

ICSP Best Practices Overview:

- **Health Plans ensure the required number of Integrated Care System Partnerships are maintained and implemented each calendar year per contract requirements.**
 - In the 2013 Seniors (MSHO/MSC+) contract, health plans ensured a minimum of two required ICSP proposals were submitted and approved for implementation in January 2014.
 - In the 2014 Seniors (MSHO/MSC+) contract, health plans ensured that two additional ICSP proposals were approved prior to July 1, 2014 for implementation in January 2015.
 - In the 2013 Seniors (MSHO/MSC+) contract at least one ICSP must include long term care services.
 - In the 2013 SNBC contract, applicable health plans submitted at least one ICSP proposal for approval and implementation in January 2014, with an additional SNBC ICSP proposal submitted prior to July 1, 2014 for approval and implementation in January 2015. Hence, health plans ensured at least two ICSPs were implemented in 2015 for SNBC to promote integration, co-location, or improve coordination of physical and behavioral health.
 - As a best practice for both contracts (MSHO/MSC+ and SNBC) health plans ensure that if the total number of ICSPs falls below the required number noted above, the health plan replaces the no-longer-extant ICSP per the stated contracting schedule.
 - Health plans ensure each ICSP includes a selected payment arrangement(s) tied to health outcomes and costs of care from four approved payment model options and payment types provided by the State.
 - Health plans ensure each ICSP also includes at least two quality measures from a list of quality measures provided by the State. The health plans may choose to implement a new quality measure by submitting to the State a written request within 30 days prior to the health plans targeted implementation date of the new alternative measure. For new ICSPs, the health plan shall also submit the request as part of the proposal for the new ICSP.
 - Health plans proposing a new ICSP shall consult with the State for guidance.
- **Health plans submit outcome summary reports per contract requirements to convey progress per the approved reporting template provided by the State within the stated timelines:**
 - For both Seniors and SNBC contracts, health plans submit a descriptive report by April 1st of the contract year. This descriptive report includes an evaluation reporting whether the provider is a certified Health Care Home, changes to selected partners, changes to the identified populations, number of enrollees served and member months for each arrangement for each month of the reporting period, selected payment model and any issues encountered with selected payment model, indicate if the ICSP is a total cost of care and how total cost of care is tracked, note quality indicators used to measure performance with the benchmarks used to determine if provider is within the total cost of care, any impacts to consumer choice of community or institutional settings, address whether performance measures were successful or not and why, changes made to performance measures, steps taken to achieve identified benchmarks, barriers encountered for the performance measure, lessons learned, any new performance measures initiated, indicate whether adequate data was available to evaluate performance, a description of the process for overseeing entities and evaluating performance, barriers encountered with

data sharing between the MCO and partners, challenges experienced overseeing and evaluating performance, and conclude with any additional information regarding key successes or other information not addressed previously in the report.

- In the event that a health plan does not have all required information available at the time of the April 1st reporting period, health plans may choose to defer specific questions within the report (identified by the State) and submit the descriptive report, ensuring all information is provided within the third quarter report due by September 30th of the contract year.
- **Health plans also participate in a clinical work group coordinated by the State designed for continuing the development of ICSP quality metrics and reporting for ICSP models.**
 - A complete list of quality measures are maintained for both Seniors and SNBC.
 - The quality measures are conveyed via the full array of measures health plans have to select from, active quality measures are denoted with an asterisk by the measure, and new alternative measures incorporated by the health plans are also reflected within this complete list.
 - To help clearly mark and track the active measures selected by the health plans in their ICSPs, a suggestion being considered is assigning a number to each measure on the lists to clearly denote which measure is active from the numerous measures listed.
- **ICSP outcome summary reports are collected from health plans electronically, analyzed and summarized per the contract timelines by an assigned project lead with the State.**
 - A summary of each health plan's responses is documented reflecting the percent of ICSPs with a change in partners, change in population, the number of enrollees, the payment model types, whether a cost savings was applicable and indicated, an impact on consumer choice if applicable, outcome results for measures met, partially met or not met at all, changes to measures, steps taken to achieve benchmarks, next steps going forward, noting any new measures, measures discontinued, and also noting whether data was obtained that was needed to determine progress, any barriers with data sharing, challenges, and other comments from the plans.

Description of Challenges and Strategies

- **Documentation within the reporting templates from the health plans at times is found to be incorrect due to changes in staff or simply human error. Such errors include entering the wrong title of the ICSP, wrong provider names, or different measures than what is indicated in the initial ICSP proposal altogether. These reporting errors require a substantial amount of time and follow-up with the health plans to have the reports re-submitted with the correct information.**
 - A strategy being considered is including a tracking number assigned to each ICSP. This tracking number would be required to be noted on the reporting template. An ICSP tracking number will provide ease of locating an ICSP once it is received by the State. The tracking number will match the number on the State's ICSP tracking sheet which supports the internal review process conducted by the State.

Description of Challenges and Strategies (continued)

- During State site visits, the State will encourage health plans to conduct cross training of the ICSP framework for tracking and progress monitoring so that in the event a staff member should leave the organization there is another staff member that is knowledgeable and trained especially in the area of progress reporting, this could significantly reduce the amount of documentation and reporting errors.
- A strategy that has been requested by a health plan during a site visit and is being considered in the future, is to have a more automated process from a pick list of potential answers rather than populating answers by hand, thereby reducing human error and improve efficiency.
- **Tracking new and discontinued ICSPs is a challenge as communication from the health plans has been informal through a word document or email correspondence.**
 - A strategy being considered is adding a new section to the reporting template titled "ICSP status." Here the health plan can formally document in the reporting template the ICSP status such as whether the ICSP is new, replacing a former ICSP and include the tracking number for that ICSP, or note if the ICSP is being discontinued, the tracking number and reason for the ICSP being discontinued. For a new ICSP a new tracking number would be assigned by the State and provided to the health plan with the approval of their proposal.
- **Obtaining meaningful data has been a challenge, but anticipated at the same time, given the nature of the various types of data needed by the plans to measure progress (HEDIS, CAHPS, claims, etc.) and the diverse relationships across ICSPs.**
 - A strategy already implemented is allowing flexible reporting with the health plans. For example, with the outcome summary reports due on April 1 health plans can report on what they know at that time and can defer any quality measure progress reporting until the end of the third quarter reporting period (i.e. - Sept. 30th).
- **Measuring progress of the ICSPs is a current challenge and will need extensive discussion to carve out next steps for the ICSP initiative.**
 - An ICSP RFP has been issued and is underway to obtain a contractor to assist the State in how ICSPs are evaluated currently and how the most beneficial information can be obtained from these arrangements going forward.
- **Confusion over the reporting of ICSPs and the Alternative Health Care Home reporting is an issue.**
 - A key strategy is to address the reporting requirements within the contract language and work collaboratively with selected ICSP contractor to obtain suggestions for improvement in this area.
- **LTSS quality measures should be adopted and incorporated into the State's initiative as they become available on a Federal level.**

- **Health plans track additional quality measures via other informal initiatives with their providers and it is a current challenge for the State on how to be informed in a timely manner and capture this information so that it is available for review.**
- **The sheer number and diverse nature of the ICSPs is both a challenge and a strength.**

Lessons Learned:

- The State has learned from health plan progress reporting that the health plans are finding the ICSPs are a meaningful and valuable initiative worth their time and energy.
- The health plans have expressed an increased desire and appetite for reaching out to providers and work in collaboration to achieve quality measures, impact the quality of health care, reduce costs, etc.
- More continuity and coordination of care between health plans and providers is occurring and being reported across settings and diverse provider types.
- Health plans are choosing to design and explore more creative payment arrangements with their ICSP providers.
- Enhanced ICSP reporting tools, tracking systems and monitoring options are needed as the ICSPs continue to grow and share more progress related information.
- The information obtained from the ICSP initiative can prove useful for STAR measure improvements.
- Data findings as of September 30, 2015 for the 2014 contract year:
 - Of the 32 ICSP reports received (4/1/15 and 9/30/15), 27 ICSPs are marked as applicable to a cost saving effort while 3 are marked as not applicable and not designed to target a cost savings.
 - Also for the 2014 contract year, the ICSP descriptive reports received showed 27 ICSPs are applicable and had a 56% marked savings, while 44% have not noted a savings occurred thus far.
 - From this same aforementioned reporting period, there are 32 of 32 applicable ICSPs with identified quality measures. Of these 32 ICSPs, 47% or almost 50% met their stated quality measures and were on target. While 30% were meeting at least one of the two or three measures, and 23% noted no progress on identified quality measures.
 - For plans noting they are not meeting quality measures, more emphasis is needed during site visits and informal communications with the health plans to encourage clear documentation on what changes will be initiated to ensure targets are met.