

Practice Transformation Academy

Understanding What Payers Want: The Health Plan Perspective on VBP

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A Note to Begin

We want this to be helpful for you.

Please ask questions!

We have a slide that prompts discussion at the end but can easily pause throughout the presentation.



Agenda/Objectives

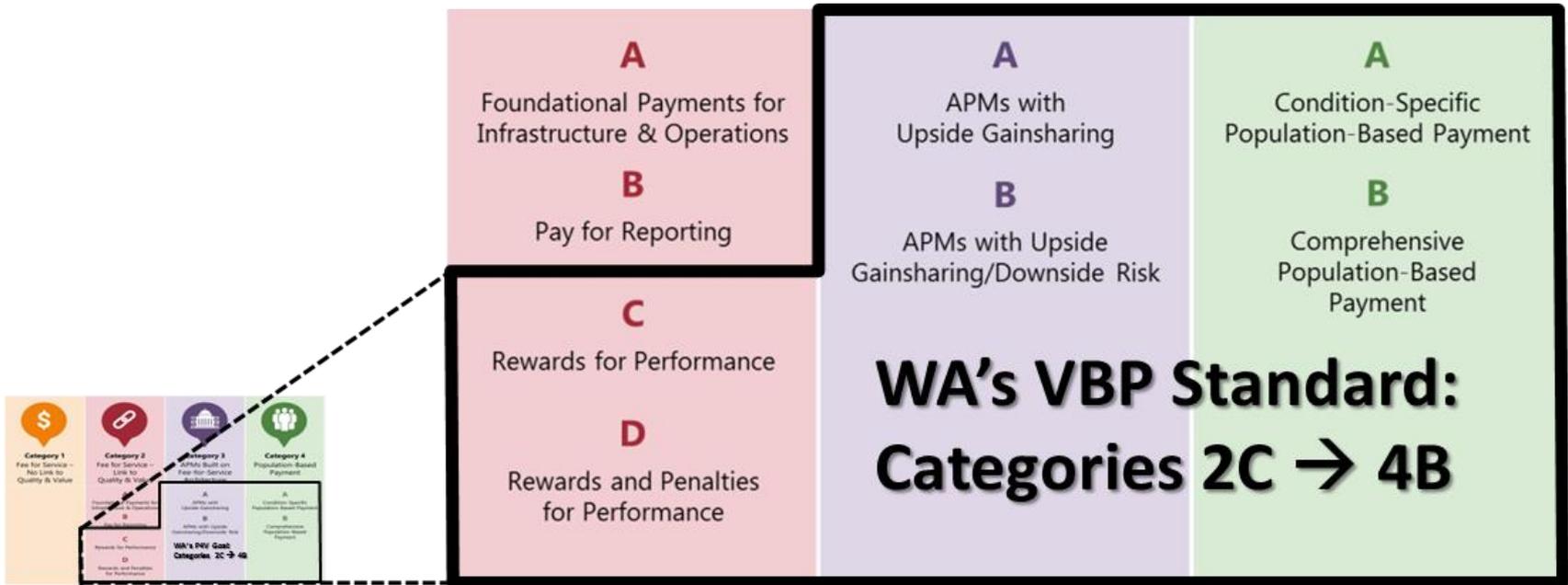
- Operating in the same playing field
 - Definitions
 - Language
 - Roles
- Assessments
 - Honesty about current state of readiness, both plan and provider
 - Ability/Plan to advance along the spectrum
- Critical Components to Successful VBP
- IMC-Medicaid Transformation Connection
- Additional Thoughts



Definitions/Language

- There isn't just fee-for-service and full capitation and risk
 - A variety of models exist and can be tailored to providers' needs/population served
- Purpose of Understanding the spectrum of payment options
 - Allows for more proactivity to approach plans with the models that work for your organization
 - Better reactivity when plans come to you with models
- Medicaid-Specific: plan for how you want managed care to be a part of your care team
 - When risk is shared, there are more opportunities and levers for collaboration but potential for duplication—how can we work better as a team for our member/patient/client?

Healthcare Payment Learning Action Network





How MCOs Work in Partnership with Providers in VBP Arrangements

- Define health plan value and organizational culture
- Data provision, analytics and quality improvement support
- Financial Support for targeted investments
- Care management and care coordination support
- Utilization and disease management
- Consultation and training based on capacity assessment
- Facilitate partnerships across network participants to ensure collaboration
- Partner with other plans to ensure administrative simplification

Capacity Elements Needed for VBP

Infrastructure components required to manage VBP contracts successfully

Governance and Organization

- Leadership buy-in and organizational vision
- Workforce development
- Effective practice management system
- Revenue cycle management
- Performance management
- Legal evaluation, contract management
- Change management

Provider Engagement

- Provider network identification and engagement
- Referral management
- Engagement with and links to non-physician staff/organizations
- Co-location (if applicable)
- Performance feedback and management

Care Coordination/Management

- Coordination across specialties and sites of care
- Comprehensive care plans
- Patient engagement
- Evidence-based case management

Population Health Management

- Data aggregation
- Ability to define patient sub-populations based on evidence-based methods
- Patient stratification
- Data exchange
- Performance monitoring
- Link to care coordination/management approaches

Links to Social Determinants of Health

- Member social needs assessment
- Knowledge of available services and organizations
- Integration into clinical and care management protocols
- Social services referral staff/programs



Internal Provider Assessment Process

- Leadership and Partnership
 - Who are your champions?
 - Who are you building partnerships with?
- Risk Stratification Tools
 - Do you have them or can you create them?
- Registries and EHR/Practice Management Capabilities
 - Understanding population health management
 - How do you know how you are performing on certain metrics?
 - What is your role in this?



Internal Assessment Process– Continued

- Budget and Revenue Cycle
 - Are you budgeting for potentially earning revenue when outcomes improve vs. services rendered?
 - Do your revenue cycle and billing staff understand the value-based payments?
- Innovation and Creativity
 - How quickly can you adapt when processes aren't working well?
- Bi-Directional Integration Workflows
 - What have you tried? What is working? What are the barriers?



Data-AHHHHH

- The Importance of Data Capabilities in VBP success
 - Need common definitions of data between provider and plan and provider to provider
 - MCOs working towards common definitions and collection practices related to metrics
- Interoperability of systems is critical—Need to have the full picture of information
 - EHR to Practice Management (if they're separate)
 - Sharing of Care Plans
 - Care Plan connections to EHR
 - Sharing information between BH Providers and PCPs
- Open Question: How do we deal with 42 CFR Part 2?



Quality Components—the Crux of VBP

- BH-Specific Measures:
 - We’re held to Penetration/Engagement metrics
 - Interested in looking at process measures to start
 - What other BH specific measures may be relevant?
 - Follow up after mental health hospitalization?
 - Hospital/Psychiatric Hospital Readmission
- Physical Health Metrics (mainly Primary Care based)
 - We want to help incentivize bi-directional integrated care and VBP arrangements with BH providers helps with this
 - In assessments, important to look at how ready your clinics/agencies are for improvement on PH measures and what’s your runway for being “at risk” for these metrics; start with process measures.
- VBP Mechanisms plans have used or may use with BH providers



Connection to IMC and Medicaid Transformation

- IMC is a lift in and of itself
 - As you assess for IMC readiness, needs to be connected to integrated clinical care readiness
 - How do we partner to not only support IMC but positively incentivize clinical integration?
- ACH Involvement
 - If there's a change/ transformation/ implementation plan needing to be created (depends on the region), how is the transition to IMC and transition to clinical integration reflected in those change plans?
 - Ensure alignment with ACH efforts to ensure investment and support impacts the work you need to do



What's Next: Future State

At the moment, value-based payment in Medicaid in WA is built for Primary Care and is still built of a FFS chassis/architecture...

- What about patients who primarily see their behavioral health provider, not their PCP?
- What does that mean for better team-based care with specialists?
- What about the patients who don't want to come to the doctor?
- Where's the risk for hospitals?



Questions/Discussion

Discussion Points:

- Reactions to Definitions/Language?
- What have you found when you completed your assessments?
- What are some of the opportunities and challenges you are facing with your stretch project?
- How *do* we deal with 42 CFR Part 2?
- Any Feedback on measures we should be considering that you already track?
- What can we as MCOs do to support BH Providers in connecting IMC to Medicaid Transformation implementation?



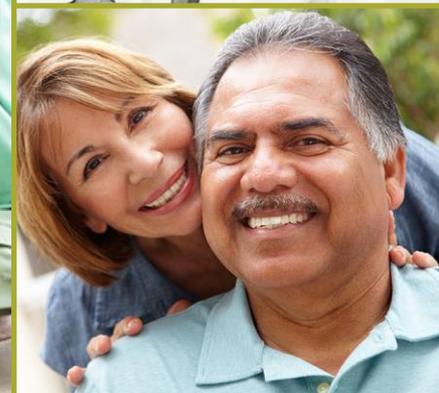
Next Steps

- Next Webinar:
 - Managed Care Contracting
 - Tuesday, June 12, 2018
 - 11:30-12:30pm PT

Questions? Email Joan Miller
JMiller@thewashingtoncouncil.org



Thank you!



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