

Alternative Payment Methodology Provider Engagement Update

**PUBLIC PAYER COMMISSION
APRIL 10, 2014**

Who We Are

- Member of BMC, New England's largest DSH
- Statewide MA Medicaid HMO
- Statewide NH Medicaid MCO
- 501(c)(3) not-for-profit
- HMO: licensed in MA and NH
- Admin Ratio < 7.5%
- Have maintained NCQA Excellent Accreditation for the Medicaid HMO product since 2009
- Mission: assist and support BMC's mission in providing and enhancing access to effective, efficient medical care among low income, underserved, disabled, elderly and other vulnerable populations
- Members served: ~ 350,000
- Network: ~ 21,000 providers + 58 hospitals
- Employer sites: Boston, New Bedford, Springfield; Manchester NH

Alternative Payment Methodology (APM) Framework

- Infrastructure support
- Financial budget based on experience and adjusted for risk. Upside and downside potential
- Quality Component based on HEDIS effectiveness of care metrics
- Data and information sharing

At present, approximately 30% of BMCHP's MassHealth membership is enrolled with a provider group under an APM contract.

Key examples of engagement of our providers in alternative payment/medical home arrangements are as follows.

Readiness Assessment

ACO checklist requirements met prior to entering into an APM contract with the provider group:

- Provider Group Size (require credible population size to assume risk)
- Open panel requirements for primary care
- After hours care available
- Certified EHR use or significant progress toward meeting meaningful use by the end of the contract term
- Routine and urgent care access standards being met
- ACO plan approved by their governing body within 6 months

Quality Component Details

- Work with provider groups to select measures where performance is below the 50-75th percentile among Medicaid HMO plans across the country
- Establish baseline and target performance rates
- Identify information support the Plan can provide the group to support hitting quality targets
- Provide quarterly updates on group performance YTD and identification of members with care gaps

Quality Component Success to Date

- Western Region APM Provider Group
 - Enhanced rate of adolescent well care visits 17-21
 - Enhanced rate of HbA1c and LDL screening among diabetics
- Southern Region Provider Group
 - Enhanced Breast Cancer Screening rate
 - Enhanced Diabetes Nephropathy Monitoring
- Boston Region Provider Group
 - Enhanced rate of depression screening among diabetics
 - 100% of newly identified High Risk members with a Care Plan documented in the electronic health record
 - Enhanced rate of adolescent well care visit ages 17-21

Information Sharing to Support APM Providers

- Monthly data extracts for plan members to support group initiated analyses and combining of data across MCOs
- High Risk Member Registry identification provided monthly
- High Cost Claimants detail monthly
- Quality metrics performance tracking and identification of members with care gaps

Enhanced Access to Information

BMCHP has partnered with vendor to provide direct access to performance data for our APM groups and mid-size groups. System provides:

- 250+ quality of care/evidence based medicine metrics
- Diagnostic and pharmaceutical detail, risk and risk drivers, inpatient, ED and specialty utilization and key gaps in care to support practice based care management
- Provider practice pattern variation to support cost management
- Timely access to data with information available within 4-6 weeks of claim submission

Increased APM Rollout Challenges

- Volume of provider groups with adequate panel size to support taking on risk is limited
- Provider readiness to take on risk
- Ability of plans to support APM arrangements due to rate pressure and the need to maintain stability as a result of the CWC extension and QHP delays