DS Statewide Advisory Committee Meeting

MARCH 15, 2019

Welcome

MEETING AGENDA

DS Statewide Advisory Committee Meeting:
March 15, 2019

1. Reinforce values and goals of DS payment reform project

2. Gain stakeholder engagement on long and short term milestones and process steps

3. Review reports from work groups

Welcome	9:00-9:15
◦ Introductions	
◦ Key take-aways from prior meeting	
Timeline / milestone overview	9:15-9:45
Work area updates	9:45-10:45
◦ Standardized Assessment	
◦ Encounter Data	
◦ Payment Model	
Discussion / comment	10:45-10:55
Next steps	10:55-11:00

Prior Meeting Update

The February 1 Advisory Committee included opportunities for engagement and feedback

- Update on HCBS rule
  - No decision yet on activities to comply with HCBS rules related to conflict-free case management; stakeholder input needed
- Next DAIL advisory board and DS standing committee
  - Open for those desiring to attend to provide input on conflict free case management

- Criteria for evaluating a payment model reviewed
  - Interest in simple language
  - Feedback to be sent to Jennifer
  - Comments on criteria:

Criterion	Suggested addition
Person-centered	"enables"
Equitable	"funding"
Flexible	"choices"
Accountable	"track what was paid for and what was delivered"

Note: the Feb 1 meeting ran short on time for planned topics, therefore skipped work group updates and timeline review

A request was also extended for stakeholders to offer assessment criteria feedback

Standardized assessment and payment model projects asked for feedback

- Requested:
  - Criteria for standardized assessment tool
  - Criteria for determining who should conduct assessment
  - Criteria for evaluating payment model

- We received no further feedback on criteria for evaluating payment model

- Only feedback on assessment tool was from VCP

Project Milestones

The DS financial model charter was created in January 2018 to solve a critical accountability problem

Billing for services without accurate tracking

Receipt of funding for services that may not have been provided to that individual
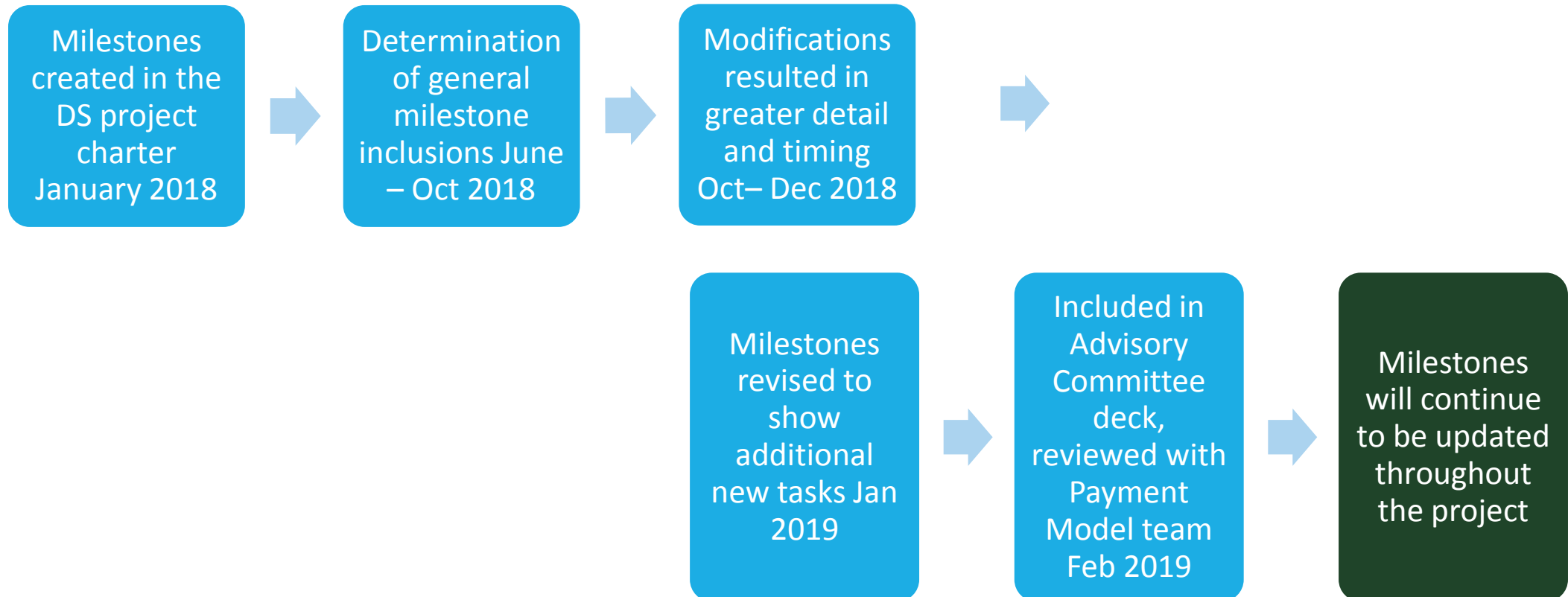
Lack of accountability

Focus is on remembering the problem we are trying to solve

The problem we are trying to solve with a new payment model…..

We need to provide a system for provider payment for which the State has accurate tracking and a method for ensuring that services have been provided to individuals.

The timeline milestones are a working draft reflecting key process events

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┌─────────────────┐     ┌─────────────────┐     ┌─────────────────┐
│ Milestones      │     │ Determination   │     │ Modifications   │
│ created in the  │ ──▶ │ of general      │ ──▶ │ resulted in     │ ──▶
│ DS project      │     │ milestone       │     │ greater detail  │
│ charter         │     │ inclusions June │     │ and timing      │
│ January 2018    │     │ – Oct 2018      │     │ Oct– Dec 2018   │
└─────────────────┘     └─────────────────┘     └─────────────────┘

              ┌─────────────────┐     ┌─────────────────┐     ┌─────────────────┐
              │ Milestones      │     │ Included in     │     │ Milestones      │
              │ revised to      │     │ Advisory        │     │ will continue   │
              │ show            │ ──▶ │ Committee       │ ──▶ │ to be updated   │
              │ additional      │     │ deck,           │     │ throughout      │
              │ new tasks Jan   │     │ reviewed with   │     │ the project     │
              │ 2019            │     │ Payment         │     │                 │
              │                 │     │ Model team      │     │                 │
              │                 │     │ Feb 2019        │     │                 │
              └─────────────────┘     └─────────────────┘     └─────────────────┘
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Abbreviations for selected groups or processes appear throughout the milestones

- ❑ **CMS** - Centers for Medicare & Medicaid Services

- ❑ **DXC** - Vendor used for claims data, does not stand for anything but references the mission of leading clients "on their digital transformation journeys"

- ❑ **MMIS** - Medicaid Management Information System, an integrated group of procedures and computer processing operations that state Medicaid programs must have

- ❑ **PBR** - Policy, Budget & Reimbursement

- ❑ **SOC** – System of Care, or SOCP: System of Care Plan

- ❑ **90/10 APD** – "90-10" refers to CMS providing 90% of the approved funds for eligible activities; "APD" stands for "Advance Planning Document"

Process activities are color coded so multiple pathways can be identified

Color code	Code identification
Grey	**Foundational activities:** some activities span a broad array of support or may involve more than one process area
Pink	**Payment model activities:** processes which primarily focus on model development and adoption as well as appropriate documentation and submissions
Purple	**Assessment activities:** work which primarily ties to the research, acquisition, adoption and communication for the standardized assessment instrument / tool
Teal	**Encounter data activities:** planning, engagement, execution and support of the transition to a transparent billing code using MMIS
Navy	**Policy activities:** work which must be undertaken to ensure adherence to approved policies, procedures and regulations

DS Payment Reform: Working Draft Timeline Milestones, 2019 & Jan – Apr 2020

Milestone	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Fed Funding / 90/10 APD addendum creation					X Submit	App'al										
Model / CMS submission / launch		Stake-holder engage-ment	Stake-holder engage-ment	Stake-holder engage-ment	Interim / final model develop.	final model dev.		X Submit	PBR completion CMS deadline		CMS approval		Interim model target			
Assessment tool procurement process		Stake-holder engagement	Stake-holder engagement	Post RFP Ques-tions / re-sponse	Bids due/ scoring/ Notify vendor	Con-tract drafng	Draft / Route CMS sub.		CMS response	Contract start						
Assessment launch									Acquire tool	Identify assessors	Training	X	Yr 1 roll out = 1/3			
Billing code determination / code creation			Contin-gency plan Code PBR	X MMIS ready for claims	$0 claims go into MMIS	Read-Iness supp.			Address challenges				Data informs interim model with $			
Policy and procedure planning							Stake-hold. com-mun.	Stake-holder engage-ment	Public comment potential timing for SOC	File rule / SOCP modifica-tion as needed	Public notice tbd for model	Deter-rmine timing / require-ments				

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The DS finance model project strategy sets objectives to achieve in 2020 and beyond

- Many challenges have been identified
- The project's strategic vision is intended to turn the challenges into opportunities
  - Improve accountability while meeting the success criteria outlined in the project charter
- Milestones and planning are living documents and will be modified over the course of the project

- The project will use the provision of a standardized assessment instrument and transparent encounter data collection / documentation as the pathways to the creation of improved accountability incorporated in a payment model

We will work to overcome challenges as part of the payment model design process

Incremental initiatives and innovations will help achieve our goals

Claims and Encounter Data Current Challenges

Rates Current Challenges

Needs Assessment Current challenges

Process Current Challenges

Challenges will be resolved incrementally as a new payment model develops and improves over time
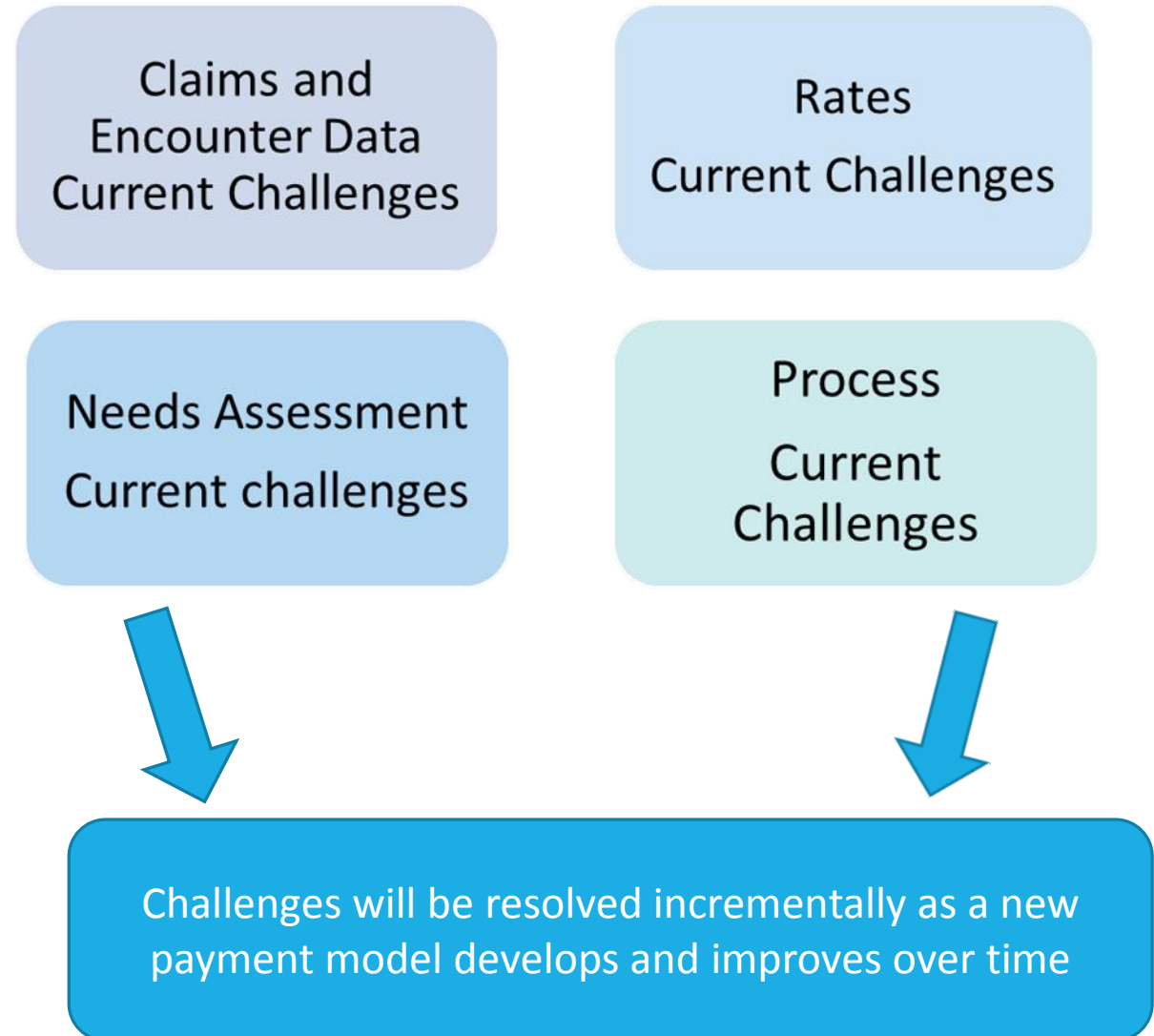
Work Group Updates

STANDARDIZED ASSESSMENT

The Standardized Assessment Work Group is focusing on the adoption of a uniform, standardized assessment tool for determining what services individuals need

Assessment tool options are being reviewed as well as the process for transitioning to a new tool. The workgroup will provide direction and input for implementation.

Work Group Goals, planning stage

- Gather facts and comparisons to other tools
- Develop a preference for a standardized approach
- Address internal process requirements and changes needed for existing procedures
- State intends to move forward with standardized assessment tool
- Taking steps to prepare for adopting tool as there are questions to be answered and steps to implementation

The workgroup explored the Supports Intensity Scale and although felt it was a viable option, they wanted more info on how it would be used in the payment model

The Workgroup arrived at consensus and made recommendations. Open questions and process steps are being developed.

- Supplemental questions would be needed to adequately determine funding levels
- State has gathered questions from other states to consider. Will need to customize for VT needs. State agrees that an exceptions or outlier process needs to be part of the model. This will be included in design.
- The RFP will result in vendor selection and assist funding requirements

A request for feedback on criteria for assessment tool and who should perform assessments was sent

The assessment team sent an email asking for feedback on criteria for the assessment tool and who should perform assessments

Request for feedback went to the Advisory Committee and Statewide Assessment workgroups

- Only received feedback from Vermont Care Partners
- Is there further feedback?
- Reference the handout for communication details

The criteria development process will help support the RFP and determine the assessors

- Make necessary revisions to the charts based on the feedback received
- Score the revised chart for assessors
- Post the scored chart to the DS Payment Reform website, requesting feedback
- Send out the link to various parties to encourage the submission of feedback
- Bring all of the materials and feedback to the Advisory committee for review and discussion
- Incorporate criteria to assess tool into the RFP
- Use criteria to help judge vendors who apply

Work Group Updates

ENCOUNTER DATA

The Encounter Data Work Group is focused on the process provider agencies use to report to the state the services delivered to participants

What?

◦ A single source of Truth about payments and services for Medicaid members across programs

How?

◦ The Medicaid Management Information System (MMIS) (the State will always have such a system)

Why?

◦ Accountability: Medicaid payment models cannot be transparent or accountable (to recipients of services, Vermont taxpayers, or CMS) if encounter data is unavailable, incomplete, or inaccurate.

◦ Compliance: The State cannot be compliant with Program Integrity requirements if encounter data exists outside the MMIS.

◦ Measurement: The State cannot effectively monitor programs or establish new payment models if encounter data exists in multiple (and disconnected) databases and formats

◦ Fiscal Responsibility: Medicaid cannot bill other payers (where applicable) without accurate encounter detail to maximize public payer resources

The Encounter Data Work Group is focused on how providers tell the state what services they delivered

Providers will be reporting services through the Medicaid Management Information System (MMIS). The workgroup will provide input on various components of resulting shifts in both State and provider operations.

| Work Group Goals	Status Update
Identify appropriate billing codes for use in determining what services were delivered to individuals.	The Work Group finalized a recommended code list that was distributed for review and feedback on 3/1/19. Feedback is requested on or before 3/22/19.
Understand MMIS systems changes needed to accept identified billing codes and ensure MMIS systems readiness.	State team is preparing paperwork to initiate needed MMIS changes.
Ensure provider readiness to submit encounter claims using appropriate billing codes.	The Work Group reviewed and provided feedback on an "Encounter Data Readiness Inventory" which was distributed on 3/11/19. Each entity that is a direct recipient of DS Home and Community-based Services funds must complete an Encounter Data Readiness Inventory. Responses are expected on or before 4/1/19. The Encounter Data Readiness Inventory is a first step towards helping the state determine a reasonable timeframe for agencies to achieve readiness and will inform future readiness work plans and timelines.

# Work Group Updates

PAYMENT MODEL

Payment methodology will be informed by the results of standardized assessments which, in turn, inform the amount of services
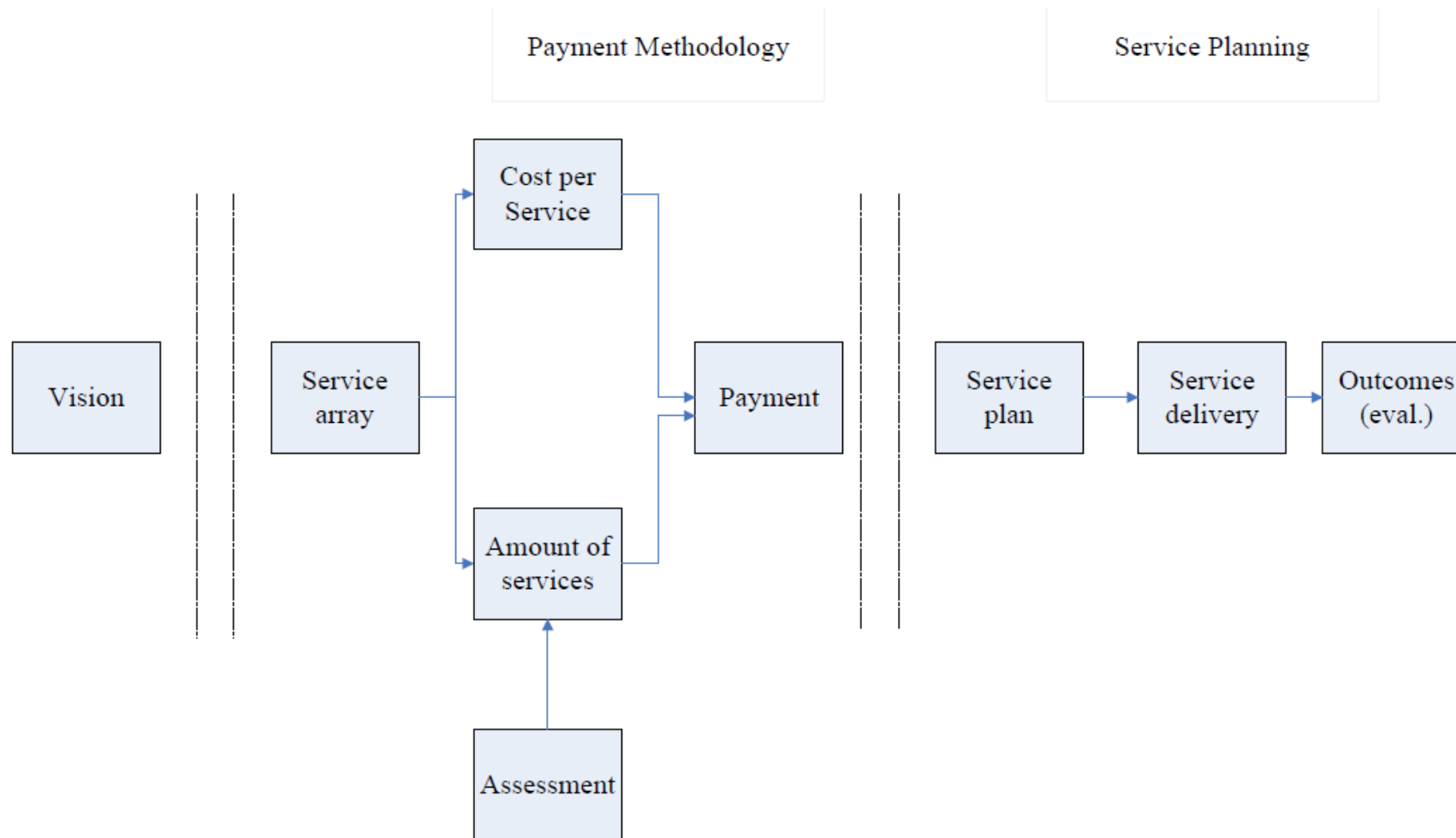
The Payment Model Work Group is determining model preference and path for new model "roll out"

A review of a straw payment model, model options and examples from other states resulted in detailed exploration of payment tiers. The rate model survey will inform the process.

Work Group Goals, project planning phase	Status Update
• Provider rate survey to be finalized	• Final rate study stakeholder meeting and report from Burns remains scheduled for Q2. Exact date TBD. Next steps: revisions based on provider responses to questions from Burns and Associates.
• Review payment model options and select model preference	• Examination and documentation of alternative / transitional payment methodologies underway. Next steps: explore and document comparison of options; determine transitional planning • Work will continue with Burns & Associates
• Develop preliminary view of services to be included in bundles	• Human Services Research Institute (HSRI) and Burns and Associates will facilitate further exploration. Next steps: HSRI / Burns meeting with stakeholders on April 17 to develop increased foundation
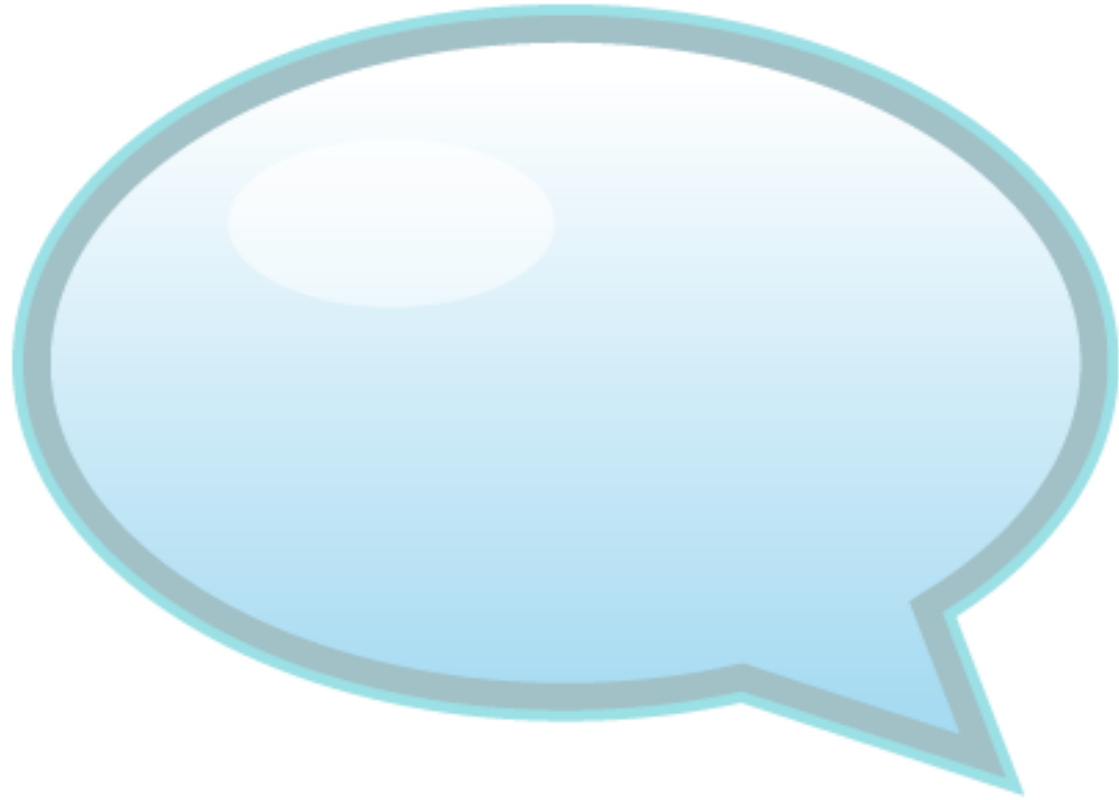
Public Comment?

Planning / Next Steps

Burns and HSRI will help drive understanding of models and accountable supports planning

HSRI

Works under the direction of Burns and Associates

Experienced with assisting states and the federal government to enhance services and supports for people with intellectual and developmental disabilities and behavioral health issues.

BURNS AND ASSOCIATES ARE HEALTH POLICY CONSULTANTS

Contracted by the State to assist with the DS financial model project

The provider survey ("Review of Home and Community Based Services Payment Methodologies and Rates") for the Vermont Department of Disabilities, Aging and Independent Living, Developmental Disabilities Services studied the costs of delivering home and community-based services to individuals with intellectual and developmental disabilities

The intent of the survey is to inform the consideration of potential changes to payment methodologies and rates for Vermont

April 17* offers an opportunity to engage with experts

Stakeholders requested a special meeting with-

- Stephen Pawlowski from Burns and Associates (B&)

- John Agosta from Human Services Research Institute (HSRI)

Potential topics to anticipate**

- What challenges in Vermont are we trying to address

- Why we have embarked on this path for payment reform

- What components of a new methodology are "must haves"

- How do other states pay for Home- and Community-Based Services (HCBS) / explore payment models

*9AM – 12PM, Ash Conference Room
** final agenda TBD

DS Finance Model Meetings

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
March	11	12	13	14	**15** Advisory Committee Meeting	
	18	19	20	21	**22** Encounter Data Work Group	
	25	26	27	28	**29** Payment Model Work Group	
	April 1	2	3	4	**5** Encounter Data Work Group	

Next steps

1. MMIS to be ready for encounter data inputs

2. Completion of RFP for standardized assessment tool

3. Draft Rate Models targeted to be released for public comment in Q2

4. Bring any input from constituencies to next Statewide Advisory Committee meeting on Friday, April 26, 1:00 -3:00 PM, WSOC Oak conference room