

Health Care Reform Workgroup

JANUARY 24, 2023 MEETING SUMMARY

Meeting Agenda

1. Updates on Short-Term Stability Work
2. Progress and Timeline Update on Engagement with CMMI
3. Medicare Waiver Technical Advisory Group
4. Hospital Global Budget Technical Advisory Group

1. Updates on Short-Term Stability Work

Workforce

Utilization of needs-based dollars remaining in the Workforce Recruitment and Retention program

- Releasing the Premium Pay Round 2 application for primary care practices, dentist's offices, and therapeutic community residences by early February
- BAA requests seek to use remaining funds to:
 - Add funding and additional health care employer types to the Nurse Preceptor Program
 - Add a more flexible funding source to cover living costs for the Nursing Pipeline and Apprenticeship Program

Continue to implement recommendations for the Workforce Development Committee related to the critical workforce shortage

- Working with a contractor to design and open applications for the Nurse Preceptor and Nursing Pipeline and Apprenticeship Program this quarter

Regulation

Escalate to CMS and the federal delegation a package of measures to address stability including Medicare rates for home health, nursing home medical director, primary care providers oversight, and current APM limits requests

- Continuing to escalate to CMS the State's need for waivers related to nursing home medical director and primary care provider oversight that had positive outcomes for SNFs during the public health emergency
- Continuing to escalate to the federal delegation the impacts to Vermont providers of Medicare rate adjustments

Provide public comment on the proposed Medicare rate adjustments for home health

- Complete

Implement a short-term rational method for targeting services to the highest need individuals within the Choices for Care program

- Complete

System Flow *(1 of 5)*

Procure through an RFP for Medicaid specialized units in long term care and residential facilities, include an enhanced rate and special worker training to support patients with high acuity mental health, substance use, and developmental disability needs

- In final contracting phase. Goal is to have services available by July 2023

Explore feasibility of caring for high acuity patients in hospital owned LTC facilities, including enhanced rates, increased staffing requirements, and streamlined admissions processes

- Options exist to financially support high acuity patients in the DVHA Medicaid Rate Setting rules (Special Rates, Section 14) and through Medicaid rate adjustments; facility representatives were provided this update
- DAIL had developed an internal process to identify special rates prior to SNF admission, improving efficiency

System Flow *(2 of 5)*

Recruit a cohort of SNFs to become centers of excellence for serving patients with developmental disabilities, mental health and substance use treatment needs

- In 2022, increased special rate tiers to incentivize SNFs to serve people with complex needs
- DAIL is holding an "anti-psychotic use" training with all SNFs on 1/27/23 to dispel any misunderstandings regarding the ability to serve people who use anti-psychotics while maintaining compliance with federal regulations
- The new specialized care SNF mentioned in slide 6 will serve people with complex needs and MAT

Facilitate conversations between DAs, SNFs, and hospitals to develop processes for crisis response at a local level to avoid Emergency Department utilization

- Recommending DAs conduct suicide risk evaluation at the SNF and prior to transport to an emergency department
- Working to determine if the activity is reimbursable

System Flow *(3 of 5)*

Clarify a consistent interpretation and application of the statewide use-of-force policy between the DPS and DAs to assist law enforcement and DA crisis teams safely and effectively respond to individuals in crisis

- Actively meeting with VT Care Partners, DA executive directors and team members
- Improving policy awareness and correcting misinformation
- Identified the need for additional scenario-based training with law enforcement, first responders, and DAs

Clarify a consistent interpretation and application of the statewide use-of-force policy in emergency departments between DPS and hospitals

- Looking to partner with VAHHS to improve communication and the understanding of the policy in the emergency department setting

System Flow *(4 of 5)*

Explore opportunities for obtaining SMART medical clearance in primary care, urgent care and possibly other settings, and for hospitals to accept such patients

- SMART medical clearance can be used from any medical setting; however, it is not utilized broadly outside of the hospital due to the logistics of admission to psychiatric hospitals as well as CMS requirements for meeting inpatient level of care
- DMH and VAHHS are collaborating with inpatient medical directors on a process to allow for community-based referrals
- Working to create a workflow that would allow for same day admissions or crisis bed utilization during wait times

Initiate a conversation between hospitals and designated agencies to open opportunities for increased mental health resource sharing

- Complete

System Flow *(5 of 5)*

Clearly define emergency mental health services within each community and define needed rate adjustments or additional/new programs through an RFP to fill gaps

- Defining emergency mental health service within each community is complete
- Governor's budget allocates funding for statewide expansion of mobile crisis (\$3.15M gross)
- DMH is working with DAs on CCBHCs to identify core services and costs to be considered in alternative payment model discussions
- An opportunity exists to work with SNFs to maximize their local capability, therefore allowing a resident to remain at the facility and avoid emergency department admission

Invest in psychiatric/mental health urgent care by exploring capital investment opportunities and escalating federal regulatory issues of collocating on hospital property

- Obtained approval from CMS to use HCBS FMAP funds for capital investment grants to HCBS providers, including those offering outpatient mental health crisis services
- Governor's budget allocates funding for alternatives to emergency department mental health crisis care (\$1.59M gross)

Revenue (1 of 2)

Conduct rate studies to evaluate Choices for Care rates to determine the sustainability of the program

- In progress, an update is expected later this year
- Governor's budget allocates increase in funding (\$3M gross for HH rates, \$17.79M gross for NH rebasing and inflation factor)

Provide a one-time increased Disproportionate Share Hospital (DSH) payment to hospitals to address hospital revenue losses for fiscal year 2022

- Complete

Study the trend in revenues from the provider tax including the impact of the pandemic compared to the trend in provider rate increases. Determine if there is an opportunity for short-term one-time relief. Forecast long-term provider tax revenue

- Sunsetting the Home Health provider tax

Revenue (2 of 2)

Update rate methodologies and potentially rules to address inflationary costs, including staffing, within cost-based rate methodologies for Skilled Nursing Facilities, Private Non-Medical Institutions, and other residential care providers through the Division of Rate Setting at the Department of Vermont Health Access (DVHA)

- In addition to information on slide 11, Governor's budget allocates \$2.32M gross increase for PNMI to include an inflationary factor in their rates

Increase GME payment to UVMHN utilizing intergovernmental transfers from the University of Vermont

- An increase is included in FY23 BAA requested and Governor's FY24 budget request

Additional budget requests

- Governor's budget allocates one-time \$10M for provider stability (COVID contingency fund) and one-time funding for 2-year Blueprint for Health/Hub and Spoke pilot expansion to integrate mental health and primary care (\$20.9M gross over 2 years)

Updates Forthcoming

System Flow

- Create statewide approach to SNF Medical Director requirements through the engagement and implementation of a shared capacity and utilization potentially through OneCare
- Consider a new collaborative care model that offers telehealth “curbside consultations” for long-term care facilities, and train staff in SNFs in de-escalation techniques

Revenue

- Explore inpatient psychiatric rates

Summary of Workgroup Member Input

- The workgroup members appreciated AHS' updates on the short-term stability work.
- One workgroup member had questions around the Nurse Preceptor and Nursing Pipeline and Apprenticeship program. They also asked about AHS's efforts to inform providers of opportunities available through the Workforce Recruitment and Retention program.
- The workgroup member also asked about AHS' activities around system flow and revenue, particularly around developing processes for crisis response, maximizing DSH payments, and sunseting the Home Health provider tax.
- AHS indicated it is continuing to work on short-term stability activities and will provide updates as they emerge.

2. Progress and Timeline Update on Engagement with CMMI

Updates on Engagement with CMMI

Discussions with CMMI are moving in a positive direction. There is opportunity for Vermont to have further input on the model design before it is released.

On December 15, 2022, AHS and GMCB met with CMMI in Washington DC for a full day. Vermont's goals for the in-person meeting were to:

1. Learn about CMMI's updates to the design of the AHEAD model; and
2. Share the State's priorities and concerns around the AHEAD model based on what Vermont had learned to date and based on feedback from this group.

Updates on Engagement with CMMI

AHS/GMCCB continues to engage regularly with CMMI at both the staff and leadership levels.

- Upcoming topics for discussion with CMMI:
 1. Global Budgets feedback from workgroup
 2. “Learning and Diffusion” (technical assistance for participating states)
 3. Medicare Waivers (see next agenda item)

Summary of Workgroup Member Input

- The workgroup members appreciated that AHS/GMCB shared the concerns identified by the workgroup (e.g., workforce, low spend Medicare state, workforce, etc.) with CMMI.
- One workgroup member asked about the future cadence of meetings between Vermont and CMMI.
 - AHS noted that AHS/GMCB will likely meet with CMMI staff on a biweekly basis.
- Another workgroup member wondered if there were any updates around shared interest payments (i.e., arrangements to encourage collaboration across provider types, such as hospitals and primary care).
 - AHS noted that it shared the portfolio approach concept with CMMI.

3. Medicare Waiver Technical Advisory Group

Overview of Medicare Waiver Technical Advisory Group

During the next two months, Vermont will host a Medicare Waiver Technical Advisory Group.

- CMMI welcomes Vermont's feedback on waivers for the AHEAD model.
- CMMI asked the State to indicate the most important "asks."
 - Include a clear policy rationale for updating existing waivers and/or requesting new waivers under the AHEAD model.
 - Members of the workgroup have already provided some compelling examples.
- During February and March, Vermont aims to understand:
 - Problems that new or revised waivers could help address (e.g., access to primary care)
 - On-the-ground experiences (successes, challenges) with implementing current waivers under the Vermont All-Payer ACO Model
 - New waivers that are of interest to stakeholders

Next Steps

- Send names and email addresses of individuals that should attend this advisory group
- Share any further written feedback on this topic if needed

4. Hospital Global Budget Technical Advisory Group

Overview of Hospital Global Budget Technical Advisory Group *(1 of 2)*

- Co-chaired by GMCB and AHS, with support from GMCB staff and contractors:
 - Bailit Health Purchasing: Meeting planning, materials development, facilitation; stakeholder engagement; policy research and options; national context
 - Mathematica Policy Research: Analytics and modeling to support decision-making; materials development; technical expertise
- Membership selected based on technical expertise, knowledge of current provider payment models and contracting:
 - Hospital CFOs
 - Payer representatives with actuarial and/or provider contracting responsibilities (including DVHA)
 - OneCare Vermont payment model development staff
 - Office of the Health Care Advocate
 - Staff from GMCB, AHS/DVHA, DFR staff
- [Materials will be posted publicly to the GMCB website](#)

Overview of Hospital Global Budget Technical Advisory Group *(2 of 2)*

- Through Fall 2023, the Hospital Global Budget Technical Advisory Group will use data and analyses to work through key payment model design questions related to a potential hospital global payment model, including:
 - Defining scope (population, services, and included providers)
 - Calculating baseline budget
 - Defining potential necessary budget adjustments and adjustment methodologies
 - ◆ Could include adjustments for general trends (e.g., inflation); exogenous factors (e.g., a public health emergency or natural disaster); utilization changes; quality, equity, and financial performance; risk mitigation.
 - Payer participation
 - Provider participation
 - Strategies to support care transformation and quality under a global budget
 - Program administration

5. Next Steps

Next Steps

- The Hospital Global Budget Technical Advisory Group will meet today (1/24) at 10am ET. The next meeting will be on 2/28.
- The dates/times for the Medicare Waiver Technical Advisory Group is forthcoming.