PRIMARY CARE REFORM COLLABORATIVE

APRIL 15, 2024

AGENDA

I. Call to Order
II. PCRC Business
III. Implementation of DE EPC model
IV. Strategic Priorities
V. Multipayor engagement - AHEAD and CMS ACO Flex Model
VI. Public Comment
VII. Next Meeting

CALL TO ORDER

- Dr. Nancy Fan, Chair
- Senator Bryan Townsend, Senate Health & Social Services Committee
- Representative Kerri Evelyn Harris, Chair House Health & Human Development Committee
- Andrew Wilson, Division of Medicaid and Medical Assistance
- Dr. James Gill, Medical Society of Delaware
- Dr. Rose Kakoza, Delaware Healthcare Association
- Vacant, Delaware Nurses Association
- Kevin O'Hara, Highmark Delaware
- Steven Costantino (Proxy for Secretary Josette Manning)
- Faith Rentz, State Benefits Office/DHR
- Deborah Bednar, Aetna
- Maggie Norris-Bent, Westside Family Healthcare
- Cristine Vogel (Proxy for Insurance Commissioner Trinidad Navarro)

PCRC BUSINESS

- Review and approve March 18, 2024, PCRC Meeting Minutes
- Cadence of meetings: Goal is to develop and finalize recommendations for Annual Report
  - https://doi.colorado.gov/insurance-products/health-insurance/health-insurance-initiatives/primary-care-payment-reform

IMPLEMENTATION OF DE EPC MODEL

- HMA Final Report: Environmental Scan
  - Washington
    - Multipayer Primary Care Transformation Model – voluntary Memorandum between State and payors
  - Colorado
    - Advisory PCRC with annual recommendations under DOI
    - Current investment in PC VBC through Medicaid – regulatory; not multipayor
- Extensive, complex structural organization:
    - Oregon: Oregon Health Authority with broad regulatory authority, legislatively mandated
    - Rhode Island: broad regulatory authority through the Office of Insurance Commissioner – multipayer
    - Vermont: legislatively mandated regulatory authority; has a voluntary All Payor ACO Model Agreement
    - Maryland: legislatively mandated regulatory authority; Maryland Health Care Commission has developed a Total Cost of Care Model with CMS, which includes global hospital budgeting, and MDPCP

IMPLEMENTATION OF DE EPC MODEL

- CHALLENGES:
  - Fairly broad
  - Uptake
  - Cost

STRATEGIC PRIORITIES

1. The PCRC should focus ***on increasing multi-payer participation*** and buy in for primary care spending.

2. The PCRC should inform policies that will work ***on primary care investments, without increasing overall health care costs.***

TOTAL COST OF CARE

- Current levers to contain unsustainable rising health care costs to the State
  - Limiting cost growth in different sectors of health care delivery, e.g. hospital budgeting
  - Increased Investment through external and voluntary sources:
    - CMS; commercial payers

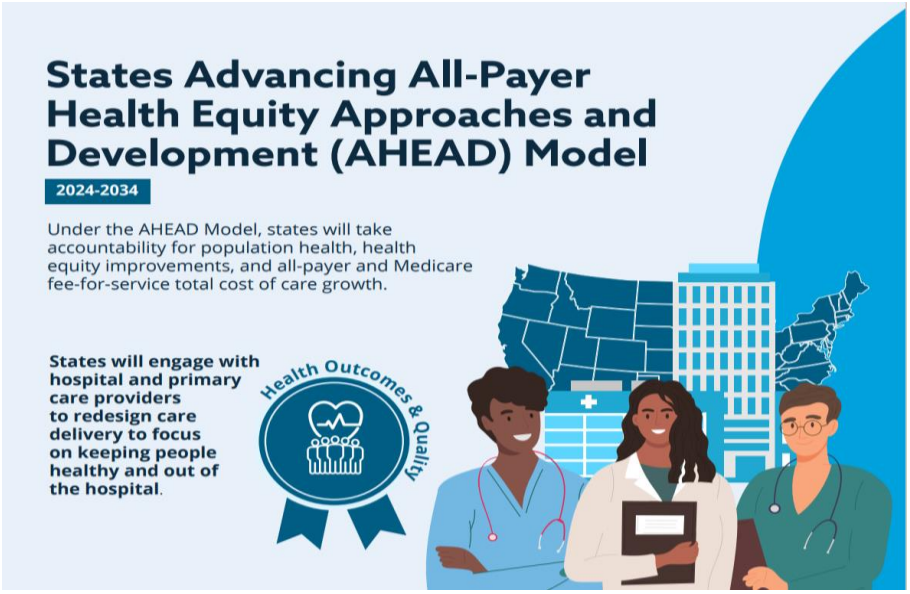
ALL-PAYER HEALTH EQUITY APPROACHES AND DEVELOPMENT AHEAD MODEL-OVERVIEW

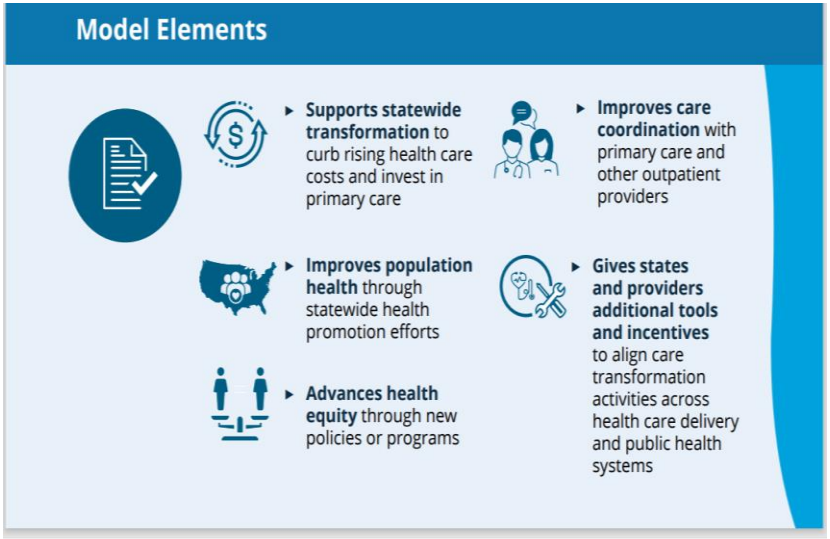
- AHEAD is a state total cost of care (TCOC) model that seeks to drive state and regional health care transformation and multi-payer alignment, with the goal of improving the total health of a state population and lowering costs. Under a TCOC approach, a participating state uses its authority to assume responsibility for managing health care quality and costs across all payers, including Medicare, Medicaid, and private coverage. States also assume responsibility for ensuring health providers in their state deliver high-quality care, improve population health, offer greater care coordination, and advance health equity by supporting underserved patients. The AHEAD Model will provide participating states with funding and other tools to address rising health care costs and support health equity.

ALL-PAYER HEALTH EQUITY APPROACHES AND DEVELOPMENT AHEAD MODEL-HIGHLIGHTS

- The AHEAD Model is designed to address the following in each participating state:
  - Improve overall population health of a specific state or region.
  - Advance health equity by reducing disparities in health outcome.
  - Curb the growth of health care costs.
- TheAHEAD Model holds states accountable for state-specific Medicare and all-payer cost growth and primary care investment targets, and for population health and health equity outcomes.
- People living and receiving care in states participating in the AHEAD Model may benefit from model components like hospital global budgets and the Primary Care AHEAD programs. These model components can enhance coordinated, team-based, whole-person primary care, which can lead to improved care management, behavioral health integration, and a focus on health-related social needs.
- The Model will focus extensively on advancing health equity in several ways, including requiring all states participating in AHEAD to develop a statewide and cross-sector model governance structure and statewide health equity plan (Statewide HEP). These plans will outline cross-sector and community-driven strategies for improving population health and reducing identified disparities across the state or within a specific geography.

ALL-PAYER HEALTH EQUITY APPROACHES AND DEVELOPMENT (AHEAD) MODEL INFO GRAPHIC





MULTIPAYOR ENGAGEMENT -AHEAD AND CMS ACO FLEX MODEL

- **New Program Overview**

The ACO Primary Care Flex Model is a new Program from CMS

- ACOs that participate in the Model will jointly participate in MSSP and Flex
- Traditional Medicare beneficiaries assigned to participating practices.
- Receive a one-time Advanced Shared Savings Payment for infrastructure payment ($250,000)
- Monthly Prospective Primary Care Payment (PPCP) based on practice population that will replace FFS.
  - Purpose – improve reliability of revenue and move away from FFS.
- Practices will continue to submit claims, but CMS will "zero out" claims for primary care services.
- ACOs will distribute the PPCP to their PCPs, including FQHCs, and will be encouraged to distribute via a capitated basis.

Model Eligibility

Low Revenue Accountable Care Organizations (ACOs)

Low revenue ACOs tend to be mainly made up of physicians and might include a small hospital or serve rural areas. These ACOs' total Medicare Parts A and B FFS revenue of its ACO participants is less than 35% of the total Medicare Parts A and B FFS expenditures for the ACO's assigned beneficiaries.

Eligible ACOs

- ACOs designated as **low revenue** according to the definition above
- **New entrants***, renewals, or current ACOs that start a new agreement period within the **Shared Savings Program**
- ACOs participating in either the **BASIC or ENHANCED** tracks of the Shared Savings Program

Ineligible ACOs

- ACOs not part of the **Shared Savings Program**
- ACOs designated as **high revenue**
- Participating ACOs may not simultaneously receive **Advance Investment Payments (AIP)** under the Shared Savings Program

Payment Approach Overview

ONE-TIME ADVANCED SHARED SAVINGS PAYMENT

ACO PC Flex will provide a one-time shared savings advance of **$250,000** to all PC Flex ACOs

Payments can be used to **fund start-up costs** of creating a PC Flex ACO, as well as administrative costs of required model activities

MONTHLY PROSPECTIVE PRIMARY CARE PAYMENTS (PPCPs)

ACOs participating in the model will receive monthly PPCPs that **replace FFS reimbursement** for most primary care services

The PPCP is built from **four components:**

- **County Base Rate**
- **Enhanced Amount**
- **Adjustments**
- **Primary Care Prospective Admin. Trend**

MODEL APPLICATION & TIMELINE

Model Milestone/Step	Date
Medicare Shared Savings Program Application *ACOs need to apply to the Shared Savings Program first (for both new ACOs and those renewing) before applying to the ACO PC Flex Model. Currently participating ACOs must apply as a Renewal Applicant and begin a new agreement period. ACOs will be asked to indicate their interest in the model within the Shared Savings Program application. Visit the Shared Savings Program's Application Types & Timelines webpage for more information.*	**Opens: May 20, 2024** **Due: June 17, 2024**
ACO PC Flex Model Application	**Opens: May 2024** **Due: August 2024**
ACO PC Flex Model Signing Date	**Fourth Quarter 2024**
Model Performance Period	**January 1, 2025 – December 31, 2029**

PUBLIC COMMENT

NEXT MEETING

MONDAY, MAY 13, 2024

TIME: TBD

Anchor Location:

The Chapel

Herman M. Holloway Sr. Health and Social Services Campus

1901 N. DuPont Highway

New Castle, DE 19720

THANK YOU