

Cascade Care

procurement activities and proposed timeline

Joint Select Committee on Health Care Oversight

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Agenda

- Glance at overall work plan and joint agency effort
- HCA contract and procurement role in Cascade Care
- Cascade Care purchasing standards and HCA approach
- Timeline and next steps

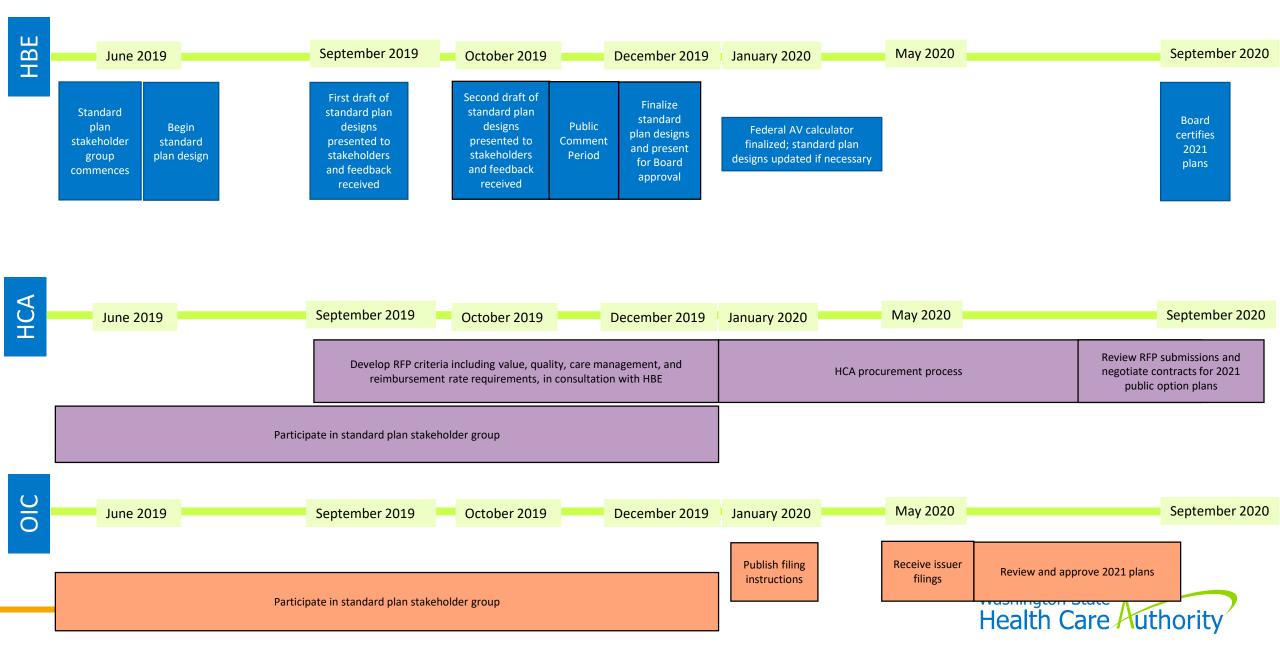


Multi-agency effort

- Joint agency effort
 - Health Care Authority, Health Benefit Exchange, and the Office of the Insurance Commissioner
 - Interdependent parts of the development, different phases of work
 - > Joint workgroup, multiple sub-groups and multiple stakeholder groups



At a glance: Interagency Cascade Care Implementation Timeline



HCA procurement role in Cascade Care

State Procured Standard Qualified Health Plans (QHPs):

- Requires HCA, in consultation with HBE, to contract with health carriers to offer state procured standard QHPs (public option plans) for 2021 plan year
 - Plans to be available through the Health Benefit Exchange, maintain all federal and state requirements for QHPs
- Carriers that choose to participate must offer gold, silver andbronze standard benefit designs approved by HBE Board
- Plans must include provider reimbursement rate caps and certain quality and value requirements



Cascade Care purchasing standards

- Affordability opportunity Legislation outlines reimbursement rate caps and floors for health carriers payments to providers:
 - Cap set at aggregate of 160% of Medicare
 - Floors set such that primary care physicians may not be paid less than 135% of Medicare, and rural critical access hospitals or sole community hospitals not less than 101% of Medicare (allowable costs)
- Quality and value participation requirements:
 - Must incorporate recommendations of the Robert Bree Collaborative and health technology assessment program
 - Additional requirements that align to state agency value based purchasing (VBP), focus on maintaining and improving health



HCA approach in developing Cascade Care purchasing standards

- Guiding principles for program development
- Strive to increase affordability and value, while aligning with state purchasing standards
- Success is dependent on carrier and provider participation; administrative barriers to participation should be minimized
- Program development and refinement will be a continual process; initial development will lay the groundwork for phasing in additional requirements/standards



Draft Bree Collaborative standard approach

Legislative requirement:

The qualified health plan must incorporate recommendations of the Robert Bree Collaborative

Proposed approach:

- Participating Cascade Care carriers required to implement a subset of Bree Collaborative recommendations and report on progress (note: Bree recommendations broken out by stakeholder; carriers would implement 'health plan' recommendations)
 - ► HCA selects recommendations/topics for all carriers to implement, and
 - Each carrier selects recommendations/topics to implement



HCA Proposed Bree Collaborative recommendation requirements – all carriers

Elective Total Knee and Total Hip Replacement Bundle and Warranty (2013 and 2017)*



Hospital Readmissions (2014)*



Behavioral Health Integration (2017)*

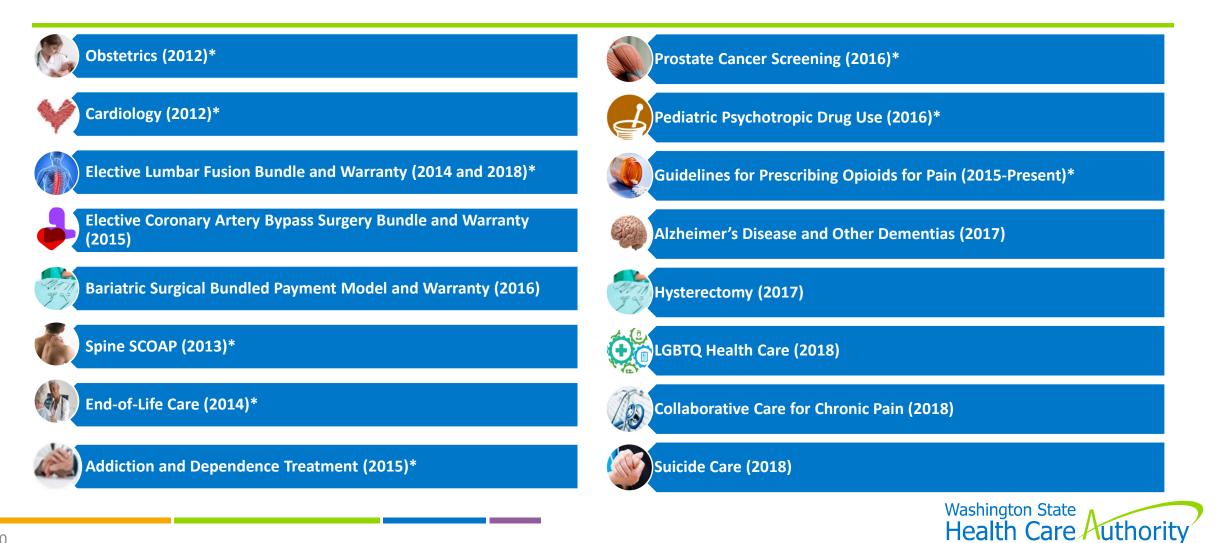




* Link to Bree health plan implementation guidance



Additional Bree Collaborative topic areas



Areas in development for 2019 and beyond



Guidelines for Prescribing Opioids for Pain Ongoing



Maternity Bundled Payment Model



Palliative Care



Shared Decision Making



Harm to Self and Others



Draft Health Technology Assessment standard approach

Legislative requirement:

The qualified health plan must incorporate recommendations of the health technology assessment program

Proposed approach:

Attest and submit baseline of compliance to a subset of most impactful HTA requirements (to be determined by HCA)



Health Technology Assessment review areas (1 of 2)

Vagal nerve stimulation for epilepsy and depression (2020)*	Pharmacogenomic testing for selected conditions: behavioral health treatments (2017)	
Tinnitus: non-invasive, non-pharmaceutical treatments (2020)*	Fecal microbiota transplantation (2016)	
Stem cell therapy for musculoskeletal pain (2019)*	Negative pressure wound therapy (2016)	
Cell-free DNA prenatal screening for chromosomal aneuploidies (2020)*	Autologous blood or platelet-rich plasma injections (2016)	
Femoroacetabular impingement syndrome - re-review (2019)*	Bronchial thermoplasty for asthma (2016)	
Whole exome sequencing (2019)*	Spinal injections (2016)	
Proton beam therapy - re-review (2019)	Extracorporeal membrane oxygenation (2016)	
Sacroiliac joint fusion (2019)	Cardiac stents (2016)	
Peripheral nerve ablation for limb pain (2019)	Tumor treating fields (Optune®) (2016)	
Tumor treating fields (Optune [®]) - re-review (2018)	Lumbar fusion for degenerative disc disease (2015)	
Positron emission tomography (PET) scans for lymphoma - re-review (2018)	Tympanostomy tubes in children (2015)	
Pharmacogenomic testing for patients being treated with anticoagulants (2018)	Bariatric surgery (2015)	
Surgery for symptomatic lumbar radiculopathy (2018)	Imaging for rhinosinusitis (2015)	
Gene expression profile testing of cancer tissue (2018)	Testosterone testing (2015)	
Genomic micro-array and whole exome sequencing (2018)	Appropriate imaging for breast cancer screening in special populations (2015)	
Continuous glucose monitoring - re-review (2018)	Functional neuroimaging for primary degenerative dementia or mild cognitive impairment (2015)	
Chronic migraine and chronic tension-type headache (2017)	Screening and monitoring tests for osteopenia/ osteoporosis (2014)	
Varicose veins (2017)	Proton beam therapy (2014)	
Extracorporeal shock wave therapy (2017)	Facet neurotomy (2014)	

* Review open | Link to Health Technology reviews

Health Technology Assessment review areas (2 of 2)

Nonpharmacologic treatments for treatment-resistant depression (2014)	Positron emission tomography (PET) scans for lymphoma (2011)	
Hip resurfacing (2013)	Applied behavioral analysis (ABA) therapy for autism (2011)	
Hyaluronic acid/ viscosupplementation (2013)	Glucose monitoring (2011)	
Cardiac nuclear imaging (2013)	Vertebroplasty, kyphoplasty and sacroplasty (2010)	
Carotid artery stenting (2013)	Knee joint replacement or knee arthroplasty (2010)	
Catheter ablation procedures for supraventricular tachyarrhythmia (SVTA) including atrial flutter, atrial fibrillation (2013)	Routine ultrasound for pregnancy (2010)	
Cochlear implants: Bilateral versus unilateral (2013)	Breast MRI (2010)	
Cervical spinal fusion for degenerative disc disease (2013)	Spinal cord stimulation (2010)	
Hyperbaric oxygen (HBO2) treatment for tissue damage (2013)	Calcium scoring (2009)	
Stereotactic radiation surgery and stereotactic body radiation therapy (2012)	Electrical neural stimulation (ENS) (2009)	
Vitamin D screening and testing (2012)	Bone growth stimulators (2009)	
Intensity modulated radiation therapy (2012)	Vagal nerve stimulation (2009)	
Robotic assisted surgery (2012)	Artificial discs (2008)	
Upper endoscopy for GERD and GI symptoms (2012)	Computed tomographic angiography (CTA) (2008)	
Bone morphogenic proteins for use in spinal fusion (2012)	Arthroscopic knee surgery (2008)	
Sleep apnea diagnosis and treatment in adults (2012)	Implantable infusion pumps (2008)	
Microprocessor-controlled lower limb prosthetics (2011)	Discography (2008)	
Osteochondral allograft and autograft transplantation (2011)	Virtual colonoscopy or computed tomographic colonography (CTC) (2008)	
Femoroacetabular impingement (FAI) syndrome (2011)	Upright/ positional MRI (2007)	
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Primary Care definition

Legislatively mandated standard:

Reimbursement for primary care services, as defined by HCA, provided by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine

Proposed approach:

- HCA has developed a primary care definition for a Medicaid/PEBB/SEBB primary care spend contract requirement, starting in 2020;
- Primary care definition includes provider type <u>and</u> service-base (e.g., ambulatory setting)
- HCA will provide codes and definitions in procurement



Approach to defining and calculating price cap

- Learn from others Initial research focused on learning from others efforts, e.g. Medicare cap pricing approach and definitions of inpatient, outpatient and professional ("baskets of services")
- Leverage HCA tool used in PEBB third party administrator contract (Medicare lite methodology)
- Potential options to calculate Medicare prices:
 - Rules-based approach (CMS rules)
 - Claims allowed amount (reflects actual Medicare allowed amounts)
 - Repricing tools



Next steps – snap shot of procurement timeline

Tasks	Date
Procurement updates and presentations to stakeholder work groups	(June – December) October – December
Detailed rating methodology discussions, modeling	December - January
Public comment period on draft concepts	December - January
Procurement/Solicitation released	February 2020
HCA review of procurement	Spring 2020
OIC review and approval of plans	May 2020 filing; September 2020 approval
HBE board certification	September 2020
	Washington State Health Care Authorit

Appendix

Dr. Robert Bree Collaborative- Health Plans Implementation:

- www.breecollaborative.org/implementation/health-plans/
- Health Technology Assessment reviews:
 - www.hca.wa.gov/about-hca/health-technology-assessment/health-technologyreviews
- HCA Cascade Care site:
 - www.hca.wa.gov/about-hca/cascade-care





Questions?

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