



## HSTP AE Advisory Committee Meeting Notes

**Meeting Date, Time and Location:** December 12, 2019, 11:00 a.m. to 1:00 p.m., 301 Metro Center Blvd., Warwick, R.I. 02886 Room 203

**Meeting Facilitators/Presenters:** Anya Wallack, Kristin Sousa, Debbie Morales, Rebecca Lebeau and Lauretta Converse

**Committee Members:** Becky Boss (BHDDH), Carrie Bridges-Feliz (Lifespan), Scott Fraser (RI Health Care Assoc.), Chris Gadbois (Carelink), Marie Ganim (OHIC), Deb Hurwitz (CTC), Dr. Jerry Fingerut (EOHHS), Linda Katz (Economic Progress Institute), Ray Lavoie (BVCHC), Michael Lichtenstein (IHP), Juan Lopera (Tufts), Maureen Maigret (RI Long Term Care Coordinating Council), Roberta Merkle (St. Elizabeth's Community), Dr. Nicole Alexander-Scott (RIDOH), Jim Nyberg (LeadingAge RI), Steve O'Dell (Prospect), Maria Palumbo-Rayes (FSRI), Marti Rosenberg (EOHHS), Sam Salganik (RIPIN), Sue Storti (Substance Use and Mental Health Leadership Council), Merril Thomas (PCHC), Barry Fabius (UHC).

Meeting Notes			
<i>Agenda Item</i>	<i>Time</i>	<i>Facilitator(s)</i>	<i>Meeting Notes</i>
Welcome & Introductions	5 Minutes	Anya Wallack/Kristin Sousa	<ul style="list-style-type: none"><li>• Introductions</li><li>• Motion to approve the minutes from the October 16, 2019 AE Advisory Committee Meeting<ul style="list-style-type: none"><li>○ Motion approved</li></ul></li></ul>
Program Updates, Changes to AE Program Year (PY) 3 Requirements /Public Comment	40 Minutes	Debbie Morales	<p><b>Program Updates</b></p> <ul style="list-style-type: none"><li>• The application for new AE's has been posted on the EOHHS website. The deadline to apply is February 15, 2020.</li><li>• The PY2 joint project plan approval process is underway and will be complete by the end of January 2020.</li><li>• Incentive funds have been distributed to the MCO's for Q1, within 30 days the MCO's need to distribute to AE's</li><li>• The AE/MCO/Milliman work groups will continue through January 2020</li></ul> <p><b>Public Comments:</b></p> <ul style="list-style-type: none"><li>○ Is there a calendar or timeline for project plan submission and approval for PY3?<ul style="list-style-type: none"><li>➤ Action Item: Develop a calendar of deliverables and due dates for the AE's and MCO's. Due: 1/10</li></ul></li></ul> <p><b>Review of Schedule, Deliverables and HSTP Program Goals:</b></p> <ul style="list-style-type: none"><li>• Simplify program requirements and processes</li><li>• Progression to downside risk</li><li>• Tie incentives to outcomes and not process/infrastructure</li></ul>

			<ul style="list-style-type: none"> <li>• Incentivize targeted partnerships between MCOs and AEs</li> <li>• Inclusive of stakeholder feedback/Day Health Strategies review</li> <li>• Improve integration/support of SDOH and behavioral health</li> <li>• Requirements and response summary to be posted tomorrow. Responses to comments will be high level categorized by those comments similar in theme.</li> </ul> <p><b>Decision Points Reviewed:</b></p> <ul style="list-style-type: none"> <li>• <b>Question: Should Attribution be retrospective for the entire year or should it be reconciled quarterly?</b> <ul style="list-style-type: none"> <li>➤ <b>Currently, the decision is to make it retrospective for PY3</b> pending technical guidance and financial simulation.</li> </ul> </li> <li>• <b>Question: Confirm movement to risk for all AE's except FQHC's.</b> <ul style="list-style-type: none"> <li>➤ <b>Decision is to require</b> AE's go to risk through the OHIC process, those that do not qualify for RBPO certification will not be eligible for the program and will not be eligible for incentive funds. FQHC's do not have to go through the RBPO but must provide evidence of progression to value based care by submitting an EOHHS approved proposal that demonstrates a return on the investment.</li> </ul> </li> <li>• <b>Question: Reverse the allocation of incentive dollars for performance based measures (35%) with the allocation for outcome metrics (45%).</b> <ul style="list-style-type: none"> <li>➤ <b>Decision is to reverse the percentages.</b></li> </ul> </li> </ul> <p><b>Public Comment on FQHC and Risk:</b></p> <ul style="list-style-type: none"> <li>○ FQHC progression to VBP model, what does this mean?</li> <li>○ Laretta Converse responded that the premise is system transformation. FQHCs cannot put PPS at risk. VBP in this group is to assess the inefficiencies and assess where are opportunities or creative ways to improve quality and reduce cost for ex: not incentivizing more visits (encounters). The state is trying to provide flexibility in the model. Looking for demonstrated ways FQHCs are trying to reduce TCOC.</li> <li>○ If an FQHC wanted to go to risk, can they?</li> <li>○ Deputy Director Sousa responded that CMS has stated clearly that PPS cannot be at risk. Anything above that would require CMS engagement.</li> <li>○ Would FQHC project plan work be evidence of a progression to VBP, as they seem to be the same thing.</li> <li>○ Debbie Morales responded that the state will take that under consideration, this would need to be reviewed internally.</li> <li>○ What are the standards are approval? Will approval be retrospective of prospective?</li> <li>○ Request for as guidance tool.</li> </ul>
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<b>KPI Dashboard</b>	<b>40 Minutes</b>	<b>Debbie Morales/Rebecca Lebeau/Laretta Converse</b>	<p><b>Reviewed KPI Dashboard and Things to Note:</b></p> <ul style="list-style-type: none"> <li>• Debbie Morales stated that the intent of the review of KPI slides was not to do a deep dive on the data, but just to provide a high level overview of what is currently being reported, feedback and questions can be provided as a follow-up via email to Debbie Morales. The state does not want to add another 20 metrics but would like suggestions from stakeholders on metrics that are missing or are important.</li> </ul>

			<p><b>Public Comment</b></p> <ul style="list-style-type: none"> <li>○ Is there a measure that reflects the well-being of our Medicaid Population/Pop Health measure?</li> <li>○ What is end state for this program; are we focused on the right things?</li> <li>○ Need to stay static on the measures for a few years so we can truly assess impact.</li> <li>○ Deputy Director Sousa responded that the state will be measuring all of these but the ask is are there other things we should be measuring as we move forward? This is our baseline, still working through data integrity issues but what else are we talking about?</li> <li>○ I think financials are important, how are we doing on TCOC.</li> <li>○ Can we break this down by race and ethnicity? Is this reflective of the Public Health Challenges? I do not believe so, this is a great start but need data broken out by population health measures. BMI data, not screening for BMI is more relevant to patient population and health outcomes and broken out by provider/AEs.</li> <li>○ Alignment between the SIM Population Health goals and HSTP outcomes is needed. There are also Health Equity measures.</li> <li>○ Engagement issue is big for all AE's. I am not confident that the Attribution process allows for proper engagement. If we are not confident in the Attribution process, then that is a place we need to start with the measures. We may come up with real measures that we may not be able assess. Need to prioritize correctly, what do we want to measure and what is timeframe.</li> <li>○ Deputy Director Sousa responded that future metrics could be financial performance and relationship to SDOH/ DOH Sim Measures. What are other potential outcomes we can work through as a committee/patient engagement/risk adjustment?</li> <li>○ What if we just focused on Prevent ED visits, what could potential impact.</li> <li>○ Chantele Rotolo responded that the Quality measures are non-negotiable, the opportunity to innovate is in the incentive measures. Quality is not something the state is going to take their foot off the peddle on. At this point in our maturity, we should stay focused on a smaller number of measures and expand on that. We are among the best in the country, we should focus on what we have on our plate already.</li> <li>○ Debbie Morales responded that the work with Bailit was designed to provide a quality focus.</li> </ul>
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<b>Charter and Schedule</b>	<b>10 Minutes</b>	<b>Kristin Sousa</b>	<b>Review of the Charter:</b> <ul style="list-style-type: none"> <li>Request for nominations of open seats to be made to Jennifer Marsocci via email.</li> <li>Need Medicaid Members on the AC. Challenge to get engagement from this population.</li> </ul>
<b>Adjourn</b>	<b>12:30 p.m.</b>		<p>Meeting adjourned at approximately 12:30 p.m. The next AE Advisory Council Open Discussion Meeting is scheduled for Thursday, February 27, 2020 8:30 a.m. – 10:30 a.m. at DXC conference room #203, 301 Metro Center Blvd, Warwick, RI.</p>

**Meeting Participants:** Christopher Asura (RIDOH), Tinisha Richards (UHC), Martha Brough (UHC), Barry Fabius (UHC), Coinna Roy (BHDDH), Linda Kats, Jon Mudge (BVCHC), E Dennigan (Lifespan), Matthew Harvey (Integra), John Tobin (NHPRI), Shamus Durac (RIPIN), Kristen Fournier (CCRI), Brian Blissmer (URI), Cory King (OHIC), Mackenzie Johnson (CCRI), Ray Parris (PCHC), Monica Broughton (UHC), Sandra Brown (MASHC), Sandy Pardus (BVCHC), Olivia Demanche (FSRI), Holly Garvey (Integra), John Minichello (Integra), Dan Moynihan (Lifespan), Tom Boucher (PACE), Chris Gadbois (CareLink), Ray Lavoie (BVHCH), Pat Ross (THPP), Sarah Thompson (Coastal), Kerri Zanah (BHDDH), Nicole O'loughlin (SEIU), Dan Moynihan (Lifespan), Chris Dooley (Prospect), Merril Thomas (PCHC), Dr. Ana Novais (RIDOH), Sam Salganik (RIPIN), Roberta Merkle (St. Elizabeth's Community), Juan Lopera (Tufts), Patrice Cooper (UHC), Maria Palumbo Rayes (FSRI), Deb Horowitz (CTC), Maria Narishkin (EOHHS), Diane Evans (IHP), Jay Buechner (NHPRI), Rick Brooks (EOHHS), Olivia Burke (FCG), Marea Tumber (OHIC), Susan Brace (UHC), Domenic Delmonico (Tufts), Stacey Aguiar (UHC), Lauren Capizzo (HealthCentric), Matt Roman Z(Thundermist), Karen Lally (Charlesgate); Caitlin Frumerie (RI Coalition for the Homeless), Edward Smith (PCHC).