarks	<p>Core 2-7: National Medicaid HEDIS benchmarks</p> <p>Core 1, 8, 12, 17: Improvement targets based on ACO-specific Year 1 Medicaid performance</p>	<p>Core 1-7: National commercial HEDIS benchmarks</p> <p>Core 17 & 12: Improvement targets based on ACO-specific Year 1 performance</p>

Options for Updating Gates & Ladders in Year 2

- Changes to Commercial SSP?
- Changes to Medicaid SSP?

% Shared Savings (LADDER)	% Points Earned (GATE)					
75	35	40	45	50	55	
80	40	45	50	55	60	
85	45	50	55	60	65	
90	50	55	60	65	70	
95	55	60	65	70	75	
100	60	65	70	75	80	

Options for Updating Gates & Ladders in Year 2

- Changes to Commercial SSP?
- **Changes to Medicaid SSP?**

% Shared Savings (LADDER)	% Points Earned (GATE)				
75	35	40	45	50	55
80	40	45	50	55	60
85	45	50	55	60	65
90	50	55	60	65	70
95	55	60	65	70	75
100	60	65	70	75	80

Discussion & Opportunity for Input

- Accepting written comment until 11/21
 - Send comments to Mandy Ciecior (Amanda.Ciecior@state.vt.us)
- Seeking input from QPM Work Group
 - QPM will discuss at their 11/24 meeting and provide feedback to PMWG

Attachment 2B - Targets

Medicaid and Commercial Shared Savings Program Year 2 Payment Measures

Year 2 Payment Measure		Medicaid SSP	Commercial SSP
Core-1	Plan All-Cause Readmissions	X	X
Core-2	Adolescent Well-Care Visits	X	X
Core-3	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)	X	X
Core-4	Follow-Up After Hospitalization for Mental Illness: 7-day	X	X
Core -5	Initiation and Engagement for Substance Abuse Treatment: Initiation and Engagement of AOD Treatment (composite)	X	X
Core-6	Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis	X	X
Core-7	Chlamydia Screening in Women	X	X
Core-8	Developmental Screening in the First Three Years of Life	X	
Core-12	Ambulatory Care Sensitive Condition Admissions: PQI Composite	X	X
Core-17	Diabetes Mellitus: HbA1c Poor Control (>9.0%)	X	X

Options for Year 2 Payment Measure Performance Targets and Benchmarks

	Medicaid SSP	Commercial SSP
Performance Year 1		
Approach: Use national HEDIS benchmarks for all measures for which they are available; use improvement targets when national benchmarks are unavailable	Core 2-7: National Medicaid HEDIS benchmarks Core 1 & 8: Improvement targets based on 2012 VT Medicaid performance	Core 1-7: National commercial HEDIS benchmarks
Performance Year 2		
Option 1: Use national HEDIS benchmarks for all measures for which they are available; use improvement targets when national benchmarks are unavailable	Core 2-7, 17: National Medicaid HEDIS benchmarks Core 1, 8, 12: Improvement targets based on ACO-specific Year 1 Medicaid performance	Core 1-7, 17: National commercial HEDIS benchmarks Core 12: Improvement targets based on ACO-specific Year 1 commercial performance
Option 2: Use national HEDIS benchmarks for prior (Year 1) Payment measures for which they are available; use improvement targets for newly adopted Payment measures and for prior measures without national HEDIS benchmarks	Core 2-7: National Medicaid HEDIS benchmarks Core 1, 8, 12, 17: Improvement targets based on ACO-specific Year 1 Medicaid performance	Core 1-7: National commercial HEDIS benchmarks Core 17 & 12: Improvement targets based on ACO-specific Year 1 performance

Attachment 2C - Scenarios

VMSSP Year 2 Gate & Ladder Scenarios

The first table lists four assumptions about ACO performance along the top. These assumptions can be applied to Year 1 (to anticipate how ACOs will be scored for this performance year), and to Year 2 (to account for stasis or improvement over Year 1). The next rows show how many points would be associated with each performance scenario for each ACO, and the corresponding percentage of total points earned. The bottom section shows the percentage of shared savings each for which each ACO would be eligible under each performance scenario and with different Gate settings. “NA” means that an ACO would not meet the quality Gate, and would therefore not be eligible for any shared savings.

<i>Year 1 or Year 2 Performance Assumption:</i>		Performance = CY 13 Performance		Performance = 07/13 – 06/14 Performance		Performance > 07/13 – 06/14 Performance (by 2 points)		Performance > 07/13 – 06/14 Performance (by 4 points)	
		OCV	CHAC	OCV	CHAC	OCV	CHAC	OCV	CHAC
ACO		OCV	CHAC	OCV	CHAC	OCV	CHAC	OCV	CHAC
Points Earned (out of 24 Total)		15	11	16	13	18	15	20	17
% Points Earned		62.50%	45.83%	66.67%	54.17%	75.00%	62.50%	83.33%	70.83%
Year 1 % Savings	Gate = 35%	100%	85%	100%	90%	100%	100%	100%	100%
Year 2 % Savings	Gate = 40%	95%	80%	100%	85%	100%	95%	100%	100%
	Gate = 45%	90%	75%	95%	80%	100%	90%	100%	100%
	Gate = 50%	85%	NA	90%	75%	100%	85%	100%	95%
	Gate = 55%	80%	NA	85%	NA	95%	80%	100%	90%

The second table shows Year 2 Gate & Ladder options. The column on the far right is equivalent to the XSSP Year 1 Gate & Ladder.

% Shared Savings	Year 1	Year 2 Options			
	% Points Earned	% Points Earned			
75	35	40	45	50	55
80	40	45	50	55	60
85	45	50	55	60	65
90	50	55	60	65	70
95	55	60	65	70	75
100	60	65	70	75	80

CHAC

OCVT