Primary Care APM Work Group

PILOT DESIGN AND IMPLEMENTATION

May 4, 2018

CRANSTON, RI

OFFICE OF THE
HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND

Agenda

1. Welcome and Introductions
2. Proposed Approach to Primary Care APM Implementation
3. Phase 1: Preliminary Implementation
4. Phase 2: Expanded Multi-Payer Pilot
5. Timeline and Next Steps
6. Public Comment

Proposed Approach to Primary Care APM Implementation

Phase 1: Plans and providers implement primary care capitation on an "as feasible" basis to test and refine operations (e.g., payment systems, reporting).

Phase 2: Expanded multi-payer pilot designed to evaluate the impact of the APM. Anticipated participation by commercial, Medicare, and Medicaid payers with an aligned group of practices.

Phase 3: Based on pilot results, expand to additional practices.

Proposed Approach to Primary Care APM Implementation: **Principles**

The Primary Care APM Pilot should:

1. adopt the OHIC Consensus Model principles to the extent possible;
2. maximize payer participation in order to have a 'critical mass' of patients under a capitation contract in participating practices;
3. complement Rhode Island's PCMH and TCOC strategies;
4. prioritize sustainability of primary care and scalability so that it will support expansion to additional payers and practices of all sizes over time; and
5. encourage participants to share decisions made and lessons learned.

Phase 1: Preliminary Implementation

The goal of the Phase 1 pilot is to **test and refine the payer and provider operations** necessary to implement primary care capitation.

Phase 1 will be one year (or less) in duration to inform and support Phase 2.

- *Question: OHIC has convened a new pediatric working group for primary care APMs. Should we wait to include pediatric populations while the working group develops the model?*

Phase 1: Preliminary Implementation

Payers and providers will:

- establish primary care capitation contracts by October 1, 2018, commit to an implementation timeline, and share progress against that timeline with OHIC;
- share contract terms with OHIC (excluding payment amounts), and consider sharing contract terms with work group participants to support collaborative learning; and
- report back to OHIC about successes and challenges of implementation, making recommendations for changes or additions to the Consensus Model.

Phase 1: Preliminary Implementation

OHIC will:

- facilitate payer participation
- convene the Primary Care APM Work Group to consider issues relevant to the preliminary implementation:
  - Evaluation metrics for Phase 1
  - Provider-plan cost-sharing reconciliation expectations, including reporting
  - Special handling of MAT patients
- support additional primary care APM model development in three areas:
  - Pediatrics (new OHIC work group)
  - Future plan design and patient cost-sharing rules
  - Integrated behavioral health care
- facilitate the identification of practices to facilitate multi-payer alignment
- convene plans and practices periodically to discuss progress and lessons learned

Phase 2: Expanded Multi-Payer Pilot

The goal of Phase 2 is to **test the impact of a primary care APM on outcomes** that are relevant to patients, providers, and payers.

Phase 2 will involve:

- coordinated efforts of multiple payers to include all lines of business so that participating providers have a critical mass of patients under the new payment model
- a clear evaluation plan developed prior to Phase 2 commencement
- a duration of approximately two years

Phase 2: Expanded Multi-Payer Pilot

Payers will:

- make the arrangements necessary to have all lines of business participating (commercial fully- and self-insured, Medicare Advantage, Medicaid Managed Care).

Providers will:

- commit to entering into capitation contracts with ‘any willing payer.’

Phase 2: Expanded Multi-Payer Pilot

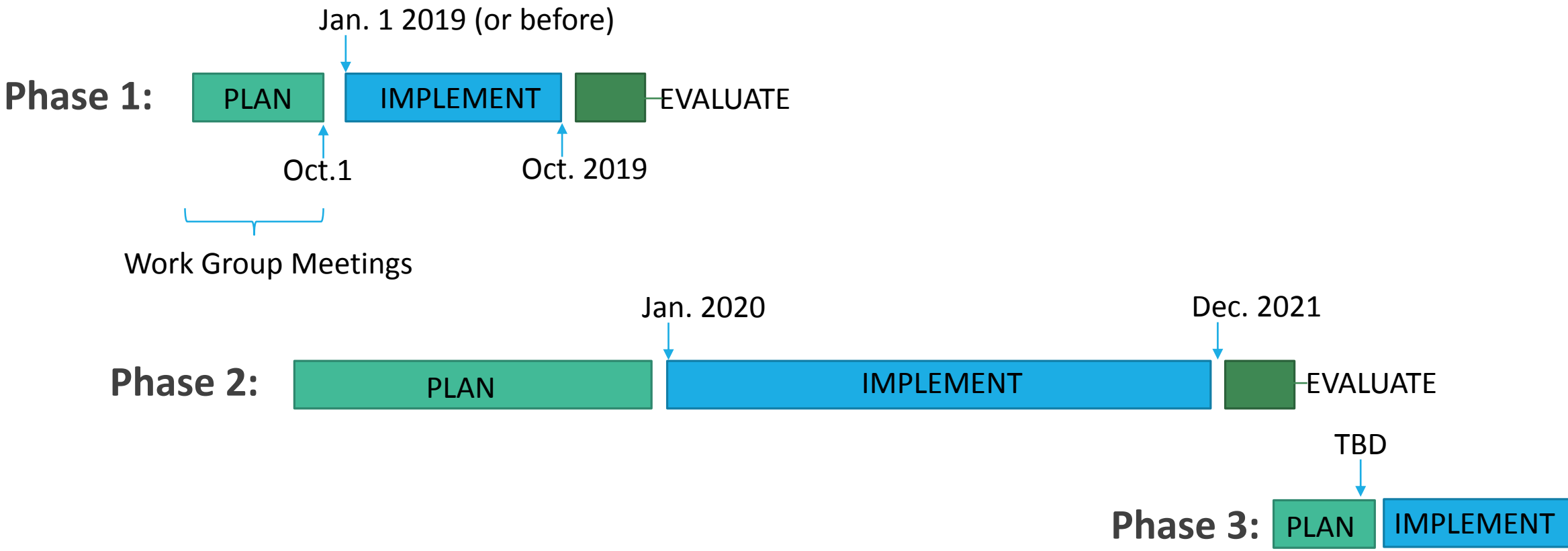
OHIC will:

- seek the participation of Medicare FFS in the multi-payer pilot
- engage the Medicaid program
- convene the Work Group to address any policy issues identified during Phase 1
- obtain an evaluator to formally assess the pilot
  - The evaluation design will be informed by input from all participating parties
- engage all participants to consider Phase 3 expansion

Feedback from Practices: Alignment with CPC+

- We have heard from a CPC+ participant that it strongly prefers the 'blended' (FFS + capitation) approach.
- They believe the blended approach mitigates risk and improves the incentives to preserve patient access.
- The consensus model provides that individual insurers and providers may agree to develop blended models on a case-by-case basis.
    - *Are payers willing and able to administer capitation and blended models for Phase 1? For Phase 2?*

Timeline and Next Steps



Topics for Work Group Meetings

1. Issues relevant to the preliminary implementation (this spring/summer):
    - Evaluation metrics for Phase 1 (+/- Phase 2)
    - Provider-plan cost-sharing reconciliation expectations, including reporting
    - Special handling of MAT patients
2. Additional primary care APM model development (longer term):
    - Pediatrics (new OHIC work group)
    - Future plan design and patient cost-sharing rules
    - Integrated behavioral health care

Next steps: who does what?

1. OHIC will schedule the work group meetings
   - To the extent possible, the Primary Care APM meetings will be coordinated with the pediatric workgroup meetings.
2. Payers and providers will continue contract discussions
   - As interested/participating practices are identified, OHIC can help coordinate between payers where possible.
   - Payers will update OHIC on timeline for implementation.

Public Comment