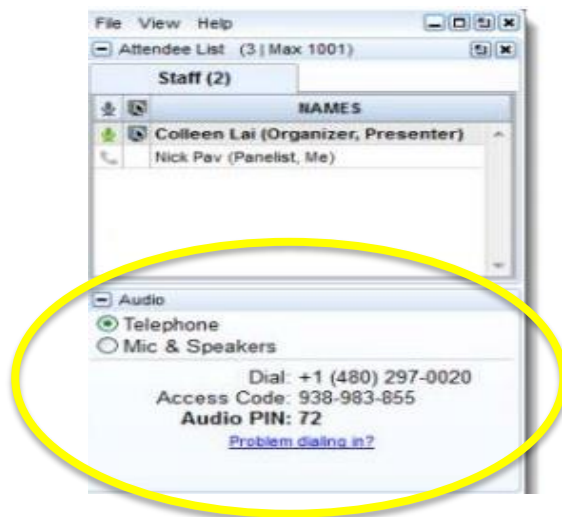


Before we get started, let's make sure we are connected

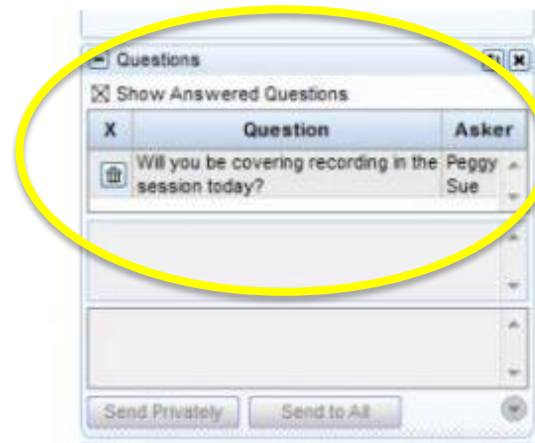
Audio Options

- Mic & Speakers
- Telephone: Use your phone to dial the number in the "Audio" section of the webinar panel. When prompted, enter your access code and audio pin.



Have questions?

Please use the "Questions" section in the webinar panel to submit any questions or concerns you may have. Our panelists will answer questions at the end of the presentation.



Medicaid Value-Based Payment Action Team Meeting

September 7, 2017



Agenda

Welcome/introductory comments		
Meeting Objectives	Chairman	15 min
VBP survey update		
MCO Survey Update	HCA	15 min
Provider Survey Update	HCA	15 min
MVP Action Team Member perspectives on VBP scenario		
Overview of Scenario	Manatt	15 min
MVP Action Team Member Perspectives	Select MVP Action Team members	60 min
<i>15 minute break</i>		
Breakout session	Full MVP Action Team	20 min
Summary presentations	Group representatives	20 min
Next meeting		
Date/logistics/agenda	HCA	5 min



Meeting objectives

- Discuss the current status of, limitations to, and early findings from HCA's VBP surveys (MCO and provider)
- Given a hypothetical VBP-related scenario, discuss strategies for bringing providers with little or no VBP experience onto the "VBP continuum"
- Clarify and inform the ACHs' role in relation to these strategies

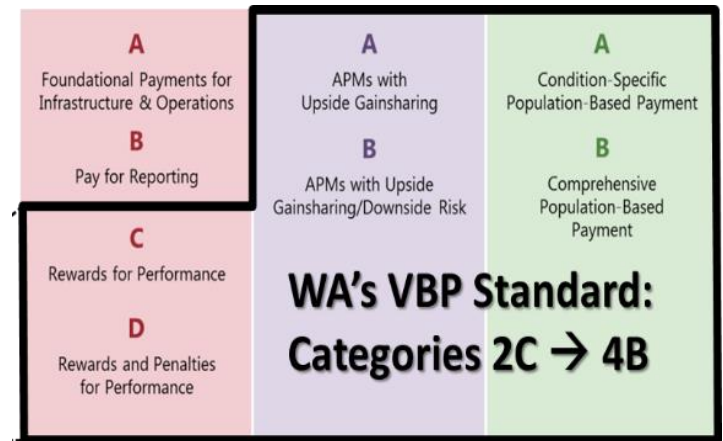
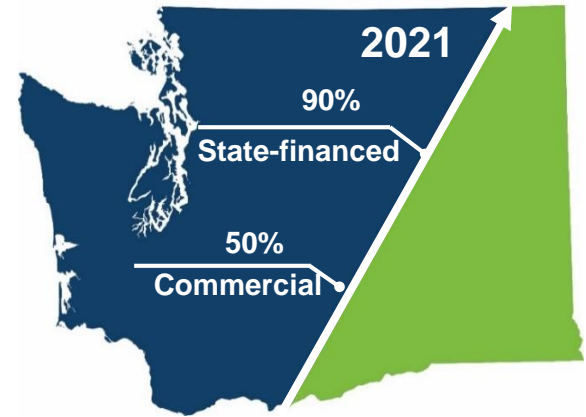
VBP SURVEY UPDATE



Update on VBP surveys

Level-setting:

- Three surveys: MCO, commercial, provider
- Goal is to track progress towards *Paying for Value* goals of 90% state-financed and 50% commercially-financed health care in VBP by end of 2021
- Issued to all WA State health plans (MCO & commercial) and to provider organizations
- MCO and provider surveys will add additional information and context





Update on VBP surveys, cont.

Medicaid MCO survey

- Closed July 19
- Responses from five MCOs

Commercial payer survey

- Closed August 31
- Responses from five commercial payers

Provider survey

- Open until September 8
- 43 responses to-date



MCO survey

Purpose

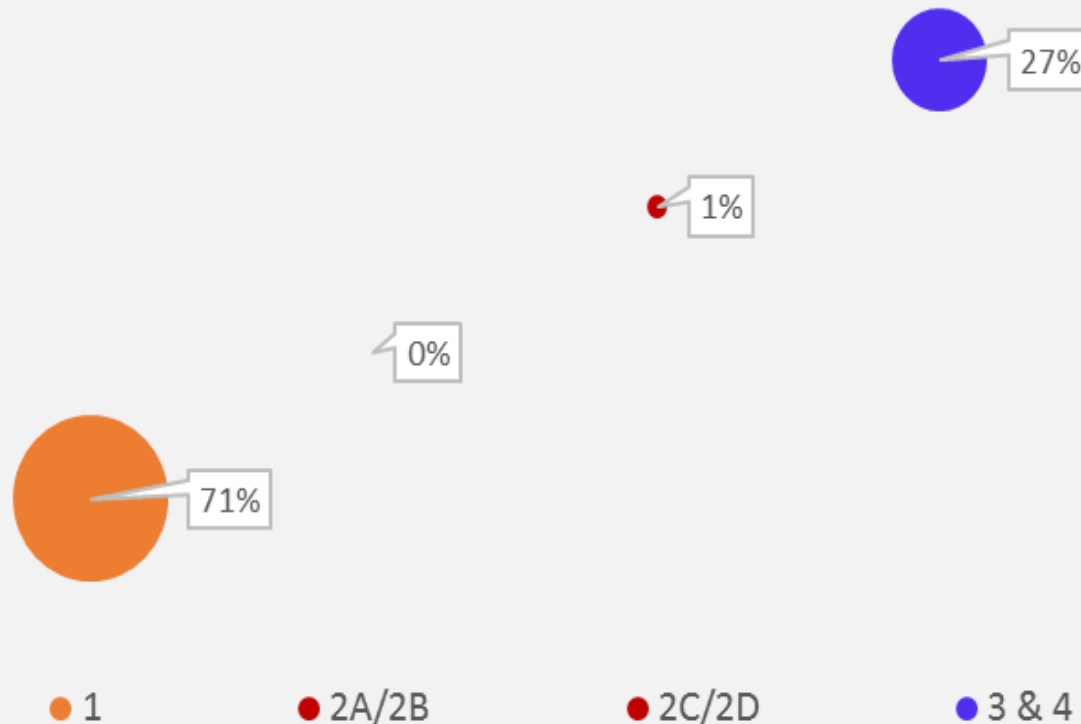
- Track progress toward *Paying for Value* goals
- Baseline VBP attainment for:
 - Regional VBP attainment for Demonstration incentives
 - 1% withhold in MCO contracts

Status

- Deadline to respond extended to July 19
- Analysis is limited due to incompleteness of one MCO response

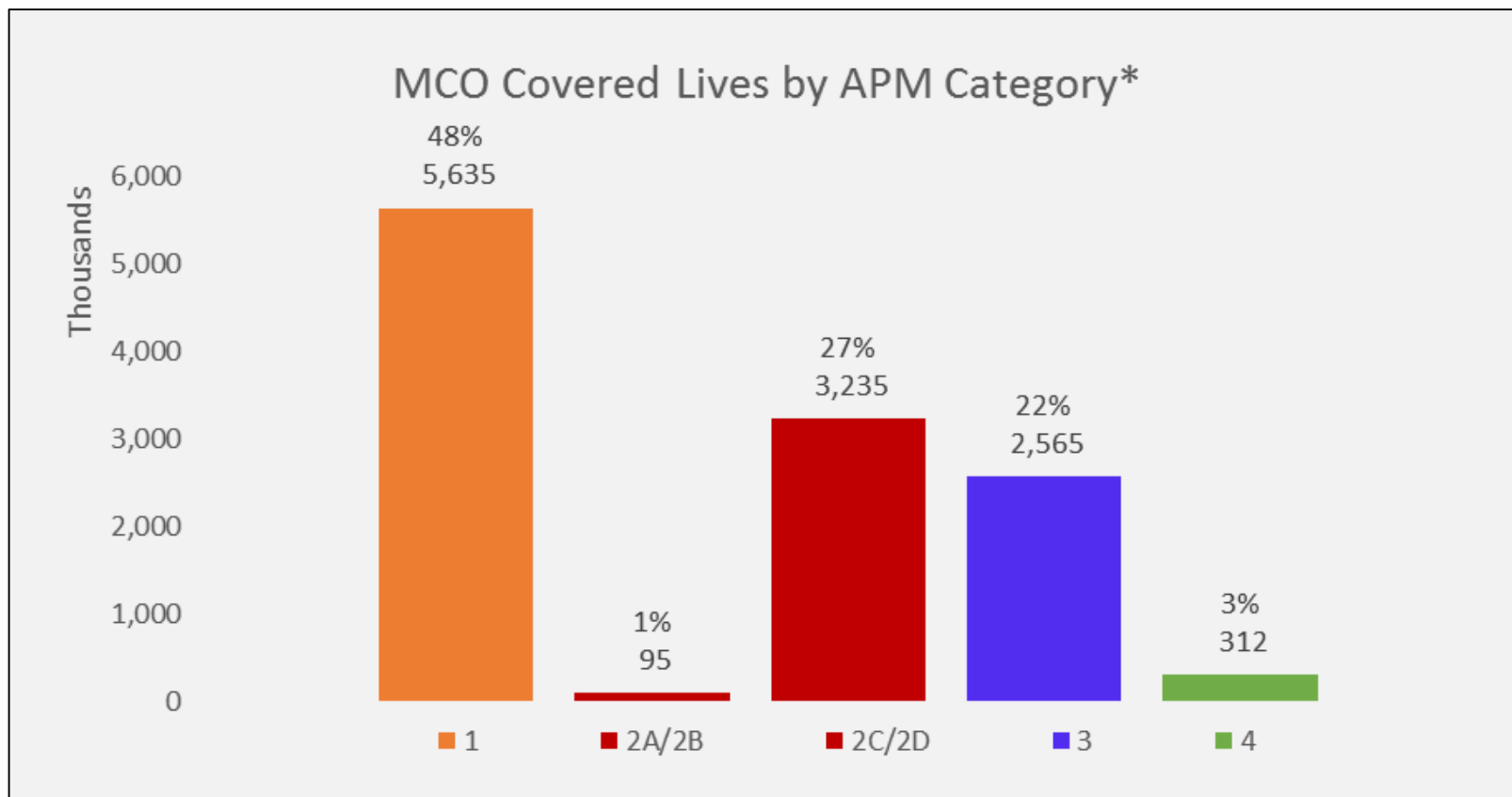
MCO survey: payments by VBP category

MCO Payments to Providers by APM Category*



**Note:
Incomplete
data from
one MCO
limits the
analysis*

MCO survey: covered lives by VBP category



**Note: One covered life may be counted multiple times if they are served by multiple providers in various VBP categories*

**Note: Incomplete data from one MCO limits the analysis*

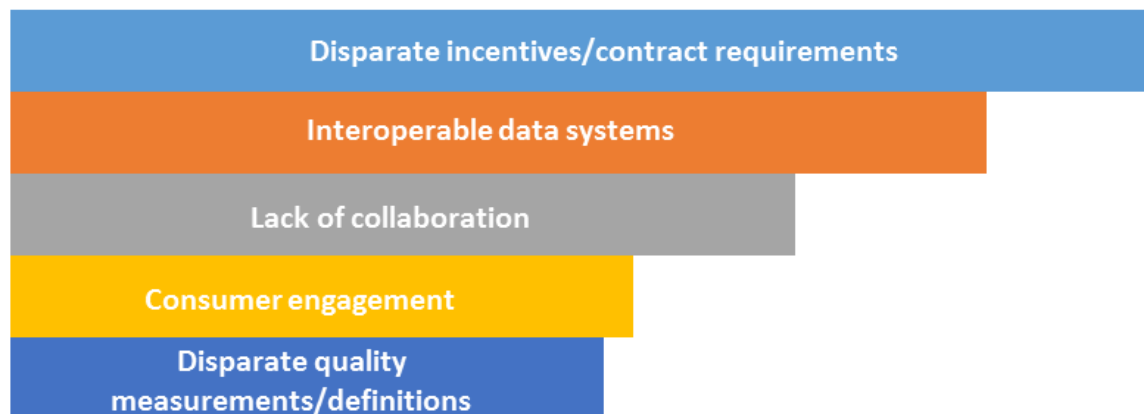


MCO survey: top VBP barriers and enablers

Top 5 Enablers



Top 5 Barriers





MCO survey: quality metrics

Question	# of MCOs responding "Yes"	Comments
1. Contracts: Does your MCO use the same set(s) of quality measures (e.g., HEDIS measures, Statewide Common Measure Set, MCO-specific measures) across provider contracts?	4/5	5 th MCO has a good deal of overlap across contracts
2. State: Has your MCO made any effort to align quality measures used in VBP contracts with those used by the State (Health Care Authority)?	5/5	
3. Other Entities: Has your MCO made any effort to align quality measures used in VBP contracts with those used by any other entities or payment initiatives (e.g., other payers, specific projects or initiatives)?	2/5	One MCO indicated it has initiated discussions around aligning measures with other initiatives.



MCO survey: functions delegated to providers

Under certain VBP arrangements, MCOs may shift traditionally MCO-based functions onto contracted providers. In which of the following roles are your providers with VBP contracts currently performing — all or in part?

(Note: This refers to shared functionality rather than formal delegation.)

Functionality	# of MCOs Responding “Yes”
Care coordination	4/5
Quality management	4/5
Utilization management	1/5
Provider network management	1/5
Provider payments	1/5



Provider VBP survey

Purpose

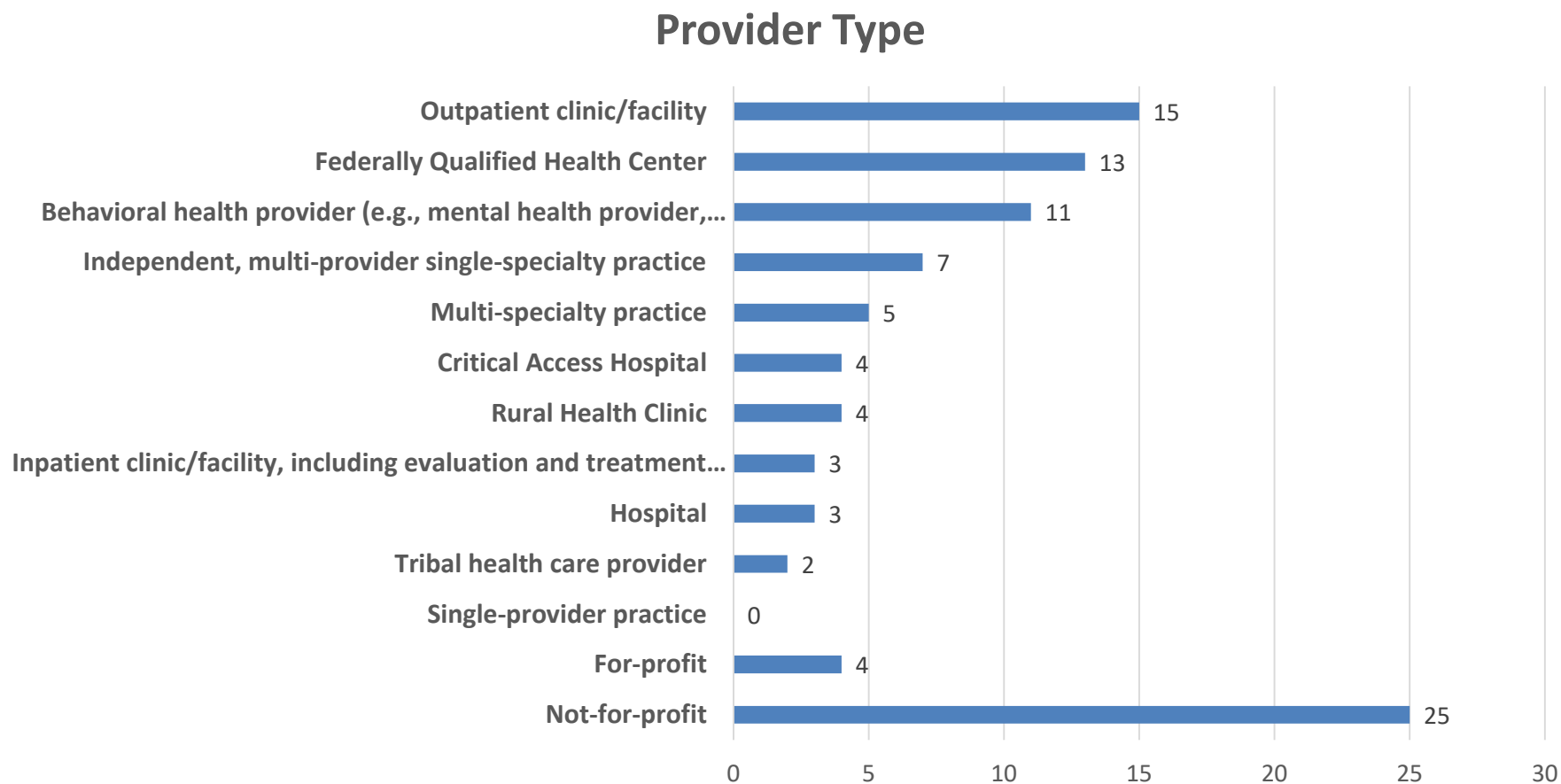
- Track progress toward *Paying for Value* goals
- Gain insight into gaps and challenges providers face relative to VBP
 - Inform ACH Project Plan development

Status

- Deadline extended to September 8th
- Received 43 responses as of August 31st
 - Targeting administrators rather than clinicians
 - Reaching out through ACHs, associations and other stakeholder groups to facilitate direct dissemination

Provider VBP survey:

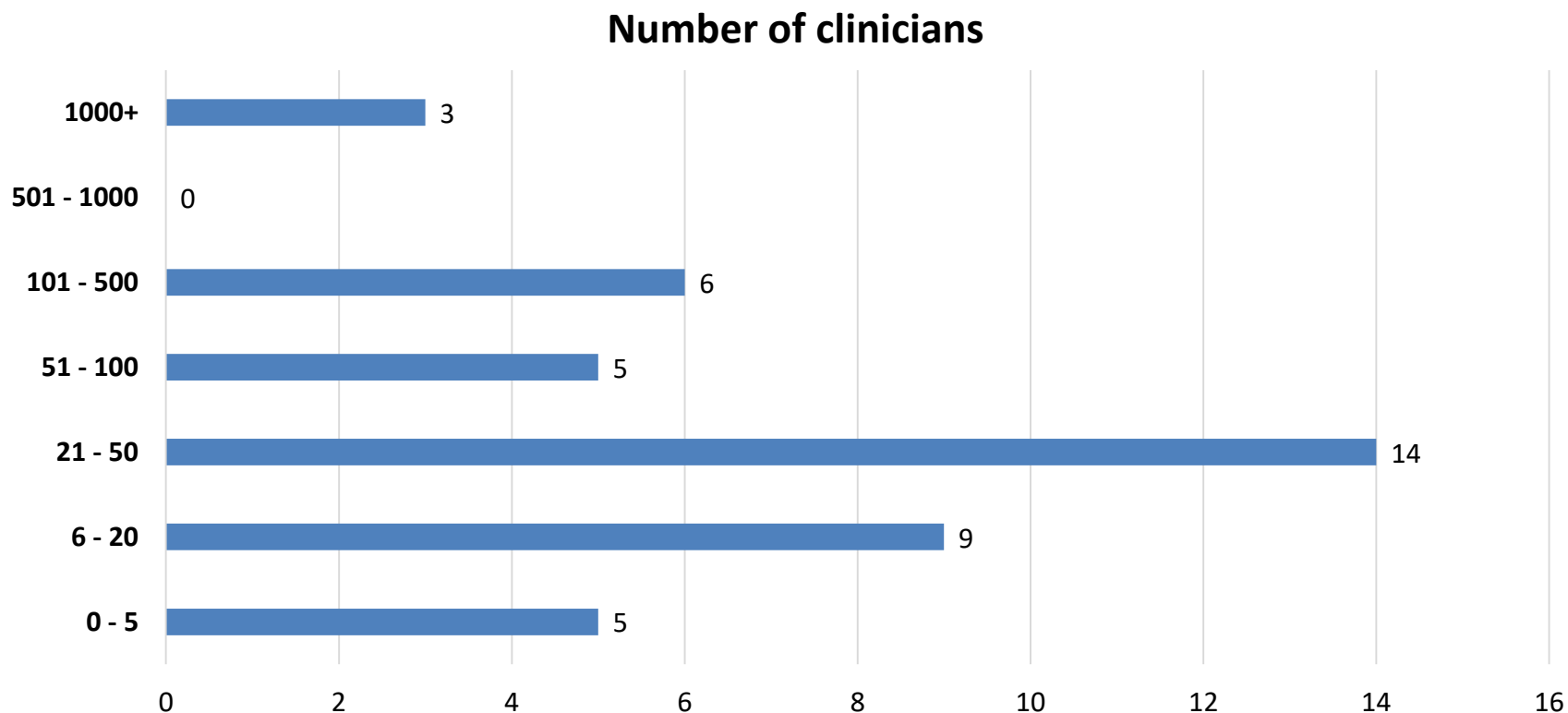
Information on providers that have responded to date





Provider VBP survey:

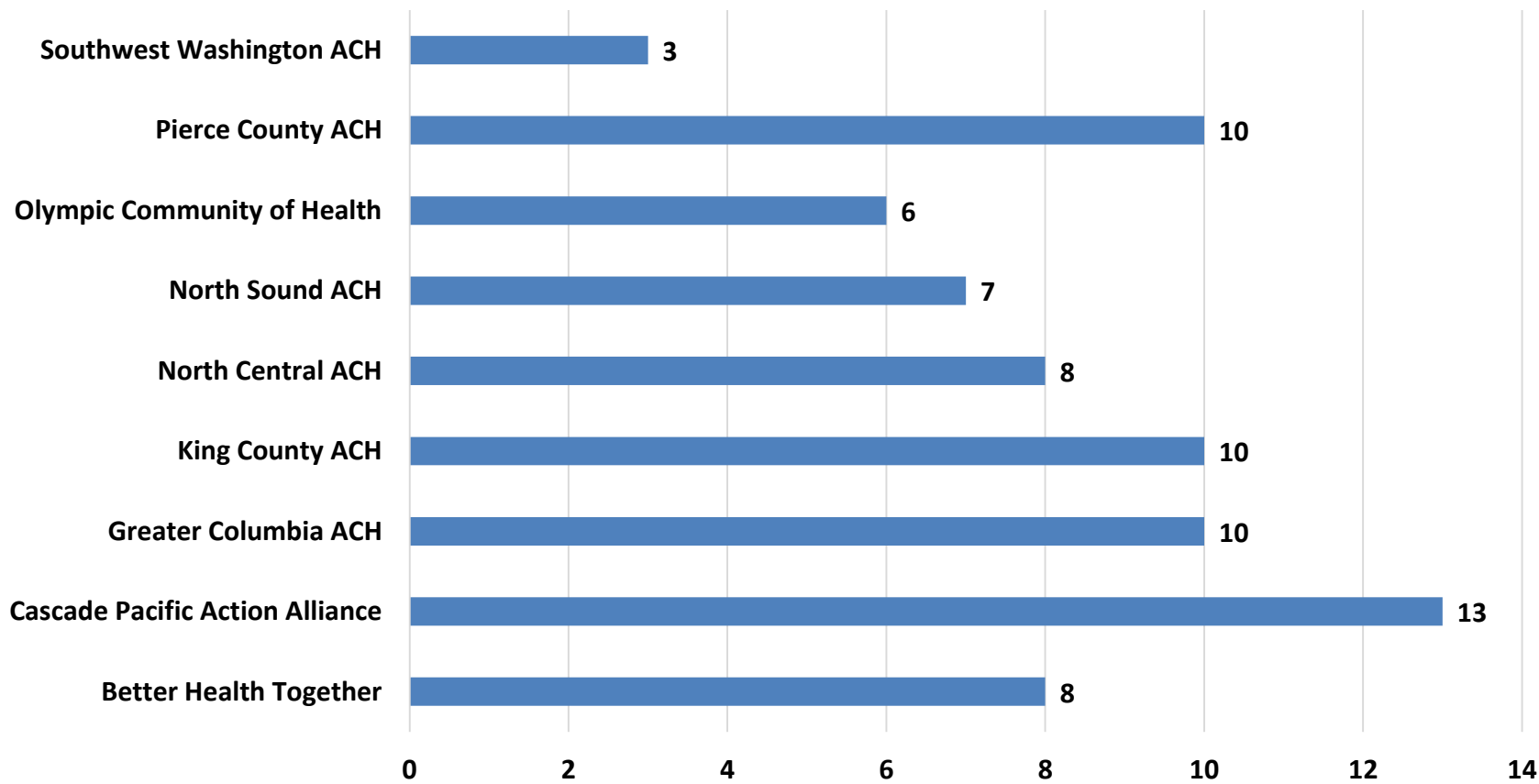
Information on providers that have responded to date



Provider VBP survey:

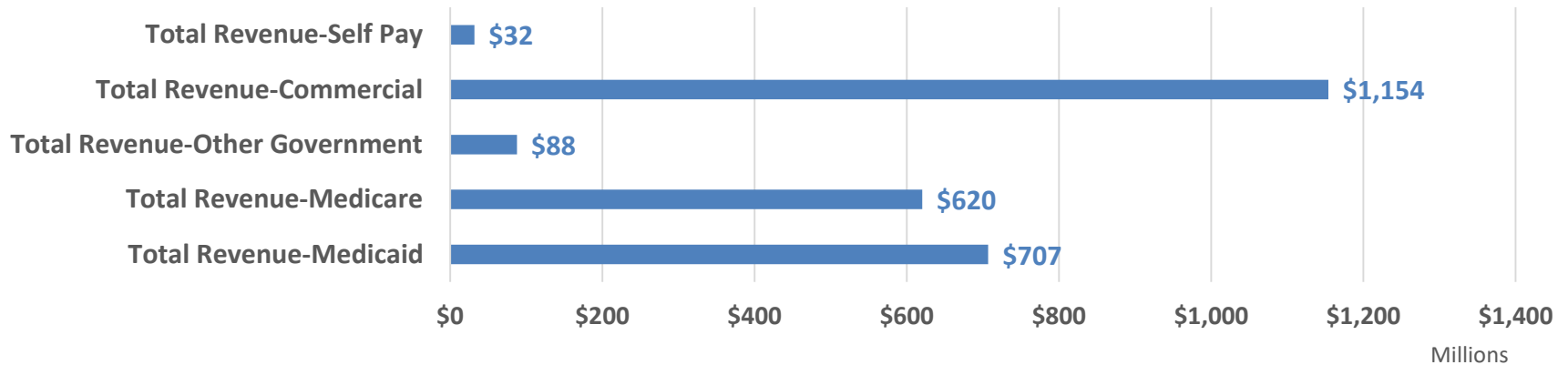
Information on providers that have responded to date

ACH Presence

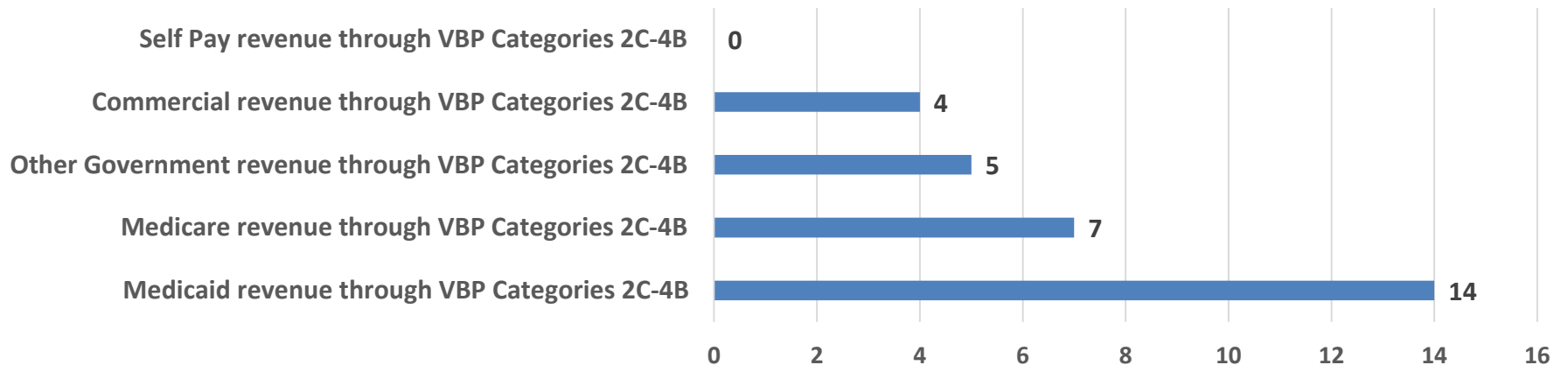


Provider VBP survey: early findings

Total revenue, by payer

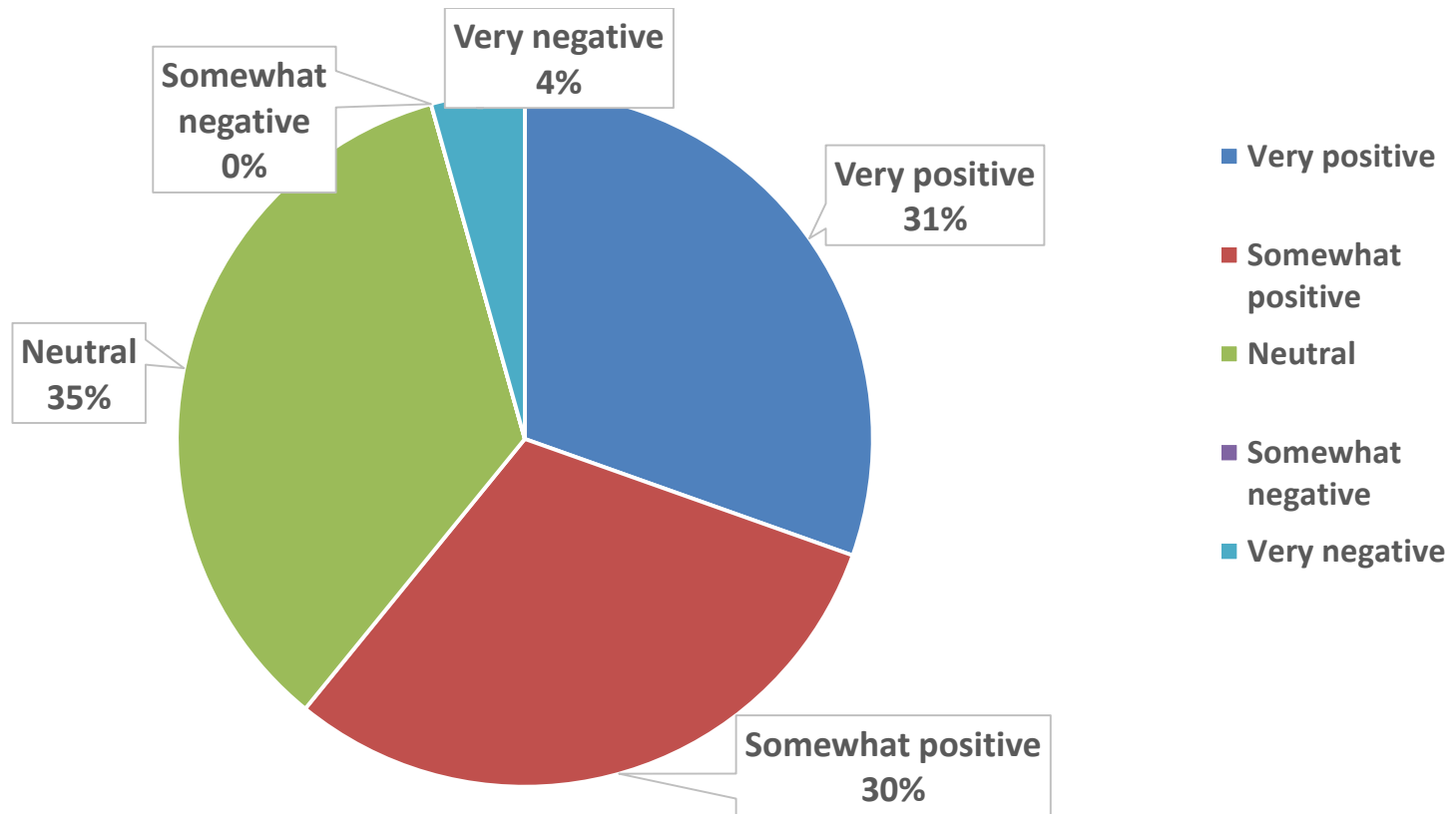


Providers with any revenue in categories 2C-4B



Provider VBP survey: early findings

Experience with VBP so far

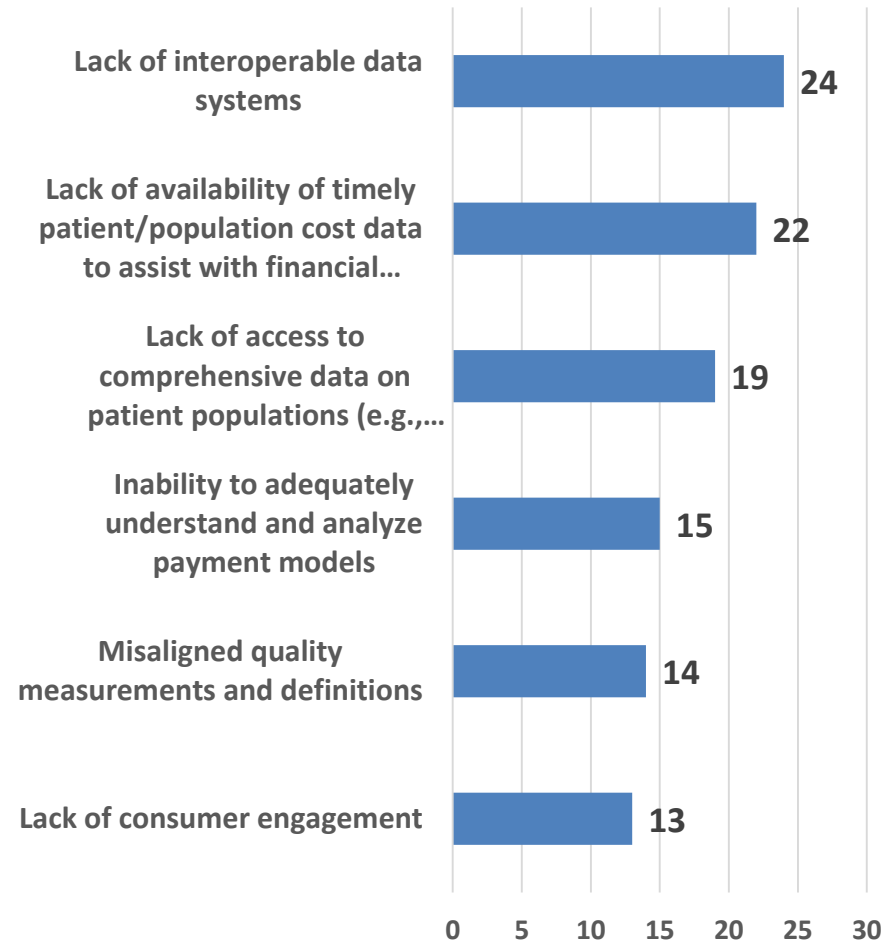


Provider VBP survey: early findings

Enablers

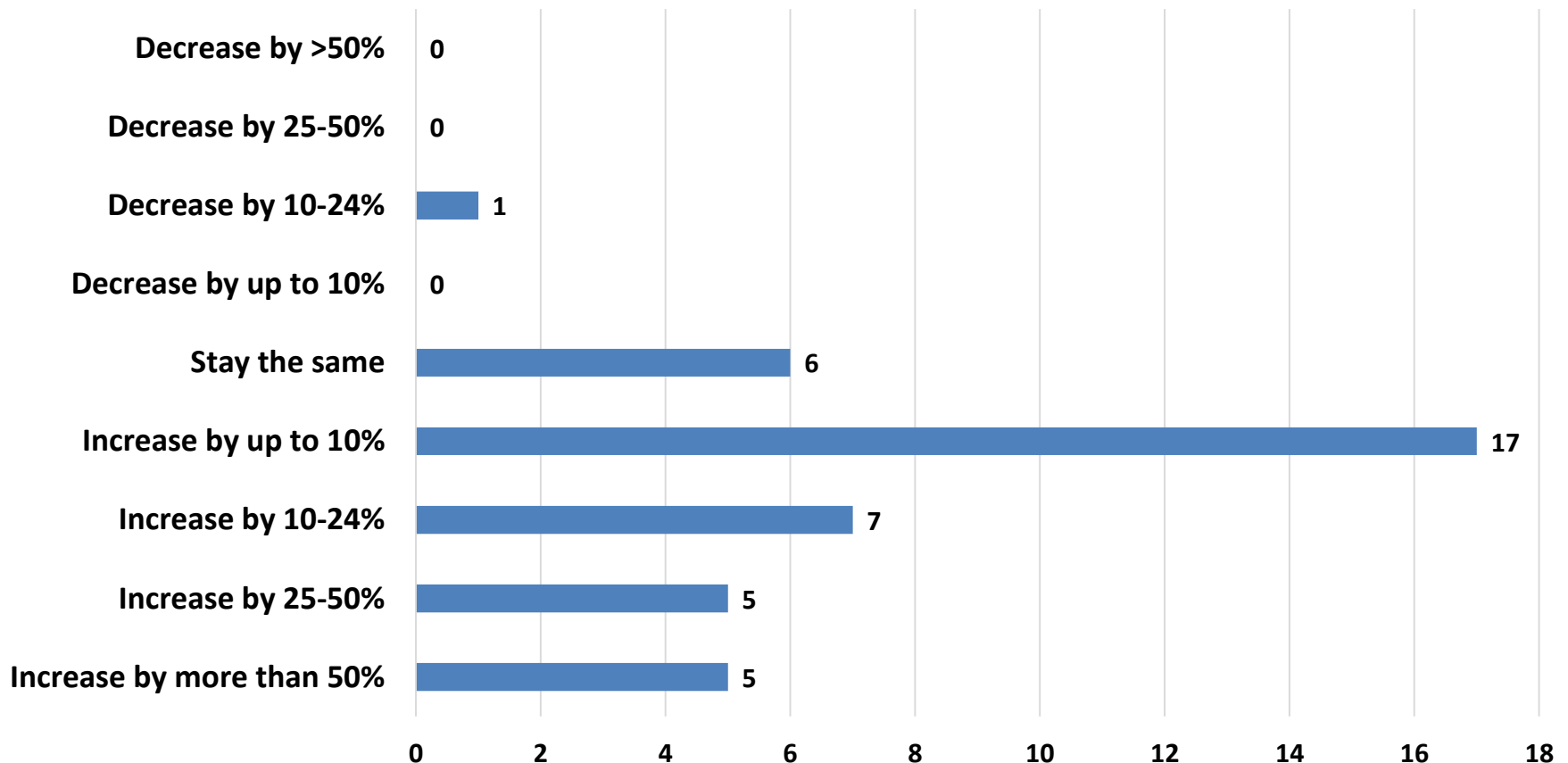


Barriers



Provider VBP survey: early findings

Realistically, how do you expect your participation in VPB to change over the next 12 months?



MVP ACTION TEAM MEMBER PERSPECTIVES ON HYPOTHETICAL VBP SCENARIO





Context

- **In an effort to bring together viewpoints on VBP from across the industry, we have invited *five MVP Action Team members* to speak briefly on a specific VBP-related scenario**
- **The goals of this exercise are:**
 - To support ACHs' development of regional VBP strategies
 - To help ACHs understand their role in supporting providers as they transition to VBP
- **Presenters include:**
 - One MCO representative
 - Three provider representatives
 - One ACH representative

VBP scenario: background

- To date, efforts to advance VBP have been focused on the larger providers in your region (health systems/hospitals, hospital-affiliated physician groups, and FQHCs).
- These providers have been the “*low-hanging fruit*” for VBP, given their size and level and sophistication of resources.
- Focusing on these providers alone, however, will not get your region to the State’s VBP targets (listed in the table below).
- VBP contracts with the “*higher-hanging fruit*”— that is, unaffiliated, smaller and/or more rural providers — will be necessary.

Percentage of Provider Payments in HCP-LAN APM Categories at or Above which Incentives are Provided to Providers and MCOs


VBP Targets	DY 1	DY 2	DY 3	DY 4	DY 5
HCP-LAN Category 2C-4B	30%	50%	75%	85%	90%
Subset of goal above: HCP-LAN Category 3A-3B	-	10%	20%	30%	50%
Payment in Advanced APMs	-	-	TBD	TBD	TBD

VBP scenario: VBP contracting

- Your region is on track to meet the Demonstration Year (DY) 1 target of 30% of payments in Categories 2C-4B and appears on track to meet the DY2 *sub*-target of 10% in Categories 3-4, given the larger providers' ability to take on risk.
- However, it does not appear to be on track to reach **50% overall VBP** (Categories 2C-4B) by the end of DY2, much less the higher overall targets in subsequent years.

Percentage of Provider Payments in HCP-LAN APM Categories at or Above which Incentives are Provided to Providers and MCOs

VBP Targets	DY 1	DY 2	DY 3	DY 4	DY 5
HCP-LAN Category 2C-4B	30% ✓	50%	75%	85%	90%
Subset of goal above: HCP-LAN Category 3A-3B	-	10% ✓	20%	30%	50%
Payment in Advanced APMs	-	-	TBD	TBD	TBD



VBP scenario: questions for consideration

1. What can be done to bring more providers, including those from the “higher-hanging fruit” category, into VBP contracting?

2. What should your ACH do to support these efforts?

MVP ACTION TEAM MEMBER PERSPECTIVES



15 Minute break

Please return by 3:15 p.m.



BREAKOUT SESSION





Breakout session: instructions

Objectives:

25 minutes for
group discussion

- **React to representative presentations:**
 - What do you agree with?
 - What do you disagree with?
 - What would you change?
- **Expand upon responses given in presentations:**
 - What other strategies should your region pursue?
 - What other role(s) should your ACH play in development and implementation of these strategies?

Group presentations:

- **Additional 5 minutes for each group to report the key takeaways from their discussions**



Breakout session: reporting out

Strategies for bringing other providers into VBP

ACHs' role

NEXT MVP ACTION TEAM MEETING





Next MVP Action Team meeting

- **Confirm logistics**
 - **Date:** November 7, 2017 (9:00 a.m - 12:00 p.m PT)
 - **Location:** Puget Sound Regional Council, Seattle
- **Discuss possible agenda items**
 - Please contact Missy Martin (missy.martin@hca.wa.gov) with any additional agenda items for the November meeting
- **Confirm activities for MVP Action Team members to pursue before next meeting**

THANK YOU!

Join the Healthier Washington Feedback Network.

Sign up at: www.hca.wa.gov/hw

Send questions to: medicaidtransformation@hca.wa.gov

