Trekking Towards Value Based Payments

October 25, 2017
Melody Anthony, MS
Deputy State Medicaid Director

Agenda

Overview SoonerCare’s Beginning
Current Patient Centered Medical Home Delivery System
CPC Classic and CPC+
Changes and Future Plans
SoonerCare Program 1995 - 2003

SoonerCare Plus

• Managed Care Organization (MCO)
• Full Risk
• Expanded benefits

SoonerCare Choice

• Primary Care Case Management (PCCM)
• Partial Risk
• Some adult limits

2004 - 2008 SoonerCare Choice

Partially-capitated primary care case management (PCCM) program

Average PMPM payment was $24

Primary and preventive services

• Medically necessary office visits to the PCP with no co-pay
• Well-child screenings (EPSDT)
• Injections, immunizations
• Limited CLIA waived lab services
• Case management including referrals
Current Patient Centered Medical Home Delivery System

Medical Advisory Task Force

At the request of providers, the MAT was created in February 2007.

Comprised of 12 physician representatives delegated by state professional associations

MAT Top Priorities

- Change in current payment structure
- Medical home / accountability
- Elimination of default auto-assignment
Reimbursement Realignment

A monthly care coordination payment

A visit-based fee-for-service component

A performance-based component

Fee-for-Service Component

2009 100% of the Physicians Medicare Fee Schedule
2016 86.57% of Physicians Medicare Fee Schedule

Coverage of new codes for PCPs

- SBIRT screening brief intervention referral for treatment 99408
- After hours codes (99050 and 99051)
### Medical Home Tiers and CM Fee

<table>
<thead>
<tr>
<th>Tier 1 Entry Level</th>
<th>Tier 2 Advanced</th>
<th>Tier 3 Optimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 13 Required Activities</td>
<td>• 17 Required Activities + 3 of 5 Optional Activities</td>
<td>• 23 Required Activities + 3 Optional Activities</td>
</tr>
<tr>
<td>• 20 hours/week</td>
<td>• 30 Hours/Week</td>
<td>• 30 Hours/Week</td>
</tr>
<tr>
<td>• CM Fee $3.36-$4.70 PMPM</td>
<td>• CM $4.36-$6.13 PMPM</td>
<td>• CM $5.81-$8.15 PMPM</td>
</tr>
<tr>
<td>• Primary/preventive care</td>
<td>• Required</td>
<td>• Required</td>
</tr>
<tr>
<td>• VFC participant</td>
<td>• Tier 1 plus</td>
<td>• Tier 2 plus</td>
</tr>
<tr>
<td>• Clinical data in paper or electronic format</td>
<td>• Minimum 30 hours/week</td>
<td>• Healthcare team led by PCP</td>
</tr>
<tr>
<td>• Maintains medication list</td>
<td>• Track panel members inside/outside of practice</td>
<td>• Post-visit outreach</td>
</tr>
<tr>
<td>• Tracks referrals</td>
<td>• Transitional Care</td>
<td>• Evidenced based guidelines</td>
</tr>
<tr>
<td>• Care Coordination</td>
<td>• Multi-modal communication</td>
<td>• Medication Management</td>
</tr>
<tr>
<td>• Patient and Family Education</td>
<td>• Optional (3 of 5 required)</td>
<td>• Minimum 4 hours after hours</td>
</tr>
<tr>
<td>• Medical Home Agreement</td>
<td>• Healthcare team led by PCP</td>
<td>• Health Assessment Tools</td>
</tr>
<tr>
<td>• Maintains open schedule</td>
<td>• Post-visit outreach</td>
<td>Optional (3)</td>
</tr>
<tr>
<td>• E-Comm. from OHCA</td>
<td>• Evidence based guidelines</td>
<td>• Secure interactive web site</td>
</tr>
<tr>
<td>• Phone coverage 24/7</td>
<td>• Medication Management</td>
<td>• Integrated care plans</td>
</tr>
<tr>
<td>• BH screening annually</td>
<td>• Minimum 4 hours after hours</td>
<td>• Performance improvement</td>
</tr>
</tbody>
</table>

### SoonerCare Choice: Medical Home Tier Changes

<table>
<thead>
<tr>
<th>Jan. 2009</th>
<th>Sept. 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 = 445</td>
<td>Tier 1 = 464</td>
</tr>
<tr>
<td>Tier 2 = 223</td>
<td>Tier 2 = 221</td>
</tr>
<tr>
<td>Tier 3 = 31</td>
<td>Tier 3 = 190</td>
</tr>
</tbody>
</table>
SoonerExcel Incentive Payments

2009 $5 million available to distribute
2017 $2.9 million available to distribute

- Child health exams (EPSDT) and DTaP
- Generic drug prescribing
- ER Utilization
- Breast and Cervical Cancer Screenings
- Physician inpatient admitting and visits

Health Access Networks Total Summary Report – September 2017

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Initial Date</th>
<th>Total Membership</th>
<th>Total Number of Providers</th>
<th>Unduplicated Providers</th>
<th>PCMH Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Communities HAN</td>
<td>July 2011</td>
<td>3,408</td>
<td>28</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>OSU Center for Health Sciences</td>
<td>Sept 2011</td>
<td>22,388</td>
<td>212</td>
<td>154</td>
<td>12</td>
</tr>
<tr>
<td>OU HAN</td>
<td>July 2010</td>
<td>119,666</td>
<td>3220</td>
<td>771</td>
<td>103</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>145,462</td>
<td>3460</td>
<td>950</td>
<td>120</td>
</tr>
</tbody>
</table>
Health Access Networks

Organized to enhance the capabilities of the network’s affiliated PCPs

Organized to restructure and improve the access, quality, and continuity of care

Separate PMPM payment to the network only

Must offer these core components

• Assist in transformation of medical home structure
• Improved access to specialty care
• Expanded quality improvement strategies
• Care management/coordination to persons with complex health needs

HAN Service Locations - August 2017

06.31.2017

HAN Service Locations:
118 total locations

- OU HAN – 103 locations
- OSU HAN – 10 locations
- Central Communities
- HAN – 5 locations

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Child CAHPS®

Oklahoma Health Care Authority CAHPS Surveys — Key Measures for Child Survey

- Concluded less frequently due to mandatory CHIP survey.
- Increased satisfaction over time in all key measures.
- Measures in 2015 with high ratings compared nationally:
  - How Well Doctors Communicate (75th percentile)
  - Getting Needed Care (75th percentile)
  - Rating of Specialist (90th percentile)

CHIP CAHPS®

Oklahoma Health Care Authority CAHPS Surveys — Key Measures for CHIP Survey

- CHIPRA requires all Title XXI (CHIP) programs report CAHPS results.
- SoonerCare group with the highest satisfaction ratings.
- Most stable over time.
- Measures in 2017 with high ratings compared nationally:
  - Getting Care Quickly (75th percentile)
  - How Well Doctors Communicate (90th percentile)
  - Customer Service (75th percentile)
**Adult CAHPS®**

Oklahoma Health Care Authority CAHPS Surveys — Key Measures for Adult Survey

- Increasing satisfaction in all 9 key measures over time.
- Measures in 2016 with high ratings compared nationally:
  - Getting Care Quickly (75th percentile)
  - Getting Needed Care (75th percentile)
  - Rating of Specialist (75th percentile)

* The definition for Shared Decision Making changed in 2015

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**CPC Classic and CPC+**
CPC Classic Regions
Current Comprehensive Primary Care Initiative (National)

CPC Total Locations
442

Comprehensive Primary Care Classic: 2013-2016

CPC Practice Locations
• 36 CPC Practices
• 3 IHS Practices
• 33 Participating Patient Centered Medical Homes (PCMHs)
• 91 Individual Participating Providers

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CPC Classic’s primary focus for the providers

- Multi-payers
- Primary/Preventive Care
- Transformation at the Primary Care Site
- Covered Lives
- Actionable Data

CMS Shared Savings

**2014**
- Greater Tulsa Region was the only location that received shared savings from Medicare
- Medicare distributed more than $547K dollars to 49 CPC classic locations
- 24 of our 37 SoonerCare Choice locations received a payment
- BCBSOK and Community Care also distributed shared savings payments

**2015**
- Total savings for Medicare Part A and B in year two was 57.7M
- Greater Tulsa, Colorado, Arkansas and Oregon has enough shared savings to offset the net loss of the other 3 regions
- Greater Tulsa, Colorado, Arkansas and Oregon shared in distribution of $13M to 240 practices.
- BCBSOK and Community Care will be distributing shared savings payments.
## CPC+ Selected Regions

![Map showing selected regions for CPC+](image)

- North Hudson–Capital Region
- Greater Philadelphia Region
- Ohio & Northern Kentucky Region
- Greater Kansas City Region

Legend:
- Region spans the entire state
- Region comprises contiguous counties

## Major Differences between CPC Classic and CPC+ for Medicare

<table>
<thead>
<tr>
<th></th>
<th>CPC</th>
<th>CPC + Track 1</th>
<th>CPC+ Track 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care Management Fee</strong></td>
<td>$20 PBPM PY 1-2</td>
<td>$15 PBPM on average</td>
<td>$28 PBPM on average; $100 for highest-risk tier</td>
</tr>
<tr>
<td></td>
<td>$15 PBPM PY 3-4</td>
<td>$15 PBPM on average</td>
<td></td>
</tr>
<tr>
<td><strong>Office Visit Payments</strong></td>
<td>100 percent FFS</td>
<td>100 percent FFS</td>
<td>100 percent FFS for non-E&amp;M services. Reduced FFS+ upfront PCP payments for E&amp;M</td>
</tr>
<tr>
<td><strong>Incentive payments</strong></td>
<td>Shared savings based on quality metrics and total cost of care</td>
<td>$2.50 PBPM based on quality and utilization metrics</td>
<td>$4 PBPM based on quality and utilization metrics</td>
</tr>
<tr>
<td><strong>HIT Partners</strong></td>
<td>Not required</td>
<td>Not required</td>
<td>Required</td>
</tr>
</tbody>
</table>
About CPC+ in Oklahoma

172 locations completed participation agreements with CMS, 76 Track 1 & 96 Track 2
Quarterly payers meetings with Arkansas, Kansas City and Oklahoma.

CPC+

86 locations are SoonerCare Choice. 35 are Track 1 and 51 are Track 2 serving 65,780 SoonerCare Choice-covered lives
Medicare, SoonerCare, Community Care, BCBSOK, Advantage Medicare Plan (CC) and United HealthCare are the state wide payer participants.

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Comprehensive Primary Care + - August 2017

CPC+ Practice Locations
- 86 CPC+ Practices
- 107 Participating Providers

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Changes and Future Plans

Changes

• Beginning on August 1, 2017, all new SoonerCare Choice providers must have an on-site visit prior to the contract being finalized.

• September 1, 2017, increased outreach to additional high risk SoonerCare Choice ABD members.

• Effective January 1, 2018, care coordination payments will only be distributed if the member has established a relationship with their primary care provider.
FUTURE PLANS PCMH REDESIGN

**Base Requirements**
- Base case management fee
- Onsite inspection
- Outcomes-based QI
- Health risk assessment
- Social determinants of health assessment
- Mental health substance use screening
- Minimum of 30 office hours per week
- Open scheduling
- Preventive service
- EPSDT outreach and education, as applicable
- Certified EMR
- Post-visit follow-up
- Care coordination across the medical neighborhood

**Add-on Payments**
- Payments per additional activity (upon meeting criteria)
- Patient portal
- Accreditation
- HIE
- Extended hours outside of core business hours
  - 4 – 8 or
  - 9 or more
- Integrated behavioral health and substance use
- Population health management
  - Disease registry
  - Risk stratification
  - Standards of care
  - Outreach/follow-up
- Care coordination across the medical neighborhood: Integrated care plans

Reimbursement - The redesign will not reduce payments to PCMH providers in aggregate but will be budget neutral versus what is projected to be spent under the current model (approximately $500 million per year for claims + PCMH/HAN case management + SoonerExcel)

Administration – The system will not add to provider or OHCA administrative burdens

Quality – The metrics selected for measuring quality/performance will:
- Reflect Oklahoma priorities
- Be related to PCMH activities
- Be measurable through claims data or medical records without increasing administrative burden
- Be “quantifiable” in terms of estimating the financial impact to the program associated with improved outcomes (wherever possible)
PCMH Redesign – Rewarding Quality

Potential areas of focus – defining OK priorities

- Metrics with relationship to base requirements (e.g., preventive and chronic care)
- Metrics aligned with Comprehensive Primary Care+ (CPC+) measures
- Metrics aligned with Healthy Oklahoma 2020/OHIP areas of focus:
  - Obesity
  - Tobacco cessation
  - Maternal-Child health (MCH) including child preventive and oral health
  - Behavioral Health
- Measures within all of the above areas for which Oklahoma lags national benchmarks

Thank You

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