Alternative Payment Methodology & Measurement-Based Care
Meeting Minutes
August 25, 2021 (2:00 pm – 3:00 pm)
Co-Chairs: Eric Schwartz, Tim Marshall, Jeff Vanderploeg

1. **Welcome & Introductions (:03)**

Eric Schwartz welcomed the group and reviewed the change to the workgroup's name, replacing "Value Based" with "Alternative Payment" to better reflect provider's existing contributions to the system.

2. **Overview of Workgroup Goals, Anticipated Deliverables, and Timeline (:02)**

Tim Marshall reviewed workgroup goals and reporting structure. Marshall and Vanderploeg noted that they would monitor the chat box today during the presentation, and would also include chat box questions and responses in the meeting minutes.

3. **Presentation and Discussion of the Integrated Care for Kids (InCK) Initiative and the InCK Alternative Payment Methodology (:45)**

Presenters: Jennifer Richmond (Clifford Beers Clinic), Hope Glassberg (HG Consulting), and Melanie Rossacci (Clifford Beers Clinic)

Jennifer Richmond began the presentation by acknowledging and thanking members of this workgroup that are also part of the Integrated Care for Kids (InCK) Alternative Payment Methods (APM) design group. She offered an overview of their presentation and introduced the other presenters. She noted that Clifford Beers had previously received a CMS direct service grant to develop and implement Wraparound New Haven, and said that the lessons from that grant--such as planning for sustainability from the outset--informed the current InCK grant design. CMS awarded the InCK grant to DSS and Clifford Beers, with Connecticut representing the only one of eight national awardees with a behavioral health lead organization. InCK is a seven-year grant with two years of planning and five years of implementation, and Connecticut InCK is currently in year two. Richmond highlighted that this is not a direct service grant; rather, its intent is to develop a system of care in New Haven for children and families. She said that Clifford Beers desires for InCK to be aligned with local and state initiatives and contribute to statewide efforts to improve health outcomes for families.

The primary goals of InCK are to: 1) strengthen early identification and reduce out-of-home placements; 2) help children and families meet integrated physical and behavioral needs, and; 3) develop and implement an APM within Medicaid. The APM component of the initiative will allow community-based organizations to be reimbursed differently through Medicaid for care coordination services. The target population of New Haven was developed with input from DSS and includes approximately 35,000 children (0-21 years) and their caregivers along with pregnant and post-partum individuals who reside in New Haven and are enrolled in or eligible for Medicaid/CHIP. Richmond highlighted that equity is central to their work, especially in light of how COVID has disproportionally impacted Black and Brown communities. Other drivers include removing barriers to care, keeping families at the center of care, preventing hospitalization and out-of-home placements, supporting strength-based approaches, promoting self-advocacy skills, and changing reimbursement for care coordination. Hope Glassberg described the intent of CMMI to pilot new models within Medicaid and Medicare to see if they are

effective, reduce costs, and improve outcomes. She noted that most of CMMI's work is with adults and this is one of the few InCK initiatives focused on pediatrics.

Glassberg reported that the APM design group has just recently started to meet. She also said that there are many types of APMs and that the InCK initiative hopes to push forward adoption of upside and downside risk approaches in the future. Glassberg stated that Connecticut InCK will risk tier all children and families in the target population and that the APM will have particular relevance for children in levels two and three. InCK wants to build from current work to institute a per member per month payment that covers intensive care coordination and ties payment to quality and outcomes rather than volume. A set of quality and outcome measures were listed on the PowerPoint.

Next, Melanie Rossacci went into detail about the Clifford Beers APM design group which is comprised primarily of New Haven community members and non-profit providers. Sample work streams were displayed on the PowerPoint, representing initial thinking and guidelines for the APM design workgroup. She noted that establishing quality indicators and working toward data integration--in partnership with state agencies and private contractors--will be vital to APM design. Outreach and recruitment of providers will also be critical. The goal is to launch the actual APM payments to providers by 7/31/22.

4. **Questions and Discussion**

Tim Marshall asked whether the plan was maturing over time and may ultimately include provider downside risk. Melanie responded that the initiative was not fully ready to implement the APM and that payment reforms will be phased in over time. The initiative probably will not look the same at the end as it does now. Hope added that a care management payment is not currently tied to the APM but may be added in over time, including potentially putting that payment into the downside risk approach.

A participant asked whether other states were also implementing InCK or were further along in APM approaches, offering opportunities for Connecticut to learn from them. Jennifer answered that states such as New Jersey, New York, and Ohio were also working on APM through InCK. She also noted that Oregon might be a good state to meet with even though Oregon has a Medicaid managed care environment. She indicated that all states differ in the set-up of their Medicaid system, which impacts their design and implementation of APMs. Tim Marshall suggested that Jeff Vanderploeg and Eric Schwartz could canvas other states and set up another presentation; Vanderploeg suggested that states implementing APMs apart from a recent InCK grant may allow us to hear from states further along in APM design. A participant asked whether patient/family experience was a part of anyone's APM measurement approach. Hope stated that Montefiore in the Bronx may be incorporating patient satisfaction measures into their quality metrics and APM approach.

Marshall suggested that since this workgroup and the InCK APM design group are doing such similar work, that the two groups should have formal integration/collaboration structures. He suggested that both groups invite one another so that all can benefit from hearing from outside presenters.

Vanderploeg asked whether Wraparound care coordination was the core service, or whether other service linkages were part of the delivery approach and tied to the APM. Hope said connection to ongoing care was part of the service delivery vision but how that links to APM was yet to be determined. Another question related to how InCK was approaching provider attribution. Erica Garcia Young responded that DSS was using lessons learned from the patient-centered medical home shared savings initiative (PCMH+) to help inform attribution to primary care providers in InCK. There was also an intent

to allow families choice in selecting their attributed provider from among available options. Another participant asked if this was a CMS requirement. Erica reported it was not, but it was something that the InCK planning group had identified as important.

Marshall asked how the state could help build capacity among providers to participate in APM, perhaps starting with lessons learned in New Haven through InCK, but ultimately extending to the whole state. Hope stated that much of the provider support activities would be dictated by CMS and that formal approval by CMS would be required. The presenters noted that training and educating providers on billing codes and quality metrics would be critical, as would ensuring that providers can focus on providing high-quality care rather than billing. DSS participants noted that NCQA standards among primary care providers may be a platform we can learn from for supporting providers. DSS is also incorporating elements of Wraparound in their planned supports to providers and is committed to making sure providers supported to be successful in the InCK and APM design and implementation.

5. **Wrap-Up, Final Thoughts, Future Directions, Adjournment (:10)**

Eric Schwartz thanked the presenters and participants and reminded everyone that establishing an APM in Connecticut will depend on mutual trust among all partners. Tim Marshall reiterated his desire to build formal connections between this workgroup and the InCK APM design group.

6. **CHAT BOX:**

All Chat Box questions were addressed during the discussion and are reflected in the minutes above.