

# Minnesota Health Care Financing Task Force

HEALTH CARE DELIVERY DESIGN & SUSTAINABILITY  
DECEMBER 4, 2015



# Agenda

- Welcome, Roll Call, and Meeting Purpose
- Enhancements that Support Integrated Care Delivery
  - Enhancement component results and discussion
  - Potential proposal package
    - Long-term
    - Short-term
- Public Comment
- Next Steps, Next Meeting and Wrap Up



# Survey Results – Highest Ranked, General Agreement

- Encourage or incentivize partnership and care coordination with **broad range of community organizations**.
- Ensure that measures include **risk adjustment methodology that reflects medical and social complexity**.
- Use **community standard risk adjustment models in all measurement**, with **continued development of risk adjustment models** for predicting cost and measuring quality that reflect complexity and social determinants.
- Encourage or incentivize **participation of diverse patients in leadership or advisory teams**.
- Use **system wide utilization measures** (such as preventable ED visits, admissions, or readmissions) to assess impact of care coordination.
- Ensure that **tiering and billing processes** do not pose a barrier to reimbursement, and payment sufficient for patients with complex medical and non-medical needs.
- **Fund innovation grants** to providers that meet specific requirements (i.e. tied to group's agreed upon priorities).



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Information: [www.mn.gov/dhs/hcftf](http://www.mn.gov/dhs/hcftf)  
Contact: [dhs.hcfinancingtaskforce@state.mn.us](mailto:dhs.hcfinancingtaskforce@state.mn.us)

# Survey Results – Lowest Ranked, Generally Disliked

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- **Directly incent the elimination of health disparities** through incentive payments tied to closing gaps for specific populations.
- Provide **enhanced incentives to providers** that have X% of revenue in alternative delivery or payment arrangement across contracts.
- **Require payers** to have X% of lives covered in alternative delivery or payment arrangements.
- **Require providers** to have X% of revenue in alternative delivery or payment arrangement across contracts.



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# Survey Results – Mixed Reactions (1 of 2)

- **Patients choose a provider through a prospective, enrollment based method;** if the patient doesn't choose, then they are attributed via an alternate mechanism.
- **Provide prospective, flexible payment for care coordination, non-medical services and infrastructure** development that is sufficient to cover costs for patients with complex medical and non-medical needs and tied to TCOC savings and performance.
- Tie alternate payments to cost measures that **reward for reduction vs. provider's previous year (cost savings) and performance vs. peer group**, to incentivize both lower and higher performing, efficient providers. Ensure that measure is risk adjusted.
- Establish an **aligned payment approach for care coordination** across all payers.
- Incentivize coordination of care with **broad range of non-medical and community providers** within care coordination models.



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# Survey Results – Mixed Reactions (2 of 2)

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- Tie alternate payments to **quality and patient experience performance vs. peer group or improvement vs. prior year.**
- Integrate **non-medical services** into Total Cost of Care (TCOC) calculation.
- **Require participation across Medicaid and commercial payers** in arrangements that meet the proposed standards and recommendations.
- **Directly incent the elimination of health disparities** by tying payment (e.g. prospective PMPM payments, TCOC shared savings, etc.) to closing gaps for specific populations.
- Provide **enhanced incentive to payers** that have X% of lives covered in alternative delivery or payment arrangements.
- Include a **broader set of population health measures** in quality measurement methodology.



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# Next Meeting

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## Workgroup

TBD

## Task Force

Friday, December 18<sup>th</sup>, 2015

Noon to 3 pm

Eagan Community Center

1501 Central Parkway

Eagan, MN 55121



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