CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

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ADVANCING INTEGRATED HEALTHCARE

Clinical Strategy Committee:

RI AHEAD Model Discussion, and Primary Care IBH Standards, IBH PMPM Models

June 21, 2024

Care Transformation Collaborative of RI

Agenda

ADVANCING INTEGRATED HEALTHCARE

Presenter/Topic	Time
Welcome *Moderator: Pano Yeracaris, MD, Chief Clinical Strategist, CTC-RI*	5 minutes
Rhode Island AHEAD Model Updates *Michael Bailit, MBA, President, Bailit Health*	45 minutes
RISE-PC (Reaching Integration and Supporting Excellence in Primary Care) Model *Liz Cantor, PhD, CTC-RI*	20 minutes
Primary Care Integrated Behavioral Health PMPM Model *Pano Yeracaris, MD, Chief Clinical Strategist, CTC-RI* *Edyth Dwyer, MPA, MPH, CTC-RI*	10 minutes
Reactants and General Discussion	10 minutes

Announcements

- **CTC-RI Annual Conference:** "Investing in Primary Care & Health Equity"
- Thursday, October 31st, 2024
- 7:30am - 3:30 PM
- Register today! https://lu.ma/CTCRIConfernece2024

- **Clinical Strategy Committee**
- Friday July 19th, 2024
- 7:30am - 9:00am
- MassHealth primary care capitation updates, NYDOH Medicaid waiver addressing Health Related Social Needs.

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.

Claim CME credits here:
https://www.surveymonkey.com/r/ZDZS5HG

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

- Discuss updates and impacts of the AHEAD Model application for the State of Rhode Island and the effect on primary care practices
- Discuss the revised model for Primary Care integrated behavioral health distinction as an alternative to NCQA certification
- Learn and discuss a proposed per-member-per-month payment for Integrated behavioral health for IBH certified practice

CMMI States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model

Presentation to CTC-RI Clinical Strategy Committee on Primary Care AHEAD

June 21, 2024

Introductions

Purpose of Today's Meeting

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- During today's meeting, we aim to cover the following:
  1. Components of Primary Care AHEAD
  2. Primary care practice questions about Primary Care AHEAD
  3. Primary care practice interest and feedback on Primary Care AHEAD, to inform State preparation of its submission to CMMI in August

Overview of Primary Care AHEAD

High-Level Overview of AHEAD Model

- **Overarching Goals:** To improve population health, advance health equity, and curb health care cost growth.

- **Three Primary Components:**
  1. Hospital Global Budgets
  2. Primary Care AHEAD
  3. Cooperative Agreement Funding

- **Three Primary Categories of Participants:**
  1. States
  2. Hospitals *(including Critical Access Hospitals)*
  3. Primary Care Practices *(including FQHCs and RHCs)*

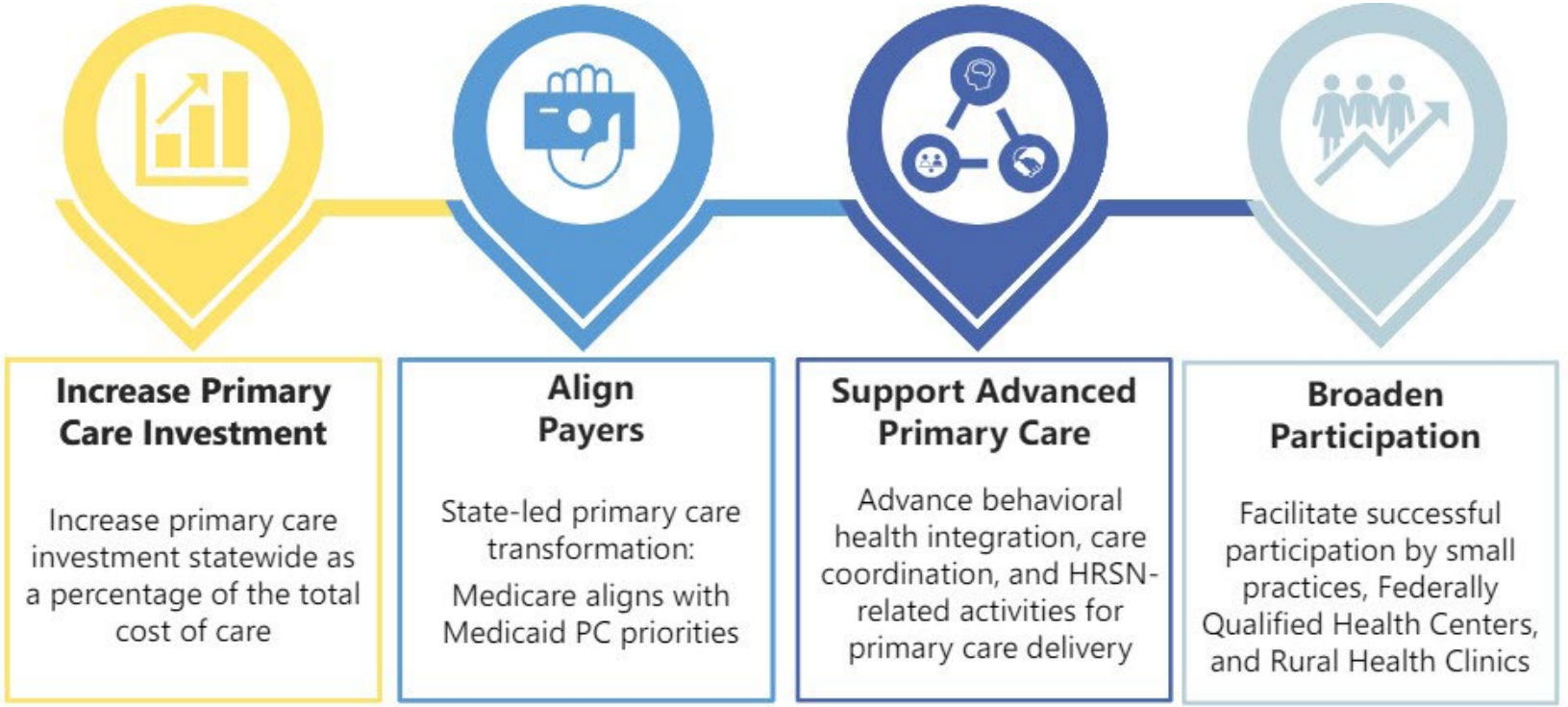
- **Five Strategies:**
  1. Equity integrated across model
  2. Mental health/substance use disorder integration
  3. All-payer approach
  4. Medicaid alignment
  5. Accelerating existing state innovations

Description of AHEAD's Primary Components

- There are three Model components to assist states in meeting accountability targets.
  - **Hospital Global Budgets**: Hospitals in participating states will have the option to be paid via a global budget – a fixed amount of revenue – to provide inpatient and outpatient services to Medicare fee-for-service beneficiaries for the upcoming year.
  - **Primary Care AHEAD**: Primary care practices in participating states will have the option to participate in a primary care model that includes Medicare per beneficiary per month payments with a quality component, and which could transition to a more prospective method for paying practices.
  - **Cooperative Agreement Funding**: CMS will provide each participating state up to $12 million in cooperative agreement funding to support planning activities during the pre-implementation period and initial performance years of the model.

Focus of today's discussion

Primary Care AHEAD: Goals



CMMI will introduce primary care options with partial and/or full capitation for primary care services in the future. Any future Primary Care AHEAD tracks will align with these program goals.

Source: [CMS Presentation from May 9 Primary Care AHEAD Model Overview Webinar]

Primary Care AHEAD: Eligibility

- Primary care practices in AHEAD-participating states may voluntarily participate in Primary Care AHEAD.

Primary Care Practices*

- Primary care practices, FQHCs, and RHCs that are located within a participant state or sub-state region and are participating in the state's Medicaid Primary Care Alternative Payment Model (APM).
  - The state's Medicaid Primary Care APM could support a Patient-Centered Medical Home program, health home, or similar care coordination program.
- Primary Care AHEAD participation will be at the organizational level.
  - Non-FQHCs/RHCs are defined as a single Medicare-enrolled billing TIN.

NOTES:

- CMS indicated that "Hospital-owned practices will only be able to participate in Primary Care AHEAD if the affiliated hospital is participating in AHEAD hospital global budgets for that performance year."
- Practices participating in CMMI's Primary Care First model will not be eligible to participate in Primary Care AHEAD. However, Primary Care AHEAD for RI would begin after Primary Care First ends.

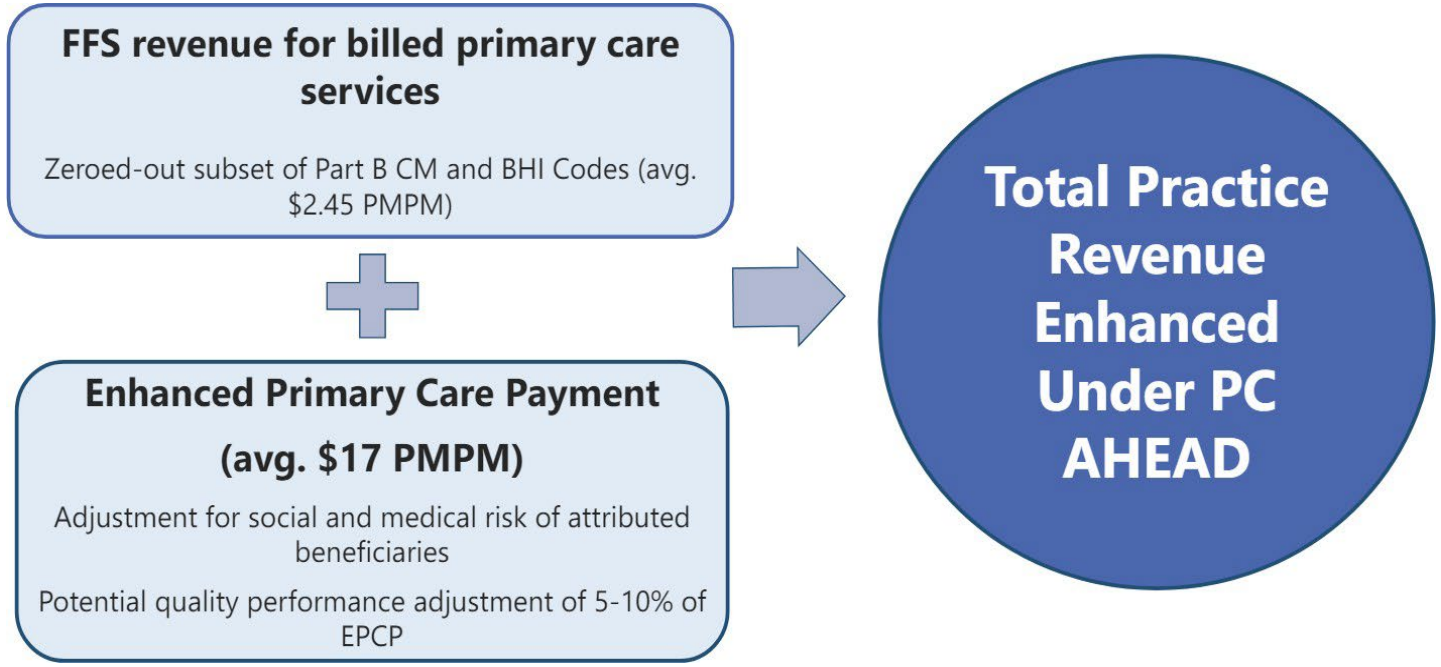
Source: CMS Presentation from September 18 AHEAD Model Overview Webinar

Primary Care AHEAD: Eligibility (Cont'd)

- RI Medicaid does not yet have the alternative payment model (APM) required by CMMI for participation in Primary Care AHEAD.
- EOHHS' December 2023 Request for Proposals (RFP) reprocuring Medicaid managed care organizations (MCO) calls for MCOs to advance primary care capitation model adoption.
  - The new MCO contracts will become effective July 1, 2025.

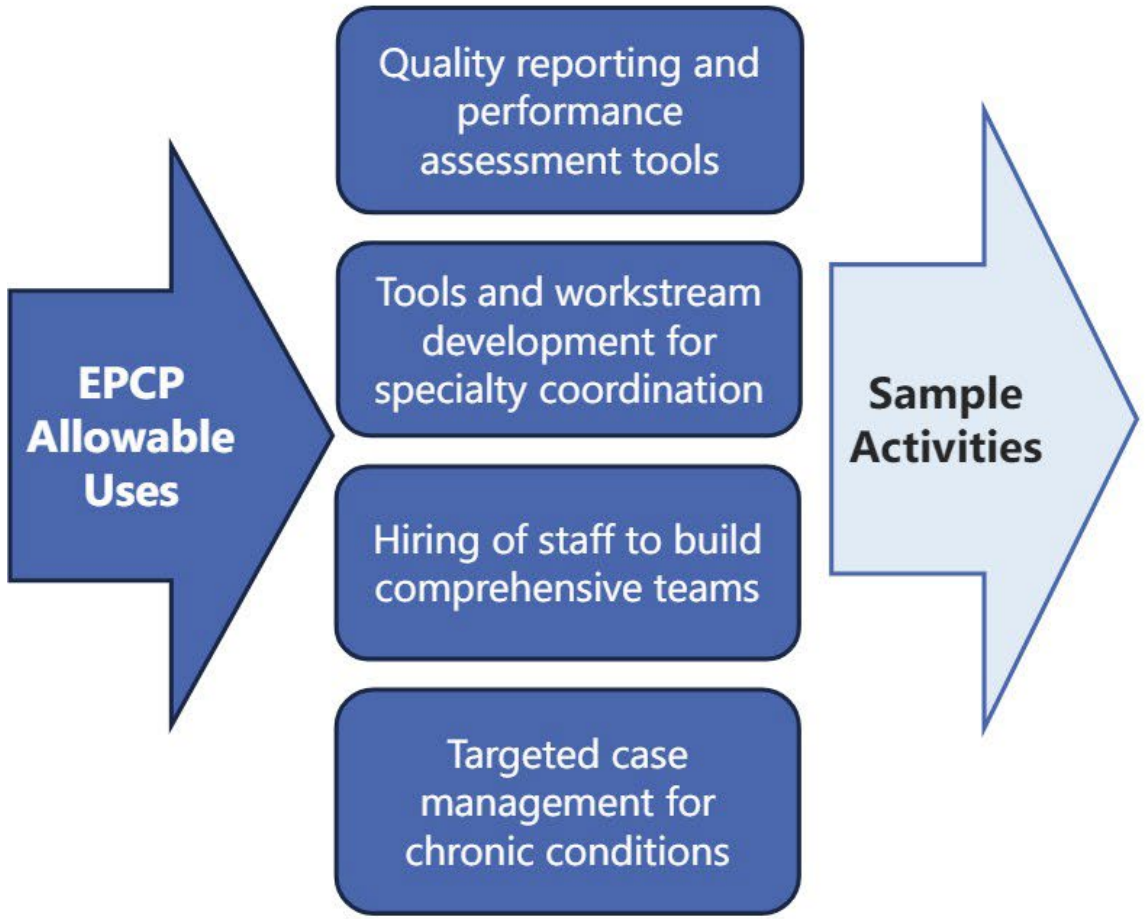
Primary Care AHEAD: Enhanced Primary Care Payment

- The Enhanced Primary Care Payment (EPCP) replaces and enhances a subset of Part B care coordination and behavioral health integration codes. Practices will have their CCM and BHI G-codes replaced and enhanced by the EPCP. The value of the EPCP will be **$17 per beneficiary per month, with a ceiling of $21**.



Source: CMS Presentation from May 9 Primary Care AHEAD Model Overview Webinar

Primary Care AHEAD: Care Transformation Requirements



Health-Related Social Needs Interventions

- HRSN screening (required)
- Identifying and strengthening relationships with community organizations
- Incorporation of on-site social workers, community health workers, etc.

Care Coordination/Specialty Integration

- Developing workstreams to identify and establish relationships with specialty care providers
- Formalize specialty referrals through e-consults or other agreements

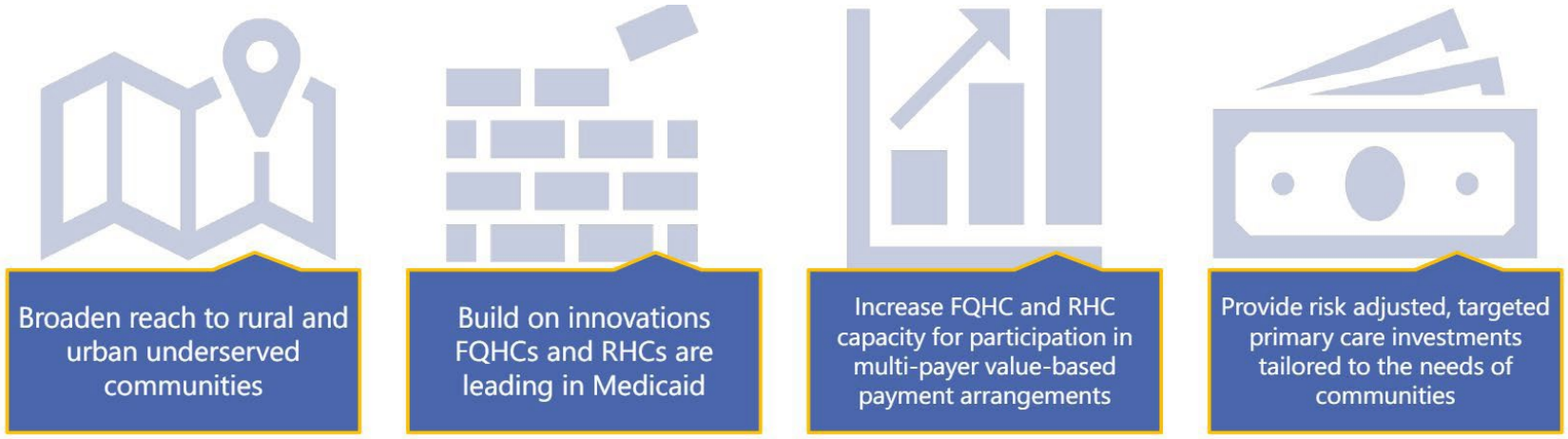
Behavioral Health Integration

- Reporting on behavioral health quality measures
- Developing integrated teams for behavioral health coordination
- Managing medications for patients with complex behavioral health conditions

Source: CMS Presentation from May 9 Primary Care AHEAD Model Overview Webinar

FQHCs in Primary Care AHEAD

- Based on experience in past primary care models, Primary Care AHEAD is designed to **minimize administrative burden and complexity for FQHCs**. Examples of program features for FQHCs include:
  - FQHCs will not have underlying PPS rates changed to receive the EPCP.
  - FQHCs will receive extra technical assistance and reporting flexibilities for quality reporting and performance.



Source: [CMS Presentation from May 9 Primary Care AHEAD Model Overview Webinar]

Primary Care AHEAD: Impact on Medicare ACO Programs

- Primary care practices **may participate in both** Primary Care AHEAD (and receive enhanced primary care payments) and Shared Savings Program ACOs.
- Medicare beneficiaries **may be attributed to both** primary care practices participating in Primary Care AHEAD and Shared Savings Program ACOs.
- Shared Savings Program ACOs **will not be held accountable for EPCP spending** on ACO-aligned beneficiaries at financial settlement for the purposes of determining shared savings/losses because EPCP payments are not final until quality performance is calculated several quarters later

Source: CMS AHEAD Model Overlaps Policies Fact Sheet, February 14, 2024

Primary Care Investment Targets

- State AHEAD award recipients will be accountable for Medicare FFS and all-payer primary care investment targets.
  - **Commercial**: Since 2015, OHIC has directed commercial insurers to annually spend at least 10.7 percent of their medical expenses for all fully insured lines of business on primary care, 9.7 percent of which shall be for direct primary care expenses.
    - OHIC is updating its primary care spend obligation in 2024 and will increase the level of investment required of commercial insurers.
  - **Medicaid**: While the State annually measures and reports on Medicaid primary care investment, there is currently no related investment target for Medicaid. RI will establish such a target as part of its AHEAD participation.

Medicaid and Commercial Payer Alignment

- **Medicaid Alignment:**
  - States participating in AHEAD must implement a state Medicaid primary care APM or PCMH by performance year (PY) 1 and throughout the AHEAD implementation period.
  - Practices participating in Primary Care AHEAD must participate in the Medicaid primary care APM in the same year.
  - States may adapt core Medicare Care Transformation Requirements and quality measures to Medicaid priorities.
- **Commercial Alignment**:
  - States must recruit a least one commercial payer to participate in hospital global budgets by PY 2.
  - States will be accountable for commercial payer spend through the all-payer primary care investment targets.

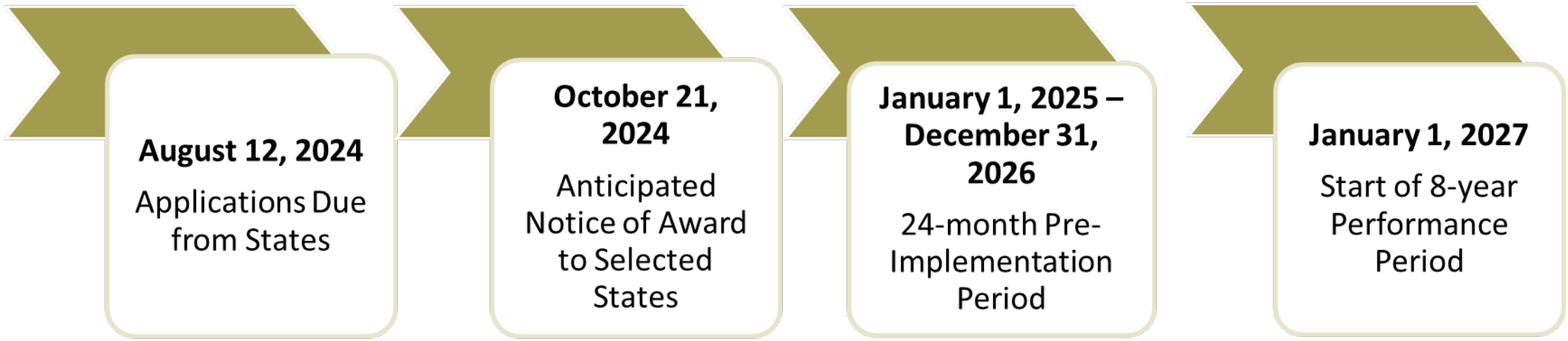
Application & Implementation Timeline

- Rhode Island is applying as a “Cohort 3” participant.

	Cohort 1	Cohort 2	Cohort 3
Pre-Implementation Period	**18 months** July 2024-December 2025	**30 months** July 2024-December 2026	**24 months** January 2025-December 2026
Model Implementation Period	**9 years** January 2026-December 2034	**8 years** January 2027-December 2034	**8 years** January 2027-December 2034

Source: CMS Presentation from May 9 Primary Care AHEAD Model Overview Webinar

Key Dates for Cohort 3 States



Discussion

Discussion Questions

1) What key questions do you have about Primary Care AHEAD?
2) What are potential risks you have identified thus far and/or potential barriers to participation?
3) If RI is selected to participate in AHEAD, how would you like to work with the State to prepare for implementation?
   - What information or resources do you need to help inform your decision to participate?
   - What assistance do you anticipate needing to prepare for PY1 implementation?

Next Steps

Next Steps

- EOHHS and OHIC are **preparing RI's response**, to be submitted by August 12th, including a summary of primary care practice and health center interest in Primary Care AHEAD.
- If RI is accepted into the AHEAD Model, the State will enter into **negotiations with CMMI.**
- During the 24-month Pre-Implementation Period…
  - the State will work CMMI to **secure participation agreements** with RI primary care practices and health centers
  - The State will offer pre-implementation **technical assistance** for participating practices and health centers

Appendix

Resources

CMS AHEAD Model Website: https://www.cms.gov/priorities/innovation/innovation-models/ahead

NOFO – November 16, 2023: https://www.grants.gov/search-results-detail/349644

CMS Overview of the AHEAD Model – September 18, 2023: https://www.cms.gov/files/document/ahead-model-overview-webinar-slides.pdf

CMS Overview of Primary Care AHEAD – May 9, 2024: https://www.cms.gov/files/document/ahead-model-primary-care-webinar-slides.pdf

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ADVANCING INTEGRATED HEALTHCARE

RISE-PC
Reaching Integration and Supporting Excellence in Primary Care
Developed by CTC-RI's IBH team

Presenter: Liz Cantor, PhD

Care Transformation Collaborative of RI

RISE-PC

- What is it?
  - ❖It's a competency framework that establishes expectations for practices to be considered for IBH designation by OHIC; similar but different from NCQA Distinction in IBH

- Our Goal
  - ❖To balance **fidelity** to an IBH model with **practicality**. The expectations are intended to be **meaningful**, to lead to **better care** and practice, and to feel to practices as **achievable** improvements that are **worth making**

IBH Competencies – Quick Reference

A. Organizational and Leadership Support for IBH

B. Population Health Approach

B1 BH Screening (adult and pediatric)

B2 Health Equity

C. Team-Based Care

C1 Qualified BH Clinician on site

C2 Structured communication between the IBHC(s) and the medical team

C3 Access to psychiatry and medication management consultation

D. Access to Care

D1 Internal access to BH services

D2 Access to external resources and BH services

E. Measurement

E1 Monitoring screening rates

E2 Monitoring patient and population health outcomes

F. Training in IBH

F1 New Staff are trained on IBH model

F2 The practice provides and supports ongoing staff training relevant to IBH

F3 Patients are educated and informed about the IBH model

These competencies are widely used and supported in the literature as important to IBH success

RISE-PC

- All Competencies include
  - A description/rationale
  - Criteria for Not Established, Partially Established, Established
  - Evidence required for each
- Scoring/threshold for “passing” – still being discussed
  - nothing is optional, but some number of Partially Established criteria will be allowed
- Added optional Open Response at the end

Let’s look at the framework document

Primary Care IBH PMPM

- CTC-RI designed a proposed PMPM model for adult and pediatric primary care practices in Rhode Island

- The PMPM is recommended as an alternative to fee-for-service reimbursement, with the goal of supporting practice infrastructure to respond to the behavioral health needs of the patients they serve.

Primary Care in Rhode Island- OHIC Report

Recommendations:

"Increase insurer payment for primary care…Increased payments should be achieved through increased reimbursements…and through capitated payment arrangements"

PMPM: Components

Payer mix

A **multi-payer model** is crucial for the success of a PMPM model. The only way for the concept of a PMPM to be successful is if **all payers participate** in the non-claims-based model.

Salaries and Fringe

Assumption of **LICSW** as the IBH Clinician ($90k base salary plus fringe, $120,000 per FTE)
Addition of a BH Coordinator, based on **CHW** salary ($50k base, plus fringe $66,667 per FTE)

Added Practice Costs

Infrastructure support necessary to support **EHR licenses, training for staff, and data processing systems.** Additional costs to equal about 0.25-0.50 FTE, translating to a $0.5-$1 increase in PMPM rate.

PMPM: Components

Attributed lives

Calculations are based on a range of attributed lives per FTE IBH Clinician:

Adult: 4,000 - 4,500
Pediatric: 2,500 - 3,000

Utilization of services

Average % of attribute lives who utilized IBH services varies due to the **risk profile** of the population, severity of mental health concerns, substance use disorder needs:

Adult: 10-15%
Pediatric: 15-20%

Pediatric vs Adult practice differences

Pediatric practice characteristics: lower # cases/year, larger portion of IBH activities focused on non-billable activities (includes conversations with parents and families, contact with schools, additional community services, patient visits with young children without billable diagnoses). Value added with CHW

Proposed PMPM: 4 Distinct Models

Adult IBH

- $4.50-4.75
- Practice has 1 IBHC

Adult IBH +

- $4.75-5.00
- Practice has 1 IBHC, in addition to a BH Coordinator or CHW

Pedi IBH

- $4.75-5.25
- Practice has 1 IBHC

Pedi IBH +

- $5.00-6.00
- Practice has 1 IBHC, in addition to a BH Coordinator or CHW

PMPM Model Calculations

1 FTE	Adult IBH				
	LICSW	Attributed lives	% utilizing IBH	avg visits /pt	PMPM
	$120,000	4000	10%	4	**$5.00**
Base salary	$90,000	4500	15%	4	**$4.50**
Additional	33.33%				

PMPM rate	$4.50	$5.00
IBH team	LICSW 1FTE	
Additional practice costs included		
Practice attributed lives	4,500	4,000
Percentage utilizing IBH services	10%	15%
Visits per year, per IBH patient	4	4

1 FTE	Pedi IBH				
	LICSW	Attributed lives	% utilizing IBH	avg visits /p	PMPM
	$120,000	3000	15%	5.5	**$4.75**
Base salary	$90,000	2000	20%	5	**$5.00**
Additional	33.33%				

PMPM rate	$4.75	$ 5.00
IBH team	LICSW 1FTE	
Additional practice costs included		
Practice attributed lives	3,000	2,000
Percentage utilizing IBH services	15%	20%
Visits per year, per IBH patient	4	4

CME Credits & Eval

Reminder to please complete the evaluation in order to claim CME credits!

Claim CME credits here: https://www.surveymonkey.com/r/ZDZS5HG

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THANK YOU