



**Department  
of Health**

Medicaid  
Redesign Team

# Technical Design I Subcommittee

## Meeting # 5

November 18, 2015

# Welcome Back – Last SC Meeting

Today's Agenda includes the following:

| Agenda Item   | Time  |
|---|-------|
| Welcome   | 9:00  |
| Deep Dive:<br>1. Criteria for Hospitals to Receive 50% of Shared Savings in IPC Contracting | 9:15  |
| Review Recommendation Comments from the VBP Workgroup                                       | 10:30 |
| Closure   | 11:30 |



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# **Criteria for Hospitals to Receive 50% of Shared Savings in Integrated Primary Care (IPC) Contracting**

**Deep Dive**

# Context within the Roadmap

**The Integrated Primary Care VBP arrangement (which by default includes the chronic bundle) can be contracted by (groups of) professionals in the community who are responsible for comprehensive care of the Medicaid members (e. g. primary care practices, APC practices, PCMHs, behavioral health professionals, etc.).**

From the Roadmap:

*“Because shared savings will derive in large part from avoided hospital use, earned savings should be shared evenly between PCMHs/APCs and associated hospitals, provided that the hospitals work cooperatively with PCMHs/APCs to better manage their patient populations. This would include establishing effective strategies for notifying PCMHs/ACPs on a timely basis about patient admissions and ED visits and collaborating on care transitions by sharing discharge summaries with medication information.”*

# Review of previous meeting discussion

- Overall, the collaboration criteria suggested in the last meeting was deemed appropriate
- However, the details embedded in the criteria may have seemed onerous
- There were different opinions on:
  - i. how many criteria should be included,
  - ii. how detailed they should be, and
  - iii. whether this methodology would be a standard or a guideline.

The following slides contain further suggestions to this methodology.

# Shared Savings in Levels 1 and 2

## Level 1

- No downside risk in this arrangement
- Hospitals will qualify for **50% of the VBP contractor's shared savings**

## Level 2

- VBP contractor will have downside risk
- Hospitals will qualify for **25% of the VBP contractor's shared savings<sup>1</sup>**

1. Costs for risk-mitigation such as reinsurance to prevent excessive insurance risk may be subtracted from 'VBP contractor's shared savings' before the 25% calculation is applied.

# Three Standard Criteria for Collaboration

1

Data Management and Data Sharing



2

Innovation and Care Redesign



3

Quality and Engagement



## Data Management & Data Sharing



- 1 Provide **direct data feeds** to PCPs for emergency room utilization, admissions, and discharges (including behavior health and substance abuse)



## Innovation and Care Redesign Criteria



1

Fulfill one of the following:

1. Standardization of care plan based on evidenced-based guidelines and practices to eliminate variation in the organization for a given service area such as high cost imaging, emergency room care, oncology treatment, diagnostic testing, etc.
2. Enhance care transitions to post-acute settings such as Skilled Nursing Facilities and Home to reduce readmission rates and potential complications
3. Implementation of Palliative Care and collaboration with Hospice

## Quality and Engagement Criteria



- 1 Collaborate with PCPs on DSRIP IPC Domain 2 and 3 metrics quality indicators affecting population health

# Details of the Arrangement

- Hospitals must meet all these three criteria in order to have share in any savings. No savings will be realized if only a portion of the criteria is met.
- In the event the hospital and professional-led practice disagree on the hospital's performance in achieving the set criteria, the practice retains the ultimate decision as the primary contractor.
- If there is a conflict, the MCO can mediate or not continue the contracting discussions.
- During the first three (3) years of VBP implementation, the State and the VBP Workgroup will continue to monitor these kinds of situations.

# Standard vs. Guideline

Criteria regarding hospital collaboration in the IPC model is recommended as a ***standard***. However, if both the Practice and Hospital agree, the methodology and specifics around achieving the criteria may be adapted as they see fit.



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# **VBP Workgroup Comments Discussion**

*Comments tracker was sent out prior to the meeting*

# Closure

Recommendations issued by the SC will be compiled in the final report to the VBP Workgroup

- The Workgroup together with DOH will issue the final decision on each recommendation
- The finalized report will be available once approved

# Thank You!

# Contact Us

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