CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicaid Innovation Accelerator Program (IAP)

Substance Use Disorders

Targeted Learning Opportunities (TLO)

TLO 13: Developing Pay-for-Performance Initiatives

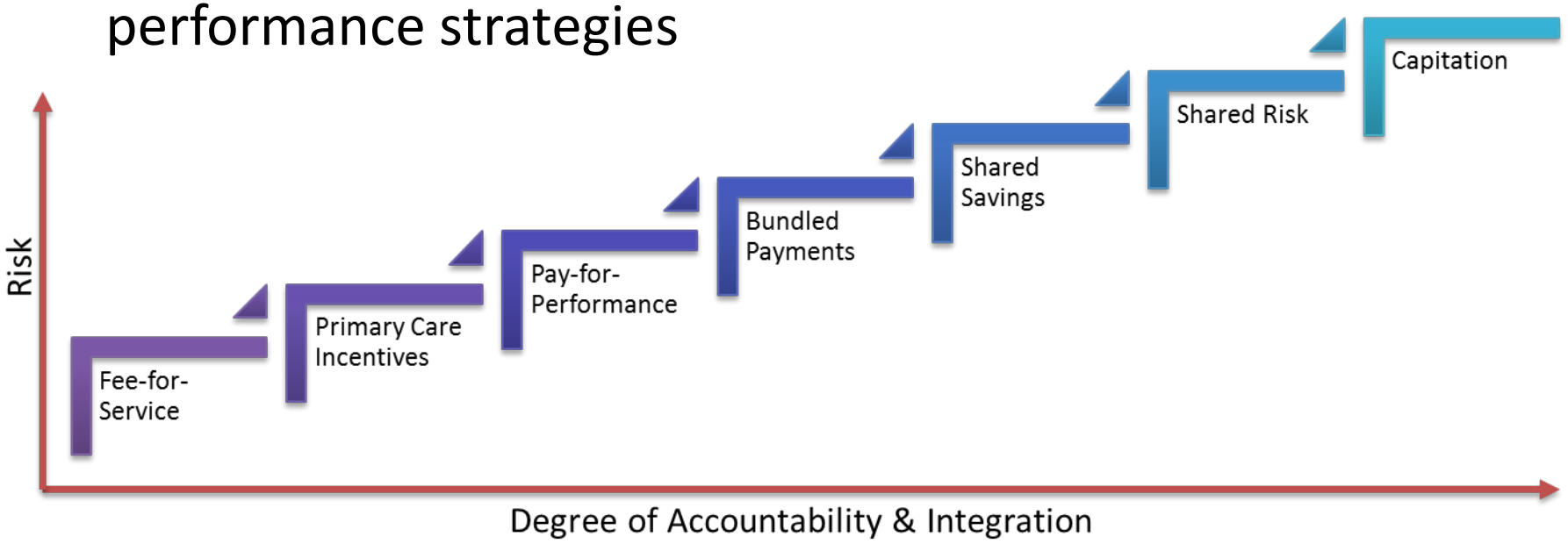
IAP Medicaid Innovation Accelerator Program

Logistics

- Please mute your line and do not put the line on hold
- Use the chat box on your screen to ask a question or leave comment
  - Note: chat box will not be seen if you are in “full screen” mode
  - Please also exit out of “full screen” mode to participate in polling questions
- Moderated Q&A will be held periodically throughout the webinar
- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience

Purpose & Learning Objectives

- States will discuss pay-for-performance initiatives in relation to the continuum of value-based payments
- States will learn about opportunities available to states to improve care delivery and implement pay-for-performance strategies



Speakers

- **Dr. Dale Adair, MD FAPA**
- Medical Director, Mental Health & Substance Abuse Services, Pennsylvania Department of Human Services

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Speakers

- **Tina Frontera, MHA**
- Chief Operating Officer, Minnesota Community Measurement

MN Community Measurement
Measure Up To Better Health

Facilitator

- **Cathy Fullerton, MD, MPH**
- Senior Research Leader, Truven Health Analytics

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Webinar Agenda

- State Experience: Pennsylvania's Integrated Care Management Program
  - ***Break for Discussion***
- Health Care Quality Measurement and Pay-for-Performance in Minnesota
  - ***Break for Discussion***
- Wrap Up & Sharing of Resources

State Experience: Pennsylvania's Integrated Care Management Program

Dale Adair, MD

Pennsylvania Department of Human Services

Pennsylvania's Integrated Care Program: Introduction

New value-based purchasing program for 2016

- **Integrated Care**:
- Focused on individuals with serious persistent mental illness (SPMI) & substance use disorder (SUD)
- **Collaboration**:
- Requires behavioral health/physical health managed care organizations collaborations
- **Builds on Earlier Pilot**:
- Three process activities & five performance measures

Pennsylvania's Integrated Care Program

- Baseline data for program was CY 2015 with measured incremental improvement in CY 2016
- Funding
  - $10 million will be allocated in CY2016 for the integrated care program for the MCOs and BHOs
  - The funding will be allocated according to the overall percentage of HealthChoices member months for CY 2015

Why Focus on Integrated Care Management?

38.8% of all physical health index stays had a primary BH diagnosis within 1 year prior to index stay

- Index stays with prior BH diagnoses had a readmission rate 4 percentage points higher than index stays that did not
- Significant difference in readmission rates between members with a primary BH diagnosis and those who do not ($p<0.001$)
- Consumers with multiple chronic conditions, a BH condition & SUD have highest readmission rates

Why Focus on Integrated Care Management?

- Overall readmission rate is not improving
  - CY2013= 13.26%
    - All cause potentially preventable readmissions for physical health
- Suboptimal initiation & engagement of individuals in SUD treatment

	Ages 13-17	Ages 18+	All Ages
Initiation Rate	35.78%	30.60%	30.96%
Engagement Rate	24.88%	20.29%	20.61%

- Medication adherence for those living with schizophrenia is <70%

Program Overview

- Key process activities
  - Member stratification
  - Minimum of 500 joint behavioral health/ physical health integrated care plans
  - Hospital notification
- Operations 17 Report
  - **Process activities must be documented to be eligible for incentive payments.**
  - Will be audited to assure compliance
- Five performance measures will be eligible for incremental improvement based on payments

Performance Measures

- I&E
  - Initiation & engagement of alcohol and other drug dependence treatment
  - Initiation rate
  - Engagement rate
- Adherence
  - Adherence to antipsychotic medications for individuals with schizophrenia
- 30 Day Readmission
  - Combined behavioral health/physical health inpatient 30-day readmission rate for individuals with serious persistent mental illness (SPMI) *
- ED USE
  - Emergency department utilization for individuals with SPMI*
- Inpatient Use
  - Combined behavioral health/physical health inpatient utilization for individuals with SPMI* (*PA performance measure developed by IPRO)

Process Activities: Member Stratification

- Member Stratification
  - Baseline stratification means that all members are in the targeted SPMI population at the start of the program
  - New members need an initial stratification level established within 60 days of the date of enrollment
  - The physical health MCO or BH contractor/ MCO will report on the member ID, initial stratification level, and six month re-stratification level
  - This is based on a percentage of membership for BH contractors/ MCOs

Current member stratification

	High BH Need	Low BH Need
High PH Need	4	3
Low PH Need	2	1

Process Activities: Hospitalization Notification & Coordination

- Shared Responsibility
  - Each physical health MCO & BH MCO will jointly share responsibility for notification of a hospital admission
  - Each coordinate discharge & follow-up
  - Includes sharing discharge instructions, medications & recommended follow-up appointments to respective physical health/MCO, BH/MCO as appropriate per HIPAA & regulatory standards
  - Notification to the partner MCO of hospital admissions within 1 business day
- Attestation
  - Each PH MCO will attest via the Operations 17 report that 90% of the admission notifications occurred within 1 business day of the PH MCO learning of the admission
  - The PH MCO must maintain documentation to support the attestation of 90% admissions notification
- Social Determinants
  - The BH contractor/MCO completes the social determinants portion of the Integrated Care Plan report

Process Activities: Integrated Care Plan

Integrated Care Plan (ICP)

- Collection, integration &documentation of key physical & behavioral health information that is used to develop a joint care plan for purposes of care management
- At least 500 members must receive an ICP
- The ICP must be documented in the physical health MCO care management system
- Activity must be reported in the Operations 17 report
- The Operations Report 17 will be audited to verify the accuracy of the stratification, integrated care plan & hospital notification informationt

Incentive Payments

- $20M allocated for the ICP Program in CY2016
  - Funding will be allocated to each contractor/MCO according to overall percent of HealthChoices member months for CY2015
- Measures
  - Each measure will be weighted equally & receive 20% of allocated funding
    - Each component of initiation & engagement will receive 10% of allocated funding
  - Measures will be calculated & validated by EQRO
- Payments will be based on incremental improvement calculated from 2015-2016

Incentive Payments: Payout Scale

Payment Scale for Measures 1-3	
Incremental Improvement (percentage point improvement)	**Payout**
≥ 3	100%
2.0 - 2.9	85%
1 – 1.9	75%
0.5 – 0.9	50%

Payment Scale for Measures 4-5	
Reduction in events per 1,000 member months	**Payout**
3.0 or more	100%
2.0 – 2.9	75%

Challenges & Lessons Learned

- Pushback from health plans
- Collaborating & sharing information
- Acknowledging & accepting the initiative as an evolutionary process

Polling Question: Information Check-In

- Select the statements that **correctly** describe elements of pay-for-performance. Select all that apply.
  - Initiatives to improve quality of health care
  - Vague benchmarks
  - Initiatives to improve efficiency of health care
  - Process & outcomes measures
  - Penalties for poor outcomes
  - Provider incentives
  - Primary goal is reducing costs

Discussion and Questions (1 of 3)

Health Care Quality Measurement & Pay-for-Performance in Minnesota

Tina Frontera, MHA

Minnesota Community Measurement

MNCommunity MEASUREMENT
Measure Up To Better Health

Medicaid.gov
Keeping America Healthy

IAP Medicaid Innovation Accelerator Program

Minnesota Community Measurement

- 501(c)3 multi-stakeholder neutral convener and measurement organization
- Mission and Vision
  - Accelerate improvement by publicly reporting health care information
  - Drive change through use of measures and data
- Currently Over 50 Measures Used
  - Health plans, government agencies, employers, health care industry, etc.
  - Contracting, pay-for-performance programs, performance improvement, transparency, compliance, network development, etc.

Depression Suite

- Utilization of the PHQ-9
- PHQ-9 Follow-Up at 6 months and at 12 months
- 6-month remission and 12-month remission
- 6-month response and 12-month response
- New 2015: Adolescent depression/mental health screening

Illustrated Example of the Lifecycle of a Measure

Courtesy of the National Quality Forum

- Depression remission at 6 months
  - Patient Reported Outcome Measures
  - Desired & Current Measure Gap
  - PHQ-9 is a Condition Specific PRO for Depression

Depression Remission at 6 Months

- Patients with diagnosed major depression or dysthymia AND elevated PHQ-9 > 9
- Prospective/ longitudinal, based on index visit
- PHQ-9 < 5 at six months +/- 30 days
- Response is > 50% improvement from initial score
- No follow-up = not in remission

Depression Remission at 6 Months Cont'd

2/1/2012	3/15/2012	4/10/2012	6/20/2012		7/15/2012		
Diag 296.23 Major depression, severe PHQ-9 = 21	PHQ-9 = 18	PHQ-9 = 12	PHQ-9 = 8		PHQ-9 = 3		
Index Visit				7/2/2012 minus 30 days	Remission	8/1/2012 Six Month Marker	8/31/2012 plus 30 days

Various Pay-for-Performance Methods Across Payers in Minnesota

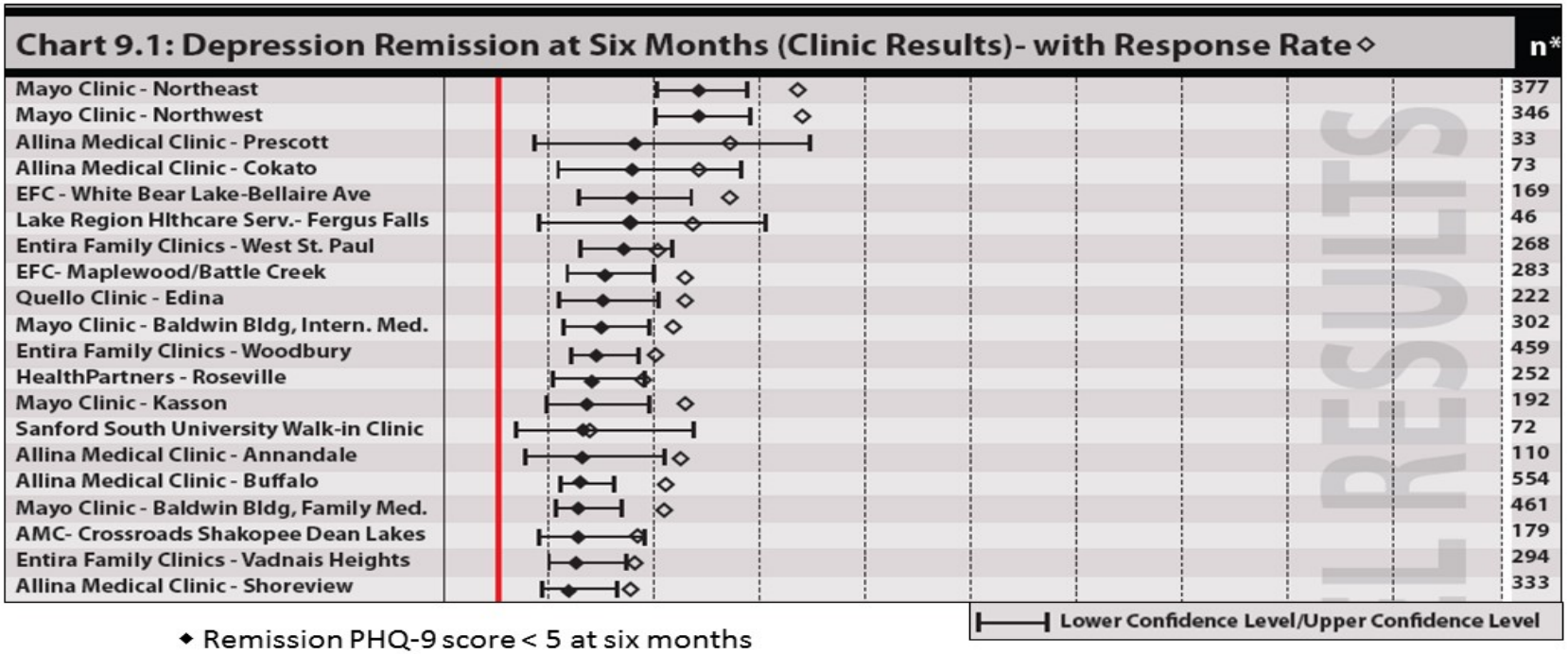
P4P Tools

- **Transparency Tools**
- **Awards & Achievement Ceremonies**
- **Network Eligibility:** narrow networks, health care homes
- **Addition to Fee Schedule:** per member, contract agreement %
- **Withhold:** retrospective reconciliation, future fee schedule

Transparency Spurs Improvement: 2012 Quality Report

Table 9: Statewide Rate for Depression Remission and Response at Six Months

	Statewide Average	95% CI	Numerator (Patients who met treatment goals)	Denominator
Depression Remission at Six Months	6.1%	5.9%-6.3%	4,498	73,530
Depression Response at Six Months	10.5%	10.2%-10.7%	7,692	73,530



Example: Pay-for-Performance

- Among other P4P programs, the MN Quality Incentive Payment System (QIPS) is a statewide P4P system for physician clinics
- Three clinic measures include:
  - Optimal Diabetes Care
  - Optimal Vascular Care
  - Depression Remission at 6 Months

Example: Pay-for-Performance Cont'd

- In 2014, the State (MMB/DHS) reports payment of nearly $500,000 in incentive payments to 259 clinics that reached absolute performance benchmarks or improvements in performance over time for these measures
- Absolute benchmark
  - $100 per member
- Improvement Goal
  - $50 per member
- Depression Remission at 6 months rewards for MHCP programs planned in 2015

Source: MN Department of Health, MN Statewide Quality Reporting and Measurement System: QIPS June 2015

Example: QIPS Rewards 2014

Table 1. QIPS Rewards, 2014

	Minnesota Management and Budget			Minnesota Department of Human Services		
	Clinics Providing Care	Members at Clinics	Rewards Paid	Clinics Providing Care	Beneficiaries at Clinics	Rewards Paid
Optimal Diabetes Care						
• Absolute benchmark	44	479	$47,900	47	1,412	$141,200
• Improvement goal	40	332	$16,600	48	1,048	$52,400
Optimal Vascular Care						
• Absolute benchmark	45	239	$23,900	60	460	$46,000
• Improvement goal	66	269	$13,450	106	704	$35,200
Depression Remission at Six Months						
• Absolute benchmark	57	798	$79,800	NA	NA	NA
• Improvement goal	29	375	$18,750	NA	NA	NA

Source: MN Health Action Group, 2015. MDH Minnesota Statewide Quality Reporting and Measurement System: Quality Incentive Payment System. June 2015

Performance, Benchmarks & Goals

Absolute Performance and Improvement Thresholds, 2015

Optimal Diabetes Care

Absolute performance benchmark 65%

Improvement Target Goal 100%

Current Statewide average 54.8%

Current Performance Range 18.7-80.4%

Depression Remission at 6 Months (will risk adjust by severity of initial PHQ-9)

Absolute performance benchmark 14%

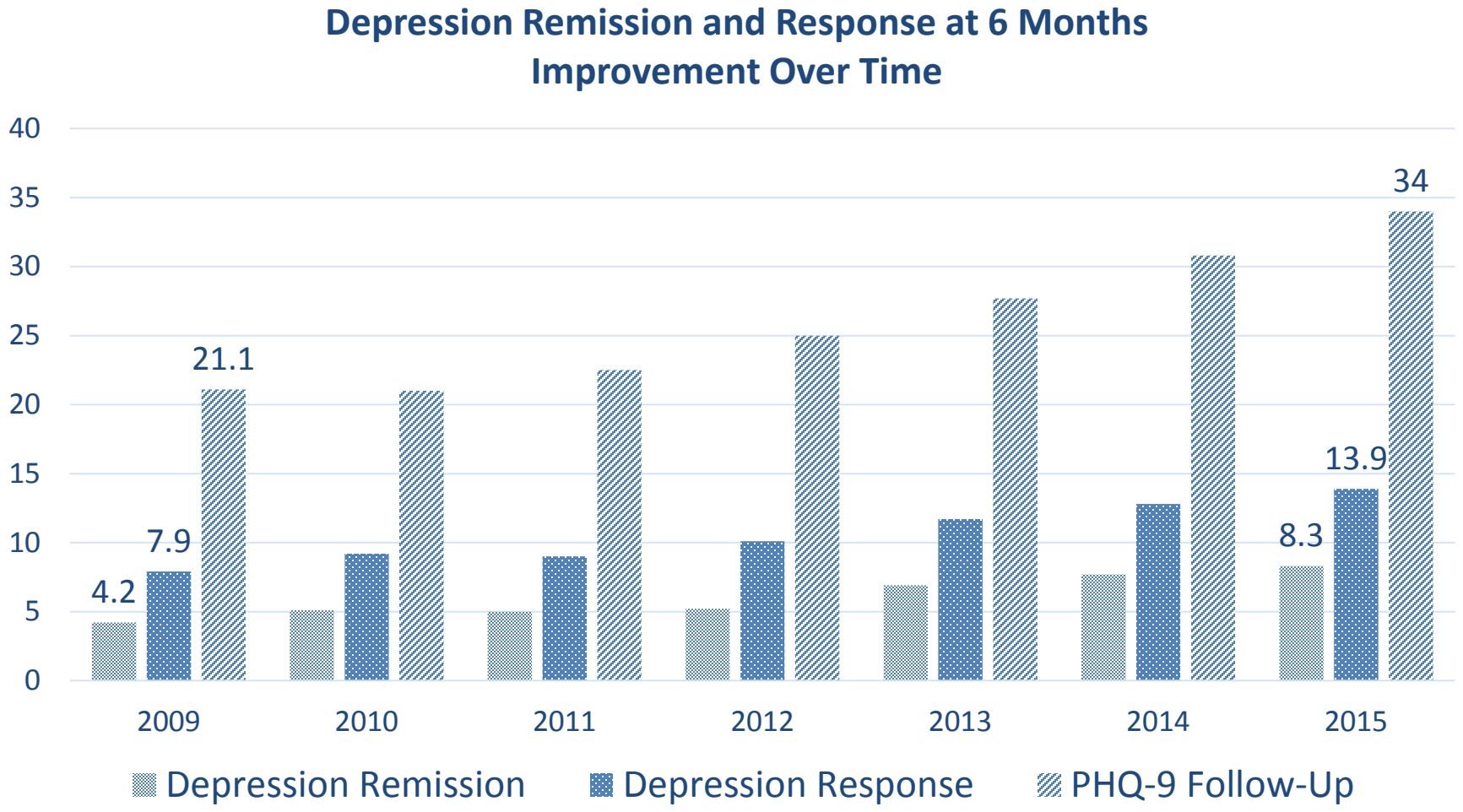
Improvement Target Goal 50%

Current Statewide average 7.8%

Current Performance Range 0.0-28.4%

(Market-wide Data)

Depression Remission & Response at 6 Months



Polling Question (1 of 3)

- Has your state developed value-based purchasing arrangements around any of the following topics? Select all that apply.
  - Inpatient Services
  - Outpatient Services
  - Emergency Department Use
  - 30-Day Readmissions
  - Initiation & Engagement

Raise Your Hand

- Using the 'Raise your hand' option on ReadyTalk, please raise your hand if your state has
  - Implemented pay-for-performance or other value-based payment arrangements for SUD care

    OR
  - If your state has developed these initiatives for other health issues which may be used as models for alternative payment arrangements for SUDs care

Discussion and Questions (2 of 3)

Polling Question (2 of 3)

- Which challenges does your state face with regard to value-based payment arrangements? Select all that apply.
  - Identifying leadership for reform
  - Evidence to support change
  - Identifying meaningful measures
  - Measure complexity
  - Identifying incentives
  - Lack of infrastructure/integration
  - Other

Discussion and Questions (3 of 3)

Polling Question (3 of 3)

- Would your state be interested in having a post-webinar discussion with the speakers to address any additional questions or reflections on today's webinar?
  - Yes
  - No

Resources

- Alternative Payment Model Framework. Health Care Payment Learning & Action Network
- Understanding Medicaid Claims and Encounter Data and Their Use in Payment Reform. National Academy for State Health Policy.
- Better Care, Smarter Spending, Healthier People: Paying Providers for Value, Not Volume. Centers for Medicare and Medicaid Services.
- Health Policy Briefs: Pay-for-Performance. Health Affairs.

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Thank You!

Thank you for joining us for this Targeted Learning Opportunity!

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