



Healthy Connections Value Care Performance Year 1

**Managed Care Task Force Meeting
September 11, 2023**

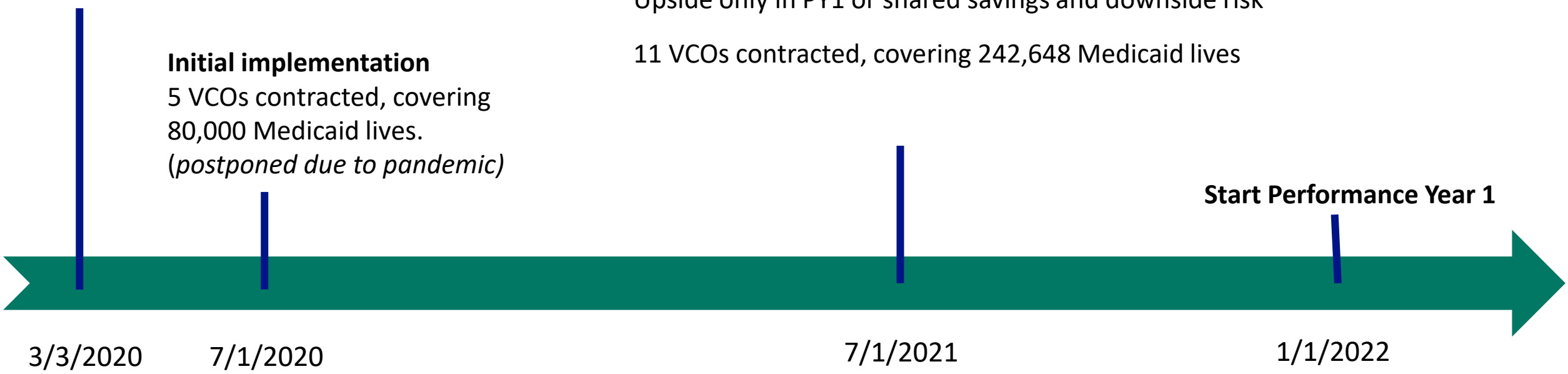


- Collaborate with providers across the state to build a more accountable Medicaid program
- Meet targeted quality measures with the goal of improving health outcomes
- Stabilize and control Medicaid reimbursement

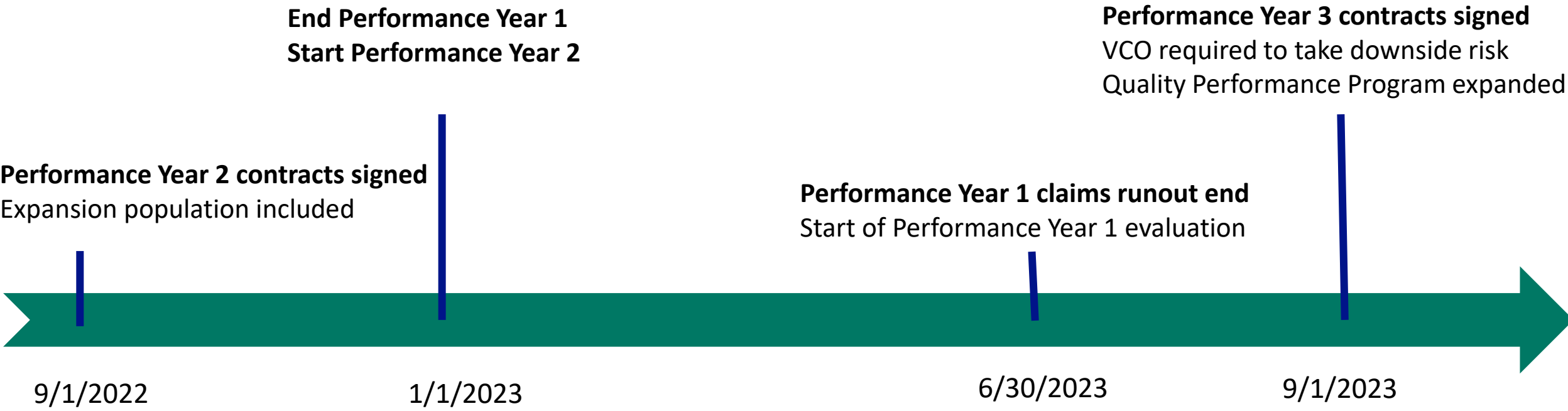


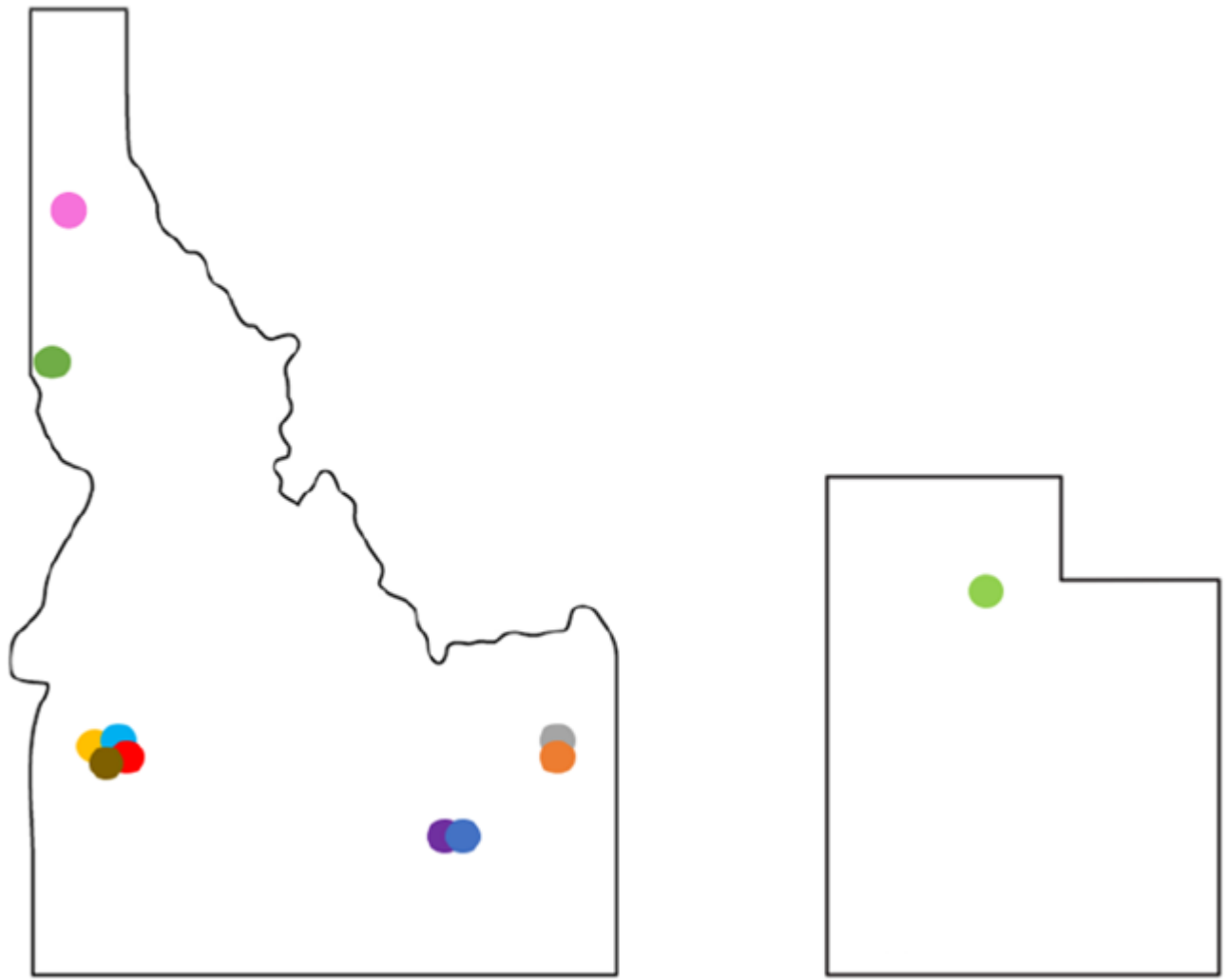
House Bill 351 Signed

Establish value-based payment methods for inpatient and outpatient hospital services



Timeline





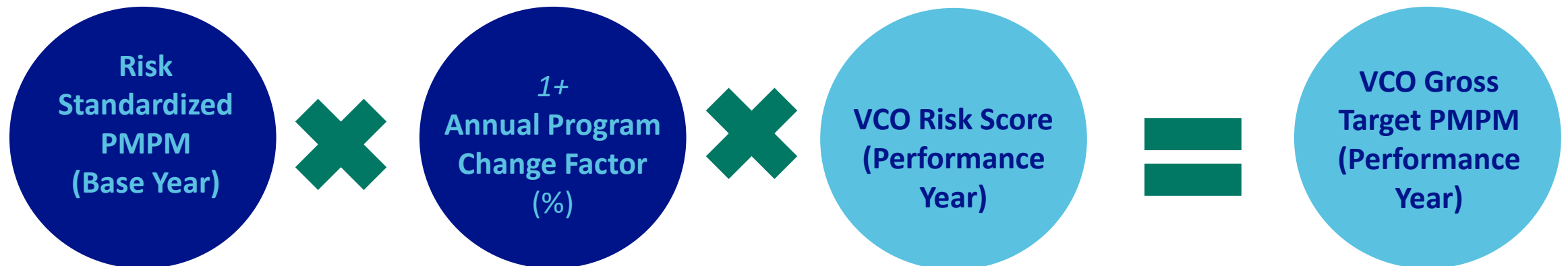
VCO	# of Members <i>(as of 8/2023)</i>
Boise	
● Community Health Center Network of Idaho	45,692
● Alliance Medical Group, LLC (Primary Health)	10,634
● Saint Alphonus Health Alliance	34,245
● St. Luke's Health Partners	106,082
Lewiston	
● Advantage Point Health Alliance	10,815
Idaho Falls	
● Mountain View Network	16,286
● The Pediatric Center <i>(PY1&PY2 only)</i>	5,758
Pocatello	
● Patient Quality Alliance	7,551
● Pocatello Children's Clinic	7,292
Coeur D'Alene	
● Kootenai Value Care, LLC	20,624
Salt Lake City, UT	
● Castell, LLC	16,192



- **VCOs held accountable for meeting quality and cost targets for attributed members (≥ 7 months with VCO)**
- **Each VCO has a unique target cost based on the complexity of their attributed population (both utilization and severity of illness)**
 - VCOs exceeding target cost (per member per month cost) are held responsible for a share of excess spending based on the risk level selected
 - VCOs that keep costs below target cost AND meet quality targets, can share in savings based on the risk level selected
- **Excluded costs:**
 - Healthy Connections Case Management Payment,
 - Managed Care Products (outpatient behavioral health, dental, non-emergent medical transportation)
 - Pharmacy
 - Nursing Home & Intermediate Care Facilities
 - Long-term Supports & Services
 - Home & Community Based
 - Outliers (Large Claim Threshold \$100,000)
- **Excluded Participants:** Dual eligible participants (Medicaid & Medicare)



- Calculated using:
 - Statewide Risk Standardized Per Member Per Month cost (PMPM) for Base Year
 - Annual Program Change Factor
 - Typically based on trend and used to drive costs down. This factor was negotiated with VCOs.
 - Milliman Advanced Risk Adjusters (MARA) Risk Score for VCO for Performance Year
 - A risk score tool using participant medical history to predict healthcare cost risk
 - Accounts for severity of disease/complexity and utilization of the VCO population during the performance year
 - Calculated 6 months AFTER end of Performance Year, to account for claims runout





Healthy Connections Quality Measures PY1+2	
1	DIABETES HBA1C TEST indicates the percentage of patients with type 1 or type 2 diabetes, aged 18 to 75 years, who had an HbA1c test done.
2	HEDIS W30 Well Visit GT 5 in first fifteen (15) months indicates the percentage of children, during their first 15 months of life, who had six or more well-child visits with a primary care practitioner.
3	HEDIS WCV WELL CARE PCP VISITS ADOLESCENTS indicates the percentage of adolescents, aged 3-21 years, who had at least one comprehensive well-care visit with a primary care physician (PCP) or a gynecologist during the measurement year.
4	HEDIS BCS BREAST CANCER SCREENING indicates the percentage of women, aged 52 to 74 years at the end of the measurement period, who had a mammogram done during a twenty-seven (27)- month measurement period.
5	AMBULATORY CARE EMERGENCY DEPT VISITS Calculates the number of emergency department (ED) visits per one thousand (1,000) enrolled months.
6	READMISSIONS WITHIN 30 DAYS AGE 18 TO 64 Calculates the percentage of acute inpatient stays during the reporting time period, for Participants aged 18 to 64, that were followed by an acute readmission for any diagnosis, excluding pregnancy-related stays, within thirty (30) days of discharge.

Payment Distribution		
# Applicable Measures	# Measures Target Met	Savings Payout
6	6	100%
6	5	100%
6	4	100%
6	3	75%
6	2	50%
6	1	25%
6	0	0%



Term	Year 1 (CY2022)	Year 2 (CY2023)	Year 3 (CY2024)
Population	Legacy	Legacy + Expansion	Legacy + Expansion
Quality Measures	6 Mandatory measures	6 Mandatory measures	3 Mandatory measures + 3-6 Optional measures
Risk level	5% upside only - 80%	5% upside only - 80%	15%-80% Symmetrical
Statewide Risk Standardized PMPM	\$155.07	\$148.00	\$138.44
Annual Program Change Factor	0%	0%	0%



VCO	PY1 Risk	PY2 Risk
A	80%	Upside only 5%
B	50%	Upside only 5%
C	40%	Upside only 5%
D	35%	80%
E	25%	25%
F	25%	Upside only 5%
G	Upside only 5%	Upside only 5%
H	Upside only 5%	Upside only 5%
I	Upside only 5%	Upside only 5%
J	Upside only 5%	Upside only 5%
K	Upside only 5%	Upside only 5%



Caveat: *Performance Year 1 results are preliminary. VCOs have 45 days to review the draft settlement report which was provided September 1, 2023. Draft settlement will become final when: 1.the Department has received written acceptance from the VCO, 2. 45 days have passed from final distribution of PY1 settlement reports, and the Department has not received any written acceptance or dispute from VCOs, or 3. Any objection raised by the VCO is finally resolved*

Performance Year 1 – VCO Results

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VCO	VCO Gross Target PMPM	PY1 Actual Cost PMPM	Gross Savings/ (Loss) PMPM	VCO Risk Sharing Level Selection	Quality Performance Program Adjustment
A	\$ 226.78	\$ 199.01	\$ 27.77	Symmetrical - 80%	25%
B	\$ 221.07	\$ 190.43	\$ 30.64	Symmetrical - 50%	75%
C	\$ 207.80	\$ 185.61	\$ 22.19	Symmetrical - 40%	100%
D	\$ 190.08	\$ 160.80	\$ 29.28	Symmetrical - 35%	100%
E	\$ 156.94	\$ 137.94	\$ 18.99	Symmetrical - 25%	50%
F	\$ 162.58	\$ 141.41	\$ 21.17	Symmetrical - 25%	50%
G	\$ 253.11	\$ 240.46	\$ 12.65	Upside Only – 5%	25%
H	\$ 299.83	\$ 284.40	\$ 15.43	Upside Only – 5%	100%
I	\$ 195.14	\$ 175.77	\$ 19.37	Upside Only – 5%	25%
J	\$ 163.06	\$ 178.90	\$ (15.85)	Upside Only – 5%	100%
K	\$ 242.06	\$ 234.37	\$ 7.69	Upside Only – 5%	50%

Net Distributable Savings for PY1 (Payout to VCOs)= \$10,819,646



- **All** VCOs met at least one target
- **3** VCOs met at least 4 out of 6 quality measure targets and **1** VCO met 2 out of 3 targets*. These VCOs qualified for a **100%** quality adjustment if savings were achieved.
- Across all VCOs there were 60 quality measures and 60 corresponding targets*
- **67%** of quality measures saw improvement compared to the baseline
- **45%** of quality measure targets were achieved

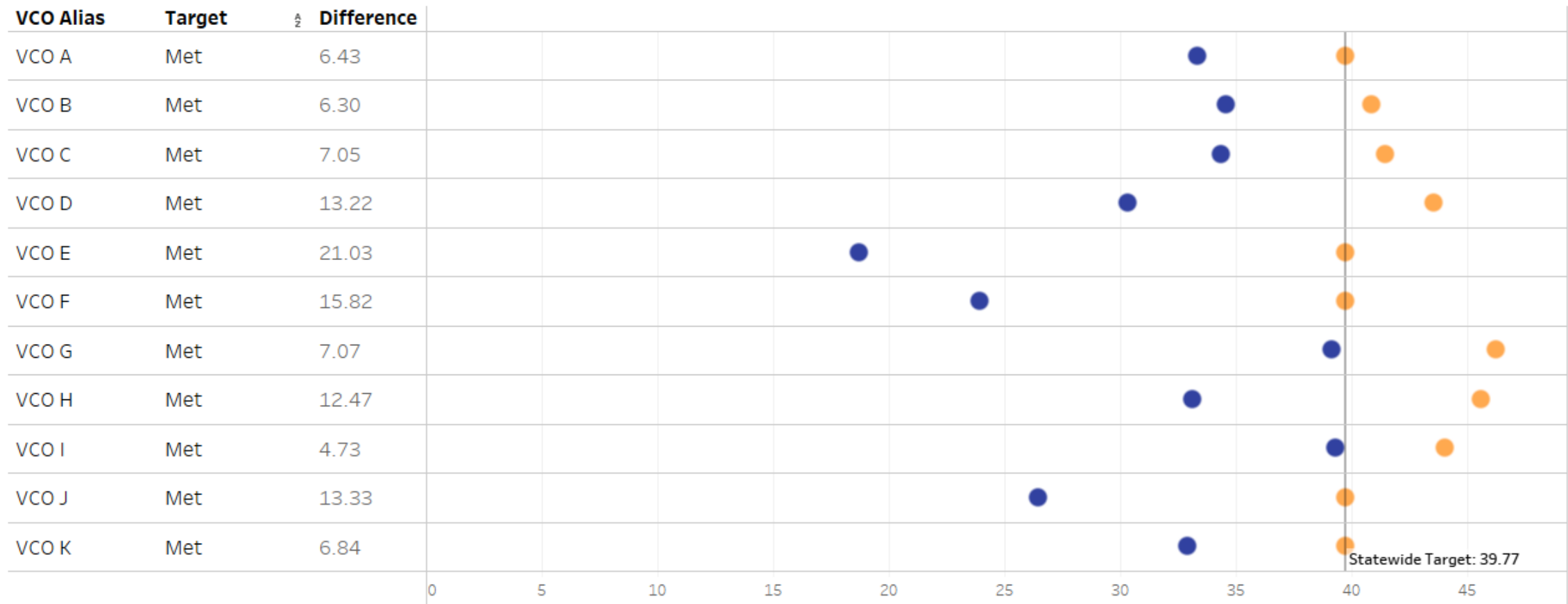
*Two VCOs are pediatric only and worked on 3 quality measures



Performance Year 1 Results vs Target

Full Period with 6 Months Runout for Dates of Service Ended - December 31, 2022

Emergency Dept. Utilization per 1000 Member Months



PY1 Quality: 30 Day Readmission

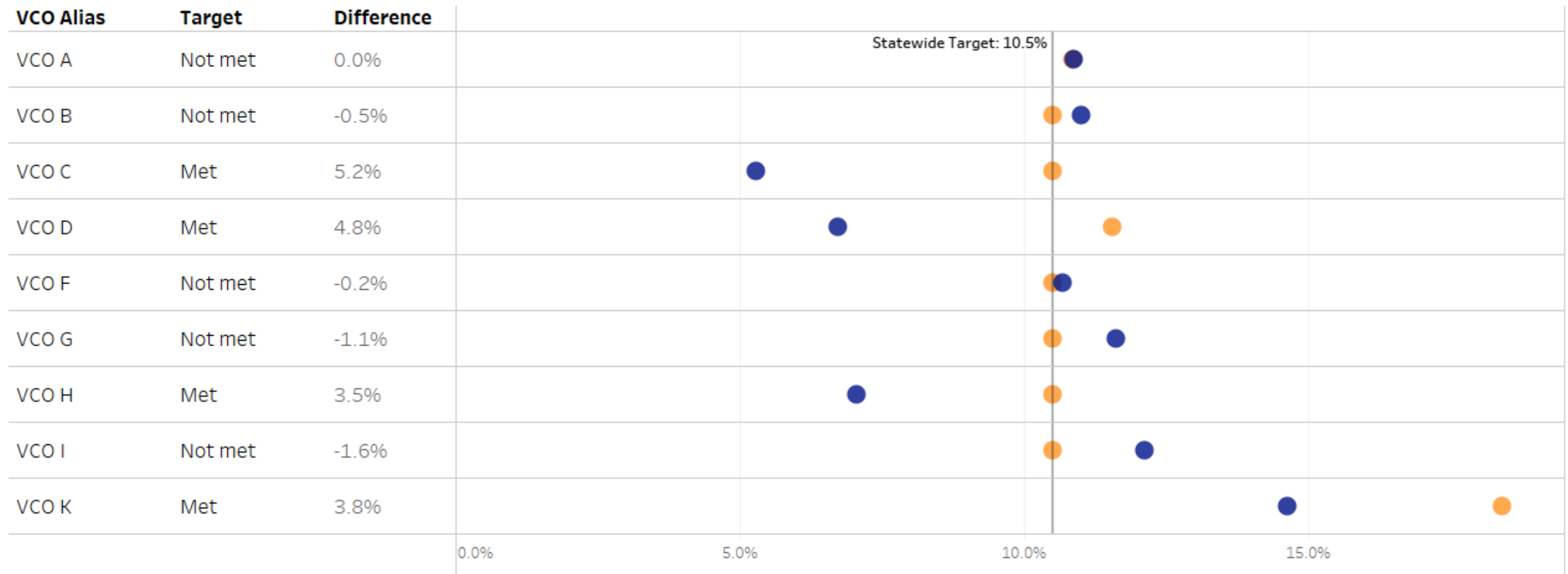
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Performance Year 1 Results vs Target

Full Period with 6 Months Runout for Dates of Service Ended - December 31, 2022

30 Day Readmission Rates for Ages 18 to 64



PY1 Quality: Breast Cancer Screening

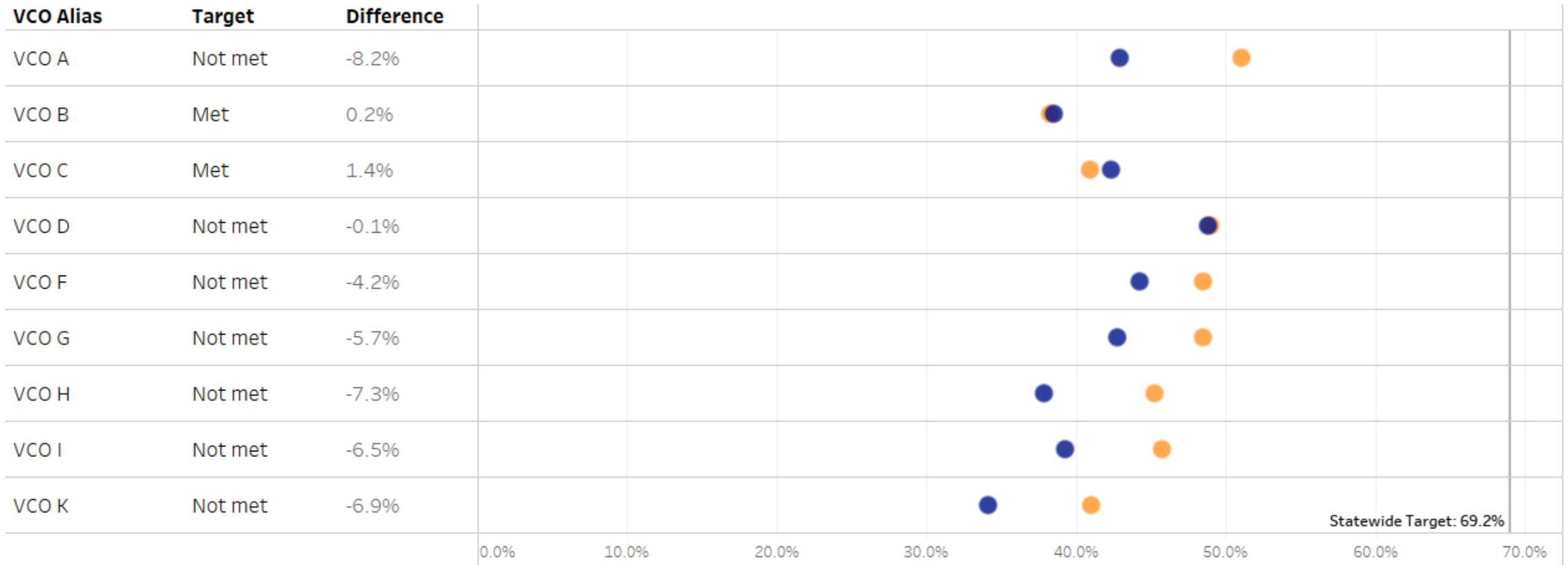
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Performance Year 1 Results vs Target

Full Period with 6 Months Runout for Dates of Service Ended - December 31, 2022

Breast Cancer Screening



PY1 Quality: Diabetes Testing

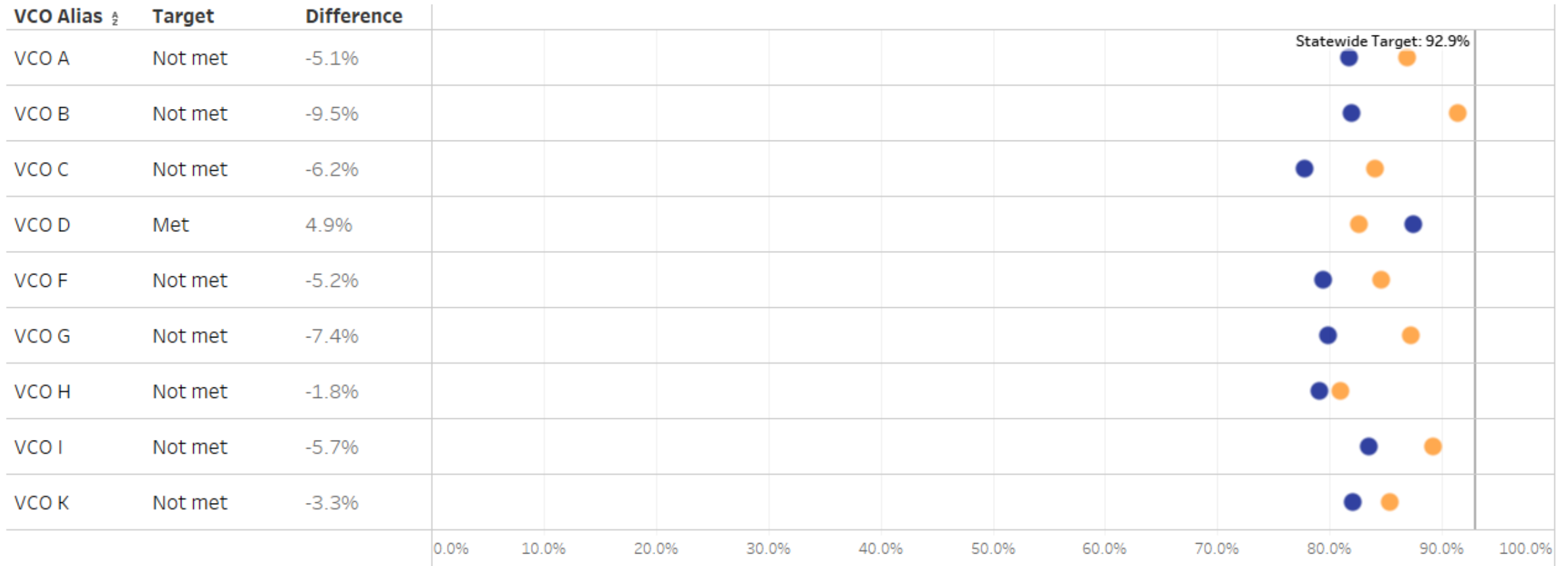
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Performance Year 1 Results vs Target

Full Period with 6 Months Runout for Dates of Service Ended - December 31, 2022

Diabetes HbA1c Testing



PY1 Quality: Wellness Visits first 15 Months

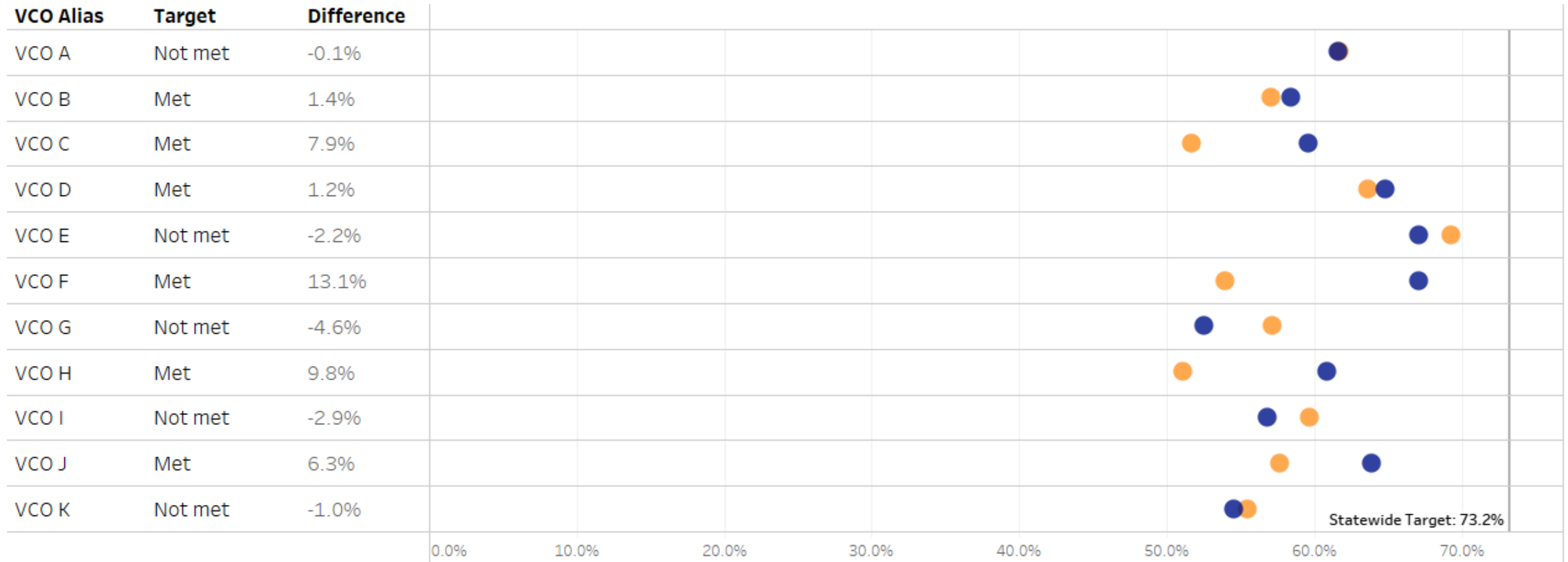
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Performance Year 1 Results vs Target

Full Period with 6 Months Runout for Dates of Service Ended - December 31, 2022

Wellness Visits (first 15 months of life, six or more well-child visits)



PY1 Quality: Wellness Visits Adolescents

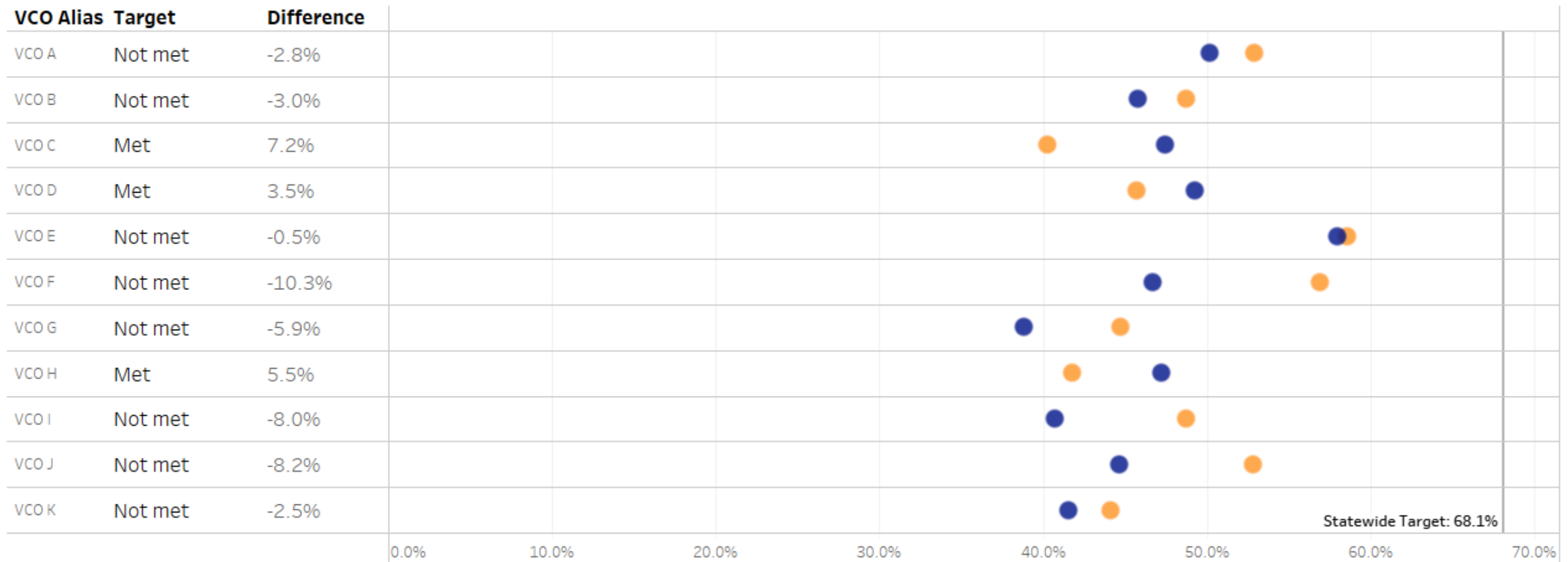
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Performance Year 1 Results vs Target

Full Period with 6 Months Runout for Dates of Service Ended - December 31, 2022

Wellness Visits Adolescents Ages 3 to 21





Establish Levers for Savings	Quality	Collaboration
<ul style="list-style-type: none">Initial year allowed all providers to be successful post-pandemic and enter a new value-based contract with Medicaid.<ul style="list-style-type: none">Potential to move towards cost reduction in future years.VCOs successful in meeting cost target and quality measure thresholds.Most VCOs shared in savings. Time will tell if this was unique to the 2019 base year or the covid pandemic.	<ul style="list-style-type: none">Continued progress on quality measures expected to lead to improved health outcomes & lower costs.67% of quality measures saw improvement during the performance year, including an increase in wellness visits during the first 15 months of life and a decrease in ED utilization and readmissions.	<ul style="list-style-type: none">Monthly meetings between the Department and the VCOs.<ul style="list-style-type: none">Statewide Care Collaborative (SCC)Quality WorkgroupAs a result, the program is evolving to better meet the state's and the VCO's goals.Collaboration is not limited to the scope of the contract (sharing of best practices related to patient engagement, data collection, etc.)



- Starting in PY3 (2024), requiring all VCOs to take risk starting at 15%
- Greater level of budget control with a negative Annual Program Change factor
- Inclusion of additional services
- New/additional quality measures
- Experience post-covid
 - Starting this program in 2022 presented unique challenges tied to workforce, data, and populations to include within the contract.



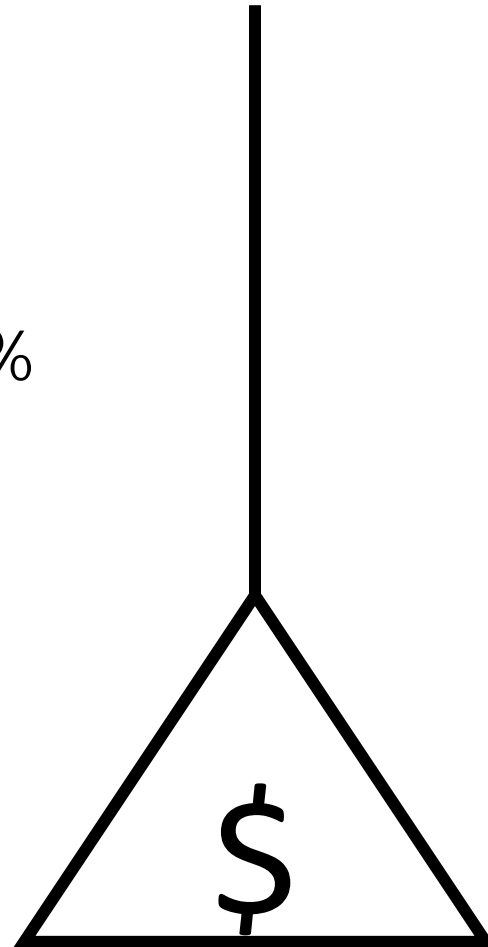
- Resources to effectively administer the program, supporting administration and data efforts to be good partners with providers.
- Data lag issues tied to claims data (inherent to using claims data).
- To align the quality performance program with existing programs from other payers and to shift to quality measures that are focused on health outcomes, additional (supplemental) data collection is needed.
- Not all VCOs are the same resulting in unique challenges or benefits.
 - VCOs have different levels of knowledge, experience and resources available to work on value-based care.
 - Some VCOs include hospitals or FQHCs, some are primary care only.
 - VCOs have different populations. (pediatrics only, rural vs urban, # members, etc.)
- Launching program right after pandemic.



Symmetrical risk selection

Upside: 15-80%

Downside: 15-80%



What's new in Performance Year 3?

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HCVC Quality Measures	PY1	PY2	PY3
Emergency department visits per 1,000 member months	<i>Required</i>	<i>Required</i>	Required
Well visit ge 6 in first 15 months	<i>Required</i>	<i>Required</i>	Required
Well care visits adolescents (ages 3 to 21)	<i>Required</i>	<i>Required</i>	Required
Breast cancer screening	<i>Required</i>	<i>Required</i>	Optional
Readmissions within 30 days age 18-64	<i>Required</i>	<i>Required</i>	Optional
Diabetes hba1c testing	<i>Required</i>	<i>Required</i>	Optional
Well-child visits for age 15 months–30 months	<i>NA</i>	<i>NA</i>	Optional <i>New</i>
Concurrent use of opioids and benzodiazepines	<i>NA</i>	<i>NA</i>	Optional <i>New</i>
Developmental screening in the first three years of life	<i>NA</i>	<i>NA</i>	Optional <i>New</i>
Screening for depression and follow-up plan: ages 12 to 17	<i>NA</i>	<i>NA</i>	Optional <i>New</i>
Screening for depression and follow-up plan: age 18 and older	<i>NA</i>	<i>NA</i>	Optional <i>New</i>
Follow-up after hospitalization for mental illness: ages 6 to 17	<i>NA</i>	<i>NA</i>	Optional <i>New</i>
Follow-up after hospitalization for mental illness: age 18 to 64	<i>NA</i>	<i>NA</i>	Optional <i>New</i>