



Stakeholder Innovation Group



April 15, 2019



Maryland
Hospital Association

Agenda

- Welcome and Introductions
- Enhanced Episode Program Update
- New Model Program Intake Form and Evaluation Criteria
- Multi-Payer Opportunities on DPP: Lessons from Medicaid
- Updates and Next Steps

ENHANCED EPISODE PROGRAM UPDATE



RECAP: PARTICIPATING IN OTHER CMMI MODELS

- Unlikely that Maryland providers can participate CMMI Models that require sharing savings from hospitals
 - GBR effects and savings difficult to calculate
 - Maryland providers not excluded from CMS's newly announced EMS Model
- Maryland's TCOC Model with CMMI provides flexibility to develop our own programs
 - Convened by hospital: Care Redesign Program (CRP), with Hospital Care Improvement Program (HCIP) and Episode Care Improvement Program (ECIP) tracks
 - Not convened by hospital: Developing structure in Enhanced Episode Program (EEP)

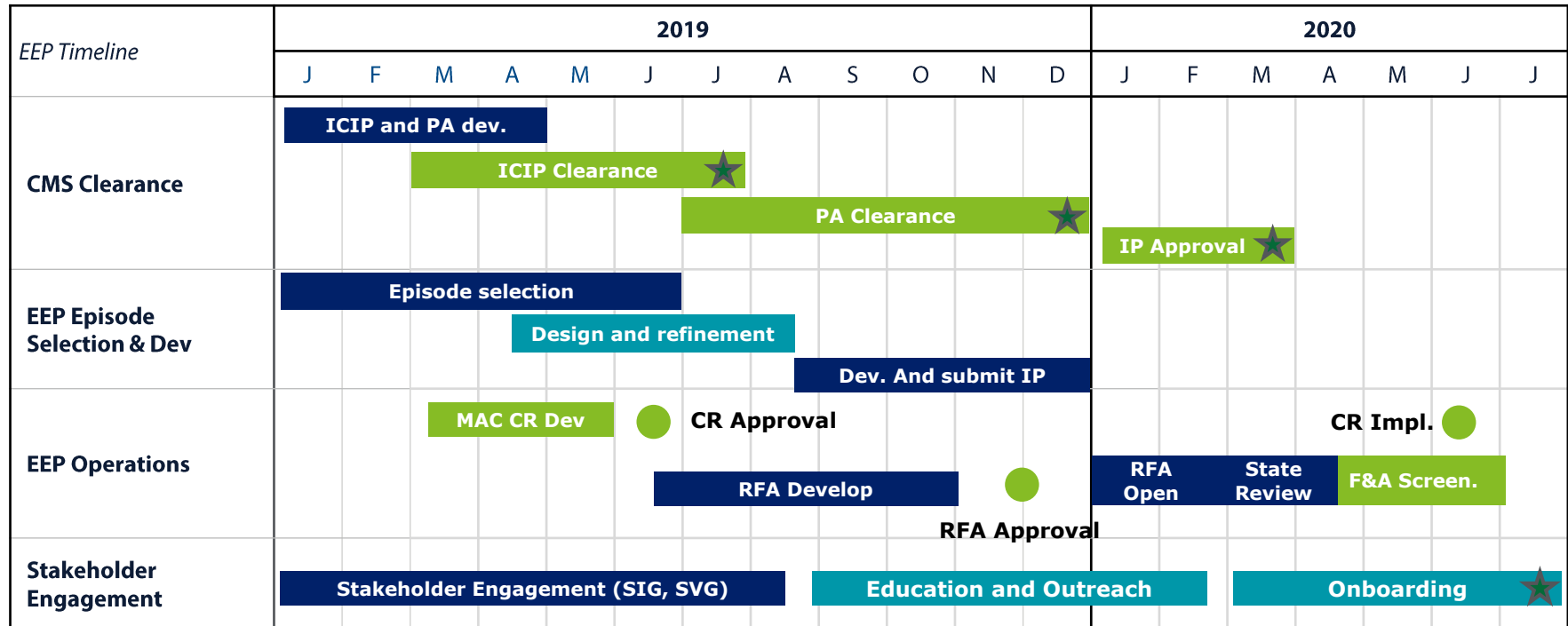
STATE-ADMINISTERED NEW MODEL: ENHANCED EPISODE PROGRAM

- Convened by non-hospital providers
- Like hospitals, conveners:
 - Must take downside risk
 - Could bear some administrative costs after 1-2 years
- Targeted start date of July 2020
- At the outset:
 - Physician Group Practices (PGPs) could be a convener
 - Would begin with three episodes triggered in Hospital Outpatient Department mirroring BPCI-Advanced:
 - Back and neck (except spinal fusion)
 - Defibrillator
 - Percutaneous coronary intervention (PCI)
 - Exploring other potential episodes to start with

UPDATE ON ENHANCED EPISODE PROGRAM (CONTINUED)

- Other issues:
 - State will need to calculate hospital spending and savings accounting for Maryland's unique hospital system (that is, Maryland's unique Rate Centers and GBR interactions)
 - Moving forward, State will need to develop policies for inpatient bundles that address these issues plus do not conflict with the hospital-convened CRP ECIP and HCIP
- The State recognizes “clinical conversations” will be necessary on an ongoing basis to appropriately design three outpatient episodes, incorporate new ones, and gauge provider interest in participation

ENHANCED EPISODE PROGRAM DEVELOPMENT TIMELINE



Legend:

MD

CMS

EEP Adm.

Key Dependencies and Durations:

Legal Approvals

- ICIP and PA Approval 9 months
- IP Approval 3 months

MAC Change Request (CR)

- Quarterly cycle
- CR Approval 1Y in advance

CMS RFA

- Open for 45 days
- Review 30 days
- F&A screening 90 days

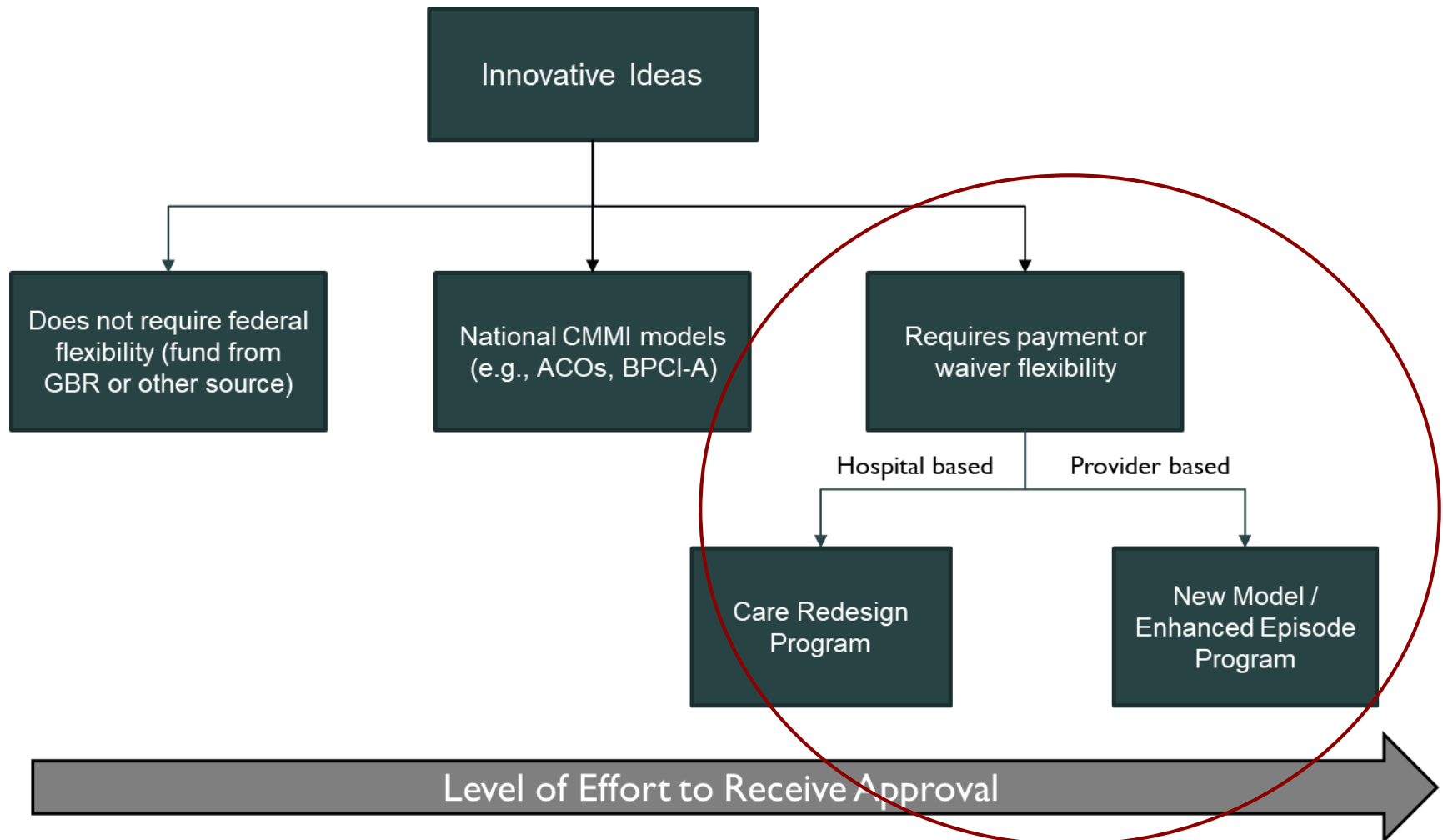
NEW MODEL PROGRAM INTAKE FORM AND EVALUATION CRITERIA





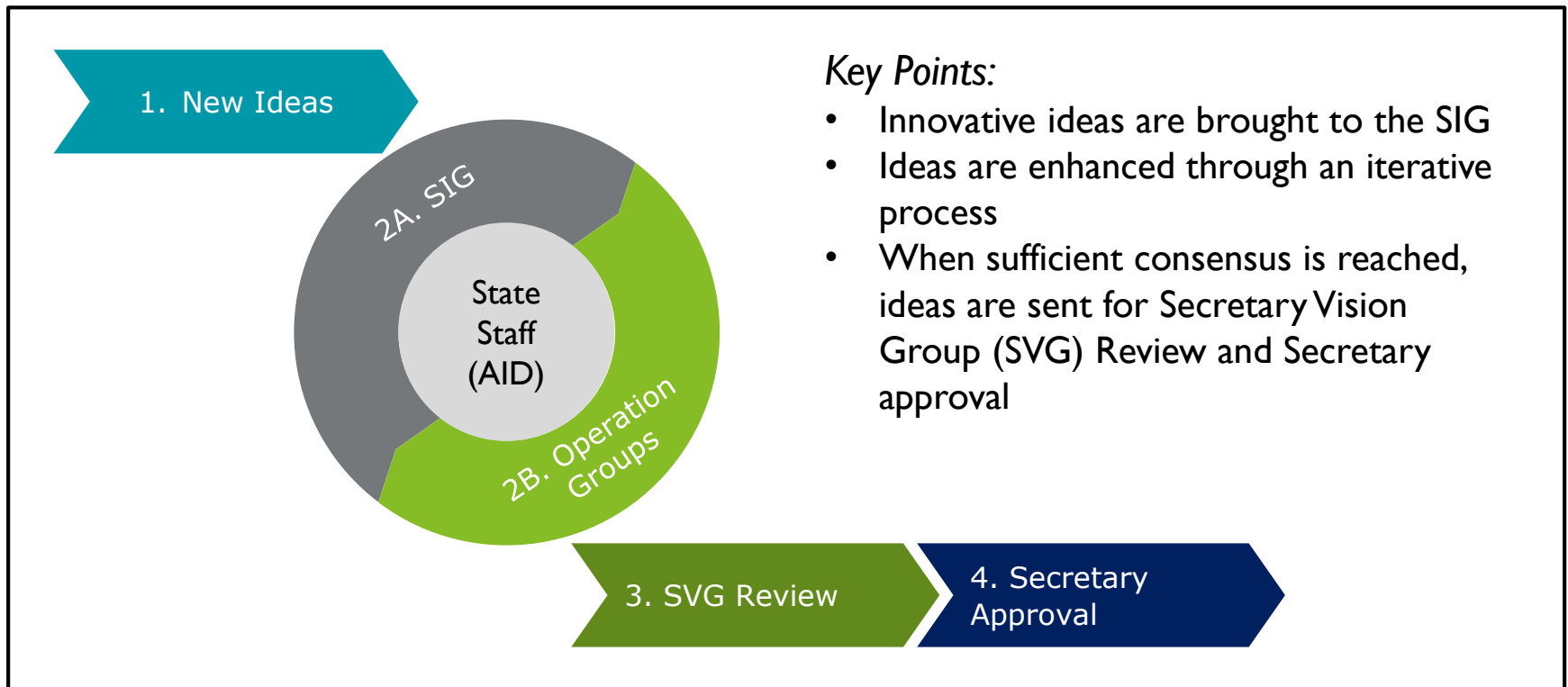
SIG and AID Input, Assessment, and Evaluation Criteria for Innovative Ideas Requiring State/Federal Approval

Innovative ideas require different level of effort to implement: SIG prioritization for State/Federal approval



The SIG is the primary forum to identify, discuss innovative ideas requiring State/Federal approval

Innovative Idea Process Flow:



Innovative Ideas: SIG and State Governance Summary

Stakeholder Innovation Group	State Agencies
<p>Purpose: Provide a forum for stakeholders to share input and assess innovative ideas that require State/Federal approval to implement</p> <p>Governance Model:</p> <ul style="list-style-type: none"> • Consensus-based <p>Evaluation Criteria:</p> <ul style="list-style-type: none"> • Adapt from PTAC <p>Decision Points:</p> <ul style="list-style-type: none"> • SIG evaluates the extent to which proposed programs meet criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Meets criteria and deserves priority consideration <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria 	<p>Purpose: Evaluate innovative ideas that require State/Federal approval to implement to recommend to the Secretary and SVG</p> <p>Governance Model:</p> <ul style="list-style-type: none"> • Consensus-based <p>Evaluation Criteria:</p> <ul style="list-style-type: none"> • SWOT, TCOC, and Alignment Analysis <p>Decision Points:</p> <ul style="list-style-type: none"> • AID evaluates the extent to which the idea advances the goals of the State: <ul style="list-style-type: none"> <input type="checkbox"/> Advance to SVG <input type="checkbox"/> Recommend for refinement <input type="checkbox"/> Not recommended for implementation



Proposed SIG Assessment Criteria for **New** Ideas Requiring State/Federal Approval

Potential Assessment Criteria are modeled off of the federal Physician-focused Payment Model Technical Advisory Committee (PTAC)

Assessment Criteria	Representative Assessment Points
Target Population	<ul style="list-style-type: none">• Targets a patient population with high expenditures or high needs• Delivers care in way that reduces health disparities
Quality and Cost	<ul style="list-style-type: none">• Reasonable quality benchmark and goal(s)• Estimated ROI based on program administration costs and cost to conveners to participate
Value over Volume	<ul style="list-style-type: none">• Strengthens accountability for a patient population• Incentives promote preventive care, population health, and/or public health
Payment Methodology and Flexibility	<ul style="list-style-type: none">• Builds upon existing payment mechanisms and/or attribution models• Provides flexibility to providers to delivery additional, high-value services• Feasibility of receiving requested waivers from CMS

What other criteria or assessment points should be considered?
How to minimize burden through this process?

SIG Assessment Process for Ideas Requiring State/Federal Approval

- ▶ The SIG will be the primary forum to discuss innovative ideas and new potential programs or tracks requiring State/Federal approval
 - ▶ SIG will provide input and work collaboratively enhance innovative ideas
 - ▶ SIG also provides initial vetting of idea (assessment) and provider interest
- ▶ Completed forms will be circulated in advance of the SIG meeting at which they will be discussed
- ▶ Following discussion, SIG members will develop consensus around the extent to which the idea meets the assessment criteria
- ▶ The State will evaluate ideas in the order they are received. However, the SIG can recommend ideas to be prioritized for earlier assessment by agreeing to classifying an idea as “high priority”

Alignment, Implementation, and Design: Internal Assessment

The AID uses structured review tools to evaluate ideas and provide helpful feedback to the SIG and stakeholder groups as they refine the proposed ideas

Part 1: *SWOT Analysis*



Part 2: *Additional Analysis*

Alignment	<ul style="list-style-type: none">• TCOC Impact• State vision• Multi-payer expansion• State regulation or barriers that might need to be addressed for model to be most effective
Duplication	<ul style="list-style-type: none">• Other similar / competing programs
Unintended Consequences	<ul style="list-style-type: none">• Negative cost, quality, or access impacts• Cost shifting• Impact on other payer's rates or operations
Resource Requirements	<ul style="list-style-type: none">• State investment• State ongoing maintenance• Additional state resources (or non-state resources) that might assist in model implementation

AID: Feedback and Recommendation Decision

In order to effectively allocate state resources to models with the most potential, the AID will iterate with the SIG to evaluate and recommend which ideas move forward, which require additional work and where, and which models should not be pursued at this time.

AID Feedback and Recommendation



Advance to SVG

- Idea can be approved or approved conditionally with the expectation that certain design details would be updated.



Recommend for Refinement

- Idea is recommended to receive additional design refinements. State staff provide direction or pointed feedback to guide stakeholders.



Not Recommended for Implementation

- Idea is not recommended to receive additional state resources at this time due to serious design flaws or lack of legal authority, etc.

MULTI-PAYER OPPORTUNITIES ON DPP: LESSONS FROM MEDICAID



MARYLAND DEPARTMENT OF HEALTH

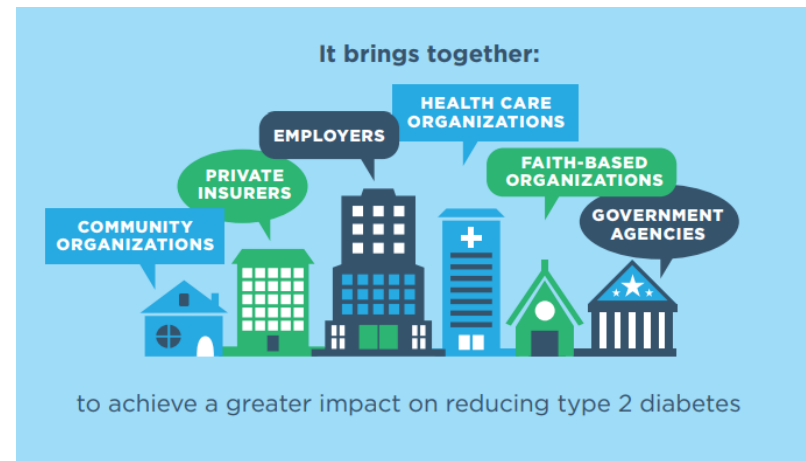
National Diabetes Prevention Program

Stakeholder Innovation Group

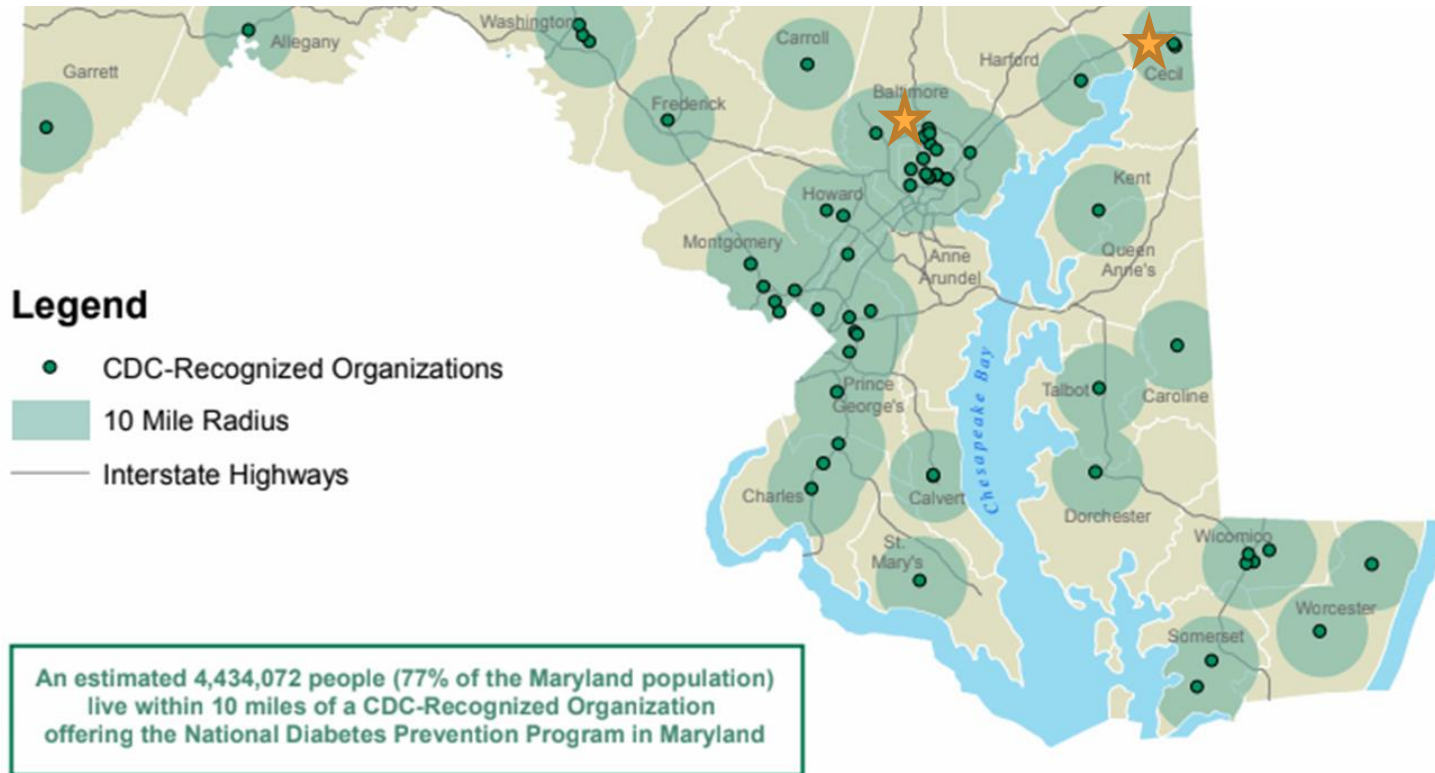
April 15, 2019

What is the National Diabetes Prevention Program (National DPP)? ---

- Evidence-based intervention designed to prevent or delay onset of type 2 diabetes for people with prediabetes or at high risk of type 2 diabetes
- Partnership of public and private organizations
- Lifestyle change program offered using a CDC-approved curriculum focused on:
 - Healthy eating
 - Physical activity
 - Improved coping skills

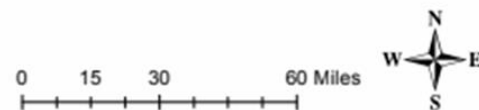


In-Person CDC-Recognized Organizations in Maryland



Data Sources:

Centers for Disease Control and Prevention, National Diabetes Prevention Program, Registry of All Recognized Organizations. Accessed December 14, 2018.
U.S. Census Bureau, Centers of Population by Block Group, 2010.



Maryland Medicaid National DPP Demonstration Results

- 637 enrolled Medicaid Beneficiaries (**85% in a virtual program**)
- Participants attended an average of 19 sessions in the first six months and eight in the second six months
- Weight loss was 4.5% for demonstration participants
- 69.6% of participants across both states reported that they expected to exercise or currently do exercise 30 minutes at least five days a week, compared with 42.8% at baseline
- 93% of participants across both states and delivery models were satisfied or very satisfied with the program overall

§1115 Waiver Amendment Elements

HealthChoice National DPP

Statewide implementation of the National DPP through HealthChoice MCOs

Requires changes to Maryland Medicaid regulations

Will be built into MCO capitation rates

Aligns with CDC Diabetes Prevention Recognition Program (DPRP) eligibility criteria

Closely aligns with the Medicare Diabetes Prevention Program (MDPP) Expanded Model

Includes both in-person and virtual CDC-recognized organizations

Effective Date: July 1, 2019

Medicaid vs Medicare Coverage

	HealthChoice DPP	Medicare Diabetes Prevention Program (MDPP) Expanded Model
Overview	§1115 HealthChoice waiver authorized program with state and federal funding	Federal program with federal funding
Beneficiaries	HealthChoice beneficiaries meeting National DPP eligibility criteria	Medicare beneficiaries meeting National DPP eligibility criteria
Administered by	Maryland Department of Health	CMS
Delivery Mode(s)	All CDC approved delivery modes (currently: in-person, online, distance learning, combination)	In-person
National DPP program coverage	Services provided by Medicaid-enrolled CDC-recognized lifestyle change organizations under contract with an MCO(s)	Services provided by Medicare-enrolled CDC-recognized lifestyle change organizations

NEXT MEETING

JUNE 24, 2019

8:00 - 10:00 A.M.



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