CTC-RI Contracting Committee

Minutes

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| Date: Tuesday, August 9, 2016 | | |  | | Start/End Time: 7:30am-9:00am | | |  | |
| **Meeting Location: RIQI (50 Holden Street, Providence, RI)** | | | |  | Call in number: 508-856-8222 code: 4574 (Host 8838) | | |  | |
| MEETING INFORMATION: | | | |  | **COMMITTEE MEMBERS/ATTENDEES:  (those in attendance are identified by an \* )** | | | | |
| Meeting Purpose/Objective: Development of the Contracts for CTC-RI | | | |  |  |  |  |  | |
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| Item # | Statement /Owner /Time | Comments | | | | | | | Action # |
| 1 | **D. Hurwitz**  **5 minutes** | **Welcome and Review of Agenda** | | | | | | |  |
| 2 | **D. Hurwitz**  **P. Yeracaris**  **60 minutes** | **CPC+**   * BCBSRI, UHC, TUFTS and Rhode Island Medicaid put in applications as payers for CPC+. They have all received letters with provisional acceptance. This provides a great opportunity to attract and transform unaffiliated practices around the state. * CPC+ Track 1 practices aligns very closely with CTC and would be straight forward to implement. - RI health plans view Track 2 practices as those in those currently in ACO agreements. We don’t want to create untended consequences where by CPC+ under cuts RI efforts to have providers align with system of car. Caution also raised about providers away moving away from Medicare Advantage, to Medicare FFS, due to increased incentives. * There are questions that we need to pose to CMS. Project management will draft a memo with these questions and send to the group for confirmation. Once the payers confirm the memo, they will send it to CMS with a request for a joint call for discussion. * We need to know how many practices CMS is intending to accept into the program. If we were to increase the number of practices that we will bring in due to CPC+ (budgeted for 20 adult and 10 pediatric), we would have to delay pediatric expansion. OHIC and BCBS have lists of potential practices to target in this expansion/CPC+ track 1. Project management will work with OHIC on obtaining a refined OHIC target practice list and then work with BCBS to ensure that it syncs up with theirs. * The group agreed that this expansion should focus on CPC+ only to maximize this funding opportunity to engage unaffiliated practices. This would delay any pediatric expansion to 2018. The OHIC targets for increases in PCMH networks, for health plans, are a floor and not a ceiling. However, if a plan exceeds these thresholds in a given year, consideration will be given towards the following year’s requirements. * The health plans will review estimated model parameters and let project management know if there are any changes needed. | | | | | | | 1  2 |
| 3 | **H. Hakim**  **10 minutes** | **Outstanding PCMH-Kids Issues**   * At our last session there were discussions on two PCMH Kids issues:   + NCQA: As part of the PCMH-Kids contract, practice sites are required to achieve their NCQA recognition before entering Performance Year 1. The contract language does not specify whether a practice must submit or have recognition “in-hand” from NCQA by this date. Three practices will submit their NCQA by 12/31/16, but won’t have recognition “in-hand” from NCQA by that date as NCQA often takes several months to respond. They have work plans in place to submit by 12/31/16. Recommend that if practices do not submit by 12/31/16—they submit a corrective action plan. Future contracts should specify submission date versus having recognition “in-hand” from NCQA. Future contracts should align with OHIC and CTC to allow 21 months to submit.   + CAHPS: This survey was conducted in November 2015; however, the PCMH-Kids Common Contract was not initiated until January 2016. Despite this, three pilot practices current CTC practices participated in November 2015 fielded a survey. Two practices had recently participated in the survey and were able to share results. Four practices did not participate. This doesn’t allow them to have a baseline. It is requested that the baseline period is shifted up to Fall 2016, with additional surveys to follow in fall of 2017 and 2018. This does not affect any adjudication timelines. All practices will have 3 years of data. * There is no need to amend agreements, as the payers will monitor the submission for NCQA and will shift to corrective action plans if nothing is done by December 1st. | | | | | | |  |
| 4 | **D. Hurwitz**  **P. Yeracaris**  **10 minutes** | **Current Contracts**   * Amendment for “true-up” issue: Project management will send out a communication describing this item and if there is need for discussion we will have it at the September meeting. | | | | | | | 3 |
| 5 | **D. Hurwitz**  **5 minutes** | **Next Meeting/Next Steps**   * Next meeting to be held on Tuesday, September 13, 2016 | | | | | | |  |

| ACTION ITEM LOG | | | | | |
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| Date Added | Action Number | Assignee | Action /Status | Due  Date | Date  Closed |
| 08/09/16 | 1 | Proj. Mgmt.  Plans | Project management will draft memo to CMS with questions on CPC+, including request for joint conference call. Plans will confirm and send to CMS. | 09/13/16 |  |
| 08/09/16 | 2 | OHIC  Proj. Mgmt. | Corey will pull together a draft targeted practice list and send to project management. Project management will compare this listing with BCBS and then report back to the committee. | 09/13/16 |  |
| 08/09/16 | 3 | Proj. Mgmt. | Project management will send out communication regarding a potential solution for the “true-up” administrative issue. | 09/13/16 |  |