CENTENNIAL CARE NEXT PHASE

1115 Waiver Renewal Subcommittee
January 13, 2017

Agenda

‣ Introductions	8:30 – 8:40
‣ Feedback from December meeting	8:40 – 8:45
‣ Value–Based Purchasing	8:45 – 10:00
‣ Break	10:00 – 10:10
‣ Member engagement and personal responsibility	10:10 – 11:10
‣ Public comment	11:10 – 11:25
‣ Wrap up	11:25 – 11:30

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Renewal Waiver
Areas of Focus

- Refine care coordination
- Address social determinants of health
- Opportunities to enhance long-term services and supports
- Continue efforts for BH and PH integration
- Expand value-based purchasing
- Member engagement and personal responsibility
- Benefit alignment & Provider adequacy

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Value Based Purchasing (VBP)

VBP
Opportunities/Goals

Pay for value, not volume

Improve quality of care and member outcomes

Reward care that keeps members healthy or reduces disease burden

Providers partnering with payers to achieve better outcomes and share in savings

Bend the cost curve of Medicaid expenditures

Align VBP strategies with program goals to increase care coordination, improve transitions of care, increase physical and behavioral health integration, reduce health disparities through population health strategies and improve member engagement.
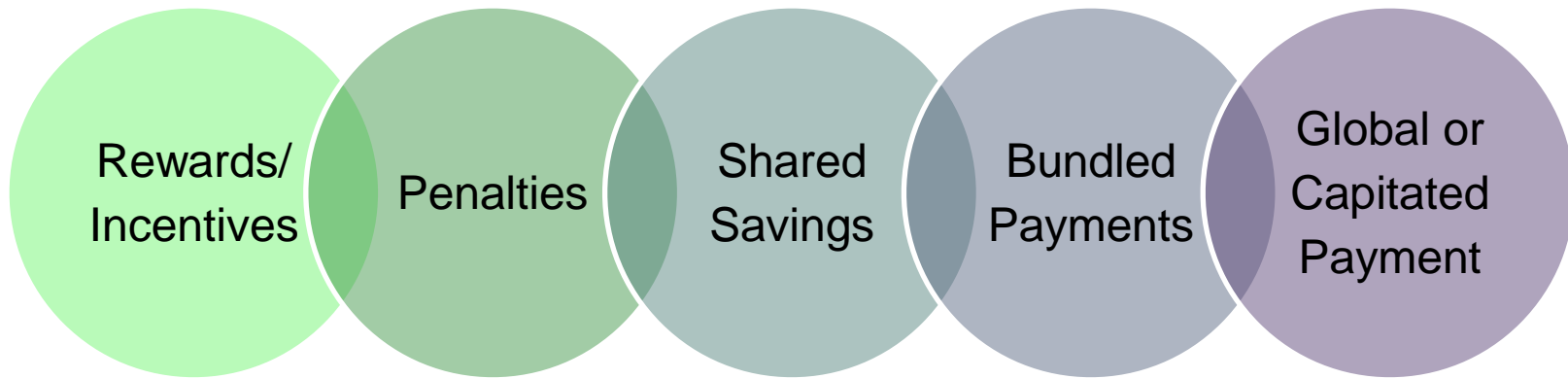
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VBP Guiding Principles

- High value care—best health outcomes at lowest cost.
- Phasing-in of increasingly advanced VBP models.
- Allowing for MCO flexibility of models—considering predominance of certain populations, i.e., percentage of long-term care members, as well as prevalence of chronic and/or high-cost conditions in the population.
- Allowing for provider flexibility—different points of readiness and ability to participate.
- Development of uniform quality goals that align with Centennial Care goals.
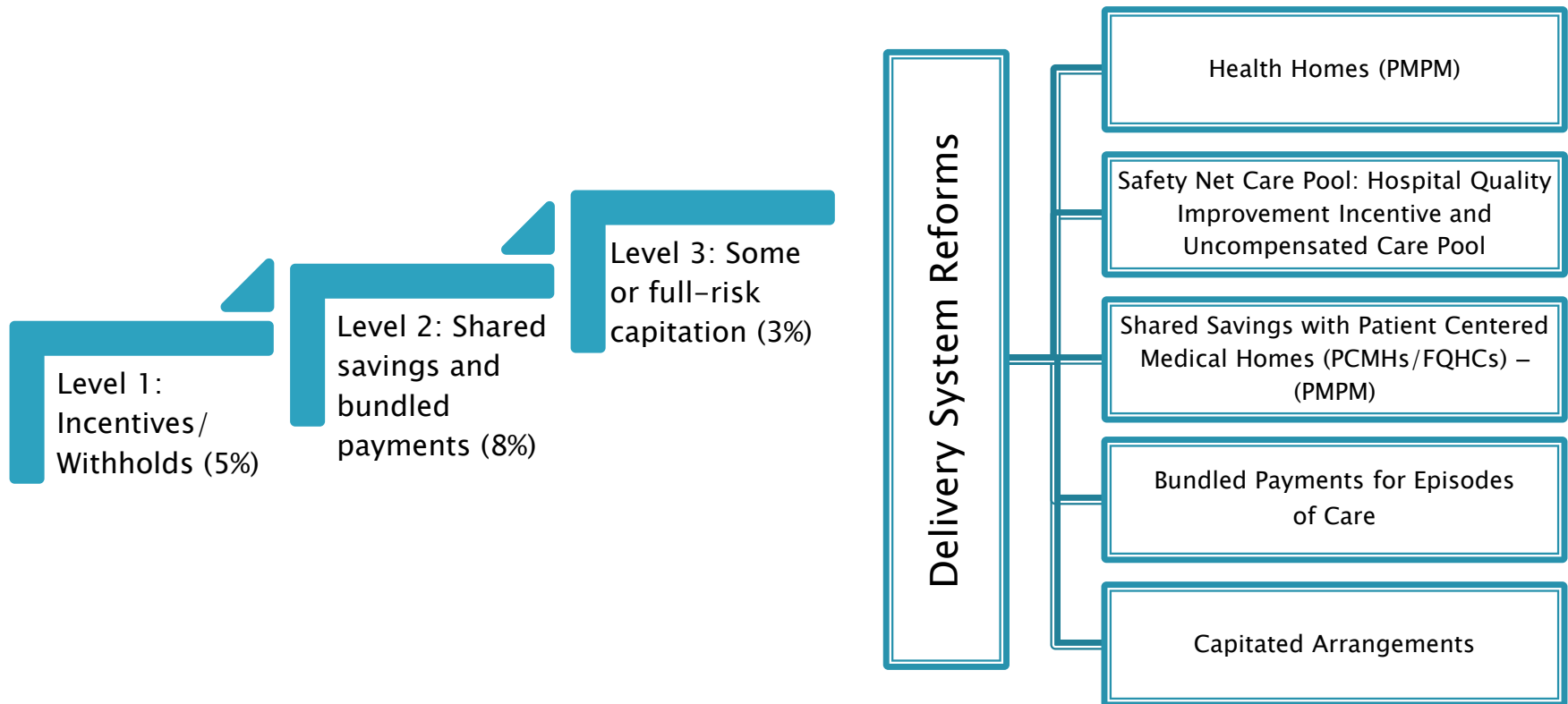- Commitment to training, data sharing and technical assistance to support providers.

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VBP Models

Lower Risk →   Higher Risk

- Rewards/ Incentives
- Penalties
- Shared Savings
- Bundled Payments
- Global or Capitated Payment

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Current VBP Landscape

> In CY17, MCOs are required to spend a minimum of 16% of provider payments in VBP arrangements

Level 1: Incentives/Withholds (5%)

Level 2: Shared savings and bundled payments (8%)

Level 3: Some or full-risk capitation (3%)

Delivery System Reforms

- Health Homes (PMPM)
- Safety Net Care Pool: Hospital Quality Improvement Incentive and Uncompensated Care Pool
- Shared Savings with Patient Centered Medical Homes (PCMHs/FQHCs) – (PMPM)
- Bundled Payments for Episodes of Care
- Capitated Arrangements

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VBP
Beginning the Discussion

Needs	Concepts	Further Discussion
- Improving provider readiness for VBP and willingness to bear more risk. - Providers desire flexibility within VBP options. - Minimum threshold of attributed lives to participate in some models. - Actionable and reliable data and reporting. - Standardization of quality measures across payers. - Methods to ensure consistent quality measure reporting and validation.	- Providers have varied levels of readiness for VBP payment strategies and concerns about bearing more risk. - Providers need reliable data, particularly related to costs of services they do not deliver, and technical assistance to utilize data sources. - BH and LTSS providers can be particularly challenged by risk based VBP strategies and often require unique models. - Quality outcome measures can more resource intensive to collect (Hybrid Measures).	1. How can we continue to develop our VBP strategy with flexibility for MCOs and providers, but move to more advanced models to achieve greater value and alignment with better healthcare outcomes? 2. How can we support providers who are in early stages of readiness? 3. What modifications are needed in payment structure to facilitate provider transitions to bear more risk over time?

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VBP
Beginning the Discussion

Needs	Concepts	Further Discussion
➢ Eliminating barriers to data sharing/transparency of costs. ➢ Member engagement in improving health outcomes. ➢ State staff skill set and resources to monitor/evaluate VBP. ➢ Continuing to define "value" for Centennial Care Program.	➢ Alignment with other payers is challenging due to population differences and quality measure differences. ➢ Population-based models require providers to think more broadly about unmet non-medical needs (social determinants of health) and how best to keep patients healthy. ➢ No single entity to convene and coordinate a common vision across payers.	4. How can models and payments be designed to support care for patients with high non-medical challenges? 5. What outcomes have the most "value" within the Centennial Care program? 6. What VBP strategies are more effective for BH and LTSS providers?

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Member Engagement & Personal Responsibly

Member Engagement
Centennial Rewards

Incentive program for members to engage and complete healthy activities and behaviors

Reward opportunities in the form of a credit for redemption in catalog:
- Healthy Smiles $25 annual dental visit
- Step-up Challenge $50
- Annual asthma controller Rx maintenance $60
- Healthy pregnancy $100
- Diabetes management $60
- Schizophrenia Rx maintenance $60
- Bipolar disorder Rx maintenance $60
- Bone density testing $35

Members participating in the program vs non-participants:
- Reduction in inpatient admissions
- Higher HEDIS and quality outcomes
- Higher risk members tend to participate in program
- Increase in Rx refills and medication adherence
- Increase in HbA1c testing compliance

Challenges:
- Participation and redemption rates are increasing each year but are only reaching 206k members

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Member Engagement
Disease Management

The right care – at the right place – at the right time

- Diabetes Self-Management Programs
- Wellness Programs
- Disease Specific Education Classes
- Communication Coaching
- Telephonic outreach
- Wellness benefits offering up to $50 per year in health/wellness purchases
- Care coordination targeting specific chronic diseases
- Targeted Education and self-help materials

Members participating in the program :
- Learn ways to manage their Diabetes independently
- Incorporate healthier eating opportunities and exercise
- Improved understanding of condition
- Improve confidence when speaking to providers about their condition
- Support smoking cessation needs of members
- Improve health outcomes and quality of life

Additional Member Engagement:
- Member Advisory Committee
- Ombudsman Program to assist Members with MCO processes
- Care coordinators developing alternative methods to engage members who are over utilizing the Emergency Department

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Member Engagement
Community Heath Workers

Community health workers role in engaging the member

The right care – at the right place – at the right time

- ➤ Improve health and health care literacy
- ➤ Make linkages to community supports
- ➤ Support care coordination
- ➤ CHW's function where the member lives

- ➤ Molina community connector
  - ➤ Vital member of care coordination team (eyes and ears)
  - ➤ Community based (member's home, providers office, statewide agencies)
  - ➤ Face-to-face, hands on with the member

- ➤ Presbyterian
  - ➤ Tribal-based public health announcements that target priority health conditions and promote health literacy
  - ➤ Agreements to have community heath representatives assist with completing HRAs
  - ➤ Help navigate healthcare systems, educate, and translate

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Member Engagement & Personal Responsibility Cost Sharing

Copayments	Require copayments for certain services and populations
	➢ Expansion, Working disabled, CHIP
	    ➢ Inpatient stays
	    ➢ Outpatient surgeries
	    ➢ Office visits
	    ➢ Non-ER transportation (urban only)
	➢ Most populations
	    ➢ Non-emergency use of emergency room
	    ➢ Use of non-preferred drugs

Premium contribution	➢ Income based
Appointment no-shows	➢ Reduce missed appointments ➢ Expand treat first model

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Member Engagement & Personal Responsibility Beginning the Discussion

Needs	Concepts	Further Discussion
➢ Continue to encourage greater personal responsibility for members engagement in their own health.	➢ Add new areas of focus, conditions, or behaviors for Centennial Rewards. ➢ Changes to Reward values or expanded Rewards for major or sustained improvements. ➢ Allow Rewards for potential cost-sharing requirements. ➢ Improve engagement and participation in Rewards program through data mining, risk assessment, or technology.	1. How to further improve member engagement in the Rewards program? 2. Other ideas for increasing member engagement?

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Member Engagement & Personal Responsibility Beginning the Discussion

Needs	Concepts	Further Discussion
➤ Implement policies that will encourage greater personal responsibility and financial accountability for higher income members. ➤ Financial disincentives for accessing health care in the least efficient manner.	➤ Reduce no-show appointments. ➤ Implement copayments for certain members use of services. ➤ Implement premiums for higher income members.	1. How to structure to incentivize healthy behaviors and use of services? 2. Premium hardship waiver circumstances. 3. Other initiatives beyond financial penalties to reduce appointment no-shows 4. Other ideas to align member engagement and value based purchasing?

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Subcommittee Meetings
Timeframe for Discussion

October 14, 2016
- Goals & objectives
- Waiver background
- Care coordination

December 16, 2016
- BH–PH integration
- Long–term services and supports

February 10, 2017
- Benefit alignment and Provider adequacy

October 2016	November 2016	December 2016	January 2017	February 2017

November 18, 2016
- Care coordination
- Population health

January 13, 2017
- Value–based purchasing
- Member engagement and personal responsibility

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