Minnesota
Health Care Financing Task Force

HEALTH CARE DELIVERY DESIGN & SUSTAINABILITY

NOVEMBER 9, 2015

MINNESOTA
HEALTH CARE
FINANCING
TASK FORCE

Health Care Delivery Design & Sustainability

November 9th, 2015

Agenda

- Welcome, Roll Call, and Meeting Purpose
- Enhancements to Payments that Support Integrated Care Delivery
- Preliminary Recommendations
- Public Comment
- Next Steps, Additional Information Needed, and Future WG Meetings

Enhancements to Care Delivery: Themes from Nov. 6th Meeting

- Current **alternative payment models (APM), such as IHP, are working**, but **require enhancements** to payment methodology, measurements.
- **Flexible, prospective payments** would enable providers in APMs to build necessary infrastructure, provide needed services that are currently not reimbursable.
- **Prospective, stable attribution** allows providers to more effectively target interventions, manage specific population.
- Provide **increased accountability for patient care** across the care continuum, potentially including non-medical expenses.

Enhancements to Care Delivery:
Themes, continued

- Alternative payment models need to be **sustainable across multiple years**, ensuring that incentives remain in out years.
- APMs should be **applicable across high and low efficiency providers**, rewarding for both performance and improvement.
- Include metrics and measurement methodologies that **don't penalize providers serving populations with health disparities**
- APMs need **consistency of goals and intended outcomes across payers**, while enabling flexibility and innovation.

Enhancements to Care Delivery: Potential Areas for Consideration, Examples

- **Financial arrangements**
  - Enhancing **risk-based arrangements** such as Medicaid's IHP program, to allow for expansion to a wider variety of providers, alternate risk models, etc.
  - **Direct contracting** with providers to deliver care coordination, enhanced management, or enhance infrastructure; could include **prospective payment** for attributed population (e.g. care management, care "navigation", non-medical services, infrastructure) or **capitation arrangements**
- Enhancing **member attachment** through prospective attribution
  - **Statewide prospective attribution** of all patients set at enrollment. Members choose a provider or are automatically attributed state-wide based on geography (county), program or other factors.
  - **Prospective attribution based on claims history** – set for upcoming year, but based on patient's prior experience.

Enhancements to Care Delivery: Consideration & Examples (continued)

- **Performance measurement** refinements
  - Include **relative performance vs peers**, performance based on both **attainment and/or improvement vs. benchmark**
  - **State-wide (all-provider) performance measurement**, for relative provider performance efficiency.
  - Enhancements to **risk adjustment** methods for cost and quality metrics.
- **Delivery system changes**
  - Require enhanced **partnerships with non-medical social & community supports** for providers receiving alternate/enhanced payments
  - **Integrate costs for non-medical social & community supports** into performance / financial arrangements
  - Encourage adoption and growth of care coordination models, such as **health care homes**, by enhancing ongoing financial support aligned across payers
- Regulatory levers or other mechanisms to **enhance consistency across payers**
  - Standardized TCOC, quality measurement methods
  - Standardized definitions of types of alternate payments

Next Meetings

Workgroup:

To Be Determined

Task Force:

Friday, November 13, 2015

Noon – 3 p.m.

St. Cloud Rivers Edge Convention Center, Herberger Suite

10 4th Avenue South

St. Cloud, MN 56301

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Minnesota Department of Human Services