Lessons Learned in Primary Care Payment Reform and Practice Transformation

Executive Office of Health & Human Services
MassHealth\Providers and Plans
Claudia Henriquez
Contract Manager\PCC Plan

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Agenda

• Overview of Primary Care Payment Reform
• Support to Practice
• Lessons Learned
MassHealth’s PCPR Value-based Payment Program

Goals:

• Strengthen primary care and advance behavioral health integration in the primary care setting

• Transition from Fee For Service (FFS) to alternative payment that increases providers accountability for total cost of care

• Adopt the Patient-Centered Medical Home (PCMH) with Behavioral Health (BH) integration

• Apply lessons learned both for MassHealth and the participating providers for future ACO delivery system
Program Details

• 62 primary care practices in various settings: hospital outpatient departments, community health centers, group practices
• 3-year contract (March 2014-December 2016)
• 80,000 lives average member attribution
• 50% of practices had previous transformation PCMH funding and technical assistance
Supports Both Quality Improvement and Payment Reform

Combined measures: EMR, Claims, and Member Experience

• **Pay 4 Reporting:** two-year ramp-up provides time to build capacity and competency at the PCC and practice site level in the timely, complete and accurate collection of data

• **Pay 4 Quality:** phased implementation beginning in Year 2 with incentives tied to well-established measures

• **Shared Savings:** three primary care-oriented measures aggregated at the practice and risk pool level, performance modifies shared savings payment
Support to the Practices
Practice Support

• Member-level reports and Raw Claims Extract Report provided monthly via secure access VG
• Monthly webinars on all aspects of the payment model, delivery model, QI
• Program Office hours
• Dedicated email box
• Monthly participatory Steering Committee
• MBHP support managers\practice visits
• Technical Assistance (dedicated TA consultant for small caseload of practices)
Preliminary Results

• Practices met on average 93% of the contract milestones by year 3
• 61% of the Quality Measures showed significant improvement from 2014 to 2015: 2016 is pending
• Nearly 100% of practices earned a quality incentive payment for 2014 and 2015
• Shared Savings results are pending federal- and state-level approval
Lessons Learned
Global Lessons

PCPR imparted knowledge and experience to both MassHealth and the providers in the following key areas:

• Data Reporting and Population Health Management
• Technical Assistance
• Contract Management and Compliance
• Provider Support and Engagement
• Alternative Payment Streams
• Quality Performance
For the Practices

• Gained more experience with capitation for MassHealth members and risk adjustments models

• Better understanding of optimal resources to support clinical transformation, particularly in care management and coordination

• Better understanding of investment necessary for IT infrastructure with the capability to advance population health knowledge
For MassHealth

• Ensure the time to create necessary infrastructure for claims processing and provider eligibility is built into the work plan
• Ensure provider success by balancing practice support with contract monitoring and compliance
• Provide health plan data to providers in accessible, provider friendly formats
• Provide targeted technical assistance rather than global one size fits all TA; Include BH consultants on TA team
Summary

• PCPR was foundational to MassHealth’s ACO Strategy and provider capacity to move into an ACO model.

• PCPR provided a live ‘learning lab’ for many aspects of an ACO for MassHealth and the participating practices.
Questions?
Contact Claudia Henriquez at Claudia.Henriquez@state.ma.us