

Update on Integrated Care System Partnerships (ICSPs)

Stakeholder's Meeting for Seniors
and People with Disabilities
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Integrated Care System Partnerships

- Builds from current MCO/Provider “Care System” contracting arrangements (current providers may convert to ICSPs)
- Combined Medicare and Medicaid financing provides incentives for provider level payment and delivery reforms stimulating new subcontracting arrangements and affiliations across services.
- New CMS demonstration supports inclusion of Medicare services for seniors in ICSPs through contracts with Medicare Special Needs Plans for seniors with dual eligibility in MSHO
- Seniors: Encourages involvement of long term care providers under shared pooled incentives or payment reform models
- People with Disabilities: Encourages coordination of physical and behavioral health for people with disabilities in SNBC
- All models to incent improved health outcomes and choice of care setting

Integrated Care System Partnerships

- Proposals are subject to State contract requirements for care coordination, quality metrics, financial performance measurement and reporting
- Tied to a range of quality and financial performance metrics:
 - Clinical workgroups developed quality measure options
 - Measures will differ between systems based on many factors: size, population served, setting of care, geographic area, etc.
 - ICSPs can propose alternative measures
- Financial metrics proposed according to broad State parameters
- SNP/MCO/Provider implementation of new ICSP arrangements no later than January 2014.
- 30 ICSP proposals in total were received, reviewed and accepted:
 - 60% **Seniors**
 - 26% **SNBC**
 - 13% **Both Seniors and SNBC**

Blue Plus ICSPs

Partners:

- 1) Essentia Health (Seniors)
- 2) Services of Minnesota (GSM) (Seniors)

ICSP Measures:

- 1) Plan all cause readmissions using claims data
- 2) Use of high risk medications in the elderly using pharmacy data

ICSP Expectations:

- 1) Improve patient experience of care
- 2) Improve health of populations
- 3) Reduce the per capita cost of health care

HealthPartners ICSPs

Partners

- 1) HealthPartners Medical Group with 9 LTC Facilities (Seniors)
- 2) Park Nicollet Clinics and 3 LTC Facilities (Seniors)
- 3) Six contracted interpreter agencies (Seniors)

ICSP Measures:

- 1) Facility acquired pressure ulcers
- 2) Falls with injury
- 3) Advanced Care Planning
- 4) Pre and Post training interpreter understanding

Expectations:

- 1) Improve quality of care reducing facility acquired pressure ulcers
- 2) Reduce falls with injury
- 3) Enhance understanding for end of life decision making
- 4) Better experience for the member

Itasca Medical Care ICSPs

Partners

- 1) IMCare Primary Care (Seniors)
- 2) IMCare Institutional Facilities (Seniors)

ICSP Measures:

- 1) Preventive services
- 2) Care Coordination for optimal outcomes
- 3) Medication reconciliation per published HEDIS specifications

Expectations:

- 1) Improve healthcare
- 2) Cost savings through care coordination across all facets with 100% of savings to risk providers with incentives aligned
- 3) Improve healthcare outcomes via medication reconciliation

Medica ICSPs

Partners

- 1) Presbyterian Homes (Independent and N.H.) (Seniors)
- 2) Geriatric Services of Minnesota (GSM) (Seniors)
- 3) Essentia (Seniors)
- 4) Care Choice (Seniors)
- 5) Fairview Partners (FVP) (Seniors)
- 6) Mental Health Resources (SNBC)
- 7) Courage Center (SNBC)
- 8) Guild (SNBC)
- 9) Touchstone (SNBC)
- 10) Spectrum (SNBC)

Medica ICSPs

Measures:

- 1) Flu shots
- 2) Physician's Order for Life Sustaining Treatment (POLST)
- 3) Inpatient utilization
- 4) Plan all cause readmissions (PCR)
- 5) High risk medications
- 6) Medication reconciliation
- 7) Follow-up hospitalization for mental illness (MI)
- 8) Behavior and Physical Health integration evidence
- 9) Mental and behavioral health integration evidence
- 10) Thirty day readmission to hospital rate
- 11) Fall prevention
- 12) Patient Activation Measurement (PAM) – measure patient engagement

Expectations:

- 1) Cost savings via a reduction in hospital readmissions, Physician's Order for Life Sustaining Medical Treatment (POLST) completed, reduction in falls, medication reconciliation, depression screenings
- 2) Improved quality of life for the member with a reduction in all cause readmissions and high risk medications

Metropolitan Health Plan ICSPs

Partners

- 1) Care Choice (Seniors)
- 2) Catholic Charities, Keystone Community and Meridian Services (Seniors)
- 3) Community University Health Care Center (CUHCC) (SNBC)
- 4) Touchstone Mental Health (SNBC)

ICSP Measures:

- 1) Inpatient utilization (HEDIS: Inpatient, Medicine and Surgery)
- 2) Emergency Department utilization (HEDIS: Ambulatory care / Emergency Dept.)

Expectations:

- 1) Reduce potentially avoidable hospital inpatient admissions
- 2) Reduce emergency department visits
- 3) Appropriate utilization of services
- 4) Cost savings creates a performance pool to be distributed to partner organizations based on meeting or exceeding performance metrics

PrimeWest Health ICSPs

Partners

- 1) Affiliated Community Medical Centers (ACMC), Alexandria Clinic and Douglas County Hospital (**Seniors**)
- 2) Knute Nelson (LTC) (**Seniors**)
- 3) Alexandria Clinic, Douglas County Hospital, and Red Lake Rural Co-Integrated Care (Sanford Health of Thief River Falls) (**SNBC**)

ICSP Measures:

- 1) Ambulatory Care Sensitive Conditions (ACSCs)
- 2) High risk medications
- 3) Medication management reconciliation post discharge
- 4) Antidepressant medication management for 18 years plus
- 5) Follow-up care for children with attention deficit hyperactivity disorder (ADHD)

Expectations:

- 1) Optimal clinical outcomes
- 2) Better functional status/outcomes
- 3) Improve patient and provider satisfaction
- 4) Reduce inappropriate utilization of health care resources and services
- 5) Fewer preventable illnesses and hospitalizations
- 6) Fewer unnecessary health care costs

South Country Health Alliance (SCHA)

Partners

- 1) First Light Health System, Allina SeniorCare Transitions and St. Clare Living Community (**Seniors**)
- 2) Mayo Clinic Health System Provider Network (MCHS), MMSI and SCHA (**Seniors/SNBC**)

ICSP Measures:

- 1) Reduce ER visits
- 2) Reduce Hospital re-admissions
- 3) Completion of Annual Reviews of Advanced Care Plan
- 4) Primary Care Team (PCT) contacted prior to emergency room (ER) or inpatient admission
- 5) PCT contacted prior to ER or inpatient admission
- 6) Use of antipsychotics for people with Dementia
- 7) Completion and Annual Review of Advanced Care Plan with PCT
- 8) Preventive Screenings

South Country Health Alliance (SCHA)

Expectations:

- 1) Improved care outcomes
- 2) Overall cost savings
- 3) Enhanced member satisfaction
- 4) Less disruption to the member by providing as many services as possible on-site
- 5) Enhanced communication with Nurse Practitioner (NP) on-site and improved care planning
- 6) Cost savings will be achieved through more appropriate ER and acute care utilization, substitution of skilled nursing and intensive service days provided in the nursing home

UCare ICSPs

Partners

- 1) Fairview Partners (Seniors)
- 2) Geriatric Services (GSM) (Seniors)
- 3) Bluestone Medical Team (Seniors/SNBC)
- 4) Care Choice (Seniors/SNBC)
- 5) Mental Health Resources (MHR) (Seniors/SNBC)

ICSP Measures:

- 1) Annual monitoring of patients on persistent meds
- 2) POLST- direct patient contact regarding life sustaining treatment
- 3) Plan all - cause readmissions (PCR)
- 4) Inpatient utilization for general hospital/acute care (IPU)
- 5) Advanced care planning
- 6) Follow-up after hospitalization for mental illness
- 7) Falls with fracture
- 8) Re-admissions
- 9) Anti-depressant medication management

UCare ICSPs

Expectations:

- 1) Increase percentage of patients receiving monitoring on persistent medications
- 2) Increase percentage of patients receiving advanced care planning / POLST
- 3) Decrease the percentage of patients being re-admitted
- 4) Decrease inpatient utilization for general hospital/acute care
- 5) Increase follow-up after hospitalization for mental illness
- 7) Reduce falls with fracture
- 8) Reduce re-admissions
- 9) Increase the percentage of patients that remain on anti-depressant medications for a minimum of 84 days initially then 180 days

Top Five Proposed ICSP Measures (Seniors)

1) Plan All-Cause Readmissions (PCR)

- The number of acute inpatient stays during the measurement years that were followed by an acute readmission for any diagnosis within 30 days and the predicated probability of an acute readmission

2) Inpatient Utilization- General Hospital/Acute Care

- Summarizes utilization of acute inpatient care and services in the following categories: Total inpatient, Medicine, Surgery, and may also be disease specific rather than general hospitalizations

3) Advanced Care Planning/ POLST

- Percentage of members age 65 or greater who have evidence (i.e.- documentation) of advanced care planning in their medical record at their health care home clinic or nursing facility across a 12 month period

4) Use of High Risk Medications in the Elderly (DAE)

- Percentage of Medicare members 66 years of age and older who received at least one or two high risk medications

5) Medication Reconciliation Post Discharge (MRP)

- Percentage of discharges for members 66 years of age and older for whom medications were reconciled on or within 30 days of discharge

Top Three Proposed ICSP Measures (SNBC)

1) Plan All-Cause Readmissions (PCR)

- The number of acute inpatient stays during the measurement years that were followed by an acute readmission for any diagnosis within 30 days and the predicated probability of an acute readmission

2) Anti-Depressant Medication Management (AMM)

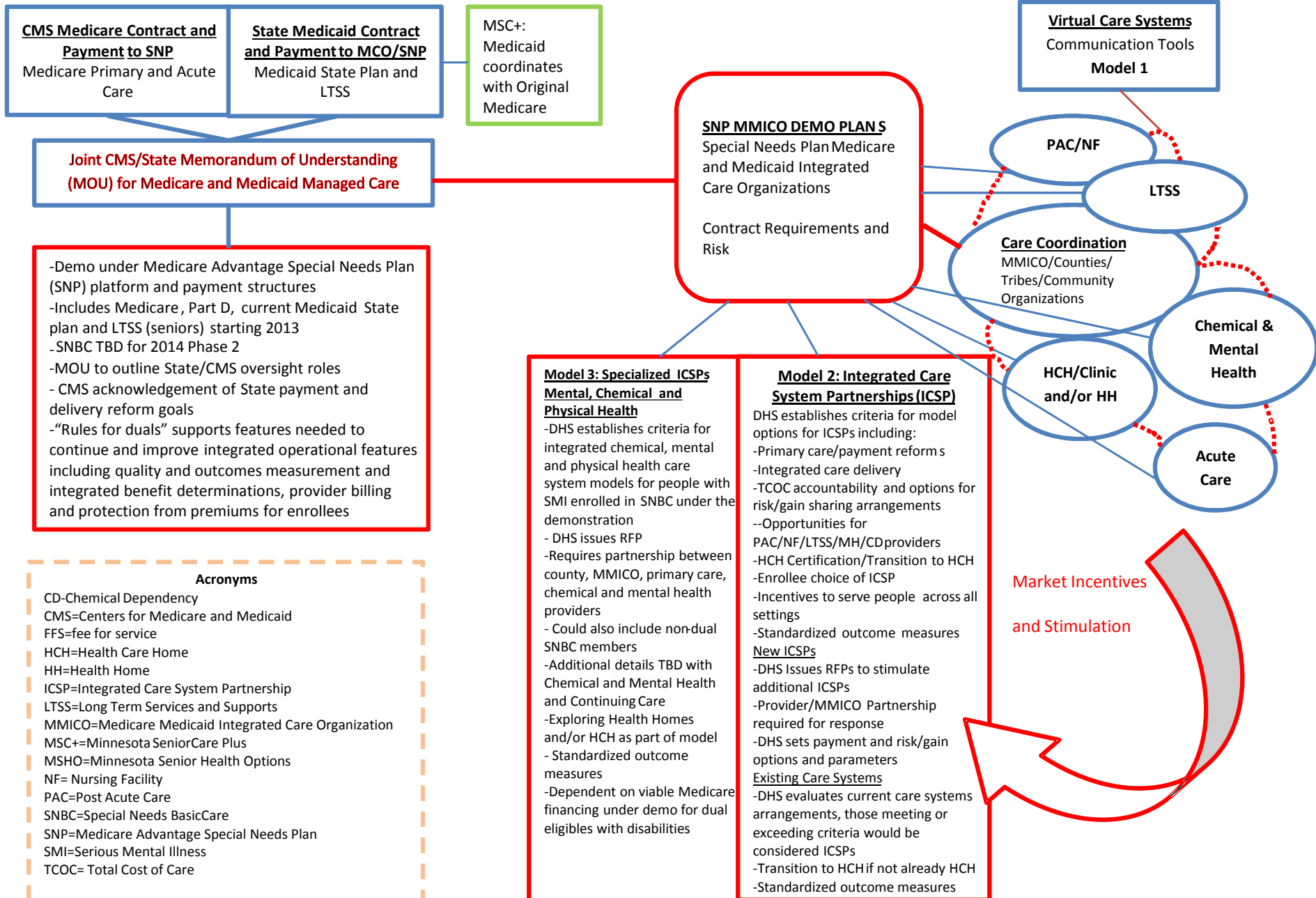
- Percentage of participants 18 years and older with a diagnosis of major depression; newly treated with anti-depressant medication and remained on antidepressant medication treatment

3) Medication Reconciliation Post Discharge (MRP)

- Percentage of discharges for members 66 years of age and older for whom medications were reconciled on or within 30 days of discharge

Summing It Up

- MSHO/SNBC aligning with new delivery systems through formation of new ICSPs and HCDS
- ICSPs expected to further integrate primary care, behavioral health and LTSS care coordination mechanisms
- ICSPs will link clinical and financial performance
- Dual demo supports Medicare inclusion in ICSPs
- 2014 contracts expected to increase ICSPs
- Measurement will be challenging and will have to evolve over time!



CMS Medicare Contract and Payment to SNP

Medicare Primary and Acute Care

State Medicaid Contract and Payment to MCO/SNP

Medicaid State Plan and LTSS

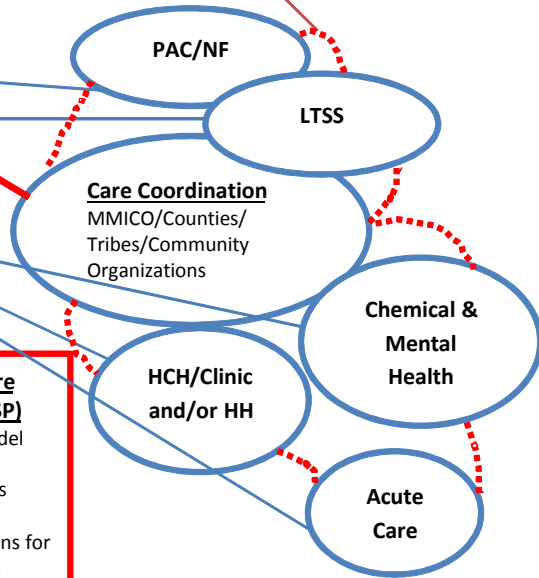
MSC+:
Medicaid coordinates with Original Medicare

Virtual Care Systems
Communication Tools
Model 1

Joint CMS/State Memorandum of Understanding (MOU) for Medicare and Medicaid Managed Care

SNP MMICO DEMO PLANS
Special Needs Plan Medicare and Medicaid Integrated Care Organizations

Contract Requirements and Risk



-Demo under Medicare Advantage Special Needs Plan (SNP) platform and payment structures
-Includes Medicare, Part D, current Medicaid State plan and LTSS (seniors) starting 2013
-SNBC TBD for 2014 Phase 2
-MOU to outline State/CMS oversight roles
- CMS acknowledgement of State payment and delivery reform goals
-“Rules for duals” supports features needed to continue and improve integrated operational features including quality and outcomes measurement and integrated benefit determinations, provider billing and protection from premiums for enrollees

Model 3: Specialized ICSPs
Mental, Chemical and Physical Health
-DHS establishes criteria for integrated chemical, mental and physical health care system models for people with SMI enrolled in SNBC under the demonstration
- DHS issues RFP
-Requires partnership between county, MMICO, primary care, chemical and mental health providers
- Could also include non-dual SNBC members
-Additional details TBD with Chemical and Mental Health and Continuing Care
-Exploring Health Homes and/or HCH as part of model
- Standardized outcome measures
-Dependent on viable Medicare financing under demo for dual eligibles with disabilities

Model 2: Integrated Care System Partnerships (ICSP)
DHS establishes criteria for model options for ICSPs including:
-Primary care/payment reforms
-Integrated care delivery
-TCOC accountability and options for risk/gain sharing arrangements
--Opportunities for PAC/NF/LTSS/MH/CD providers
-HCH Certification/Transition to HCH
-Enrollee choice of ICSP
-Incentives to serve people across all settings
-Standardized outcome measures
New ICSPs
-DHS Issues RFPs to stimulate additional ICSPs
-Provider/MMICO Partnership required for response
-DHS sets payment and risk/gain options and parameters
Existing Care Systems
-DHS evaluates current care systems arrangements, those meeting or exceeding criteria would be considered ICSPs
-Transition to HCH if not already HCH
-Standardized outcome measures

Market Incentives and Stimulation

- Acronyms**
- CD=Chemical Dependency
 - CMS=Centers for Medicare and Medicaid
 - FFS=fee for service
 - HCH=Health Care Home
 - HH=Health Home
 - ICSP=Integrated Care System Partnership
 - LTSS=Long Term Services and Supports
 - MMICO=Medicare Medicaid Integrated Care Organization
 - MSC+=Minnesota SeniorCare Plus
 - MSHO=Minnesota Senior Health Options
 - NF= Nursing Facility
 - PAC=Post Acute Care
 - SNBC=Special Needs BasicCare
 - SNP=Medicare Advantage Special Needs Plan
 - SMI=Serious Mental Illness
 - TCOC= Total Cost of Care

Model Features	ICSP Models 2 and 3 Payment Options			
	Payment Type A Performance rewards: performance pool or P4P	Payment Type B Primary Care/Care Coordination Payment Reform (PMPM or partial sub-capitation for primary care and care coordination)	Payment Type C Sub-capitation or Virtual Capitation for Total Costs of Care Across multiple defined services including primary, acute and Long Term Care	Payment Type D Alternative Proposals
MCO manages various provider contracts with LTC providers and/or Primary Care Providers designed to incent improved health outcomes and consumer choice of community and institutional settings.	X	X		?
MCO contracts with primary care under primary care payment reform models that include care coordination and health care home or health care home alternative payments	X	X		?
MCO delegates care management to Provider Care System/Collaborative (primary care providers with long term care providers) using risk/gain/performance payment model across services.			X	?
MCO contracts with providers to provide financial and/or performance incentives for Chemical and Behavioral Health coordination or integration can include HCH or Health Homes(mainly for SNBC)	X	X	X	X
Care Coordination	X	X	X	X
Quality Metrics	X	X	X	X
Financial Performance	X	X	X	X
DHS Review	X	X	X	X
Reporting Requirements	X	X	X	X

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Dual Demo Stakeholders Website:

www.dhs.state.mn.us/DualDemo

Disability Managed Care Stakeholders Group

www.dhs.state.mn.us/SNBC