



# **Nevada State Innovation Model (SIM) Multi-Payer Collaborative**

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**Nevada Department of Health and Human Services**  
**Division of Health Care Financing and Policy**

# Agenda

- Introductions
- State Innovation Model (SIM) Background
- Key Nevada SIM Initiatives
- SIM and Population Health Management
- Role of Multi-Payer Collaborative
- Next Steps
- Discussion

# State Innovation Model (SIM) Background

- DHCFP was awarded \$2 Million SIM Model Design Grant on December 16, 2014
- One year grant period beginning February 1, 2015 and ending January 31, 2016
- Grant deliverable is a State Health System Innovation Plan (SHSIP)
- The SHSIP will be the Nevada roadmap for transformation of the healthcare delivery and payment system

# State Innovation Model (SIM) Background

- **SIM Funding Opportunity**
  - Provides financial and technical support to states to design or test innovative payment and service delivery models that will improve health, improve care and lower costs
- **Premise**
  - State innovation with broad stakeholder input and engagement, including multi-payer models, will accelerate delivery system transformation to provide better care at lower costs
- **Goal**
  - Identify delivery models that reduce program expenditures and enhance the quality of care and outcomes

# State Innovation Model (SIM) Background

- **Multi-Payer Focus**
  - Public: Medicaid and Public Employees Benefit Program (PEBP)
  - Private: fully and self-insured
  - Employers
- **Delivery System and Payment Transformation**
- **Leverage Health Information Technology (HIT)**
- **Sustainability Planning**
  - Reinvestment of Savings

# Stakeholder Engagement Activities

- Activities to Date
  - 3 Kickoff meetings
  - 8 Community meetings
  - 9 Taskforce meeting
  - 13 Workgroup meetings
  - 4 Stakeholder update webinars
- Survey Tool Deployed
- Website Content
- Numerous DHCFP presentations and individual stakeholder meetings

# SIM and Population Health Management

- ***All Payers in Nevada Face Similar Health Care Challenges:***
  - Access to Health Care in Rural and Frontier Markets
  - Health Care Workforce Shortages
  - Critical Health Issues
    - Cancers
    - Heart Disease and Strokes
    - Obesity
    - Diabetes
    - Behavioral Health (Mental Health and Substance Use Disorder)
    - Tobacco Use
    - Prevention and Wellness
    - Inappropriate Emergency Department Utilization

# Key SIM Initiatives

- **Patient-Centered Medical Home (PCMH)**
  - New legislation recognizing/defining PCMHs
  - Goal: Expand the number of PCMHs across NV
- **Community Paramedicine**
  - Expand to support care coordination on statewide basis
- **Community Health Workers (CHWs)**
  - Promote usage of CHWs to improve care coordination and health literacy
- **Telemedicine**
  - Increase the number of sites and appropriate use
- **Project ECHO**
  - Ensure that primary care providers have access to specialists to support treatment decisions



# Key SIM Initiatives

- **Medicaid Health Home**
  - Targeted segments of the Medicaid population
  - Providing intensive care coordination through an integrated care team
  - Two or more chronic diseases
- **Population Health Management**
  - Multi-Payer Engagement
  - Leverage Existing Efforts
  - Role of PCMHs, Community Paramedicine, CHWs, Telemedicine, etc.
- **Value-Based Purchasing (VBP)/Reimbursement: *Value over Volume***
  - Develop reimbursement model for PCMHs that includes tiered Per Member Per Month (PMPM), quality incentives and infrastructure support
- **Leveraging Health Information Technology**

# Multi-Payer Collaborative

# Multi-Payer Collaborative (MPC) Concept

- Brings together payers, employers and providers in the state invested in reaching consensus to develop goals, measures and provider payment models through the SIM project
- Creates environment of collaboration versus competition
- Enables leveraging of existing infrastructure

# Roles and Responsibilities

- Create common themes and unified efforts that are payer neutral
- Establish common population health improvement goals
- Achieve common messaging to providers and members
- Pooling payer resources to support transformation
- Design a flexible VBP approach recognizing improved clinical outcomes
- Establish performance measurement parameters for simplified reporting and accountability

**DHHS, DHCFP - Nevada State Innovation Model (SIM) Project**

*Prepared by Myers and Stauffer*

# MPCs: National Landscape

- States' approaches vary based on market specifics
  - Population health statistics
  - Proposed delivery system and payment models
  - Health outcome goals
  - Degree of payer/employer participation
- States seek alignment with payers in order to successfully implement innovative payment models

# MPCs: National Landscape

- ***Lessons Learned:***

- No cookie cutter approach—must be market specific
- Avoid underestimating the amount of time and resources needed to effect change through innovation
- Health Information Exchange (HIE) infrastructure is critical in the support to delivery system and payment models
- For performance measure monitoring, MPCs need timely and easily accessible data
- Providers need detailed cost and quality information—must also be timely and easily accessible

# Examples of State MPCs

State	Participants	Payment Model
<b>Arkansas</b>	<ul style="list-style-type: none"> <li>• State employees</li> <li>• Medicaid</li> <li>• Commercial payers</li> </ul>	<ul style="list-style-type: none"> <li>• Fee for Service (FFS)+ PMPM Fees</li> <li>• Shared savings</li> </ul>
<b>Michigan</b>	<ul style="list-style-type: none"> <li>• Medicaid Managed Care</li> <li>• Commercial payers including Blue Cross/Blue Shield of Michigan</li> </ul>	<ul style="list-style-type: none"> <li>• FFS + PMPM Fees</li> <li>• Care Management fee</li> </ul>
<b>Vermont</b>	<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Commercial insurers</li> <li>• Self-insured employers</li> </ul>	<ul style="list-style-type: none"> <li>• FFS + PMPM Fees</li> <li>• Community Health Teams reimbursed by payers</li> </ul>
<b>Wisconsin</b>	<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Commercial payers</li> <li>• Self-insured employers</li> </ul>	

# Proposed MPC Roadmap

- An effective MPC roadmap involves
  - Creation of MPC charter and governance structure
  - Sustained involvement of key stakeholders: private payers, fully funded and self-funded employers, public payers and providers
  - Development of subcommittees, for example
    - Delivery system and multi-payer payment models
    - Quality measures and outcomes
    - Provider support and PCMH expansion
    - Learning collaboratives
    - HIT infrastructure and data
    - Joint performance measurement monitoring and reporting
  - Development of planning and implementation objectives for phased approach



# Tools To Support MPCs

- Health Information Technology
  - Meaningful use of Electronic Health Records (EHR)
  - A HIE is critical to support the transition of care management and coordinated care among all health care providers
  - Promotion of provider and payer participation in statewide HIE
  - Support and technical assistance for provider practice transformation
    - Leverage existing resources

# Proposed NV MPC Stakeholders

- Medicaid and CHIP
- NV Public Employees Benefit Program (PEBP)
- Managed care plans (Amerigroup and UHC)
- Employers (fully and self-insured)
- Indian Health Services
- Culinary Health Fund
- Include other payers as they express interest

# Next Steps

- Continued outreach to stakeholders
- Foster commitment from key payers, employers and providers for participation in the MPC
- Discuss payers' current activities in NV
- Convene participants to develop charter and governance