



State Innovation Spotlight: Implementing Multi-Payer Bundled Payment Models

July 24th, 2017 Webinar Handout: State Comparison

Arkansas

Active & Planned EOCs	12 Active, 4 Planned
Episode Initiators	Triggers for EOCs identified through claims data
Benchmark Methodology & Risk Thresholds	Providers pay % of excess cost if average costs above a predetermined “acceptable” level, and share savings if below a predetermined “commendable” level
Performance Metrics	Quality metric(s) “to pass” are linked to payment, and quality metric(s) “to track” are not

Lessons Learned

- Built bundles around episodes of care with high volume and homogeneity
- Providing the primary care providers with profiles on the bundles for their population better integrates line of sight between bundles and PCMH
- Innovation came from setting up requirements, but not prescribing exactly what had to be done

Ohio

Active & Planned EOCs	6 Wave 1 Episodes, 7 Wave 2 Episodes, and 29 Wave 3 Episodes
Episode Initiators	Episodes include claims before, during, and after a “trigger event”
Benchmark Methodology & Risk Thresholds	<i>Same as Arkansas</i>
Performance Metrics	Achieving quality metrics required to share in savings; focus on a small, targeted set of metrics

Lessons Learned

- Factors that contributed to a successful model:
- Governor’s personal involvement increased stakeholder buy-in
 - Dedicated staff to handle daily communication and coordination
 - Utilization of external consultants to supplement staff and act as a neutral third-party
 - Open communication with payers; treat them as equal partners with Medicaid

Tennessee

Active & Planned EOCs	34 Active, 29 Planned
Episode Initiators	Multiple “triggers” through self-referral, PCP, or specialist
Benchmark Methodology & Risk Thresholds	<i>Same as Arkansas and Ohio</i>
Performance Metrics	Achieving quality metrics required to share in savings; some metrics for reporting only

Lessons Learned

- Stakeholder feedback included:
- Requested more transparency in the selection of services that are included in the bundles
 - Requested more synchronicity with CMS reporting programs
 - Expressed concerns about cost challenges if the facility choice is limited
 - Suggested that MCO risk adjustment differences should be accounted for

Referenced material:

<http://www.paymentinitiative.org/episodesOfCare/Pages/default.aspx> (AR)

<http://medicaid.ohio.gov/PROVIDERS/PaymentInnovation/Episodes.aspx> (OH)

<http://www.tn.gov/hcfa/topic/episodes-of-care> (TN)

www.hcttf.org