Health Care Reform Workgroup Meeting

October 23, 2023

VERMONT
AGENCY OF HUMAN SERVICES

Agenda

1. Welcome, Introductions, and Review of Agenda
2. CMMI AHEAD Model – Continued discussion
   - Brief review of “AHEAD Model At-A-Glance” and Timeline
   - September meeting recap
   - Medicare Waivers
   - Health Equity
   - Model Governance
3. Engagement Opportunities
   - AHEAD Timeline and Potential Engagement Opportunities
   - GMCB Act 167 Community Engagement
4. Next Steps

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AHEAD Model At-A-Glance

The States Advancing All-Payer Health Equity Approaches and Development, or the AHEAD Model, is a flexible framework designed to improve health outcomes across multiple states.

Statewide Accountability Targets

Total Cost of Care Growth (Medicare & All-Payer)
Primary Care Investment (Medicare & All-Payer)
Equity and Population Health Outcomes via State Agreements with CMS

Components

Strategies

In lieu of “Behavioral Health”, VT uses the term “Mental Health and Substance Use Disorder Treatment”

Source: CMS Presentation from September 18 AHEAD Model Overview Webinar

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AHEAD Application and Implementation Timeline

		2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Model Year			MY1	MY2	MY3	MY4	MY5	MY6	MY7	MY8	MY9	MY10	MY11
1st NOFO Period	Cohort 1	NOFO	Pre- Implementation (18 mos)		PY1	PY2	PY3	PY4	PY5	PY6	PY7	PY8	PY9
	Cohort 2		Pre-Implementation (30 mos)			PY1	PY2	PY3	PY4	PY5	PY6	PY7	PY8
2nd NOFO Period	Cohort 3		NOFO	Pre-Implementation (24 mos)		PY1	PY2	PY3	PY4	PY5	PY6	PY7	PY8

Source: CMS AHEAD Model Website

Cohort 1 is for states that would participate in 18-month pre-implementation period, tentatively 7/2024 – 12/2025, with a 1/2026 first performance year.

There will be 9 performance years for Cohort 1 states; the model runs through 2034.

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Recap of September Work Group Meeting

At the September 25th Work Group meeting, we discussed:

- CMMI's AHEAD Announcement and Website
- Highlights of AHEAD
- Timeline
- Primary Components and Eligible Participants
- Hospital Global Budgets
- Primary Care AHEAD

Summary of Workgroup Member Input: AHEAD Timeline and Highlights

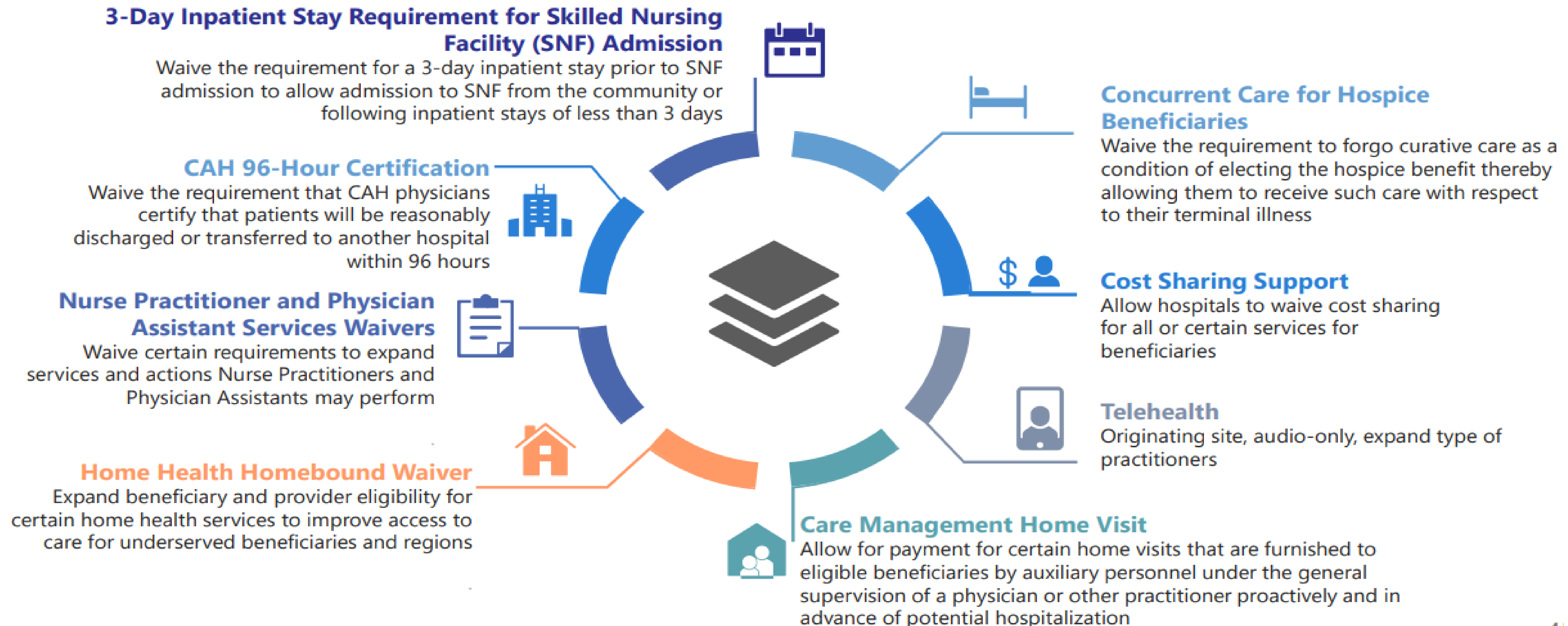
- One workgroup member requested additional detail around primary care investment targets under the AHEAD model. AHS noted that CMS indicated they would work with states on how to measure primary care investment.
- Another workgroup member noted how CMS defines baseline and targets under the AHEAD model will be important. AHS has reiterated its status as a low-cost Medicare spend state during discussions with CMMI.
- One workgroup member noted that some components of the AHEAD model, such as its focus on the integration of MH/SUD, social determinants of health, and health-related social needs, align with Vermont's existing initiatives, such as Blueprint and Certified Community Behavioral Health Clinics.
- Several workgroup members had questions around model participation and potential start dates. AHS noted that CMMI will not mandate participation from hospitals and primary care practices. AHS also indicated that if Vermont were to participate in AHEAD, it would consider a 2026 start date.

Summary of Workgroup Member Input: AHEAD Hospital Global Budgets and Primary Care

- Two workgroup members had questions around provider participation in the AHEAD model, specifically around whether providers can participate if the State does not participate in the model and around eligibility for Primary Care AHEAD.
  - AHS indicated that providers' participation in AHEAD is contingent upon the State of Vermont participating in the model.
  - CMMI has announced that independent primary care practices, federally qualified health centers, and rural health clinics within an AHEAD-participating state are eligible for Primary Care AHEAD.
- Two workgroup members indicated that the model is focused on hospitals and primary care practices. However, they noted that home health agencies, skilled nursing facilities, and other community-based organizations play an important role in hospital discharges and throughout the continuum of care.
  - AHS acknowledged this and indicated that one of CMMI's goals of the model is to rebalance health care spending across the system.

AHEAD Model Payment Waivers for Medicare Benefit Enhancements

To engage providers across the care continuum in patient-centered care, the Model is considering voluntary waivers for certain optional Medicare payment requirements to help test the model.



Source: CMS Presentation from September 18 AHEAD Model Overview Webinar

Summary of Workgroup Input

- Workgroup members had questions about which providers and Medicare beneficiaries would be able to access the benefit enhancement waivers. They asked if they would only be available to hospitals and primary care practices participating in AHEAD, and whether they would only be available to attributed beneficiaries. If access is limited, it could be confusing to referring providers.
- A workgroup member asked if the post-discharge home visit waiver in the current All-Payer Model would still be included. If so, it would be helpful to change it so that home health agencies don't have to have contracts with every physician and allowing direct payment to home health agencies.
- A workgroup member said that there might be an opportunity to simplify and improve the 3-day Inpatient Stay waiver for skilled nursing facility admissions, including supporting medical directors and rounding physicians in completing timely patient assessments.
- Workgroup members are interested in seeing examples of cost sharing that can be waived.

Medicare Waiver Discussion

What types of technical assistance would increase uptake of these waivers to improve care delivery?

Are there other types of supports that would promote adoption and ongoing use of these waivers?

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Summary of Workgroup Input

- A workgroup member indicated that barriers to uptake or waivers are not related to technical assistance; they are related to substance and design of the waivers at this point.
- In terms of other types of supports, a workgroup member said that consistency in administrative requirements would be helpful (e.g., waiving prior authorization requirements across all payers, including Medicare fee-for-service and Medicare Advantage).
- Workgroup members said that more information from CMMI about waiver design would be helpful.

Health Equity Strategy

The AHEAD Model aims to advance health equity in alignment with the CMS Framework for Health Equity. The AHEAD Model Health Equity Strategy is inclusive of the following elements:

Develop State Health Equity Plan & Quality Targets for participating states, which will inform statewide equity strategies and support quality improvement.

Enhance Partnerships between State, Providers, and the Community to meet model goals.

Increase Safety Net Provider Recruitment among hospitals and primary care providers in the AHEAD Model to reach vulnerable populations.

Use Social Risk Adjustment of provider payments to increase resources available to care for vulnerable populations.

Utilize Health Related Social Needs Screening Among Hospitals and Primary Care Providers to identify unmet needs and connect patients to community resources.

Source: CMS Presentation from September 18 AHEAD Model Overview Webinar

Health Equity Discussion

When thinking of health equity in your work, what are the key problems to solve? What types of health disparities are you seeing today?

How is your organization approaching health equity today? Are you working on specific strategies for advancing health equity?

How are you measuring progress on equity? What supports do you need to reduce health inequities?

Summary of Workgroup Input

- Workgroup members said it would be helpful to have clear definitions of health equity and health access.
- Access can be challenging given the state's rural nature and socioeconomic characteristics.
- There was discussion of the costs of achieving equity, and whether reducing the number of facilities providing certain specialty services might improve quality but could also limit access in some communities.

Model Governance Structure

Each participating state will establish a multi-sector model governance structure. This body must have a **formal role** in model implementation, which could be advisory. States can build on pre-existing workgroups or boards to meet this requirement.

Governance Representation

Required:

- Patients and/or advocacy organizations
- Community-based organizations
- Payers (including commercial, Medicaid managed care, and Medicare Advantage)
- Provider organizations, including hospitals, primary care, FQHCs, and behavioral health
- Local tribal communities (where applicable)
- State Medicaid Agencies
- State and Territorial Public Health Agencies

Optional: State cost commissions, divisions of insurance, other relevant state agencies, and additional partners

Governance Role

Required:

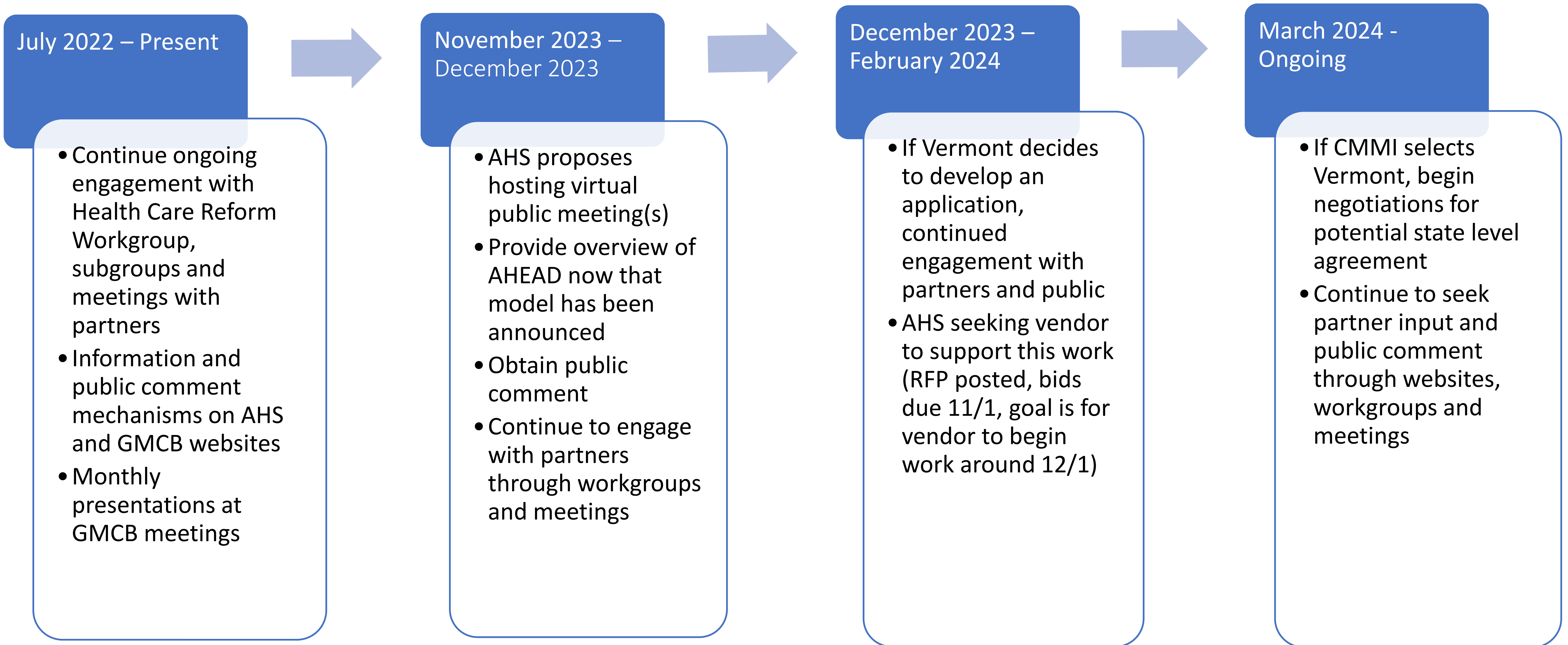
- Develop Statewide Health Equity Plan and provide input on State Quality and Equity Targets
- Review and support of hospital health equity plans
- Input on Cooperative Agreement investment

Optional:

- Review state-designed Medicare FFS HGB methodology
- Review of Medicaid and commercial HGB methodologies
- Support activities to achieve other statewide targets

Source: CMS Presentation from September 18 AHEAD Model Overview Webinar

AHEAD Timeline & Potential Engagement Opportunities



Questions and Discussion

Next Steps

- November Meeting: November 27th from 1 PM – 2 PM
- It's possible that Notice of Funding Opportunity will be released by then.
- Are there components of the model that workgroup members are interested in addressing in more detail in this forum?