

# TARGETED INVESTMENTS PROGRAM

Public Meeting

June 9, 2017



# Agenda

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- Overview and Timeline
- Eligibility
- Payment Structure
- Projects–Concentrations-Core Components-Milestones
- Application & Pre-Application Checklist
- Training and Technical Assistance

# What is the Targeted Investments (TI) Program?

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1115 Waiver renewal authorized \$300M in Targeted Investments focused on:

- Increasing integration of physical and behavioral health (BH) care.
- Increasing care coordination for individuals with BH needs.

**Reaching Across Arizona to Provide Comprehensive, Quality Health Care for Those in Need**

*Pursue and implement long term strategies that bend the cost curve while improving member health outcomes.*

Increase use of alternative payment models for all lines of business

Increase use of value based AHCCCS Fee Schedule differentiation

Modernize hospital payments to better align incentives, increase efficiency and improve the quality of care provided to members

Achieve the Program Integrity Plan goals that improve Third Party Liability (TPL), Coordination of Benefits (COB), and Fraud and Abuse programs

Reduce administrative burden on providers while expanding access to care

*Pursue continuous quality improvement*

Achieve statistically significant improvements on Contractor PIPs

Achieve and maintain improvements on quality performance measures

Leverage American Indian care coordination initiative to improve health outcomes

Increase transparency in health plan performance to inform health plan selection

*Reduce fragmentation driving towards an integrated healthcare system.*

Establish system of integrated care organizations which serve all AHCCCS members

Establish policies and programs to support integrated providers

Leverage fully functioning integrated Health Information Exchange to create more data flow in healthcare delivery system

Develop strategies to strengthen the availability of behavioral health resources within the integrated delivery system

Develop comprehensive strategies to curb opioid abuse and dependency

Improve access for individuals transitioning out of the justice system

*Maintain core organizational capacity and workforce planning that effectively serves AHCCCS operations*

Pursue continued deployment of electronic solutions to reduce healthcare administrative burden

Continue to manage workforce environment, promoting activities that support employee engagement and retention; and address potential gaps in the organization's knowledge base due to retirements and other staff departures.

Strengthen system-wide security and compliance with privacy regulations related to all information/data by evaluating, analyzing and addressing potential security risks

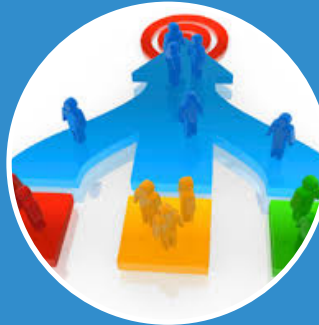
Improve and maintain IT infrastructure, including server-based applications, ensuring business continuity

Continue work and efforts around implementation of the Arizona Management System

# TI Goals



Reduce fragmentation between acute and BH care.



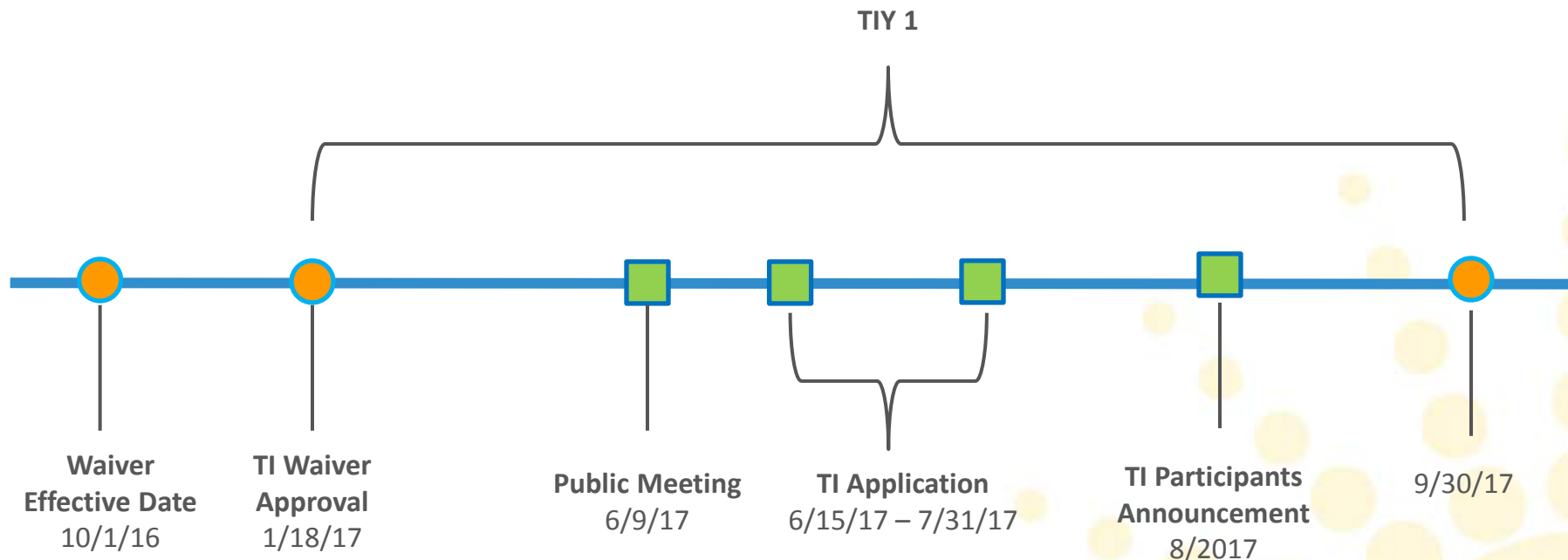
Increase efficiencies in service delivery for members with BH needs by improving integration at the provider level.



Improve health outcomes for members with physical health and BH needs.

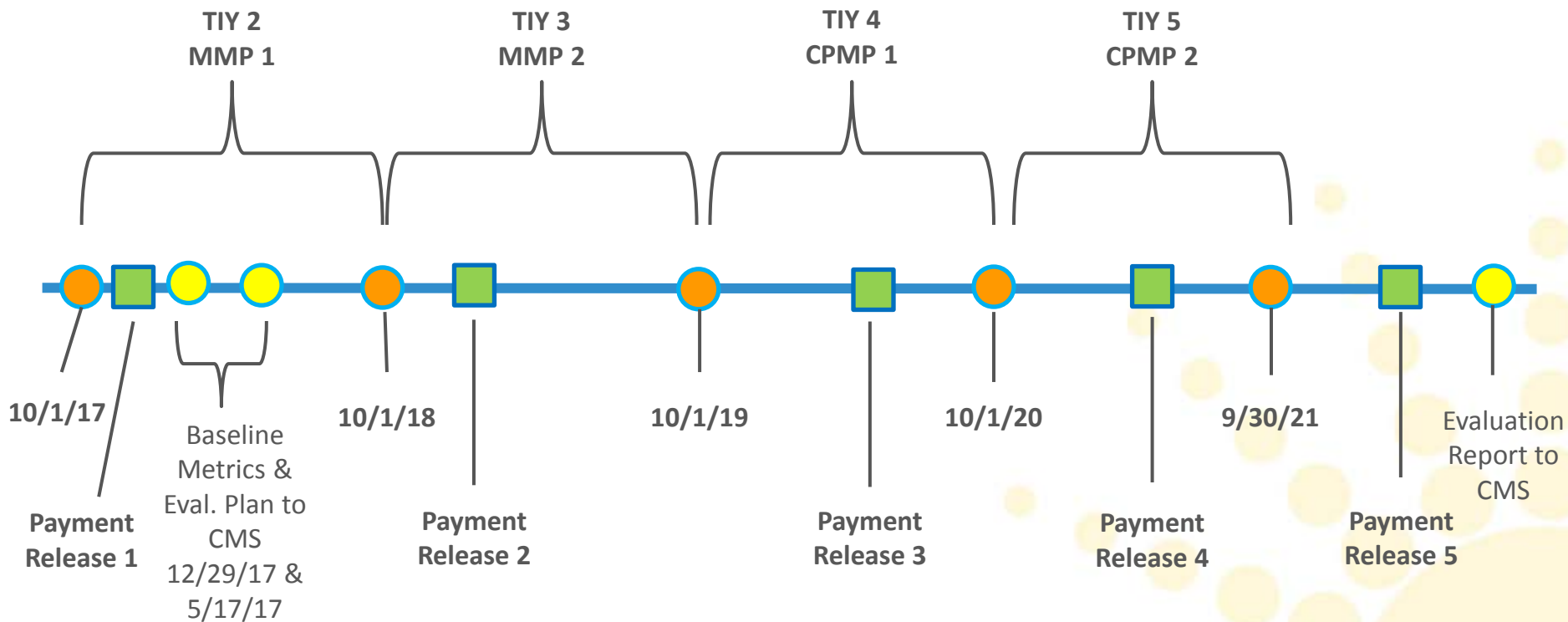


# Program Timeline (TI Year 1)



**Key:**  
TIY – Targeted Investments Year

# Program Timeline (TI Years 2 – 5)



**Key:**

- MMP – Milestone Measurement Period
- CPMP – Clinical Performance Measurement Period
- TIY – Targeted Investments Year

# Estimated Distribution of Funds Across Each Strategic Focus Area per Year

Focus Area	Year 1	Year 2	Year 3	Year 4	Year 5
<b>TI Overall</b>	6.7% \$19 M	23.3% \$66.5 M	30.0% \$85.5 M	22.3% \$66.5M	16.7% \$47.5M
<b>Ambulatory (Primary Care &amp; BH Services)</b>	92% \$17,480,000	92% \$61,180,000	92% \$78,660,000	92% \$61,180,000	92% \$43,700,000
<b>Justice</b>	5% \$950,000	5% \$3,325,000	5% \$4,275,000	5% \$3,325,000	5% \$2,321,000
<b>Hospital</b>	3% \$570,000	3% \$1,995,000	3% \$2,565,000	3% \$1,995,000	3% \$1,425,000



# Eligibility – Provider Organizations & Providers

Provider Type	Description
02	Hospital
71	Psychiatric Hospital
77	Behavioral Health Outpatient Clinic
IC	Integrated Clinic
19	Registered Nurse Practitioner
08 and 31 with Specialty Code 055	MD-Physician and DO-Physician Osteopath/General Practice
08 and 31 with Specialty Code 060	MD-Physician and DO-Physician Osteopath/Internal Medicine
08 and 31 with Specialty Code 050	MD-Physician and DO-Physician Osteopath/Family Practice Provider
08 and 31 with Specialty Code 150	MD-Physician and DO-Physician Osteopath/Pediatrician

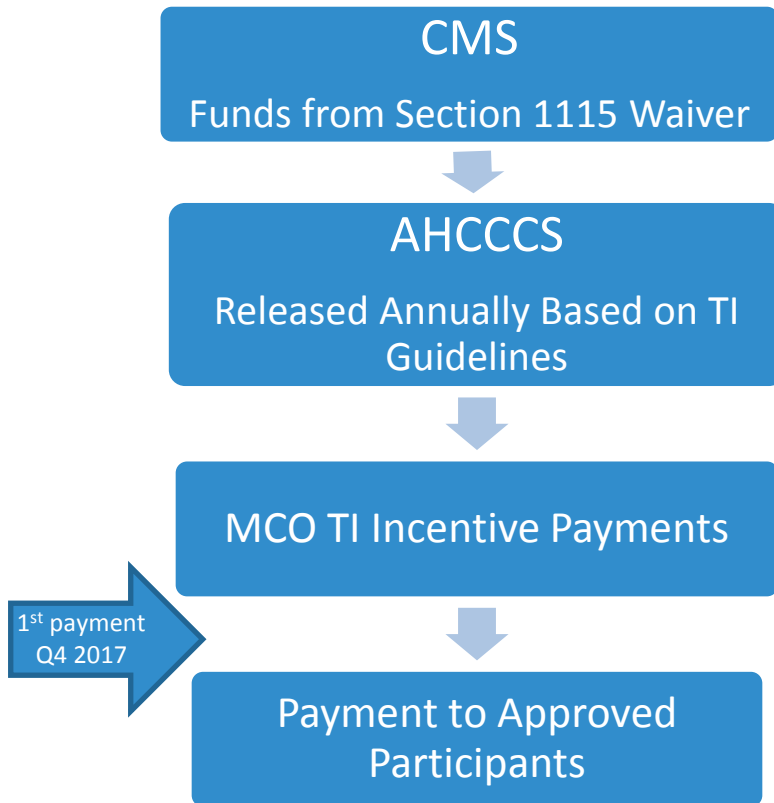
**NOTE:** Whenever possible, provider organizations/practice should apply for TI on behalf of physicians in their practice. TI payment will be dispersed to provider organizations/practice.

# Additional Eligibility

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- AHCCCS Registered Provider
- Utilize an Electronic Health Record (EHR), consistent with AHCCCS standards, to exchange electronic health information with other systems without special effort on the part of the user.
- Meet minimum member attribution thresholds to be determined by AHCCCS.

# TI Payment Flow



- Annual TI payments will flow through managed care organizations (MCOs) and Regional Behavioral Health Authorities (together “MCOs”) to provider organizations.
- AHCCCS will amend MCO contracts to include making payments to TI Program participants.
- MCOs will generate the initial TI payment by the 4<sup>th</sup> quarter of 2017 based on AHCCCS calculations of TI participants payments.

# Criteria for Payments: Year 1

- TI payment will be dispersed to eligible provider organizations.
- Participants will receive an initial payment in Q4 2017 when they complete the following:
  - Complete online application by the deadline
  - Be currently utilizing an Electronic Health Record
  - Complete self-assessment
- Behavioral health integration toolkit examples can be found through SAMHSA-HRSA  
[www.integration.samhsa.gov/operations-administration/assessment-tools](http://www.integration.samhsa.gov/operations-administration/assessment-tools)

# Criteria for Payments: Year 2 -5

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- Year 2 (10/17-9/18) and TI Year 3 (10/18-9/19)
  - Participants may earn incentive payments based on documentation of completion of milestones associated with the TI Program “Core Components”.
  - Served a minimum number of AHCCCS members enrolled in a specific MCO during the prior 12-month period (or point in time for primary care). AHCCCS will use MCO reported data to make the determination.
- Year 4 (10/19-9/20) and TI Year 5 (10/20-9/21)
  - Participants may earn incentive payments based on performance on a set of measures focused on improving health care quality.

# How are payments calculated?

**Step One:** Calculate attribution for each eligible practice site or hospital

- **Primary Care** - the number of members as reported by MCOs attributed to a primary care provider by site as of the most recent available month (for TI Y1)
- **Mental Health** - the computed number of total service utilization units provided to members for the time period 10/1/2015 – 9/30-16 for Provider Type 77 and IC (for TI Y1)
- **Hospital** - the number of community discharges for a) adult members with a primary mental health or Substance Use Disorder and b) adult members with the AHCCCS designation of SMI for the time period 10/1/15 – 9/30/16 (for TI Y1)

# How are payments calculated?

**Step Two:** Determine the value of the milestones completed or targets achieved in the TI year  
(for TI Y2 – TI Y5)

$$TI\ Y2 - Y3 = \frac{\textit{Weight of completed milestones}}{\textit{Total weight of milestones}}$$

$$TI\ Y4 - Y5 = TBD$$

# How are payments calculated?

**Step Three:** Use the following formulas to calculate payments

## Primary Care

TI Y1	$panel\ members \times PMPY$
TI Y2+	$panel\ members \times value\ of\ milestones \times PMPY$

## Mental Health

TI Y1	$service\ utilization\ units \times PSUPY$
TI Y2+	$service\ utilization\ units \times value\ of\ milestones \times PSUPY$

## Hospital

TI Y1	$discharges \times PDPY$
TI Y2+	$discharges \times value\ of\ milestones \times PDPY$



# How are payments calculated?

## Provider Example:

For a primary care practice site that is assigned 2,000 AHCCCS members (1,000 adult members and 1,000 pediatric members) and achieves 100% of the milestones and targets in TI Years 2-5

Dollars Awarded*					
TI Y1	TI Y2	TI Y3	TI Y4	TI Y5	Total Over 5 Years
\$20,950	\$71,270	\$88,160	\$70,890	\$54,820	\$306,090

*\*These numbers are still in development and subject to change.*

# Thresholds

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- There are two types of thresholds:
  - Provider participation thresholds are set at the **organization level**.
  - MCO payment obligation thresholds are set at the **MCO-level** so that MCOs are not obligated to make very small payments to providers that have served only a limited number of an MCO's members.
- These thresholds will be determined once all applications for the TI Program have been submitted.

# Threshold Example

- Let's assume the threshold is **500 members per organization** and **50 members per MCO** for primary care.
- Organization #1 contracts with 5 MCOs across all of its primary care practice sites.

MCO Number	Number of Members
1	200
2	75
3	150
4	25
5	150
Total Members	600

Organization #1 is **eligible** to participate because it has 600 members.

MCO #4 is **not required to make payment** because it has < 50 members with the practice.

# Required Documentation- Reporting

- Participants have a range of Core Component documentation they are required to meet to earn incentives in T1 Y2 - Y3.
- Participants will utilize an online portal to provide annual attestation of meeting requirements related to:
  - Hiring - care management
  - Training
  - Use of integrated care plans
  - Results of self-administered record reviews

*More details are available in the Core Components document.*

# How Much can a Participant Earn?

- AHCCCS has allocated TI funds across each of the projects.
- Participants will be able to estimate payments they could receive for meeting all Core Components through an on-line calculator.
- Actual eligible payments will be dependent on the number of accepted applicants, and the number of participants that meet Core Component requirements.

→ Projects

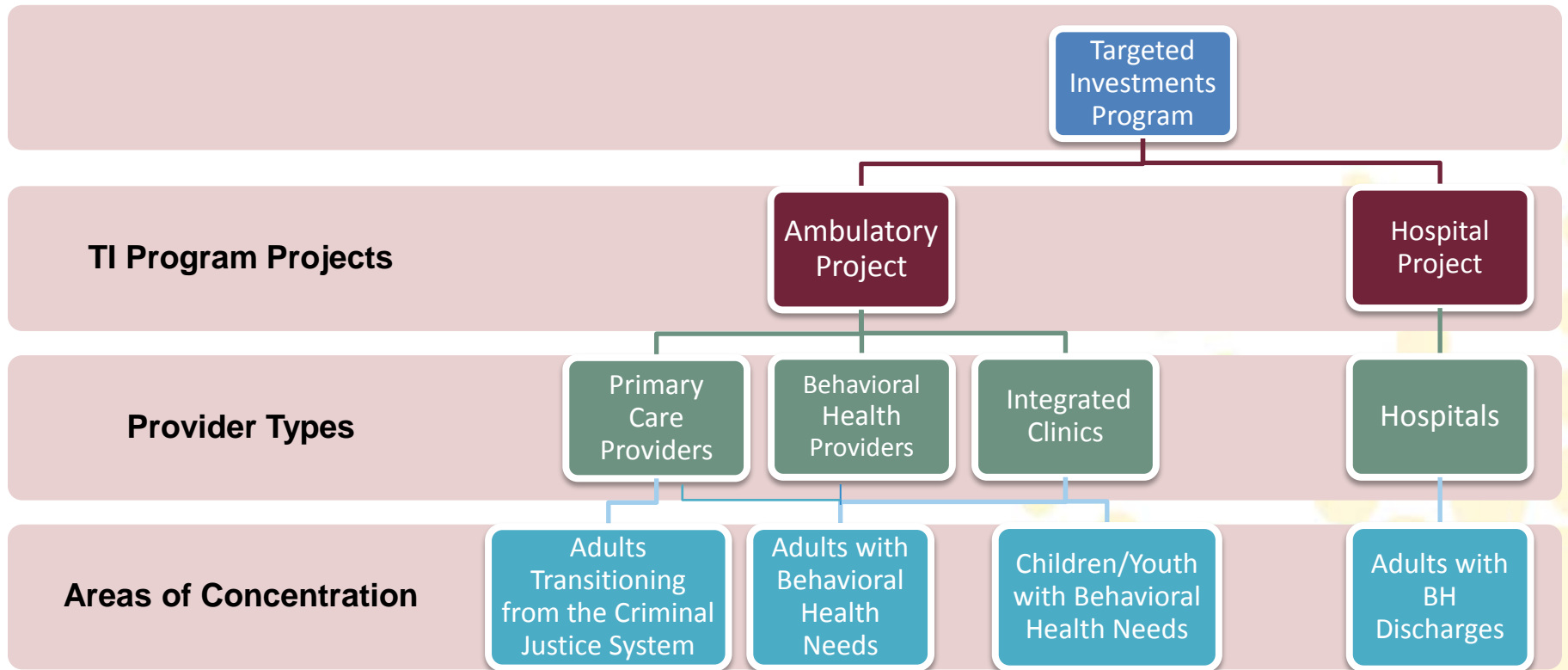
→ Concentrations

→ Core Components

→ Milestones



# TI Visual Map



# Projects

## Ambulatory

- Integrated Care at the Ambulatory Care site for adults and children with behavioral health needs

## Hospital

- Care Coordination for adults discharged with a primary BH diagnosis and/or SMI designation



# TI Projects and Areas of Concentration

## Matrix: Participant Options

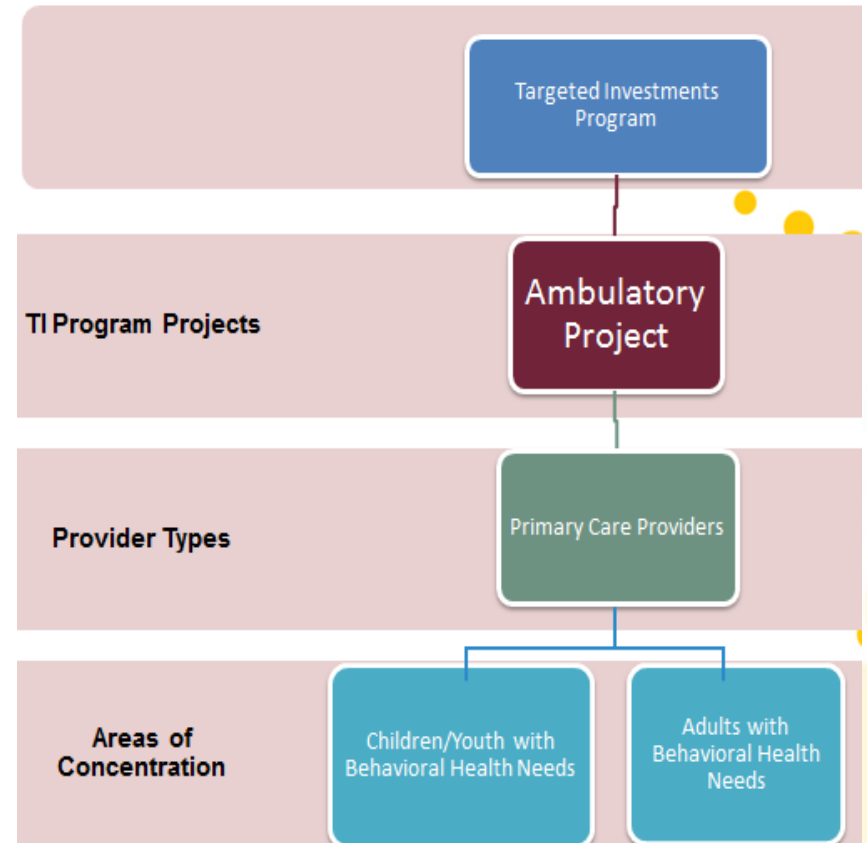
Project Type	Area of Concentration	Provider Type			
		Hospital	PCP	BH	IC
<b>Integration for Hospital Transitions</b>	Adults Discharging with a primary BH diagnosis and/or SMI designation	√			
<b>Ambulatory Care</b>	Adults with Behavioral Health Needs – Primary Care Provider		√		√
	Adults with Behavioral Health Needs – Behavioral Health Provider			√	√
	Children/Youth with Behavioral Health Needs – Pediatric Primary Care Provider		√		√
	Children/Youth with Behavioral Health Needs – Pediatric Behavioral Health Provider			√	√
	Adults with Behavioral Health Needs – Providers Serving Individuals Transitioning from the Justice System*		√	√	√

*\* A limited number of ambulatory care providers will participate in the TI Program by completing Core Components focused on improving care for individuals who have transitioned from the justice system.*

# Project Options: Ambulatory/Primary Care

Clinicians and practices that offer comprehensive primary care services may focus on adults with behavioral health needs *or* children/youth with behavioral health needs.

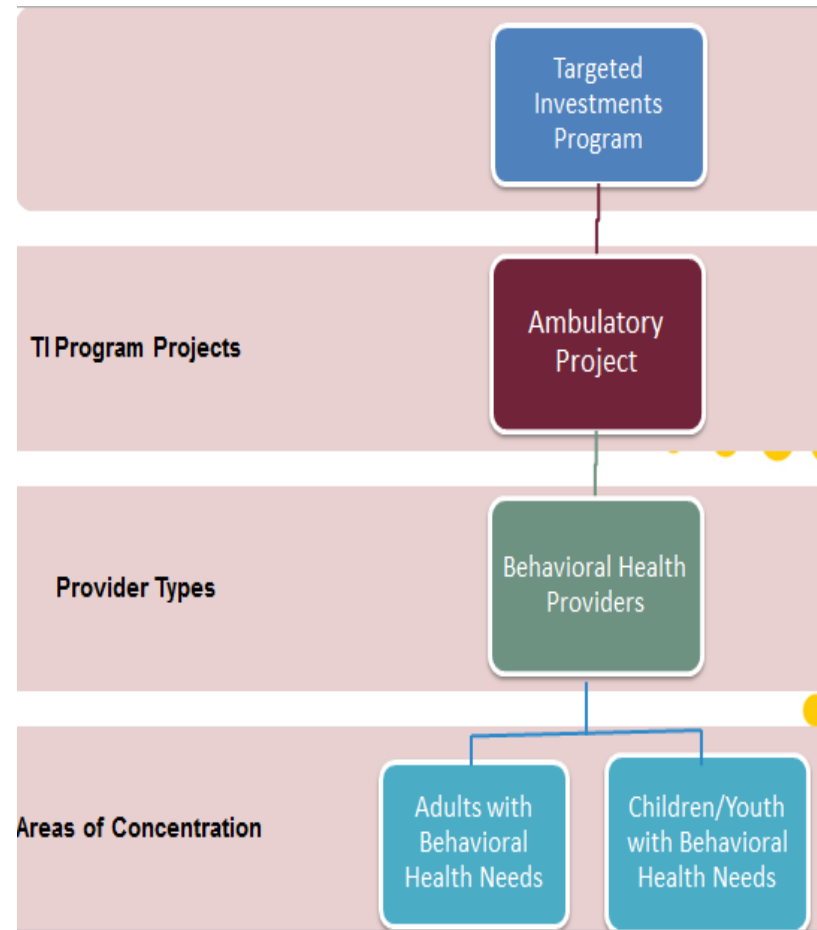
- Family practices and Integrated Clinics that serve both adults and children may choose one or both areas of concentration.
- They must complete the Core Components, milestones and associated reporting requirements for the population type(s) they have chosen.



# Project Options: Ambulatory/Behavioral Health

Providers that offer outpatient behavioral health services may focus on adults with behavioral health needs *or* children/youth with behavioral health needs.

- Integrated Clinics that serve both adults and children may also choose both areas of concentration.
- They must complete the Core Components, milestones, and associated reporting requirements for both population types to receive incentive payments.

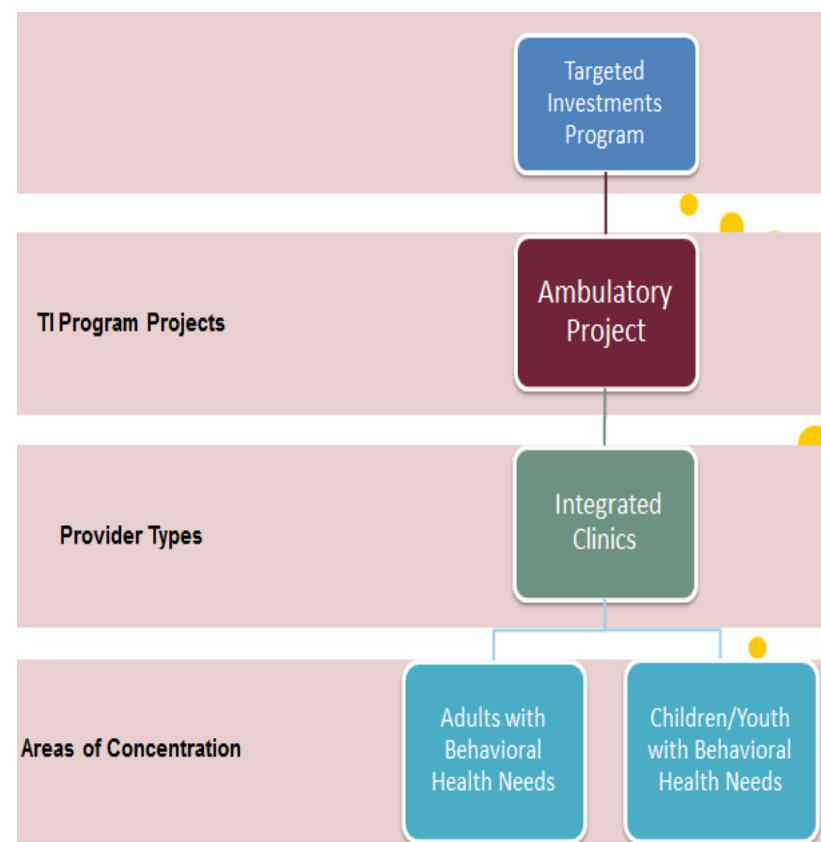


# Project Options: Ambulatory/Integrated Clinics

Integrated Clinics that provide both primary care services and outpatient behavioral health services may:

- Participate in both the primary care track and/or the behavioral health track
- Focus on adults with behavioral health needs and/or children/youth with behavioral health needs.

*Note: To participate in both and receive incentive payments for both, they must have members attributed to PCPs by MCO(s), complete the core components, milestones and associated reporting requirements for both population types*



# Integrated Clinic

An Integrated Clinic has the opportunity to earn incentive dollars via two Areas of Concentration:

- Ambulatory Care: Primary Care (must have members attributed to them by an MCO)
- Ambulatory Care: Mental Health

To do this, an Integrated Clinic would need to

1. Apply for both Areas of Concentration,
2. Be accepted into the TI Program, and
3. Complete the required core components (in TI Year 2 and beyond) in order to earn incentive dollars.

# Integrated Clinic (Cont'd)

Example:

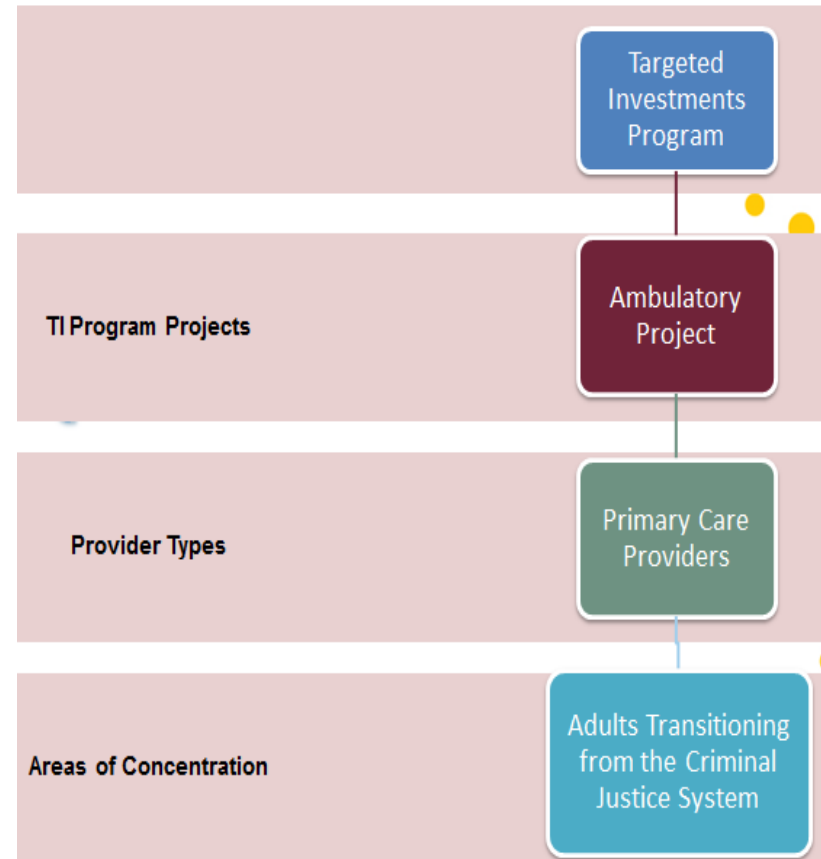
How many dollars can an Integrated Practice be eligible to receive if it participates in both Areas of Concentration?

Area of Concentration	Units	Eligible Incentive Payments					
		TI Y1	TI Y2	TI Y3	TI Y4	TI Y5	Total
Primary Care	2,500 Members	\$26,175	\$83,925	\$94,200	\$88,600	\$68,525	\$361,425
Mental Health	88,250 Service Units	\$30,005	\$97,075	\$118,255	\$112,078	\$67,953	\$425,365

# Project Option: Ambulatory/Justice System

Ambulatory Project for providers who serve adults transitioning from the Judicial System:

- *For this Area of Concentration only*, a very small number of participants will be selected to participate based on analysis by AHCCCS and by the RBHAs.
- Participants selected by the RBHAs will also be required to complete the Ambulatory Project focused on providers of primary care and meet its Core Components in addition to those required through the justice project.



# Ambulatory Core Component Snapshot

Core Component		Adult		Pediatric		Justice
#	Description	Primary Care	Behavioral Health	Primary Care	Behavioral Health	Primary Care
1	Utilize a behavioral health integration toolkit.	X	X	X	X	X
2	Identify high risk patients and develop an electronic registry.	X		X		X
3	Use practice care managers for high risk members.	X		X		X
4	Implement use of an integrated care plan for patients identified as part of Core Component 2.	X	X	X	X	X
5	Screen all patients to assess for social determinants of health and develop process to intervene.	X	X	X	X	X
6	Develop protocols for ongoing team-based care.	X	X	X	X	X
7	Screen for behavioral health issues, including depression, substance use, and suicide risk.	X		X		X
8	Utilize Arizona Opioid Prescribing Guidelines.	X		X		X
9	Participate in bidirectional exchange of data with the Health Current health information exchange.	X	X	X	X	X
10	Identify community-based resources.	X	X	X	X	X
11	Prioritize access to appointments for all individuals on the high-risk registry.	X		X		X

*\*Additional Components specific to a single population are present in Hospital, Pediatric, and Justice Concentrations.*



# Project: Ambulatory/**Justice System**

## Additional Core Components & Milestones

*In addition* to Core Components in ambulatory project for providers of primary care, Justice Project participants must:

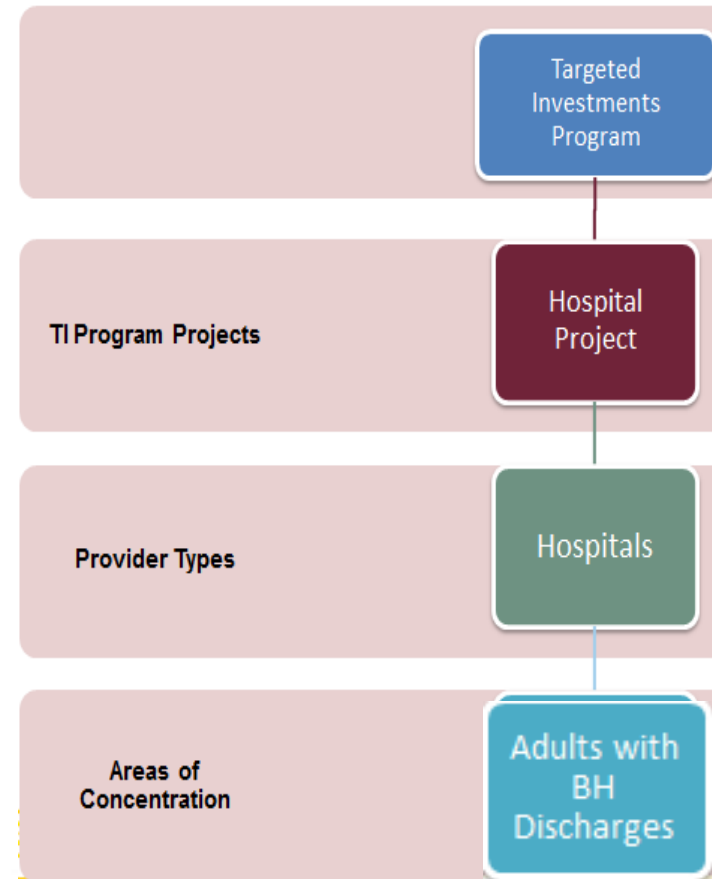
- Establish integrated health care clinics and contract with MCOs to provide care within or near probation offices.
- Develop an outreach plan to encourage use of clinics pre- and post-release.
- Establish reliable and consistent access to medication-assisted treatment.
- Create a peer support plan to use peer specialists as part of staff at integrated health care clinics.

# Project Option: Hospitals

For patients discharged with a primary BH (MH or SUD) dx and/or SMI designation

## Core Components:

- Develop/implement protocols for communication with primary care (PCPs) and BH providers.
- Include BH provider in discharge planning activities: Schedule follow-up appointment for patients with community BH providers within seven days of discharge.
- Conduct community-based medication review within 48 hours of discharge.
- Participate in relevant trainings and learning collaboratives offered as part of the TI Program.



# Core Components & Milestones

- Participants must complete the **Core Components** and associated **Milestones** to earn incentive payments.
- There is intentional overlap in Core Components across projects.

Example of a Core Component:

1.	<p>A. Develop and implement written protocols used to identify member's primary care provider (PCP) and community mental health providers. The protocols must include utilizing Health Current, the health information exchange, AHCCCS managed care organizations (MCOs), including regional behavioral health authorities (RBHAs), and hospital-based electronic medical records.</p> <p>B. Develop and implement written protocols with high volume community mental health providers and PCPs to solicit and receive their input into their member's health history upon admission, seven days per week.</p>	
	<p><b>Milestone Measurement Period 1</b>  <b>(October 1, 2017–September 30, 2018)</b></p> <p>◀—▶ ◀—▶</p> <p><b>Hospital Reporting Requirement to State</b></p>	<p><b>Milestone Measurement Period 2</b>  <b>(October 1, 2018–September 30, 2019)</b></p> <p>◀—▶ ◀—▶</p> <p><b>Hospital Reporting Requirement to State</b></p>
	<p>A. Document and attest to the implementation of hospital protocols used to identify patient PCP and mental health providers.</p> <p>B. List the names of the community mental health and PCPs with whom written protocols have been established for soliciting and receiving relevant clinical information about the patient upon admission.</p>	<p>Based on a hospital record review of a random sample of 20 discharged members with a primary discharge diagnosis of mental health and persons with serious mental illness designation, attest that, 85% of the time, the patient's community mental health or PCP was asked about the patient's mental <u>and</u> medical health history upon admission.</p>

# Targeted Investments Program Application



# Application Process Timeline

Applications will be available to view and submit through an AHCCCS provider website.

- 6/15/2017- Expected application released date
- 7/31/2017- Application submission due date
- 8/2017- Notice of application approval date

# Pre-Application Check list

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- ✓ Have an AHCCCS Online Account.
- ✓ Ensure provider information is up to date with the AHCCCS Provider Registration Unit.
- ✓ Be currently utilizing an eligible EHR system.
- ✓ Complete one of the required behavioral health integration self-assessments.
- ✓ Understand the project(s) and area of concentration(s) you will focus on.

# Application Demonstration

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# Training and Technical Assistance

- Training and technical assistance will be arranged by AHCCCS for specific Core Components.
- Provider participation in the training will be required to receive a financial incentive payment.
- MCOs will be able to elevate/refer provider TI questions on TI payments to AHCCCS.
- AHCCCS will provide more operational details to MCOs in the coming weeks.



# TI Program Website

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[www.azahcccs.gov/PlansProviders/TargetedInvestments/](http://www.azahcccs.gov/PlansProviders/TargetedInvestments/)

- AHCCCS will update the website with new information periodically.
- Please visit the website for :
  - Application instructions
  - Frequently asked questions
  - Provider payment calculator
  - Core components and milestones
  - AHCCCS contact information

# Questions?

