CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

pcmh kids patient-centered medical home

ADVANCING INTEGRATED HEALTHCARE

Clinical Strategy Committee:

MassHealth Primary Care Sub-Capitation Program Updates & New York Health Equity Reform (NYHER) 1115 Amendment Update

July 19, 2024

Care Transformation Collaborative of RI

Agenda

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Presenter/Topic	Time
Welcome & Announcements *Moderator: Pat Flanagan, MD, Clinical Director and PCMH Kids Co-Chair, CTC-RI*	5 minutes
MassHealth Primary Care Sub-Capitation Program Updates *Martha Farlow, Senior Director of Policy, Office of Accountable Care and Behavioral Health* *Sabrina Werts, MPH, Senior Manager of Primary Care Strategy* *Maggie Aliber, MPH, Senior Manager, Integrated Fiscal Strategy* *Carmela Socolovsky, MD, MPH, Medical Director and Pulmonary Critical Care Physician from MassHealth*	25 minutes
Questions	10 minutes
New York Health Equity Reform (NYHER) 1115 Amendment Update *Selena Hajiani, MPA, Director of Strategic Operations & Planning, Office of Health Insurance Programs at New York State Department of Health*	20 minutes
Questions and General Discussion	20 minutes

Announcements!

ADVANCING INTEGRATED HEALTHCARE

CTC-RI Annual Conference – Oct 31, 2024

Register here: https://bit.ly/CTCRIConference2024

Nurse Care Manager/Care Coordinator GLearn Training

Call for applications due July 26, 2024:
https://www.surveymonkey.com/r/ZJ69J6W

Moms PRN ECHO Call for Applications due Aug 22

Clinical Strategy Meeting: Aug 16, 2024

Housing is Health

Moderated by: Domenic Delmonico, MBA, Executive Director at Tufts Health Plan

Featuring: Rebecca Plonsky Babigian, Beata Nelken

September 13 - PCP Specialist Forum: Improved Patient Care and Lower Costs Through Better Primary Care-Specialist Alignment: https://ctc-ri.zoom.us/meeting/register/tZUqdeCqrT0sGN0bQMf5VdMBLCx9PRh0zl2F

CTC-RI Conflict of Interest Statement

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

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The AAFP has reviewed 'Advancing Comprehensive Primary Care Through Improving Care Delivery Design and Community Health,' and deemed it acceptable for AAFP credit. Term of approval is from 03/18/2022 to 03/18/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Objectives

- Lessons of one year follow up of MA primary care Medicaid capitation
- Adjustments to MA primary care capitation and implications for RI multi-payer initiatives
- Understanding NYS waiver to build community partnerships to address health related social needs for Medicaid patients

Primary Care Sub-Capitation Program Presentation

Presenter Introductions

Martha Farlow

Senior Director, Policy

Sabrina Werts

Senior Manager, Primary Care Strategy

Margaret Aliber

Senior Manager, Integrated Fiscal Strategy

Carmela Socolovsky

Medical Director for MassHealth

Agenda

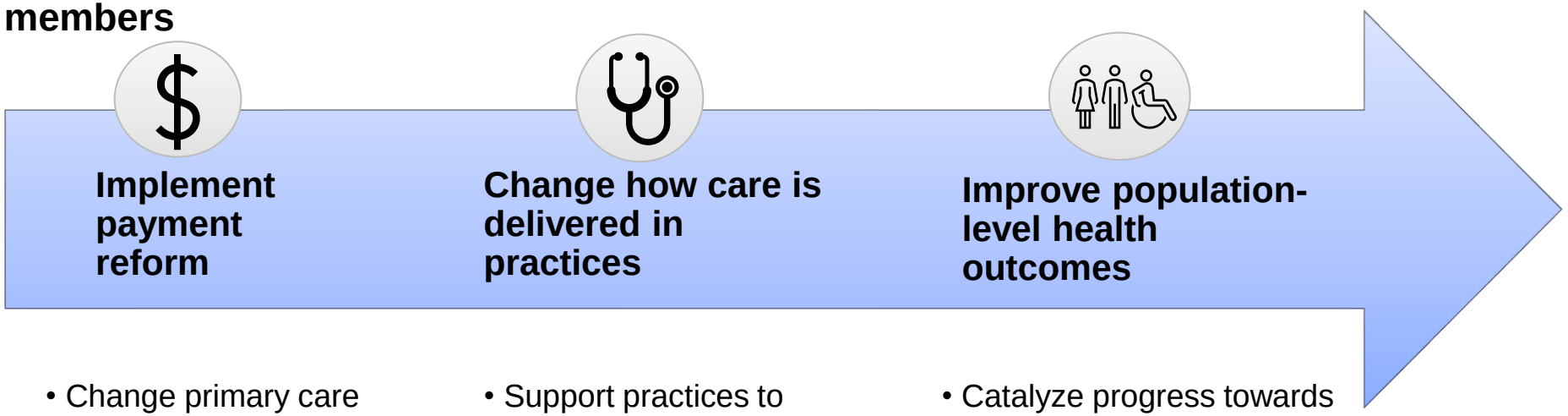
Overview

Clinical Model

Payment and Operations

Year 1 Implementation Overview

MassHealth's primary care Sub-Capitation changes how care is delivered, leading to meaningful improvement in population health outcomes for MassHealth members



Implement payment reform

- Change primary care payment from fee-for-service to prospective capitation that accounts for the unique population demographics and acuity at each practice
- Through a "tiered" Sub-Capitation model, increased payment will be tied to enhanced care delivery expectations to catalyze ongoing improvements and integration in primary care services

Change how care is delivered in practices

- Support practices to implement integrated, team-based primary care
- Incentivize focus on:
  - population health
  - behavioral health integration
  - reproductive and perinatal care
  - children, youth, and families
  - health-related social needs
  - delivery system improvements

Improve population-level health outcomes

- Catalyze progress towards improved outcomes:
  - ✓ Incentivize team-based, integrated primary care
  - ✓ Enable flexibility to "provide the right care, at the right time, in the right location"
  - ✓ Improve member experience by enabling tailored services to member preference/need
  - ✓ Improve provider experience and decrease burnout flexibility in care delivery and consistent, reliable revenue

MassHealth's Primary Care Sub-Capitation launched in April 2023

- **Authority:** the Sub-Capitation program is authorized through MA's 1115 Waiver

- **Accountable Care Organizations (ACOs):** the Sub-Capitation program sits within MassHealth's ACO program. ACOs are accountable for quality, member experience, and Total Cost of Care (TCOC)
  - All primary care practices in the ACO program (~1,000) are required to participate
  - Model serves all ACO members (~1.2M as of March 2024)

- **Clinical Structure:** to account for provider readiness and capacity, and to continue incentivizing practice transformation, there are 3 clinical "Tiers" of participation
  - Higher Tiers have greater primary care delivery expectations (e.g., Behavioral health (BH) integration, team-based care, and increased access) and receive correspondingly higher payments

- **Rates Structure:** prospective per-member per-month (PMPM) rates that are actuarially developed
  - Includes additional $115M per year in primary care rates for participating practices
  - For Rate Year (RY) 23* and RY24*, rates were based on historical utilization; in RY25*, MassHealth aims to move to a population-based rate that is prospectively risk-adjusted
  - To remove Fee-for-service (FFS) incentives, no reconciliation of Sub-Capitation payments to utilization

RY25: 1/1/25–12/31/25, RY24: 1/1/24–12/31/24, RY23: 4/1/23–12/31/23

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Tier 1 Requirements

Practices shall meet all Tier 1 requirements to achieve this Tier Designation.

* = may be provided by the ACO
* = may be met virtually

A. Care Delivery Requirements

- Traditional primary care
- Referral to specialty care
- Oral health screening and referral
- Behavioral health (BH) and substance use disorder screening
- BH referral with bi-directional communication, tracking, and monitoring
- BH medication management
- Health-Related Social Needs (HRSN) screening**
- Care coordination**
- Clinical Advice and Support Line**
- Postpartum depression screening
- Use of Prescription Monitoring Program
- Long-Acting Reversible Contraception (LARC) provision, referral option

B. Structure and Staffing Requirements

- Same-day urgent care capacity
- Video telehealth capability
- No reduction in hours
- Access to Translation and Interpreter Services

C. Population-Specific Requirements

Practices serving Enrollees 21 years of age or younger shall:

- Administer, at a minimum, BH, developmental, social, and other screenings and assessments as required under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Screen for SNAP and WIC eligibility
- Establish and maintain relationships with local Children's Behavioral Health Initiative (CBHI)
- Coordination with MA Child Psychiatry Access Program (MCPAP) and MA Child Psychiatry Access Program for Moms (M4M), which are state programs that provide quick access to psychiatric consultation and facilitate referrals for accessing ongoing behavioral health care
- Fluoride varnish for patients ages 6 months up to age 6

Tier 2 Requirements

Practices shall meet all Tier 1 requirements and all Tier 2 requirements to achieve this Tier Designation.

* = may be provided by the ACO
* = may be met virtually

A. Care Delivery Requirements

- Brief intervention for BH conditions
- Telehealth-capable BH referral partner

B. Structure and Staffing Requirements

- E-consults available in at least three (3) specialties
- After-hours or weekend session*
- Team-based staff role
- Maintain a consulting independent BH clinician*

C. Population-Specific Requirements

Practices serving Enrollees 21 years of age or younger shall:

- On-site staff with children, youth, and family-specific expertise
- Provide patients and their families who are eligible for SNAP and WIC application assistance

Practices serving Enrollees ages 21-65 shall:

- LARC provision, at least one option
- Active Buprenorphine Availability*
- Active Alcohol Use Disorder (AUD) Treatment Availability*

Tier 3 Requirements

Practices shall meet all Tier 1 requirements, all Tier 2 requirements, and all Tier 3 requirements to achieve this Tier Designation.

* = may be provided by the ACO
* = may be met virtually

A. Care Delivery Requirements

The practice shall fulfill at least one of the following three requirements:

- Clinical pharmacist visits*
- Group visits*
- Designated Educational Liaison for pediatric patients*

B. Structure and Staffing Requirements

- E-consults available in at least five (5) specialties
- After-hours or weekend session
- Three team-based staff roles
- Maintain a consulting BH clinician with prescribing capability*

C. Population-Specific Requirements

Practices serving Enrollees 21 years of age or younger shall:

- Full-time, on-site staff with children, youth, and family-specific expertise
- LARC provision, at least one (1) option
- Active Buprenorphine Availability*

Practices serving Enrollees ages 21-65 shall:

- LARC provision, multiple options
- Capability for next-business-day Medication for Opioid Use Disorder (MOUD) induction and follow-up*

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ACOs make prospective monthly panel-based payments for primary care

Practices submit claims for all services provided, as today

- For services that are not covered by the Sub-Capitation, providers are paid fee-for-service
- For services that *do* fall under the Sub-Capitation, claims are ‘zero-paid’
- To determine whether a claim was primary care, MassHealth and ACOs look at:
  1. Member attribution
  2. The specialty of the practitioner who delivered the service
  3. The Sub-Capitation code set

MassHealth aims to (1) provide primary care practices with predictable revenue that allows providers to focus more on patient needs, and less on increasing billable encounters and (2) increase primary care spend as a % of TCOC

- **2023**: Transition primary care payment to a prospective PMPM but continue to rely on individual FFS experience to develop rates. Implement clinical Tier requirements and investment.
- **2024**: Increase investment in primary care for clinical Tier requirements; implement overall rate increase specifically for group practices.
- **2025:** Introduce a population-based payment methodology to rely less on individual historical FFS patterns.
- **2026+:** Refine the population-based payment methodology to decouple primary care payment from practice-specific FFS billing history. Increase percent of ACO TCOC dedicated to primary care and BH.

MassHealth sets primary care practice rates at the Tax Identification Number (TIN) level

- For RY23 and RY24, practices rates were based on individual historical primary care utilization, along with prospective adjustments, to mirror expected primary care costs for individual practices.
  - This means a practice's overall member acuity is embedded in the RY23 and RY24 rates.
- Beginning in RY25, MassHealth will implement a population-based rate with appropriate adjustments for acuity.
- In addition to rates based on historical experience, practice PMPMs include enhanced payments by clinical Tier, intended to invest in and catalyze practice transformation to meet Tier requirements.
  - Higher Tiers receive higher investment to support the enhanced expectations.

2024 Clinical Tier Enhanced Payments		
	Pediatric	**Adult**
Tier 1	$5.20	$4.16
Tier 2	$7.28	$6.24
Tier 3	$13.52	$10.40

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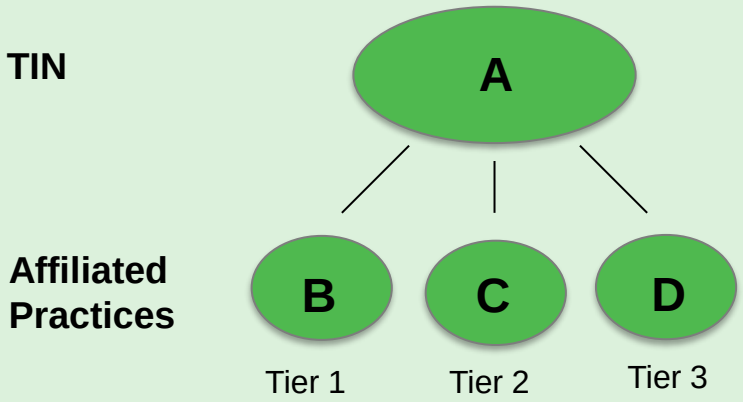
Clinical Capacity: of practices continuing in the program from RY23 to RY24, 11% attested to a higher Tier for RY24

Practice Tiers*			
	Tier 1	Tier 2	Tier 3
RY23	547	197	164
RY24	484 (-63)	192 (-5)	232 (+68)

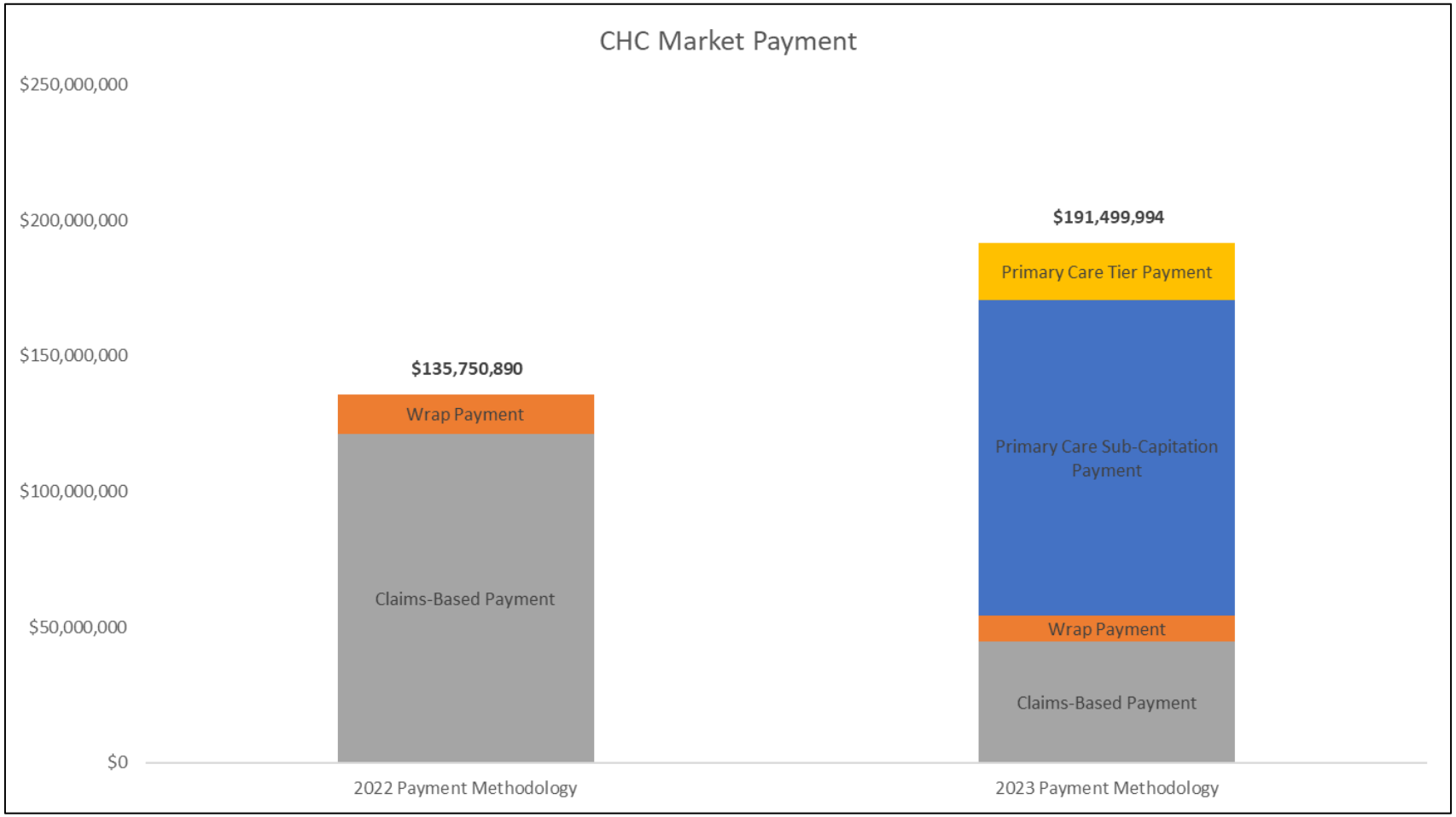
*Tier Designations as of January 2024

Percentage of Members by Tier*			
	Tier 1	Tier 2	Tier 3
RY23	24.5%	26.4%	49.1%
RY24	20.9% (-3.6%)	22.8% (-3.6%)	56.3% (+7.2%)



*As a reminder, Tier attestations occur at the **practice level** (not the TIN level) to reflect how members access care.*

Investing in Primary Care: CHCs received $192M in Q2 and Q3 2023 under the Sub-Capitation, $56M more than what they would have received without it



Overall, ACOs are meeting MassHealth payment requirements. ACOs paid out $523M in total to sub-cap providers in RY23

Next steps and upcoming highlights

1. **Site Visits:** MassHealth is visiting participating practices to gather feedback from providers on program successes and challenges. There are a wide variety of practice structures and set ups, but key themes include:
    - **Successes:** Tiers have been a catalyst for adding new supports, practices are focused on advancing their Tier, ACOs and practices collaborating on and/or centralizing training.
    - **Challenges:** Concerns about SUD and reproductive health in pediatrics, behavioral health workforce constraints, difficulty referring/identifying community supports.

2. **Updating Clinical Tier Requirements:** MassHealth will be engaging with providers, plans, and advocates to collect feedback on potential changes to tiers, along with ideas for long-term growth of the program. We anticipate the first round of small and moderate changes will take effect in 2026

3. **ACO/MCO Pricing Workgroups:** Monthly meetings for plans to discuss topics related to ACO/MCO and sub-cap rates, including population-based rate methodology and primary care risk adjustment methodology.

4. **Primary Care Sub-Capitation Website:** MassHealth is building a public-facing website with information on the Sub-Capitation program to centralize resources.

Next steps and upcoming highlights

5 Multi-payer alignment

- Practices are only able to respond to value-based incentives if enough of their care is paid for in value-based arrangements. For most practices, this means payers beyond just MassHealth
- We are lucky in Massachusetts to have a delivery system full of innovators and early adopters who recognize the importance of leveraging new payment methodologies to improve patient outcomes and provider experience

- One promising example of multi-payer alignment is the **Center for Medicare and Medicaid Innovation's (CMMI) Making Care Primary (MCP),** which launches this summer.
  - MCP is a 10.5-year flexible payment and care delivery model in which CMS will partner with payers to drive advanced primary care. It aims to foster coordinated, high-quality, person-centered care.
  - Nearly 10 plans are participating, including multiple plans with Medicaid products, demonstrating a shared commitment to shifting away from fee-for-service

NEW YORK STATE | Department of Health

New York Health Equity Reform (NYHER) 1115 Amendment Update

July 2024

New York Health Equity Reform (NYHER) Amendment Summary

On January 9, 2024, CMS approved a $7.5 billion package for the New York Health Equity Reform (NYHER) 1115 Waiver Amendment that includes nearly $6 billion of federal funding.

The NYHER Amendment will be effective until March 31, 2027.

Overall Goal: *"To advance health equity, reduce health disparities, and support the delivery of social care."*

- New York seeks to build on the investments, achievements, and lessons learned from the Delivery System Reform Incentive Payment (DSRIP) 1115 waiver program to scale delivery system transformation, improve population health and quality, deepen integration across the delivery system, and advance health-related social need (HRSN) services.
- This would be achieved through targeted and interconnected investments that will augment each other, be directionally aligned, and be tied to accountability. ***These investments focus on:***

Social Care Network (SCN) Infrastructure ($500 million)

DOH will award one Social Care Network (SCN) per region (with up to five awards in New York City), with up to 13 SCNs statewide. Each SCN will be a designated Medicaid provider and serve as the lead entity in their region for:

- Fiscal Administration
- Contracting
- Data Collection
- Referral Management
- CBO Capacity Building

HRSN Screening and Navigation Services: *All Medicaid members* will be screened for HRSNs and eligible for navigation to existing federal, state, and local social programs

Targeted High-Need Populations Eligible for Enhanced HRSN Services

- Medicaid High Utilizers
- Individuals with serious chronic conditions (e.g., two or more chronic conditions, HIV/AIDS) and enrolled in a Health Home
- Individuals with Substance Use Disorder, Serious Mental Illness, or Intellectual and Developmental Disabilities
- Pregnant persons, up to 12 months postpartum
- Children aged 0-6
- Children under 18 with chronic conditions
- Foster care youth, juvenile justice-involved, and those under kinship care
- Post-release criminal justice-involved individuals with serious chronic conditions

Housing Supports

Nutrition

HRSN Transportation

HRSN Case Management

Health Related Social Needs (HRSN) Services ($3.4 billion)

Standardized HRSN Screening

- Screening Medicaid Members using questions from the CMS Accountable Health Communities HRSN Screening Tool and collecting key demographic data

Housing Supports

- Navigation
- Community transitional services
- Rent/utilities
- Pre-tenancy and tenancy sustaining services
- Home remediation
- Home accessibility and safety modifications
- Medical respite

Nutrition

- Nutritional counseling and classes
- Medically tailored or clinically appropriate home-delivered meals
- Food prescriptions
- Fresh produce and nonperishable groceries
- Cooking supplies, such as pots, pans, utensils, microwaves, etc.

Transportation

- Reimbursement for HRSN public and private transportation to connect to HRSN services and HRSN case management activities

Case Management

- Case management, outreach, referral management, and education, including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees
- Connection to clinical case management
- Connection to employment, education, childcare, and interpersonal violence resources
- Follow-up after services and linkages

Strengthen the Workforce ($692 million)

Career Pathways Training (CPT) Program ($646 million)

The CPT program will support: educational programs, professional placement support, and participant support services for new and current healthcare professionals.

- **Service Commitment:** Three-year commitment of service to Medicaid providers that serve at least 30 percent Medicaid members and/or uninsured individuals.
- Three high-performing Workforce Investment Organizations (WIOs) will manage the CPT program, with one WIO per region. WIOs will recruit students and providers, coordinate educational programs, and provide educational and job placement support to participants.

Job Titles Eligible for Career Pathways Training Program:

- **Nursing:** Licensed Practical Nurse, Associate Registered Nurse, Registered Nurse to BS in Nursing, Nurse Practitioner
- **Professional Technical:** Physician Assistant, Licensed Mental Health Counselor, Master of Social Work, Credentialed Alcoholism and Substance Abuse Counselor, Certified Pharmacy Technician, Certified Medical Assistant, Respiratory Therapist
- **Frontline Public Health Workers:** Community Health Workers, Patient Care Managers

Student Loan Repayment ($48 million)

The NYHER amendment includes student loan repayment for healthcare professionals to support recruitment and retention.

- **Service Commitment:** Four-year commitment to maintain a personal practice panel or work at an organization that includes at least 30 percent Medicaid and/or uninsured members.
- Award process will take criteria into account, including geographic distribution of applicants, regional need, commitment to working in underserved communities, and linguistic and cultural competency.

Job Titles Eligible for Student Loan Repayment Program:

- Psychiatrists, with a priority for Child/Adolescent Psychiatrists
- Primary Care Physicians
- Dentists
- Nurse Practitioners
- Pediatric Clinical Nurse Specialists

Population Health and Health Equity

Medicaid Hospital Global Budget (up to $2.2 billion)

Goal: Stabilize and transform targeted financially distressed voluntary hospitals to advance health equity and improve population health in communities with the most evidence of health disparities. Aligns with the CMMI States Advancing All-Payer Health Equity Approaches and Development (AHEAD) model.

Structure: Incentive funding to stabilize Medicaid dependent financially distressed safety net hospitals and develop necessary capabilities to:

- Advance health equity; participate in advanced VBP arrangements; and deepen integration with primary care, behavioral health, and HRSN services

Incentive payments would be tied to transformational activities and quality improvement measures, including those related to health equity.

AHEAD is a total cost of care model that seeks to drive state and regional health care transformation and **multi-payer alignment**, with the goal of improving the total health of a state population and lowering costs.

Primary Care Delivery System ($492 million)

Goal: Statewide approach to advancing primary care and enable providers to move toward advanced value-based payment (VBP) arrangements. Aligns with the CMMI Making Care Primary (MCP) and primary care investments through the AHEAD model.

This will have a special focus on care for children and moving further towards VBP

- This initiative will be authorized outside of the 1115 Waiver

Structure: Enhanced monthly payments for all Patient-Centered Medical Home (PCMH) primary care practices for their Medicaid Managed Care members for two years

- In subsequent years, payments will transition to bonus payments, linking payments to quality and efficiency, and then to a value-based payment model.

MCP is a voluntary **Medicare** primary care model. Through MCP, investments in primary care are increased so patients can access more seamless, high-quality, whole-person care.

Population Health and Health Equity

Health Equity Regional Organization ($125 million)

An independent statewide entity that will convene and collaborate with a diverse and comprehensive range of stakeholders to inform the State's plan to advance health equity and reduce health disparities across the state.

Activities include:

- Data Aggregation
- Regional Needs Assessment & Planning
- VBP Design & Development
- Program Evaluation

Substance Use Disorder (SUD) ($22 million in annual State savings)

Through the 1115 Waiver, NYS will offer beneficiaries access to high quality, evidence-based Opioid Use Disorder (OUD) and Substance Use Disorder (SUD) treatment services across a comprehensive continuum of care, ranging from residential and inpatient treatment to ongoing chronic care for these conditions in cost-effective community-based settings.

This will include services provided in residential and inpatient treatment settings that qualify as an institution for mental diseases (IMD).

2024-2025 NYHER Milestones*

Initiative Type:
Social Care Networks | Population Health | Workforce

JANUARY
- NYHER Amendment Approved

APRIL
- Enhanced PCMH payments began

AUGUST
- AHEAD Application Submitted
- HERO Health Equity Planning Begins
- CPT Program Begins

JULY
- WIOs Selected
- SCNs Selected
- HERO Selected

OCTOBER
- HRSN Services Begin
- CMS AHEAD Approval

JANUARY
- Continuous Eligibility for Children Begins
- AHEAD Pre-Implementation Begins
- Student Loan Repayment Applications Released

MARCH
- 50% of Medicaid members screened for HRSN

APRIL
- AHEAD Model Governance Structure Established

2024 | 2025

**Milestones are subject to change*

NEW YORK STATE | Department of Health

Questions?

Resources

- New York 1115 Waiver Website
- Current Special Terms and Conditions
- New York Health Equity Reform 1115 Waiver Amendment Overview Webinar

CME Credits & Eval

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THANK YOU