STATE OF CONNECTICUT
State Innovation Model
Payment Reform Council

Meeting Summary
October 25, 2018

Meeting Location: Connecticut Behavioral Health Partnership 500 Enterprise Drive, Suite 3D, Hartford Room, Rocky Hill

Members Participating: Terry Nowakoski, Tiffany Donelson, Joseph Quaranta, Naomi Nomizu, Eric Galvin, Robert Block, Peter Bowers, Ken Lalime

Other Participants: Mark Schaefer**,** Gail Sillman, Alyssa Harrington, Laurie Doran, Jenna Lupi, Mary Jo Condon, John Freedman, Curt Degenfelder, Eve Berry

Not in attendance: Fiona Mohring, Kate McEvoy, Thomas Woodruff, Jess Kupec, Peter Holowesko, Robert Carr

1. Call to Order
Eric Galvin called to order at 6:00pm

2. Public Comment
There were no public comments.

3. Approval of the Minutes
The PRC reviewed and approved meeting minutes from 10/11.

4. Purpose of Today's Meeting

Ms. Doran gave an update and reviewed the purpose of the meeting:

- **Confirm Services to Include in Basic Bundle**:

  Sent in advance for review. Confirm provisional recommendation.

  Ms. Harrington noted that a suggested grammatical revision had been made and was reflected in the most recent version. The group confirmed the revised provisional recommendation.

- **Continue Conversation of Hybrid v. Full Basic Bundle**:

  Determine whether the basic bundle will be the sole reimbursement for most primary care services.

- **Discuss Adjusting Basic Bundle Payments Over Time**:

  Determine approach for adjusting basic bundle payments account for changes in population risk and the use and cost of primary care services.

- **Begin Discussion of the Supplemental Bundle:**

  Gain input on the questions the PRC will consider with regard to the supplemental bundle.

5. Continue Discussion of Hybrid versus Basic Bundle

The Payment Reform Council walked through an example of a provider and how it's revenue would change under two types of basic bundles.

A hybrid model that would, in the scenario, have half of the compensation for the basic bundle services come through the bundle and the other half be paid via a reduced fee for service payment. Over time, the practice's revenue would decline under the hybrid approach as it moved away from office visits since part of its total payment would be dependent on FFS.

Mr. Schaeffer shared his preference to refrain from overengineering any solution and support practices' transition to telemedicine and other ways to engage patients outside of traditional office visits as appropriate. He noted that this second goal was not a primary focus of CPC+.

Mr. Galvin noted that hybrid approach used by CPC plus was, according to his understanding, more of a way to gain broad buy-in because there was concern that nationally some providers would see a fully capitated payment for primary care as a bridge to far.

Another benefit of going to a primary care full basic bundle is a reduction in the amount of documentation necessary for payment. Mr. Schaeffer noted this demonstration could be an opportunity to work with Medicare to figure out how to eventually even be able to move away from shadow claims. PRC members noted there would still be benefit in the short-term in that they would not need the medical record documentation to try to achieve level 4 or 5 evaluation and management visit.

Dr. Nomizu noted that she agreed the hybrid model would not make sense for all the reasons stated. However, she noted the need to ensure there was sufficient funding to make either of the proposed solutions successful.

Several PRC members noted there would need to be education for providers and patients and ongoing review of utilization metrics. It was explained there was broad agreement on this and the specifics would be discussed in multiple future PRC meetings.

The PRC determined it would move forward with a full basic bundle and FFS payments would not be made for basic bundle services.

6. Adjusting Basic Bundle Payments Over Time

Ms. Doran describes the goal would be that the basic bundle would be adjusted at the outset and going forward.

There was some discussion over whether basing the bundle off of the historical spend was going to incentivize those who had provided less efficient care previously. There was also a suggestion that the group consider whether the AN should receive both the supplemental and basic bundle payments and then distribute to practices.

There was a recommendation to remove morbidity and change to assumptions about environment.

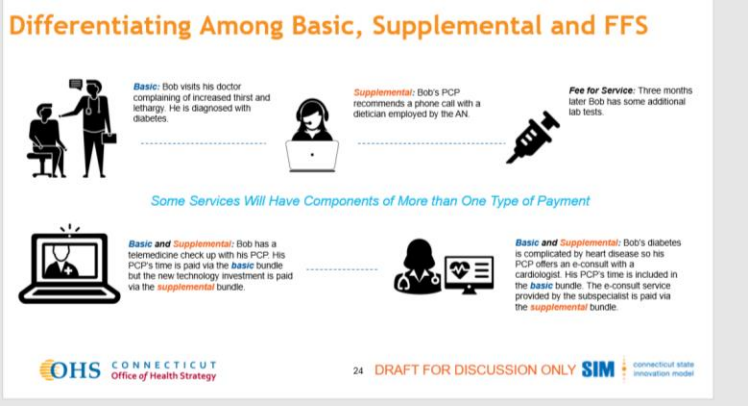
The group decided there would be future conversation about VBID. There also was a recommendation to change benefit factor to induced demand factor and to make clear it may not be needed.

7. Begin Discussion of the Supplemental Bundle:

Ms. Doran reviewed the attributes of the supplemental budget.

- An advance payment to support activities and investments not typically billed fee for service.
- Based on a standardized target for all providers in a specific carrier's program, which aims to introduce more equity in payments.
- Will differ based on patient characteristics and provider capabilities or performance. Risk adjustment strategy will be aligned with patients' care management needs.
- Providers accepting greater levels of risk will be eligible for higher payments than those who do not.

Ms. Doran suggested PRC members review the slide on showing the patient care example and which categories the payments would fall under.



There was a question as to whether the "greater levels of risk" referred to related to the supplemental bundle could refer to the levels of risk related to total cost of care. The group determined it would discuss this further at a future meeting.

Mr. Galvin adjourned the meeting at 8:00 pm.