Agenda

• Welcome, Roll Call, and Meeting Purpose
• Enhancements to Payments that Support Integrated Care Delivery
• Preliminary Recommendations
• Public Comment
• Next Steps, Additional Information Needed, and Future WG Meetings

November 9th, 2015
Enhancements to Care Delivery: Themes from Nov. 6th Meeting

- Current alternative payment models (APM), such as IHP, are working, but require enhancements to payment methodology, measurements.
- Flexible, prospective payments would enable providers in APMs to build necessary infrastructure, provide needed services that are currently not reimbursable.
- Prospective, stable attribution allows providers to more effectively target interventions, manage specific population.
- Provide increased accountability for patient care across the care continuum, potentially including non-medical expenses.
Enhancements to Care Delivery: Themes, continued

- Alternative payment models need to be **sustainable across multiple years**, ensuring that incentives remain in out years.
- APMs should be **applicable across high and low efficiency providers**, rewarding for both performance and improvement.
- Include metrics and measurement methodologies that **don’t penalize providers serving populations with health disparities**.
- APMs need **consistency of goals and intended outcomes across payers**, while enabling flexibility and innovation.
Enhancements to Care Delivery: Potential Areas for Consideration, Examples

- **Financial arrangements**
  - Enhancing **risk-based arrangements** such as Medicaid’s IHP program, to allow for expansion to a wider variety of providers, alternate risk models, etc.
  - **Direct contracting** with providers to deliver care coordination, enhanced management, or enhance infrastructure; could include **prospective payment** for attributed population (e.g. care management, care “navigation”, non-medical services, infrastructure) or **capitation arrangements**

- **Enhancing member attachment** through prospective attribution
  - **Statewide prospective attribution** of all patients set at enrollment. Members choose a provider or are automatically attributed state-wide based on geography (county), program or other factors.
  - **Prospective attribution based on claims history** – set for upcoming year, but based on patient’s prior experience.
Enhancements to Care Delivery: Consideration & Examples (continued)

- **Performance measurement** refinements
  - Include *relative performance vs peers*, performance based on both *attainment and/or improvement vs. benchmark*
  - **State-wide (all-provider) performance measurement**, for relative provider performance efficiency.
  - Enhancements to **risk adjustment** methods for cost and quality metrics.

- **Delivery system changes**
  - Require enhanced **partnerships with non-medical social & community supports** for providers receiving alternate/enhanced payments
  - **Integrate costs for non-medical social & community supports** into performance / financial arrangements
  - Encourage adoption and growth of care coordination models, such as **health care homes**, by enhancing ongoing financial support aligned across payers

- **Regulatory levers or other mechanisms to enhance consistency across payers**
  - Standardized TCOC, quality measurement methods
  - Standardized definitions of types of alternate payments

Health Care Financing Task Force
Information: www.mn.gov/dhs/hcftf
Contact: dhs.hcfinancingtaskforce@state.mn.us
Next Meetings

Workgroup:  
To Be Determined

Task Force:  
Friday, November 13, 2015  
Noon – 3 p.m.  
St. Cloud Rivers Edge Convention Center, Herberger Suite  
10 4th Avenue South  
St. Cloud, MN  56301