Health Care Reform Work Group

MARCH 27, 2023

Meeting Agenda

1. Welcome, Introductions, and Review of Agenda

2. System Stabilization Issues and Responses

3. Work Group Structure

4. Long-Term Sustainability Updates

5. Short-Term Stability Updates

6. Meeting Schedule and Next Steps

Health Care Reform Work Group and Associated Subgroups were Initiated in June 2022 with Four Main Areas of Work

Stability

Short-Term Provider Stability

Impact of Regulatory Environment on Stability

Sustainability

Financial and Care Model

Model for Long-Term Hospital Sustainability

Stakeholder Engagement

Summer 2022 – Work focused on short-term stability (workforce, regulation, systems flow, revenue)
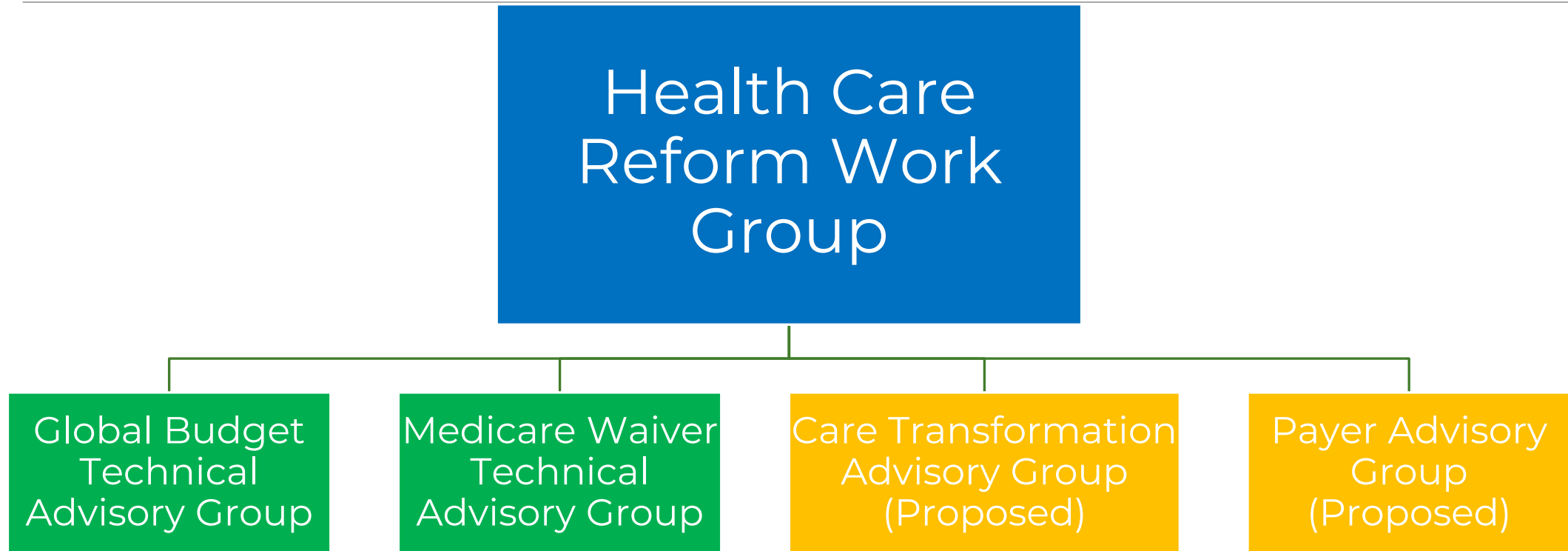
Fall 2022 – Work began to establish a framework to inform discussions on the multi-payer model

February 2023 – Technical discussions began on design of global budget model and Medicare waivers that might be beneficial to Vermont

Mechanisms for public input are available on both the GMCB and AHS websites

Planned for later in 2023 – Regular updates at GMCB public board meetings and discussions at existing AHS forums

Advisory Group Structure

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                    │   Health Care           │
                    │   Reform Work           │
                    │   Group                 │
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│ Global Budget │ │ Medicare Waiver│ │Care Transformation│ │ Payer Advisory│
│ Technical     │ │ Technical      │ │Advisory Group     │ │ Group         │
│ Advisory Group│ │ Advisory Group │ │(Proposed)         │ │ (Proposed)    │
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Previous Subgroups from Summer and Fall 2022
provided foundation and key principles for this deeper technical work:
Short-Term Provider Stability, Global Budget, and Total Cost of Care Subgroups

Short-Term Provider Stability Subgroup on System Stabilization

Subgroup met six times between July 15th and August 21st.

Informed by input from the Health Care Reform Work Group, the Subgroup focused on short-term actions (i.e., within 6-18 months) to improve system stability.

Subgroup identified 22 discrete actions (17 state actions) across four categories:

- Workforce
- Regulation
- System Flow
- Revenue

Healthcare Reform Workgroup

Full Healthcare Reform Work Group

Goal was to assess the key principles laid out by CMMI for the AHEAD model and its applicability for Vermont

Group identified areas of alignment with Vermont's Healthcare Reform objectives, outlined key issues for Vermont with Medicare's proposals, designed the Portfolio Model as a framework for a future model, and defined how a Total Cost of Care and Global Budget Model could fit that framework.

Global Budget Subgroup

Global Budget Subgroup met 7 times between September 30th and November 15th.

Goal was to solicit input and recommended "asks" of CMS regarding global budget parameters over the next couple of months to inform CMMI's new multi-state model release in late 2023.

Subgroup identified a number of areas where it is important to ask CMS for flexibility in a future global budget model.

Total Cost of Care Subgroup

Total Cost of Care Subgroup met 5 times between September 27th and October 25th.

Goal was to collect feedback from subgroup members on Total Cost of Care to inform conversations with CMS about the design of a new multi-state model.

Subgroup identified the portfolio model and a number of total cost of care considerations that are important to include in a future CMS global budget model.

Global Budget Technical Advisory Group

Global Budget Technical Advisory Group has met 13 times since January 2023.

Group charge: Make recommendations for conceptual and technical specifications for a Vermont hospital global budget program by the time CMMI introduces its new APM program.

The goal is to build on and expand discussions that occurred during Fall 2022 in the previous Global Budgets Subgroup to identify important topics to raise with CMMI.

Medicare Waiver Technical Advisory Group

Medicare Waiver Technical Advisory Group met in February 2023 and will continue to meet in March and April

Group charge: To identify:

 *Problems that new or revised waivers could help address (e.g., discontinuity of care with transitions)

*On-the-ground experiences (successes, challenges) with implementing current waivers under the Vermont All-Payer ACO Model

*New waivers of interest to stakeholders

The goal is to identify the key "asks" on Medicare waivers to share with CMS to inform the design of the next model.

Long-Term Sustainability Updates

Model for Long-Term Sustainability

Data Analysis and Community and Provider Engagement to Support Hospital Transformation

- RFP for Data Analysis and Community and Provider Engagement to Support Hospital Transformation was released; GMCB is in the process of contracting.

Discussions at Existing AHS Forums

- Department of Disabilities, Aging and Independent Living Advisory Board
  - 16-member Board composed of advocates, service providers, persons with a disability, VT Legal Aid
  - February 9: Health Care Reform presented on All-Payer Model Extension and next steps
  - April 13: Health Care Reform will attend and provide updates
- Mental Health Integration Council
  - Chaired by VDH Commissioner Levine and DMH Deputy Commissioner Krompf
  - 27-member Council composed of people who have received services and delivered peer services; family members; state officials; and representatives from the Office of Health Care Advocate, the Mental Health Care Ombudsman, various providers, and payers.
  - Health Care Reform participates in this group and will provide updates at future meeting

Public Information and Input: GMCB and AHS Websites

Advisory group meeting materials and summaries posted on GMCB and AHS websites

Mechanisms for public input:

CALENDAR

PUBLIC COMMENT
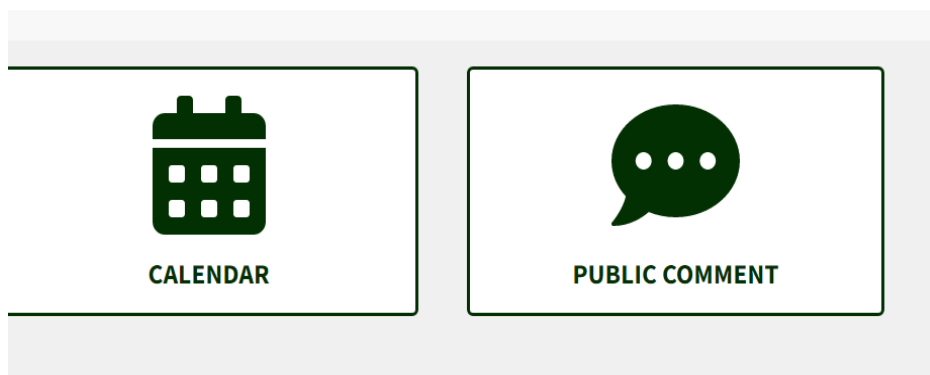
Contact Us

First Name *

Last Name *

Email *

Short-Term Stability Updates

Discussion: Is there a need to revisit Short-Term Stability?

❑ *A number of actions were previously identified*

❑ *Progress has been made on many of them, and work continues*

❑ *Does the group have observations about the current state of system stability?*

❑ *Is there value in coming together again to review current state and identify new actions to support short-term stability?*

Timeline and Discussion Objective

- Timeline

  - June 2022 - Health Care Reform Work Group

  - July 2022 - Subgroup on System Stabilization formed

  - August 2022 - Health Care Reform Work Group reviewed Subgroup

    - System stabilization tasks are meant to be completed in 6 – 18 months (December '22 – December '23)

  - November 2022, January 2023 and today – Updates provided

  - December 2023 – Expected completion of activities

- Discussion Objective

  - Discuss progress to date and potential updates or additions

All Tasks – 22 Total

- **Workforce:**
  - ❑ Spend remaining Workforce Recruitment and Retention Program Funds (AHS)
  - ❑ Implement Workforce Development Committee recommendations regarding shortages (AHS)
- **Regulation:**
  - ❑ Escalate package of stability measures to CMS and Federal Delegation (AHS)
  - ✓ Provide public comments on Medicare rate adjustments (AHS)
  - ✓ Implement short-term method to target Choices for Care services to highest need individuals (DAIL)
- **System Flow:**
  - ✓ Procure Medicaid specialized units in LTC and residential facilities (DAIL)
  - ❑ Explore caring for high-acuity patients in hospital-owned LTCs (DVHA/DAIL)
  - ❑ Recruit a cohort of SNFs to becomes centers of excellence (DAIL/DMH)
  - ❑ Discuss local crisis response processes with hospitals, DAs, and SNFs to avoid using the Emergency Department (DMH)
  - ❑ Create a statewide approach to SNF medical director requirements (DAIL)
  - ❑ Clarify a consistent interpretation of Use-Of-Force policy between DPS, DAs, and hospitals (DPS)
  - ❑ Consider a collaborative care model using telehealth "curbside consultations;" train SNF staffs on de-escalation
  - ❑ Explore obtaining SMART medical clearance; have hospitals accept such patients (DMH)
  - ❑ Define community emergency mental health services and identify gaps (DMH)
  - ✓ Mental health resource sharing conversations between hospitals and DAs (DMH)
  - ✓ Invest in psychiatric/mental health urgent care (AHS)
- **Revenue:**
  - ❑ Update rate methodologies and rules to address inflationary costs (DVHA)
  - ✓ Conduct rate studies to evaluate Choices for Care rates to determine program sustainability (DVHA)
  - ✓ Provide a one-time increased DSH payment (DVHA)
  - ❑ Increase GME payment to UVMHN to maximum federal allowance (DVHA)
  - ✓ Study provider tax trends; determine opportunity for short-term one-time relief (AHS)
  - ❑ Explore in-patient psychiatric rates (DVHA)

Workforce

❑ **Spend remaining Workforce Recruitment and Retention Program Funds (AHS)**
- Currently reviewing Premium Pay Round 2 applications (includes expansion to primary care, dental, and Therapeutic Community Residences)
- SMART Goal = Issue Premium Pay for Workforce Recruitment and Retention Program Round 2 grant awards by 4/14/23

❑ **Implement Workforce Development Committee recommendations regarding shortages (AHS)**
- Developing program materials and applications for the Nurse Preceptor and Nursing Pipeline and Apprenticeship Programs
- AHS received authority to use State Fiscal Recovery Revenue Loss funds for these programs
- SMART Goal = Release grant applications for the Nurse Preceptor Program and Nurse Apprenticeship and Pipeline Program by 4/14/23 and 6/1/23, respectively

Regulation

❑ **Escalate package of stability measures to CMS and Federal Delegation (AHS)**
- Meeting with the Survey & Operations Group at CMS to discuss 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
- The Medicare Waiver Technical Advisory Group (TAG) is also reviewing these and other waivers in its efforts to identify the key "asks" on Medicare waivers to inform the design of the AHEAD model; outcomes of the TAG will be discussed with the Center for Medicare and Medicaid Innovation (CMMI)
- SMART Goal = Identify remaining policy options for SNF waivers through CMS and CMMI by 6/1/23

System Flow (1 of 3)

❑ **Explore caring for high-acuity patients in hospital-owned LTCs (DVHA/DAIL)**
  - Not currently feasible at any hospital-owned LTC facility

❑ **Recruit a cohort of SNFs to becomes centers of excellence (DAIL/DMH)**
  - DAIL contracted with a provider to serve post-acute patients requiring complex care
  - SMART Goal = Phase 1 contract completed with iCare 2/28/23, list of potential individuals being reviewed now, iCare meeting key stakeholders through March and April, iCare purchasing VT facility with goal of implementing services as early as July

❑ **Discuss local crisis response processes with hospitals, DAs, and SNFs to avoid using the Emergency Department (DMH)**
  - DMH met with SNF directors for training and to understand what mental health challenges they are facing
  - DMH encouraged SNFs to develop MOUs with DAs for crisis and/or case management

System Flow (2 of 3)

❑ **Create a statewide approach to SNF MD requirements using shared capacity (DAIL)**
  - Collecting information on MD/APP capacity risks
  - Collecting information on structures to administer MD contracts/employment
  - Addressing immediate coverage gaps first, then long-term goals

❑ **Clarify a consistent interpretation of Use-of-Force policy between DPS, DAs, and hospitals (DPS)**
  - DPS planning refresher training for law enforcement, MH, EMS and other responders

❑ **Consider a collaborative care model using telehealth "curbside consultations;" train SNF staffs on de-escalation (External)**
  - Workgroup members are scheduling discussions on this topic to determine next steps

System Flow (3 of 3)

❑ **Explore obtaining SMART medical clearance; have hospitals accept such patients (DMH)**
- Priority referrals are from ED to keep the system moving
- DMH working with medical directors on community referrals

❑ **Define community emergency mental health services and identify gaps (DMH)**
- Emergency Services specific case rate implemented by DMH in Jan 2023 - considered census per region to inform PMPM
- CCBHC planning grant award announced to VT on March 15th; will move state towards a cost related reimbursement process that will inform rates
- RFP for Alternatives to Emergency Departments – Jan/Feb 2023 announcements of awards to Lamoille, Bennington, Windham/Windsor, Addison, Washington and Chittenden; Northeast Kingdom program in process in legislature; contracts in development through March 2023
- Mobile Crisis Response RFP closed and announced; kick off meeting with recipient HCRS scheduled for 3/24/23

Revenue (1 of 3)

❑ **Update rate methodologies and rules to address inflationary costs (DVHA)**
- Coordinating rule change for PNMI methodologies to reflect annual inflationary adjustments effective 7/1/23
- Calculating SNF cost rebase and inflation effective 7/1/23

❑ **Conduct rate studies to evaluate Choices for Care rates to determine program sustainability (DVHA).**
- Rate studies were completed and submitted to the legislature

❑ **Increase GME payment to UVMHN to maximum federal allowance (DVHA)**
- Received Global Commitment (GC) spending authority through BAA to increase annual GME amount for SFY23 (~$21M)
- Additional payment will be issued by June 30, 2023

Revenue (2 of 3)

❑ **Explore in-patient psychiatric rates (DVHA)**

- The Brattleboro Retreat Alternative Payment Model provides monthly prospective payments with augmented per diem rate for inpatient services, with financial reconciliation and performance measurement framework. The goal is for the Brattleboro Retreat to increase total bed capacity, regardless of payer, to 100 beds by June 30, 2023
- DVHA will continue to review and monitor inpatient rates

Revenue (3 of 3)

❑ **Updates related to stability activities (included in January report)**
- The following are included in the Governor's FY24 budget request:
  - Funding for statewide expansion of mobile crisis ($3.15M gross - unchanged in House)
  - Funding for alternatives to emergency department mental health crisis care ($1.59M gross – unchanged in House)
  - Increase to GME payment to UVMHN (unchanged in House)
  - Increase of $3M gross for HH rates, $17.79M gross for NH rebasing and inflation factor (House changed downward to equal a 15% rate increase, per the 2/15 rate report. NH rebasing and inflation factor is unchanged.)
  - Increase of $2.32M gross for PNMI to include an inflationary factor in rates (unchanged in House)
  - 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 – changed to 1 year in House)

Upcoming Meetings and Next Steps

- Medicare Waiver Technical Advisory Group

  - 3/30 from 12 PM – 1 PM; 4/11 from 9 AM – 10 AM; 4/18 from 9 AM – 10 AM

- Hospital Global Budget Technical Advisory Group

  - 3/28 from 10 AM – 12 PM; 4/18 from 10 AM – 12 PM; 5/28 from 10 AM – 12 PM

- Health Care Reform Work Group

  - Monthly

  - Next Meeting = 4/24 from 1 PM – 2 PM