

CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN



# Equity and Access Council

Design Group 3: Rules (2A),  
Communication (2B), and  
Accountability/Enforcement (2C)

Workshop 1

February 19<sup>th</sup>, 2015

# Meeting Agenda

Item	Allotted Time
1. Introductions	5 min
2. Public Comment	5 min
3. Overview of Design Group Process	5 min
4. Discussion of Rules, Communication, and Accountability/Enforcement Safeguards	35 min
5. Synthesis of Initial Hypotheses	10 min

# 3. Two Categories of Safeguards

## CT's Process

1. **Evaluate evidence** for the hypothesized risks and options for preventive safeguards
2. **Establish safeguards** (incentives, policies, and processes) that prevent under-service and patient selection
3. **Implement** safeguards
4. **Monitor** and analyze results
5. **Adjust** safeguards based on lessons learned

***What types of safeguards can be built into the proposed payment reforms?***

**We propose two categories of safeguards:**



### **1. Payment design features**

**Concept:**

*Design new payment methods in a way that, taken together, do not create incentives for under-service and patient selection*



### **2. Supplemental safeguards**

**Concept:**

*Establish additional rules and processes to deter and detect under-service and patient selection*

# 3. Design Elements: Supplemental Safeguards



## 2. Supplemental Safeguards

Safeguard Type		Description	Hypothesis to Examine
<b>A</b>	<i>Rules</i>	Rules for <b>who can participate</b> in a value-based contract and <b>what activity is allowed</b> and prohibited	Requiring relevant minimum criteria for who may participate, and defining clear rules about undesired behavior, will minimize instances of under-service and patient selection
<b>B</b>	<i>Communication</i>	Methods of <b>informing consumers and providers</b> about the definition and consequences of prohibited activities	Aggressively informing consumers about the definition of patient selection, appropriate medical care, and how to report prohibited behavior will deter and identify the behavior. Aggressively informing providers will also deter the behavior.
<b>C</b>	<i>Accountability / Enforcement</i>	<b>Consequences</b> for violating rules and <b>methods of enforcing</b> those consequences	Disqualifying provider groups found to commit prohibited behavior from receiving shared savings will deter the behavior
<b>D</b>	<i>Detection: retrospective</i>	Methods of <b>detecting under-service and patient selection</b> by observing it <b>using data</b> produced after a period of performance is over	Analyzing provider performance and patient panel profiles over time will provide the primary method of identifying prohibited behavior
<b>E</b>	<i>Detection: concurrent</i>	Methods of <b>detecting under-service and patient selection in real-time</b> or near-real-time	Creating ways for consumers, providers, and payers to identify under-service and patient selection in real-time will provide additional opportunities to identify prohibited behavior

# 3. Design Group Milestones and Timing

We will organize the agenda of upcoming EAC meetings around review of outputs for each of the four design groups.

WORKSTREAM/ACTIVITY	January				February				March					April			
	Week of:				Week of:				Week of:					Week of:			
	5	12	19	26	2	9	16	23	2	9	16	23	30	6	13	20	27
Group 1 - 1A-B: Attribution, risk adjustment, cost benchmarking				M1	R1	M2		R2									
Group 2 - 1C-D: Performance-based payment calculation & distribution							M1			R1	M2	R2					
Group 3 - 2A-B-C: Rules, communication, enforcement							M1			R1	M2	R2					
Group 4 - 2D-E: Retrospective & concurrent monitoring						M1		R1	M2	R2							

Today

Report containing Phase I recommendations

- M1** Design milestone/workshop 1
- R1** EAC initial review/input
- M2** Design milestone/workshop 2
- R2** EAC final review/input

# 3. Design Group Process

Design Phase	All Design Groups	Progress
Workshop 1	<p><u>Goal:</u> Evaluate existing research and evidence and establish initial hypotheses</p> <p><u>Content:</u> Synthesis of research on topic and input from experts for group to discuss, provide input, and establish a point of view</p>	
Review 1	<p><u>Goal:</u> Feedback and reactions from EAC on initial hypotheses and suggestions on areas of further exploration and/or revision</p> <p><u>Content:</u> Present initial hypotheses from design group, review relevant materials, and pose any questions/concerns from the design group where EAC input was desired</p>	
Workshop 2	<p><u>Goal:</u> Develop draft recommendations based on additional research and EAC feedback</p> <p><u>Content:</u> Synthesis of feedback from EAC and additional research required for group to provide input and establish a final recommendation</p>	
Review 2	<p><u>Goal:</u> EAC to adopt recommendations</p> <p><u>Content:</u> Present revised recommendations from design group and pose any final questions for EAC input</p>	

# 4. Scope of EAC's Recommendations on this Topic



***Payers, provider organizations, and the State will likely adopt a combination of policies related to instances of under-service and patient selection in a value-based contracting environment.***



**Rules** for who can participate in a value-based contract and what activity is allowed and prohibited



**Methods of informing** consumers and providers about the definition and consequences of prohibited activities, and how to report suspected violations



**Consequences** for violating rules, and methods of enforcing those consequences

***How should the Equity and Access Council frame its recommendations on this subject?***

Should the EAC ...

- Recommend a set of policies for adoption by all payers and/or ACOs
- Recommend common principles and minimum essential policy elements for adoption by all payers and/or ACOs
- Recommend a set of policies for the State to adopt



# 4. Supplemental Safeguards: Rules



## 2A. Rules

Rules for who can participate in a value-based contract and what activity is allowed and prohibited

### Design Options/Considerations

- 1 Eligibility Criteria: ACOs** – what criteria should a provider organization have to meet to participate in value-based contracts? For example:
  - Minimum number of attributed lives
  - Minimum services offered
  - Accreditation (e.g. NCQA/URAC)
  - Adoption of policies or internal monitoring mechanisms
  - Reporting
- 2 Eligibility Criteria: Individual Providers** – are there any criteria beyond licensure that providers should be required to meet in order to participate in value-based contracts?
- 3 Definition of under-service and patient selection** –
  - What language and/or metrics will be used to formally define under-service and patient selection for purposes of enforcement?
  - Who should “own” this definition?
  - Are there existing definitions in CT statute/regulations, CMS regulations, or payer contracts that can be applied?



# 4. Supplemental Safeguards: Communication

## 2B. Communication



Methods of informing consumers and providers about the definition and consequences of prohibited activities, and how to report suspected violations

### Design Options/Considerations

- 1 Consumer Communication** – what are the key messages that should be communicated to consumers about value-based payment models and the indicators of potential under-service or patient selection? How should the messages be conveyed? For example:
  - Publications
  - Workshops
  - Partnerships with community-based organizations / trusted sources of information
- 2 Provider Communication** – what should be communicated to provider groups and individual providers about under-service and patient selection? Through what media?

***Are there existing communications programs or vehicles that can be adapted for the topics at hand?***



# 4. Supplemental Safeguards: Accountability/Enforcement

## 2C. Accountability / Enforcement



Consequences for violating rules, and methods of enforcing those consequences

### Design Options/Considerations

#### 1 Consequences— what consequences are appropriate for different types of prohibited provider activity?

- A starting point: “All payers commit to the principle that providers be disqualified from receiving shared savings if they demonstrate repeated or systematic failure to offer medically necessary services, whether or not there is evidence of intentionality” – CT SIM Model Test Phase Final Project Narrative p20.
- Are additional consequences appropriate in some instances? For what types of infractions?

Potential Types of Consequences	For an Individual Provider?	For an ACO?
Disqualification from receiving a share of savings achieved in the performance year		
Ineligibility for some period of time from participating in value-based contracts		
Financial penalty		
Licensure review		
Performance of corrective action		

- To what degree should consequences be standardized across payers and contract types?



# 4. Supplemental Safeguards: Accountability/Enforcement

## 2C. Accountability / Enforcement



Consequences for violating rules, and methods of enforcing those consequences

### Design Options/Considerations

- 2 **Accountability/Enforcement Methods** – what method should be used to reach findings in instances of suspected prohibited activity? Who should be responsible for conducting each enforcement activity?
  - Payers
  - ACOs
  - State government
  - Other?
- 3 **Terminology** – how should the EAC’s recommendations refer to this topic?
  - “Accountability”
  - “Enforcement”
  - Both terms
  - Other term?

# 7. Synthesis of Initial Hypotheses

## Objectives:

1. *Summarize initial hypotheses to share with the EAC on what its recommendations should say about design of patient attribution methods and cost calculation benchmarks to safeguard against patient selection and under-service.*
2. *Recommend discussion topics and material to support the EAC's discussion on these topics at its 3/9 meeting*

### *Applies to.....*

<b>2A. Rules</b>	<b>Patient Selection</b>	<b>Under-Service</b>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>2B. Communication</b>	<b>Patient Selection</b>	<b>Under-Service</b>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>2C. Accountability/Enforcement</b>	<b>Patient Selection</b>	<b>Under-Service</b>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>