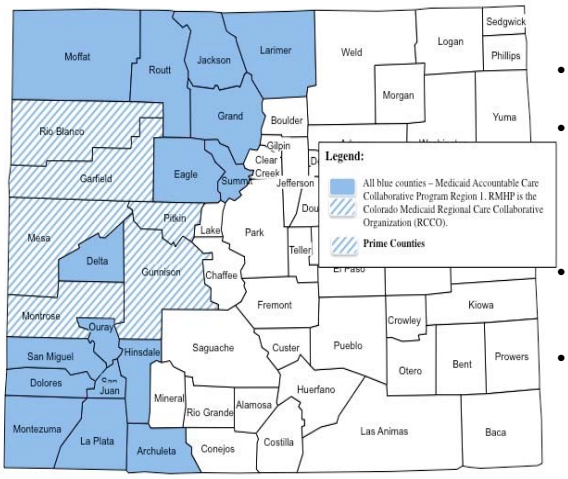
Play #1:
Community Integration in Action

Payment Reform in Action: PRIME
Rocky Mountain Health Plans: Patrick Gordon
Mountain Family Health Centers: Ross Brooks

mountain family
HEALTH CENTERS

ROCKY MOUNTAIN
HEALTH PLANS®
We understand Colorado. We understand you.

Who are we?



- RMHP serves 350,000 people
- All types of health coverage – group, individual, self-funded, ACA, Medicare and Medicaid;
- Focused on Western Colorado; and,
- Hellbent for innovation.

What is PRIME?

P ayment

R eform

I nitiative for

M edicaid

E xpanasion

Prioritized investments

- Comprehensive primary care and integrated behavioral health;
- Non-volume, population-based payment;
- Quality Improvement Advisors & Clinical Informatics Advisors;
- Clinical data collection, interfacing support and aggregation;
- Data quality;
- Software licensing, deployment and support;
- On demand access to care, asynchronous practice & coordination services.

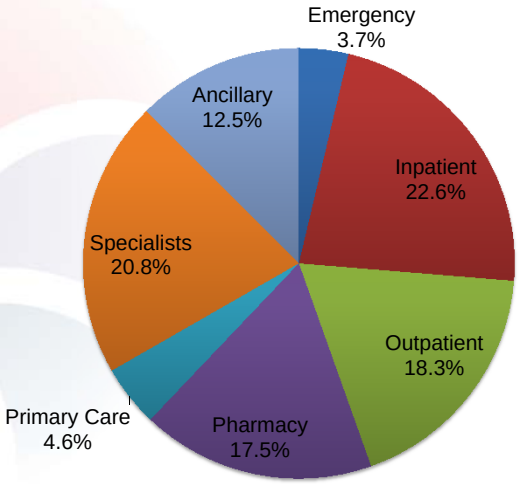
Must have all three to produce results

Mind

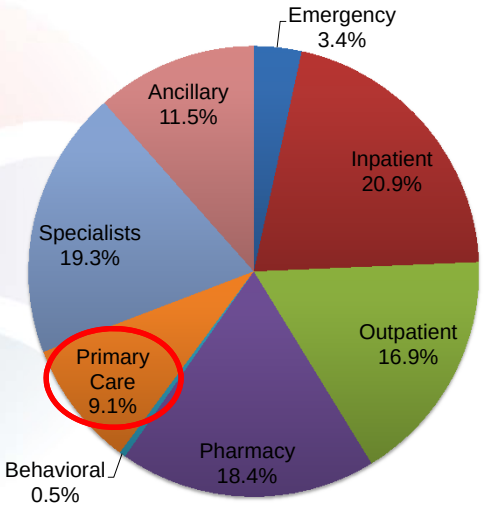
Heart

Wallet

Spending Pattern – Conventional FFS



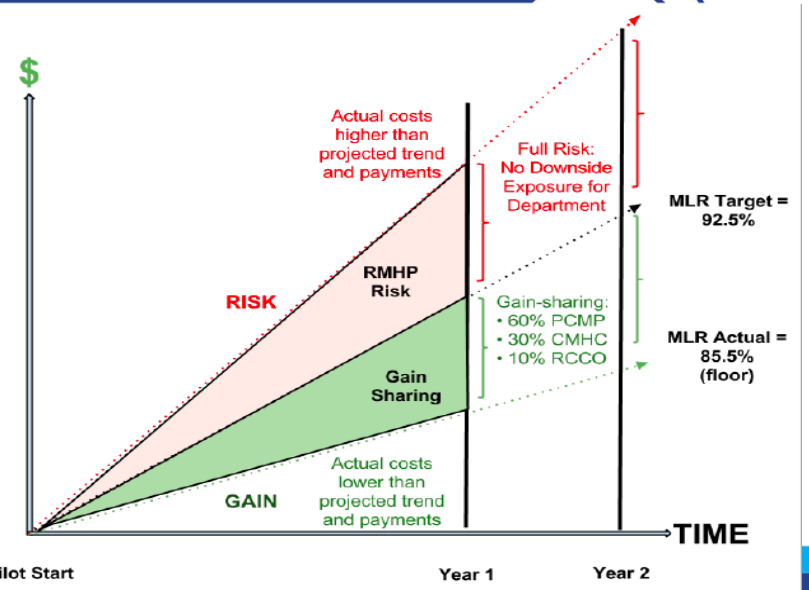
Spending Pattern – Value Based



Isn't the second pie bigger? No.

	Total Cost PMPM
Advanced Practices	$479.30
Behavioral Health Payments	$4.35
Total	$482.85
Conventional Network Average	$505.83
Risk Normalized Difference	-4.54%

Reinvesting in the community – Our shared financial model



Shared Savings Distribution

- Aggregate pool created due to favorable plan-wide financial performance
- HCPF plan-wide quality targets met (Depression, BMI screening, Diabetes management + PAM targets)
- Pool distributed to counties / regions by enrollment volume
- Subpools distributed to practices (if eligible due to quality):
  - Attribution volume
  - Risk relativity

PCMP Shared Savings Eligibility – Year 1

Gate 1:

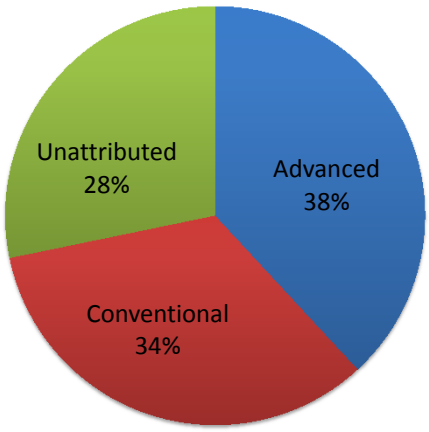
- Participating in RMHP practice transformation initiatives; or
- NCQA PCMH accreditation; or
- "Enhanced PCMP" status

Gate 2

- Can baseline and report CQMs from EHR; and
- Can baseline PAM; and,
- Set practice-specific improvement targets

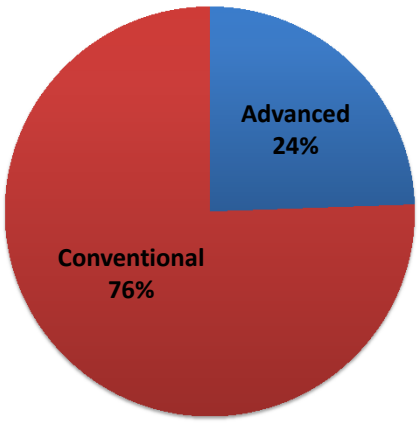
Our strategy – Get people more access to advanced providers

Enrollee attribution to high functioning health care providers



Leaders, followers and laggers

High value health care providers in our network



Payment Reform at a Community Health Center

Mountain Family Health Centers (MFHC) Mission: To provide high quality, integrated primary medical, dental, and behavioral health care in the communities we serve, with special consideration for the underserved, regardless of ability to pay.

MFHC 101: FQHC with 5 service delivery locations in Western Colorado (Glenwood Springs, Edwards, Avon, Basalt, Rifle); 15,000 patients; 50,000 medical, dental, behavioral health and care coordination visits; 150 staff; $17M budget.

MFHC Considerations Preparing for Payment Reform

1. Financial Stability
   - Medicaid expansion to 50%; high remaining uninsured @ 30%.
   - Protecting the value of PPS/APM, but not volume-based reimbursement.
   - Reward system cost savings

2. Quality Improvement
   - Quadruple Aim focus
   - Maintaining/obtaining PCMH Level 3
   - Aligning UDS with PRIME
   - Integrated physical-behavioral-oral care
   - Clinical Risk Groups (CRGs)

3. Staff Implications
   - Education: Value vs. Volume
   - Team-based quality incentives, Employer of Choice strategies
   - Turnover rates, recruitment/retention
   - Integrated Care Team development

4. Community Partnerships
   - Community Integration (*ne* Delegation) Agreement
   - Community Mental Health, Public Health, Private Practice, Specialist, Hospitals, Payers, Health Alliances
   - Community Care Coordination and Care Management Analysis Tools
   - Understanding PRIME + Accountable Care Collaborative
   - What do our patients need and want? BOD, PAC, PLC, QI, NLC, ET

5. CHC Family Implications
   - Governance role for a CHC w/ RCCO and w/in payment reform
   - Are we undermining, leading, or evolving sacrosanct PPS/APM?
   - Quadruple Aim mouthpiece or deliverer?
   - Price of inaction?

Language from RMHP-MFHC signed Community Integration (ne Delegation) Agreement 2014 re Payment Reform:

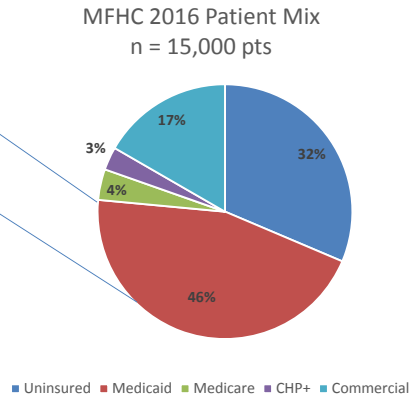
The Contractor and RMHMO explicitly agree that achievement and sustainment of Accountable Care Collaborative depends greatly upon the progressive elimination of Medicaid FFS payments by the State of Colorado, and the implementation of a private agreement for non-volume, non-encounter, risk-adjusted payments to Contractor by the RCCO.

Language from Rev. Steve Brooks:

If you always do what you've always done you will always get what you've always got.

PRIME 101 at MFHC

- PRIME pts (adults, n= 1,500) a subset of MFHC Medicaid total (n=7,000).
- MFHC receives monthly per member/per month (pm/pm) payments based on the value of the historical MFHC Medicaid Alternative Payment Methodology (APM). Primary Care sub-capitation. No more FFS.
- Year end gainshare based on quality improvement, patient engagement, and controlled total cost of care.
- Flexible: investments in team-based care, behavioral health, community care coordination.



PRIME Quality Improvement

- **PAM**: Patient Activation Measurement and Screening:
  - 50% or more of PRIME patients have PAM documented in measurement year
- **Diabetes HgA1C Poor control** (NQF 59)
  - Target 28.95%. The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HgA1c >9.0%.
- **BMI Screening and Follow Up Plan** (NQF 421)
  - Target: 82.33% or more of PRIME pts age 18-74 with at least one visit and BMI documented in measurement year
- **Depression Screening and Follow Up Plan** (NQF 418)
  - Target 1: 56.05% or more of PRIME pts over age 18 diagnosed with major depression who receive effective acute phase treatment
  - Target 2: 40.06% or more of PRIME pts over age 18 diagnosed with major depression who have effective continuation of phase treatment

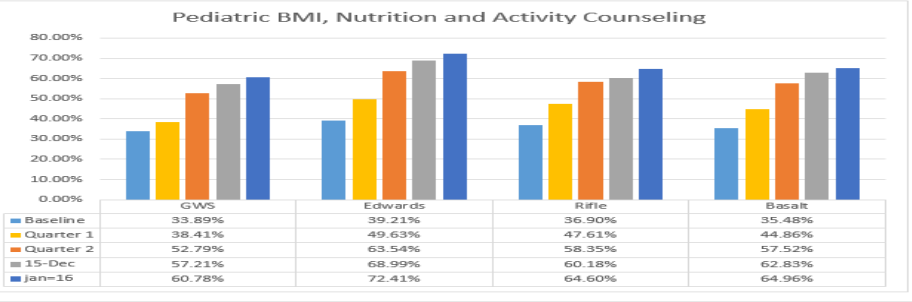
Year 1 Projected Shared Savings: Garfield County

Estimated Potential Garfield+ Counties 1281 Prime Shared Savings Pool

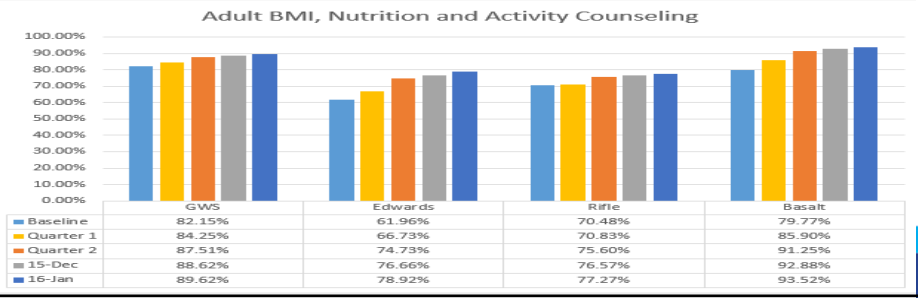
Year	Mem Mos	Avg Mems	Average Payment (pmpm)	Target Benefit Costs	MLR Floor (pmpm)	Difference (pmpm)	Potential Shared Savings Pool	PCMP Share	CMHC Share
(a)	(b)	(c)	(d)	(e)*	(f)**	(g)=(e)-(f)	(h) = (f) X (b)	(i)***	(k)***
SFY 2014-15	34,432	3,443.15	$ 503.07	$ 452.76	$ 430.12	$ 22.64	$ 779,465	$ 467,679	$ 233,840
CY 2015	65,517	5,459.71	$ 510.61	$ 459.55	$ 436.57	$ 22.98	$ 1,505,402	$ 903,241	$ 451,621

* Targeted benefit expense
** MLR Floor - Negotiated w. HCPF (85.5% of total premium)
*** PCMP Share = 60%
**** CMHC Share = 30%

MFHC 2015 BMI Results



	GWS	Edwards	Rifle	Basalt
Baseline	33.89%	39.21%	36.90%	35.48%
Quarter 1	38.41%	49.63%	47.61%	44.86%
Quarter 2	52.79%	63.54%	58.35%	57.52%
15-Dec	57.21%	68.99%	60.18%	62.83%
Jan-16	60.78%	72.41%	64.60%	64.96%



	GWS	Edwards	Rifle	Basalt
Baseline	82.15%	61.96%	70.48%	79.77%
Quarter 1	84.25%	66.73%	70.83%	85.90%
Quarter 2	87.51%	74.73%	75.60%	91.25%
15-Dec	88.62%	76.66%	76.57%	92.88%
16-Jan	89.62%	78.92%	77.27%	93.52%

Title	MFHC Clinical Performance Goals	Goal	Progress to Reach Goals	2015	July 2016	Month to Previous Year Compare
nizations	% of children 2 years of age with appropriate immunizations	77.2% N	😑	81.7%	75.7%	-6.0%
ening	% of women 21-64 years of age who received one or more tests to screen for cervical cancer	56.3% N	😑	51.8%	53.5%	1.7%
reening	% of patients aged 50 to 75 who had appropriate screening for colorectal cancer	34.5% N	😊	33.2%	38.5%	5.3%
	% of diabetic patients whose HbA1c levels are less than or equal to 9% (by race & ethnicity)	68.8 N 71.05% P	😊	78.2%	73.8%	-4.4%
ntrol	% of adult patients with diagnosed hypertension who most recent blood pressure was less than 140/90 (race & ethnicity)	63.7 N	😊	65.3%	68.0%	2.7%
ng &	% of patients 18 years and older who were queried about tobacco use and received tobacco cessation counseling if identified as a tobacco user	81% N	😊	91.0%	92.5%	1.5%
ess &	% of patients aged 2-17 with BMI percentile documented AND who had documentation of counseling for nutrition and exercise	56.6% N	😊	61.7%	64.9%	3.2%
ess & F/U	% of patients 18 or older with a documented BMI AND if BMI is outside of normal a f/u plan is documented	56.1 N 82.33% P	😊	84.8%	90.1%	5.3%
ning &	% of patients 12 or older assessed for depression and follow up	38.8 N 56.05% P	😊	69.7%	74.6%	4.9%
ry Into	% of pregnant women beginning prenatal care in the first trimester (race & ethnicity)	72.2% N	😊	74.5%		
ams	% of births less than 2,500 grams to health center patients (race & ethnicity)	7.3% N	😊	7.3%		
ology	% of patients aged 5-40 with a dx of persistent asthma who are prescribed accepted pharmacologic therapy	80.8% N	😑	59.1%	79.7%	20.6%
ng	% of patients 18 and older with a diagnosis of Coronary Artery Disease who were prescribed a lipid-lowering therapy.	78.4% N	😑	84.1%	77.9%	-6.2%
	% of patients 18 years and older who had an active dx of Ischemic					

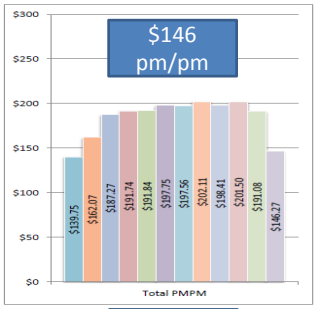
Patient Activation Measurement: PAM Results at MFHC

PAM Item	N	Mean	Std. Deviation
PAM 1. When all is said and done, I am the person who is responsible for taking care of my health	255	3.51	.588
PAM 2. Taking an active role in my own health care is the most important thing that affects my health	252	3.46	.601
PAM 7. I am confident that I can follow through on medical treatments I may need to do at home	254	3.44	.557
PAM 4. I know what each of my prescribed medications do	222	3.35	.619
PAM 6. I am confident that I can tell a doctor concerns I have even when he or she does not ask	254	3.35	.596
PAM 3. I am confident I can help prevent or reduce problems associated with my health	251	3.32	.615
PAM 5. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself	256	3.28	.644
PAM 8. I understand my health problems and what causes them	242	3.12	.683
PAM 11. I know how to prevent problems with my health	242	3.12	.620
PAM 12. I am confident I can figure out solutions when new problems arise with my health	247	3.06	.595
PAM 9. I know what treatments are available for my health problems	235	3.03	.700
PAM 10. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising	248	2.97	.716
PAM 13. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress	252	2.97	.730

2015 Total Cost of Care

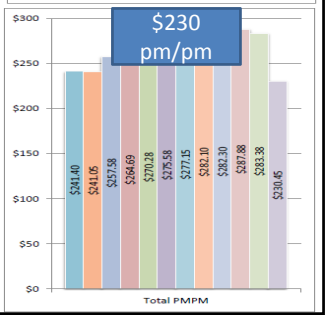
MOUNTAIN FAMILY HEALTH (including unattributed Garfield, Pitkin, Eagle, and Rio Blanco counties)

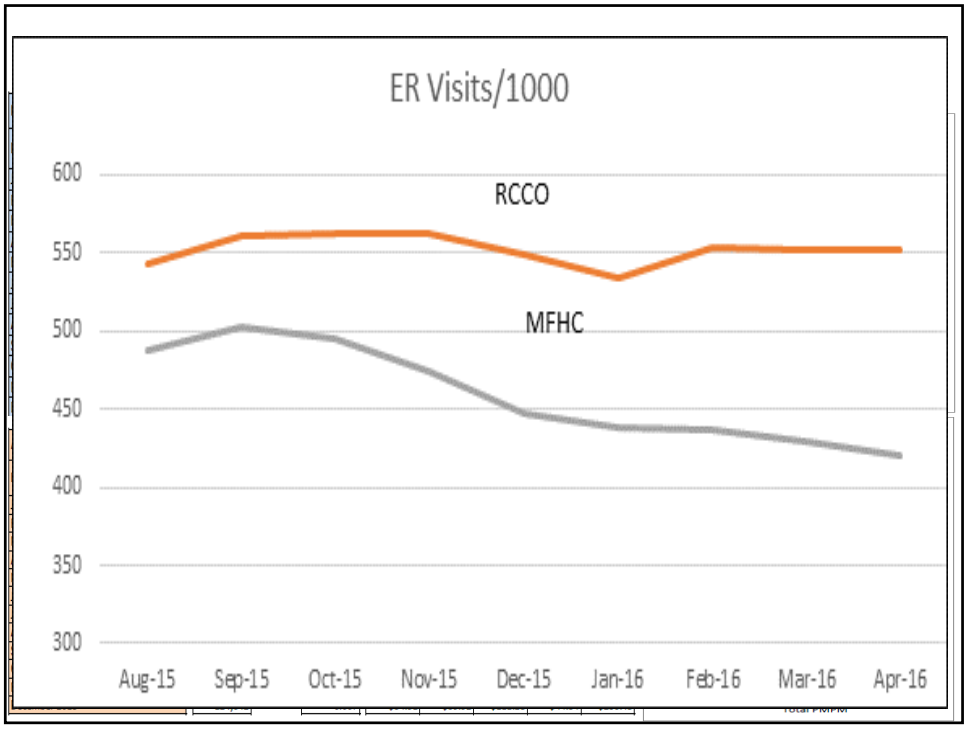
Data Refresh (12 months)	Count of Members	Avg CRG	IP PMPM	OP PMPM	PR PMPM	RX PMPM	Total PMPM
January 2015	7,371	0.380	$25.56	$31.15	$65.19	$17.84	$139.75
February 2015	7,399	0.433	$34.91	$33.79	$74.89	$18.48	$162.07
March 2015	7,531	0.470	$50.12	$37.37	$80.93	$18.85	$187.27
April 2015	7,779	0.487	$54.10	$38.34	$81.50	$17.81	$191.74
May 2015	7,858	0.487	$51.59	$38.21	$83.83	$18.20	$191.84
June 2015	8,037	0.514	$50.96	$40.17	$87.82	$18.80	$197.75
July 2015	8,135	0.519	$50.52	$38.61	$89.28	$19.15	$197.56
August 2015	8,133	0.523	$52.16	$39.88	$90.23	$19.84	$202.11
September 2015	8,189	0.531	$47.96	$39.78	$90.27	$20.41	$198.41
October 2015	8,238	0.531	$50.33	$37.64	$92.68	$20.85	$201.50
November 2015	8,404	0.524	$43.04	$35.87	$89.43	$22.73	$191.08
December 2015	8,108	0.411	$20.02	$32.51	$72.38	$21.36	$146.27



ALL RMHP RCCO MEMBERS (not reweighted)

Data Refresh (12 months)	Count of Members	Avg CRG	IP PMPM	OP PMPM	PR PMPM	RX PMPM	Total PMPM
January 2015	111,407	0.749	$52.68	$41.18	$113.02	$34.52	$241.40
February 2015	110,987	0.761	$52.73	$41.69	$111.71	$34.93	$241.05
March 2015	113,328	0.795	$59.28	$44.02	$118.69	$35.59	$257.58
April 2015	116,905	0.818	$63.19	$45.18	$120.55	$35.77	$264.69
May 2015	119,368	0.818	$63.92	$46.70	$122.60	$37.05	$270.28
June 2015	122,789	0.834	$65.47	$47.77	$124.84	$37.51	$275.58
July 2015	124,115	0.834	$64.75	$48.08	$126.36	$37.96	$277.15
August 2015	125,093	0.837	$64.29	$48.76	$129.67	$39.39	$282.10
September 2015	125,772	0.830	$63.04	$49.12	$130.09	$40.05	$282.30
October 2015	126,676	0.827	$66.29	$46.09	$134.40	$41.10	$287.88
November 2015	127,889	0.816	$60.81	$45.46	$134.24	$42.87	$283.38
December 2015	124,642	0.667	$34.91	$39.92	$111.28	$44.34	$230.45





MFHC PRIME Outcomes Year 1

- PRIME patients that were also identified as high risk through MFHC stratification that have received a PAM within the last year: 83.3% (Goal 75%)
- Adult BMI assessment and counseling:
  - Age 18-64: 6463/7251= 89.1% (Goal 51.06%)
  - Age >64: 503/556= 90.5% (Goal 30.2%)
- Depression screening and follow-up for patients 18 years or greater: 6061/8043= 75.4% (Goal 60%)
- Actual Shared Savings in Y1 (60% PCMP, 30% CMHC, 10% RMHP): $5.1M total in Y1, 9.8% to MFHC.

Questions, What's Next, Contact Info

Patrick Gordon
patrick.gordon@rmhp.org
720.515.4129

Ross Brooks
rbrooks@mountainfamily.org
970-928-1609
