Vermont Health Care Reform Work Group: Primary Care Subgroup

November 8, 2023

VERMONT
AGENCY OF HUMAN SERVICES

Today's Agenda

- Updates from CMS
- MH/SUD Integration in the AHEAD Model
- Discussion

VERMONT
AGENCY OF HUMAN SERVICES

Purpose of this Group

- CMS has indicated that AHEAD will have a common design for participating states. States, including Vermont, will ultimately need to look at the details in the NOFO and decide whether to apply to participate.
- CMS has described the key design features of "Primary Care AHEAD" on a national all-comer webinar on September 18 and a Vermont-specific session for providers on September 26.

AHS is convening this group to obtain Vermont primary care providers' feedback to Primary Care AHEAD, so that Vermont can prepare for the NOFO and application period early next year.

This group will convene several times before the release of the NOFO at the end of 2023.

CMS Responses to PC Workgroup's Questions (1 of 2)

Topic	PC Workgroup Questions/Feedback	CMS Response
Primary Care AHEAD Eligibility	• The subgroup requested additional clarification from CMS around eligibility for Primary Care AHEAD, specifically whether **hospital-owned rural health clinics** would be eligible to participate in the program.	• Yes, there will be an exception for rural health clinics and federally qualified health centers. They may participate in Primary Care AHEAD, regardless of ownership.
	• How would AHEAD interface with **Certified Community Behavioral Health Clinics**?	• CMS will provide more information at a later date.
Payments	• The subgroup is interested in potentially having **capitated payments start at the beginning of Primary Care AHEAD** (in 2026), rather than 2027.	• Capitated payments for Medicare will not be available prior to 2027. • Primary care practices may receive capitation for Medicaid starting any time the state is ready. • States will have the opportunity to provide feedback on the capitated primary care model in AHEAD in the future (likely early 2024).

CMS Responses to PC Workgroup's Questions (2 of 2)

Topic	PC Workgroup Questions/Feedback	CMS Response
General	• The group requested CMS to clarify whether the AHEAD model will be considered an **advanced alternative payment model (APM) for MIPS purposes**. One member noted that if the model is not considered an advanced APM, it could serve as a barrier to primary care practices' participation.	• CMS will provide more information at a later date.
	• The group noted it will be **important to explore and consider other options** (e.g., participating in Medicare Shared Savings Program) in case the State decides not to apply/participate in the AHEAD model.	• CMS will allow overlapping participation between MSSP and AHEAD.

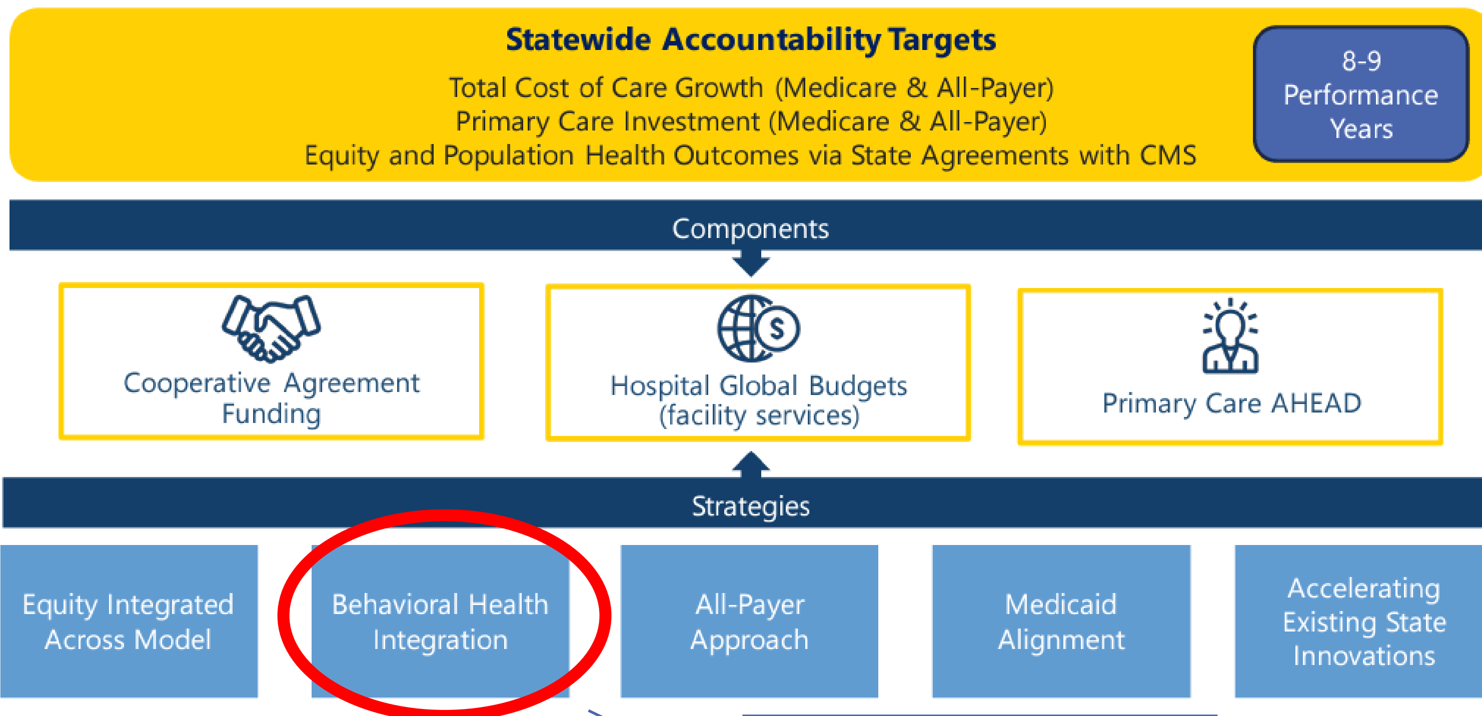
Recap of Discussion on Health Equity Under the AHEAD Model

- Workgroup members indicated that housing insecurity, food insecurity, and lack of transportation are some of the common health-related social needs (HRSN) they encounter while providing care to Vermonters.
- The group also noted that LGBTQ+ individuals, as well as those who have a history of incarceration, are more likely to experience health disparities.
- Some common challenges among primary care providers include:
  - Gathering patient data (e.g., medications) from other providers, such as designated agencies
  - Lack of resources to address a patient's HRSN (i.e., securing transportation for their patients, referring patients to housing services, etc.)
- The group indicated the importance of CMS' health equity requirements under the model being flexible enough to account for the State's existing efforts (e.g., screening tools, quality measures, etc.) that are underway to address health inequities.
  - The group noted they would like to maintain the progress they made on HRSN screenings, rather than having to backtrack.

MH/SUD Integration Under the AHEAD Model

VERMONT
AGENCY OF HUMAN SERVICES

MH/SUD Integration is a Critical Component of the AHEAD Model



VT uses the term "Mental Health and Substance Use Disorder treatment" instead of "Behavioral Health"

Source: NASHP Presentation from October 26 AHEAD Model Webinar

VERMONT AGENCY OF HUMAN SERVICES

AHEAD Model's Mental Health and Substance Use Disorder Treatment Integration Strategy

Behavioral Health Integration Strategy

The AHEAD Model includes both required and optional activities to support behavioral health (BH) integration in states participating in the Model.

VT uses the term "Mental Health and Substance Use Disorder treatment"

HEALTH EQUITY (REQUIRED)
States will set at least one BH-specific equity goal; CMS will stratify BH quality measures by REL/SOGI to help close gaps of care by population

PRIMARY CARE (REQUIRED)
PCPs will integrate BH as part of the tiered Care Transformation Requirements

WAIVERS / OTHER FEDERAL AUTHORITIES (FLEXIBLE)
CMS to consider multiple Medicare payment rule waivers; CMS to provide TA support for Medicaid initiatives

QUALITY (FLEXIBLE)
Participants will select from multiple BH quality measures as part of primary care, hospital, and statewide quality strategies

CoAg (OPTIONAL)
States may use funds to support BH infrastructure and capacity building; States may reinvest hospital savings to BH initiatives and partnerships

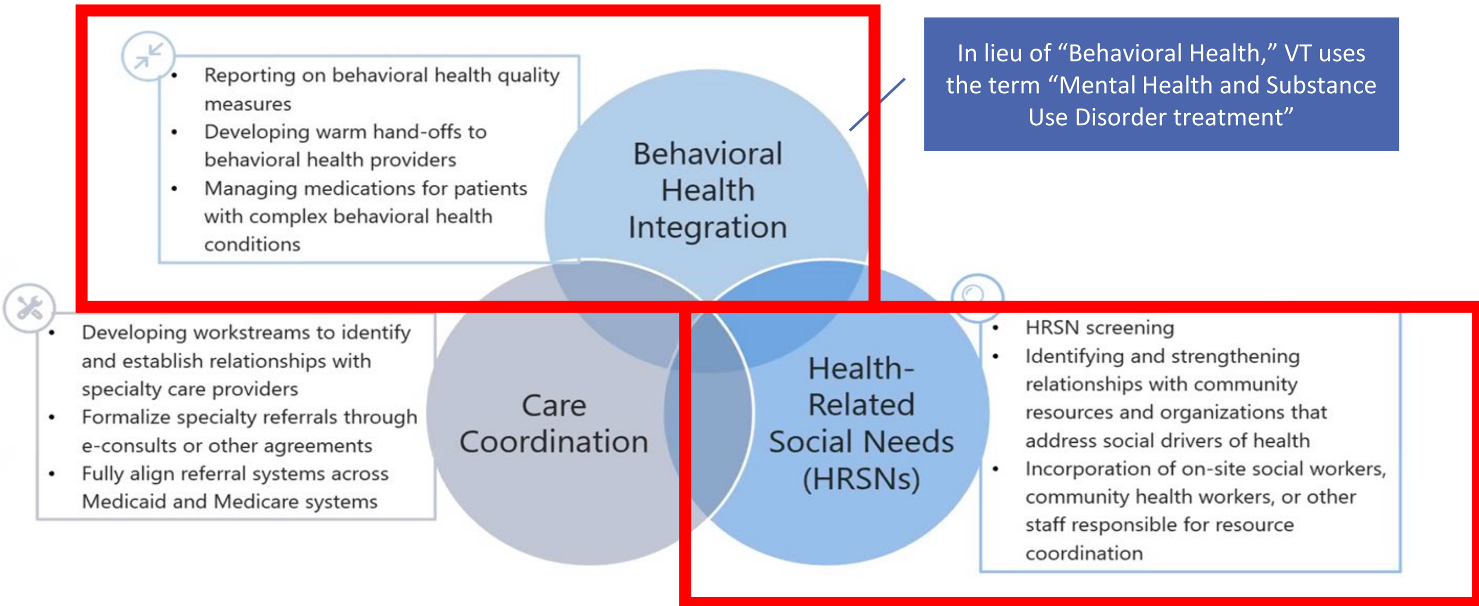
42

Source: CMS Presentation from September 18 AHEAD Model Overview Webinar

VERMONT
AGENCY OF HUMAN SERVICES

MH/SUD Integration Under Primary Care AHEAD

CMS is messaging that some of the care transformation requirements under Primary Care AHEAD will be focused on MH/SUD integration.



More detail will be available in the NOFO that will be released later this year.

Source: CMS Presentation from September 18 AHEAD Model Overview Webinar

Discussion Questions

As part of the new Expansion Pilot, the Blueprint is providing Medicaid funds for Community Health Teams (CHTs) to support universal screening and integration of MH/SUD services for brief intervention. Core CHT resources and support for Spoke practices can also be used for MH/SUD services.

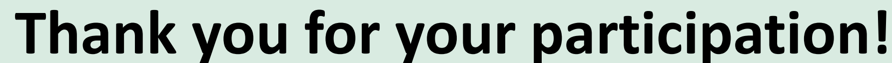
- How is your primary care practice using Blueprint and other resources to approach MH/SUD integration today? What specific strategies are you employing to integrate MH/SUD care into your practice?
- Under Primary Care AHEAD, participants will be required to collect data on one or more MH/SUD quality measures. CMS is also messaging that Primary Care AHEAD care delivery requirements may vary by state, according to what the State Medicaid Agency is already doing or planning.
  - Are you measuring MH/SUD quality today? If so, how, and what successes or challenges have you experienced in collecting these data?
  - If Vermont proceeds with responding to the NOFO for AHEAD, what care transformation activities should Vermont highlight to CMS to address AHEAD quality reporting and care transformation requirements?
- What additional supports would help to further integrate MH/SUD care into your practice and address quality reporting and care transformation goals?

Next Steps

VERMONT
AGENCY OF HUMAN SERVICES

Next Steps

- The next Primary Care Workgroup meeting is currently scheduled for November 16 at 11 AM. Should we change that time to 12 PM?
- Please send any questions or comments to Pat Jones (pat.jones@vermont.gov) and Wendy Trafton (wendy.trafton@vermont.gov).



Appendix

VERMONT
AGENCY OF HUMAN SERVICES

Feedback from October 20 Meeting (1 of 2)

Topic	Subgroup Attendees' Feedback
Primary Care AHEAD Eligibility	• One member requested clarification on if/how pediatric primary care practices and those with low Medicare volume could participate in Primary Care AHEAD.
Payments	• The group requested additional clarification from CMS around how enhanced primary care payments (EPCPs) under Primary Care AHEAD will be adjusted. – The group raised concerns around EPCPs being adjusted based on Vermont's performance on statewide targets, rather than on factors within an individual practice's control. • The group is interested in learning if/how Blueprint PCMH payments will be continued under the AHEAD model.

Feedback from October 20 Meeting (2 of 2)

Topic	Subgroup Attendees' Feedback
General	• One primary care provider asked if/how the ACO fits into the future model. The workgroup member indicated the desire to maintain its successful collaboration with the ACO in the new model. • The group emphasized the importance of gathering providers' feedback on the AHEAD model and Primary Care AHEAD once the NOFO is released. • The group requested clarification from AHS around the timing of model implementation. – AHS indicated the State is contemplating participating in the first cohort of the model, with a go-live implementation date of 1/1/26. Vermont is considering early participation due to the expiration of the VTAPM on 12/31/25. If the State were to choose to not participate in AHEAD or participate at a later time (Cohorts 2 or 3), the State would lose Blueprint and SASH funding and would have to revert to Medicare fee-for-service payments, which would disrupt the State's health care system.

Recap: Federal Models are Evolving

- Vermont has been in discussion with the Center for Medicare and Medicaid Innovation (CMMI) at the Centers for Medicare and Medicaid Services (CMS), regarding the development of a new multi-payer model to replace and build on the current Vermont All-Payer ACO Model (VTAPM).
- CMS intends that this model, called "AHEAD", will be an option for multiple states with a unified design.
- **On September 5, CMS formally announced AHEAD.** Full details will be available in late 2023 (end of November or early December) in a document called a "Notice of Funding Opportunity" (NOFO).
- States will have 90 days after the release of the NOFO to apply. CMS will select states from the applicants. The first cohort of states will go live in January 2026.
- Currently, CMS and Vermont are negotiating whether to extend the VTAPM for 2025, with the goal of providing a smooth transition to a potential new model in 2026.

Recap: High-Level Overview of AHEAD Model

Overarching Goals

To improve population health, advance health equity, and curb health care cost growth.

Three Primary Components ***(see Appendix for more details)***

- Hospital Global Budgets
- Primary Care AHEAD
- Cooperative Agreement Funding

Three Primary Categories of Participants

- States
- Hospitals *(including Critical Access Hospitals)*
- Primary Care Practices *(including Federally-Qualified Health Centers and Rural Health Clinics)*

Five Strategies

- Equity integrated across model
- Mental health/substance use disorder integration
- All-payer approach
- Medicaid alignment
- Accelerating existing state innovations

Description of AHEAD's Primary Components

- **Hospital Global Budgets.** Hospitals in participating states will have the option to be paid via a global budget – a fixed amount of revenue – to provide inpatient and outpatient services to Medicare fee-for-service beneficiaries for the upcoming year.
- **Primary Care AHEAD.** Primary care practices in participating states will have the option to participate in a primary care model that includes Medicare per beneficiary per month payments with a quality component, and which could transition to a more prospective method for paying practices.

Focus of this group

- **Cooperative Agreement Funding.** CMS will provide each participating state up to $12 million in cooperative agreement funding to support planning activities during the pre-implementation period and initial performance years of the model.

Comparing Current VT Primary Care Payments to Payments Under Primary Care AHEAD (DRAFT)

	Program	Payment by Payer
ACO-Participating Primary Care Practices	**Comprehensive Payment Reform (CPR) Program** *(Participating ACO practices only)*	**Fixed, prospective PMPM for standard ("core") primary care services calculated to meet target primary care spend rate.** **Above-market payment for other ("non-core") services delivered in primary care setting:** • 105% of FFS **Incentive PMPM payment to encourage participation:** • $5 PMPM
	Population Health Payments *(All ACO primary care practices)*	• All-Payer* (2023): $4.75 PMPM per attributed life • Bonus Payment (2023): Up to $1.00 PMPM for achieving target performance in specified measures ** Entire Medicare payment covered by hospital funds.*
All Blueprint Primary Care Practices (FQHC, Hospital-Owned, Independent)	**Blueprint Patient-Centered Medical Home (PCMH) Payments**	**Base PCMH** • Commercial: $3.00 • Medicaid: $4.65 • Medicare: $2.15 **Utilization *(measured at practice level)*** • Commercial/Medicaid: $0.00 - $0.25 • Medicare: $0.00 **Quality *(measured at community/HSA level)*** • Commercial/Medicaid: $0.00 - $0.25 • Medicare: $0.00
Community Health Teams	**Core CHT Staffing in all Blueprint Health Service Areas**	**Base Core CHT Staffing** • Commercial: $2.77 • Medicaid: $2.77 • Medicare: $2.68 + $0.31 for risk-bearing providers in Medicare ACO

Primary Care AHEAD – EPCP Payment

Traditional Medicare will pay practices an average of $17 PMPM Enhanced Primary Care Payment (EPCP) fee + FFS primary care payment

Will be risk-adjusted, including social risk adjustment to increase resources for vulnerable populations

CMMI plans to introduce primary care tracks with additional risk/capitation options starting in ~ 2027

Additional Medicaid investments support the Hub and Spoke and Pregnancy Intention Initiatives, Enhanced CHT Pilot, and Support and Services at Home (SASH) infrastructure.