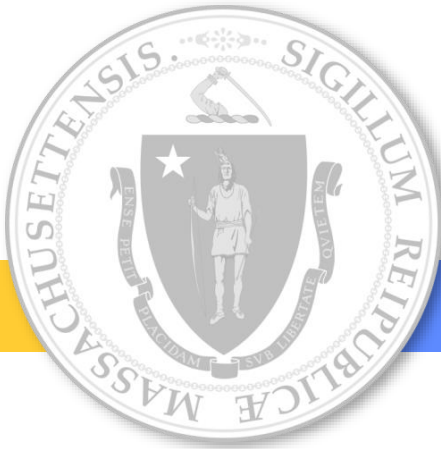


Lessons Learned in Primary Care Payment Reform and Practice Transformation



Executive Office of Health & Human Services
MassHealth\Providers and Plans
Claudia Henriquez
Contract Manager\PCC Plan

June 2017

Agenda



- **Overview of Primary Care Payment Reform**
- **Support to Practice**
- **Lessons Learned**



Goals:

- Strengthen primary care and advance behavioral health integration in the primary care setting
- Transition from Fee For Service (FFS) to alternative payment that increases providers accountability for total cost of care
- Adopt the Patient-Centered Medical Home (PCMH) with Behavioral Health (BH) integration
- Apply lessons learned both for MassHealth and the participating providers for future ACO delivery system

Program Details



- 62 primary care practices in various settings: hospital outpatient departments, community health centers, group practices
- 3-year contract (March 2014-December 2016)
- 80,000 lives average member attribution
- 50% of practices had previous transformation PCMH funding and technical assistance



Supports Both Quality Improvement and Payment Reform

Combined measures: EMR, Claims, and Member Experience

- **Pay 4 Reporting:** two-year ramp-up provides time to build capacity and competency at the PCC and practice site level in the timely, complete and accurate collection of data
- **Pay 4 Quality:** phased implementation beginning in Year 2 with incentives tied to well-established measures
- **Shared Savings:** three primary care-oriented measures aggregated at the practice and risk pool level, performance modifies shared savings payment



Support to the Practices

Practice Support



- Member-level reports and Raw Claims Extract Report provided monthly via secure access VG
- Monthly webinars on all aspects of the payment model, delivery model, QI
- Program Office hours
- Dedicated email box
- Monthly participatory Steering Committee
- MBHP support managers\practice visits
- Technical Assistance (dedicated TA consultant for small caseload of practices)

Preliminary Results



- Practices met on average 93% of the contract milestones by year 3
- 61% of the Quality Measures showed significant improvement from 2014 to 2015: 2016 is pending
- Nearly 100% of practices earned a quality incentive payment for 2014 and 2015
- Shared Savings results are pending federal- and state-level approval



Lessons Learned

Global Lessons



PCPR imparted knowledge and experience to both MassHealth and the providers in the following key areas:

- Data Reporting and Population Health Management
- Technical Assistance
- Contract Management and Compliance
- Provider Support and Engagement
- Alternative Payment Streams
- Quality Performance



For the Practices

- Gained more experience with capitation for MassHealth members and risk adjustments models
- Better understanding of optimal resources to support clinical transformation, particularly in care management and coordination
- Better understanding of investment necessary for IT infrastructure with the capability to advance population health knowledge

For MassHealth



- Ensure the time to create necessary infrastructure for claims processing and provider eligibility is built into the work plan
- Ensure provider success by balancing practice support with contract monitoring and compliance
- Provide health plan data to providers in accessible, provider friendly formats
- Provide targeted technical assistance rather than global one size fits all TA; Include BH consultants on TA team

Summary



- PCPR was foundational to MassHealth's ACO Strategy and provider capacity to move into an ACO model.
- PCPR provided a live 'learning lab' for many aspects of an ACO for MassHealth and the participating practices.



Questions?

Contact Claudia Henriquez at
Claudia.Henriquez@state.ma.us