



HMA

Montana PCCM Redesign Key Partner Meeting

December 18, 2024

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MEETING OBJECTIVES

Share data analysis and seek key partner feedback on potential model design

**Additional Data
Analysis**

**Program Design
Options**

Discussion

Next Steps

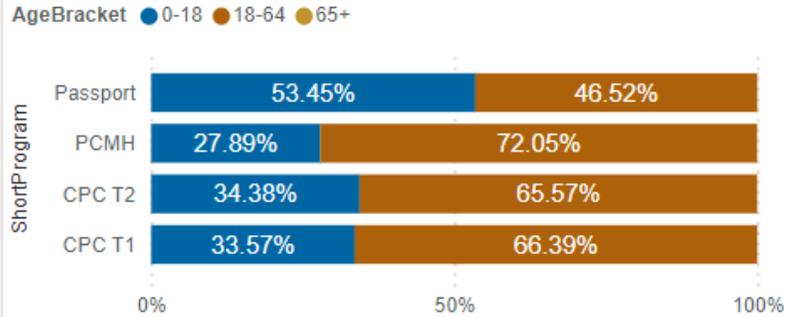
DATA ANALYSIS

METHODOLOGY

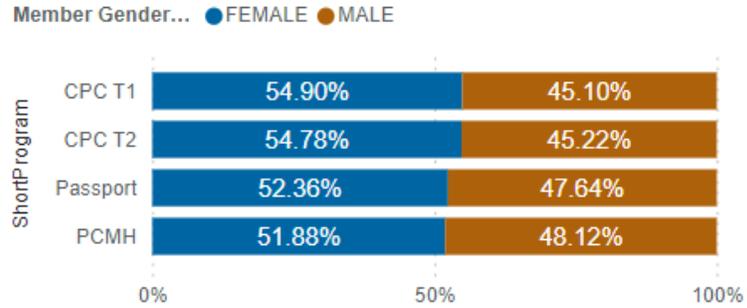
- » Received Claims and Eligibility Data from DPHHS from 2018 – 2023; data included inpatient and outpatient. Did not include HCBS, Duals, Pharmacy
- » Included (Age, Race, Gender, County, Program) demographic data
- » Specifically analyzed Inpatient (IP), Emergency Department (ED), and Primary Care Provider (PCP) data, as well as overall cost
- » Examined multiple aspects of beneficiary access, cost control, and utilization management

BREAKOUTS OF AGE, GENDER AND AMERICAN INDIAN/ALASKAN NATIVE AFFILIATION BY PROGRAM – DECEMBER 2023

Breakout of Age By Program



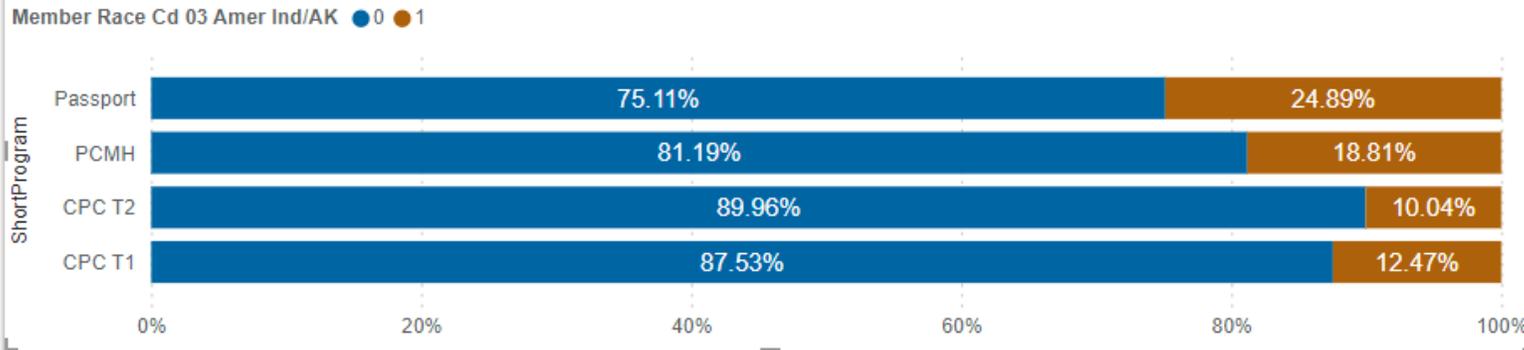
Breakout of Gender Description By Program



Observations

- The CPC+ population is approximately 55% female, while the PCMH and Passport populations are each 52% female
- The PCMH population has the highest proportion of individuals aged 18-64 (72%), followed by CPC+ (66%), and then Passport (47%)
- The percentage of individuals who are AI/AN ranges from CPC+ (10-12%), PCMH (19%), Passport (25%)

Breakout of AI/AN Status By Program



PROPORTION OF PATIENTS WITH ASTHMA: AGES 0-18

Program	2018	2019	2020	2021	2022	2023	Total
CPC+ T1	7.56%	7.87%	7.82%	8.01%	7.80%	7.24%	7.70%
CPC+ T2	7.95%	9.09%	8.59%	8.81%	8.46%	8.00%	8.50%
Passport	8.18%	8.51%	8.82%	8.76%	8.39%	7.85%	8.40%
PCMH	7.59%	8.02%	8.42%	8.13%	7.78%	7.11%	7.82%
Total	8.04%	8.52%	8.65%	8.62%	8.28%	7.72%	8.29%

Observations

- All four programs had a pediatric asthma case load between 7% and 9% consistently over the six-year period.
- The overall rate of pediatric asthma remained steady for CPC+ T2, with a slight increase of 0.05% from 2018 to 2023.
- For CPC+ T1, Passport, and PCMH, the overall rate of pediatric asthma decreased by 0.3% to 0.4% from 2018 to 2023.

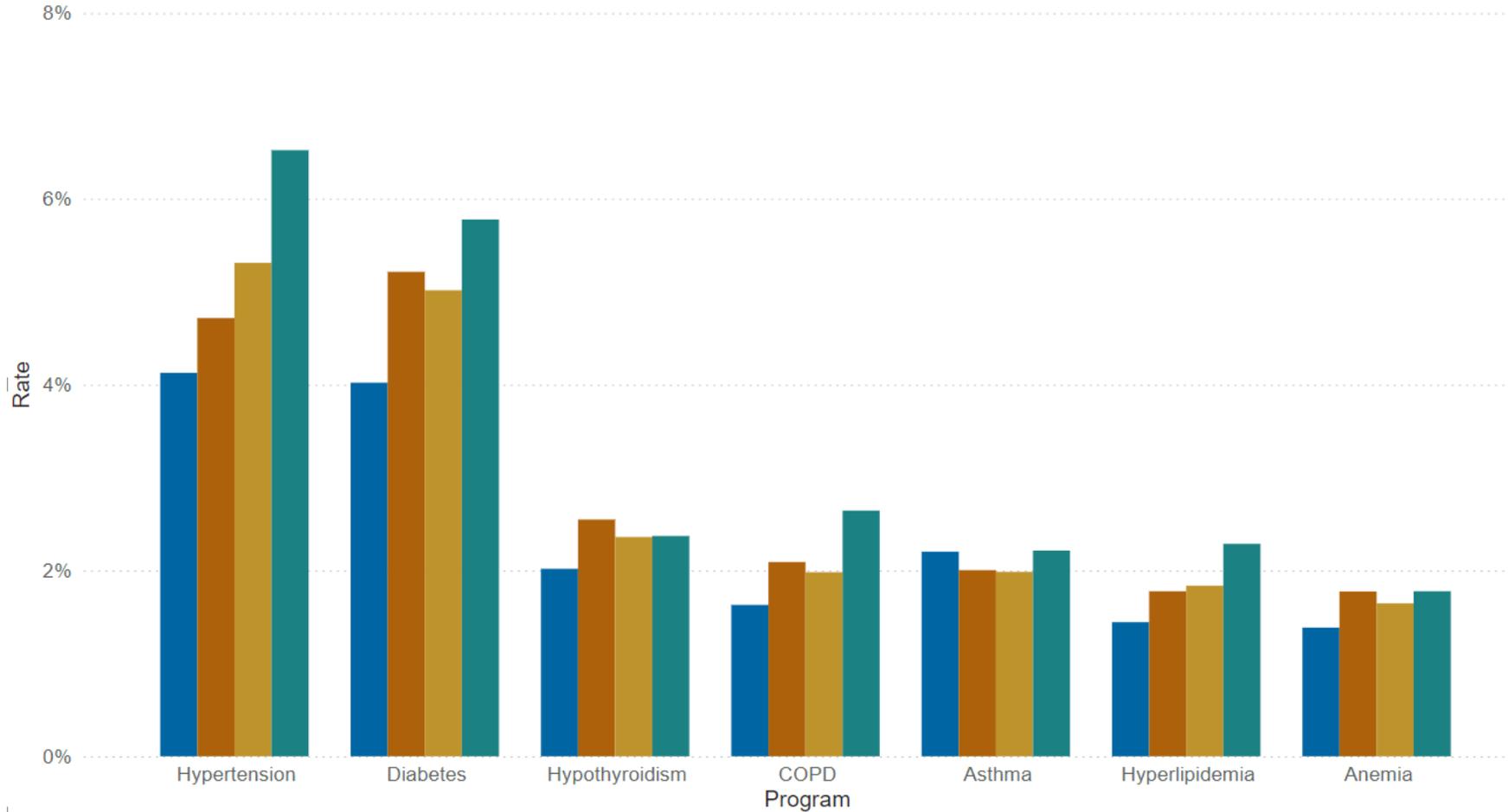
PROPORTION OF PATIENTS WITH PHYSICAL CHRONIC CONDITIONS: AGES 18-64 (2023)

Program ● CPC+ T1 ● CPC+ T2 ● Passport ● PCMH



Observations

- PCMH has the highest rate of most chronic conditions
- Passport has the highest rate of hypothyroidism



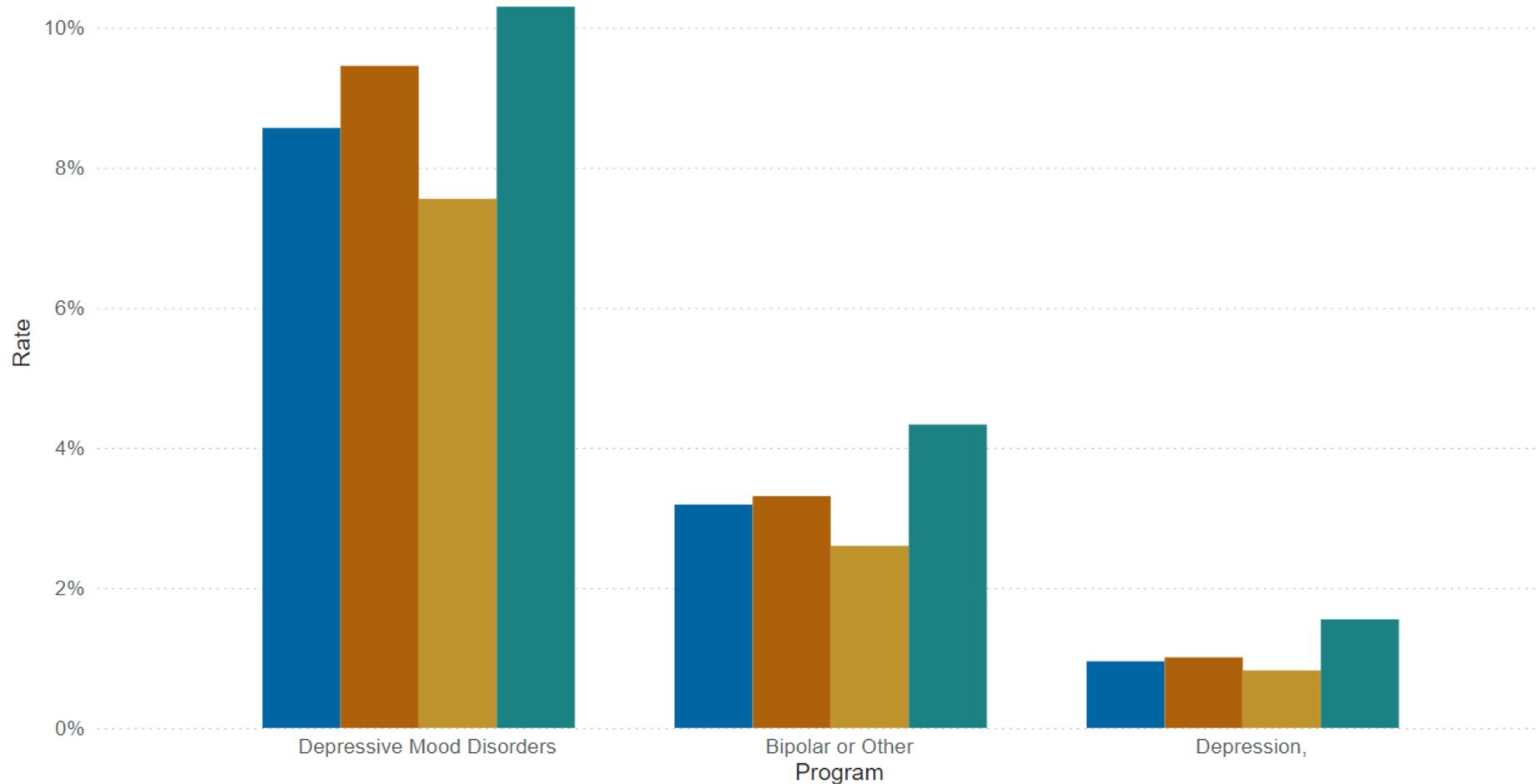
PROPORTION OF PATIENTS WITH BEHAVIORAL HEALTH CONDITIONS: AGES 18-64 (2023)

Program ● CPC+ T1 ● CPC+ T2 ● Passport ● PCMH



Observation

The PCMH population has the highest prevalence of Behavioral Health Conditions followed by CPC+, Passport



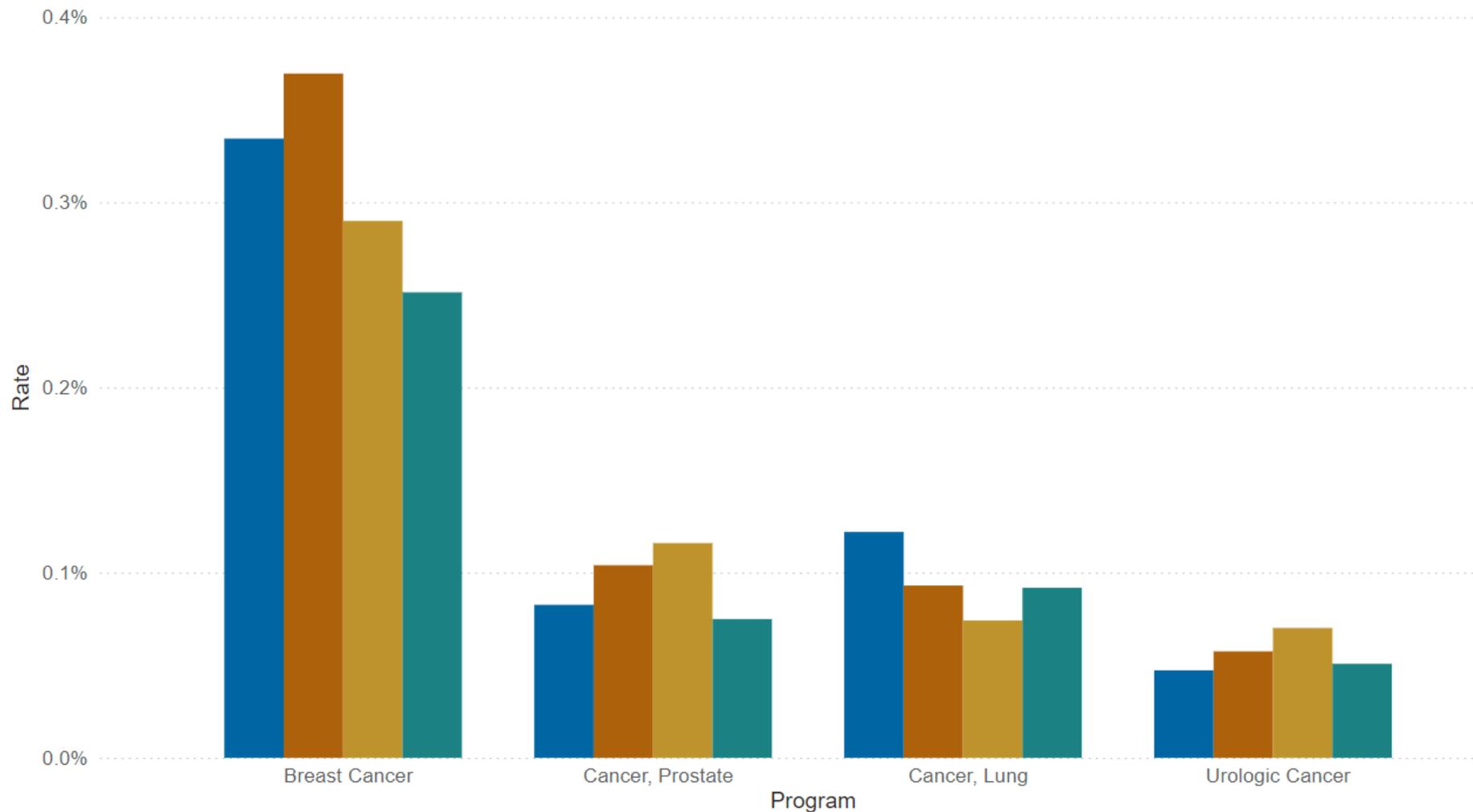
PROPORTION OF PATIENTS WITH CANCER CONDITIONS: AGES 18-64 (2023)

Program ● CPC+ T1 ● CPC+ T2 ● Passport ● PCMH



Observation

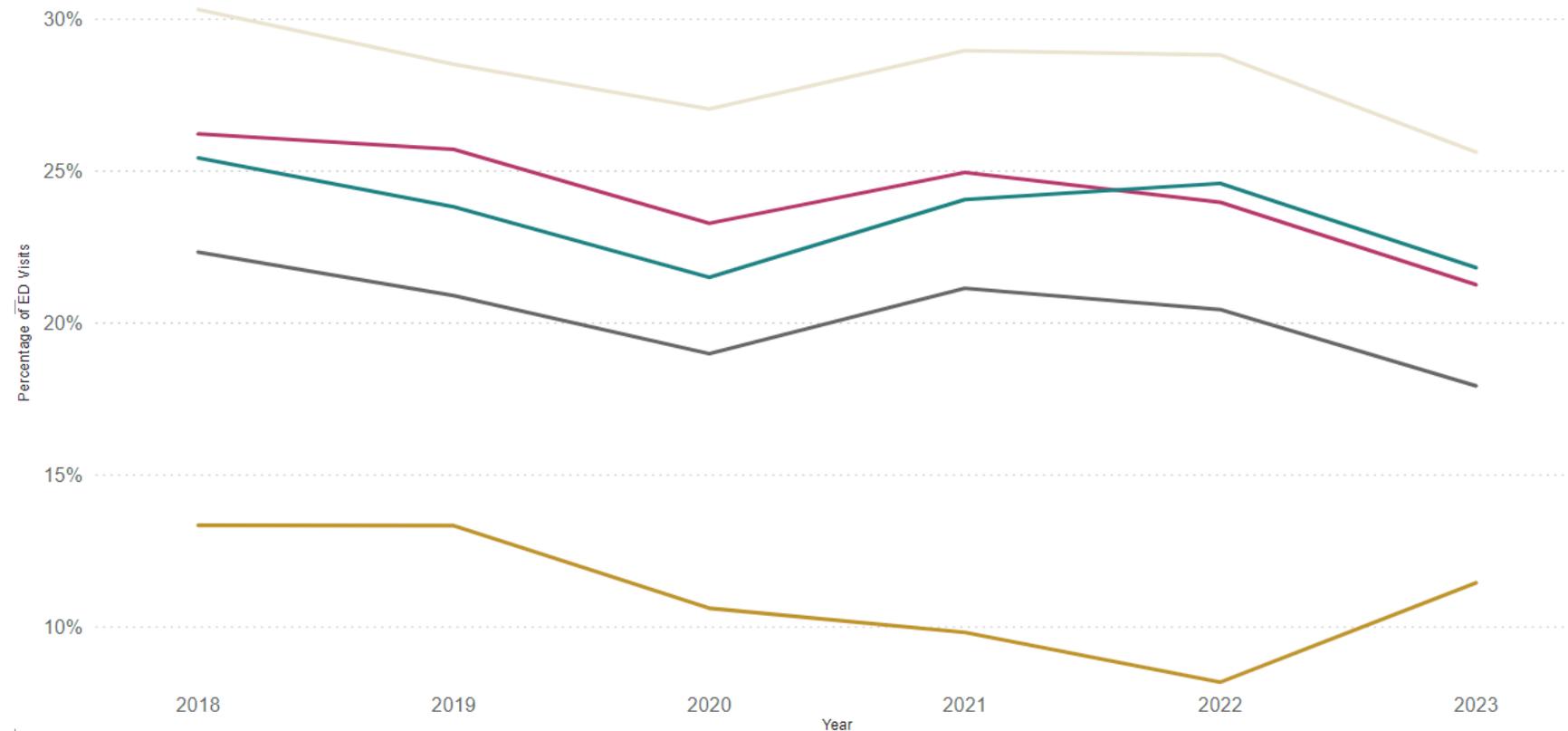
Distribution of patients with cancer is relatively even. The range for all conditions is .05% to .37% of the attributed population.



PROGRAM BREAKOUT OF ALL CAUSE EMERGENCY DEPT. (ED) VISITS*

Any ED Visit By Program

Program ● CPC+ T1 ● CPC+ T2 ● Non-PCCM ● Passport ● PCMH



Observations

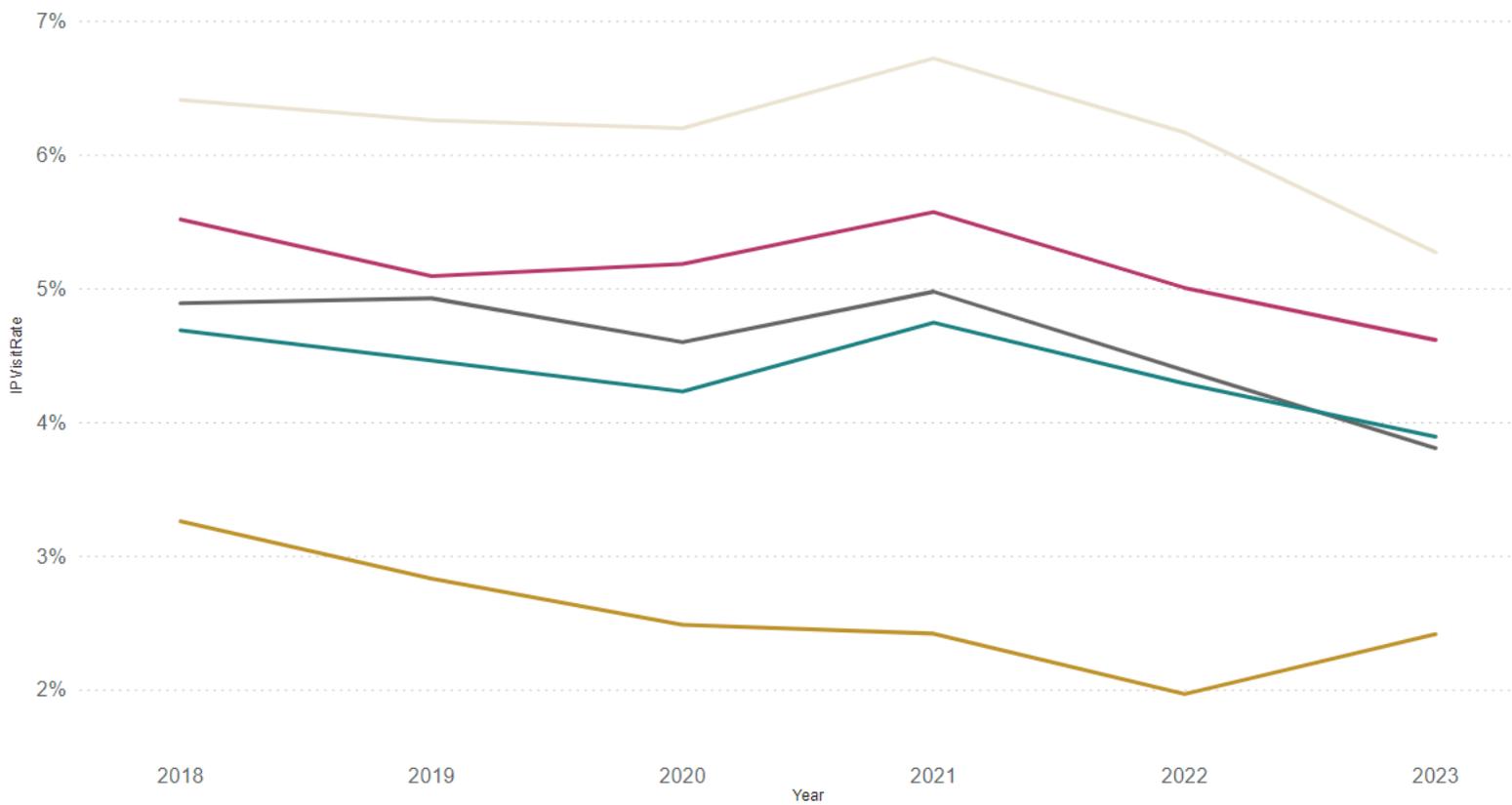
- PCCM-attributed members experienced a decrease in ED utilization from 2018-2023
- All PCCM programs showed a uniform decrease in ED utilization during 2020, coinciding with the start of the Public Health Emergency
- PCCM-attributed members had a significantly higher ED visit rate compared to non-PCCM members
- Non-PCCM ED visit rates ranged between 8% and 12%

*Any ED Visit is defined as Procedure Codes 99281 – 99285 OR Rev Codes 450-459+981

PROGRAM BREAKOUT OF INPATIENT (IP) VISITS

% of Members with Any IP Visit

Program ● CPC+ T1 ● CPC+ T2 ● Non-PCCM ● Passport ● PCMH



Observations

- PCCM-attributed members experienced a decrease in IP visits between 2018 and 2023
- All PCCM programs showed uniform IP visits during 2020, coinciding with the start of the Public Health emergency. However, it was followed by an increased demand in 2021
- PCCM programs had significantly higher IP visit rates compared to non-PCCM members. Non-PCCM IP visit rates ranged between 2% and 3%

**Any Inpatient Visit defined using the Inpatient Utilization HEDIS Metrics for Inpatient Stay*

PROGRAM BREAKOUT OF MEMBERS WITH A PCP PREVENTIVE VISIT

Year	CPC+ T1	CPC+ T2	Non-PCCM	Passport	PCMH
2018	23%	24%	12%	23%	15%
2019	23%	23%	12%	25%	15%
2020	23%	21%	11%	24%	14%
2021	26%	24%	11%	26%	16%
2022	25%	23%	9%	25%	16%
2023	23%	21%	11%	23%	15%

Observations

- CPC+ Programs and Passport all have similar rates of PCP Preventative visits*
- All PCCM programs improved the rate of Preventative PCP Visits over the population with non-PCCM
- PCMH is closer to the traditional Medicaid population; CPC+ Tiers 1 and 2, as well as Passport were comparable

* PCP – Preventative Visits are defined as Procedure Codes 99381 through 99397.

PROGRAM BREAKOUT OF MEMBERS WITH ANY PCP VISIT

Year	CPC+ T1	CPC+ T2	Non-PCCM	Passport	PCMH
2018	68%	70%	41%	70%	71%
2019	66%	69%	39%	69%	68%
2020	66%	68%	35%	67%	68%
2021	70%	70%	32%	70%	71%
2022	67%	66%	25%	69%	69%
2023	63%	63%	34%	65%	65%

Observation

Members enrolled in Primary Care Case Management (PCCM) programs had increased rates of Primary Care Provider (PCP) visits compared to members not enrolled in any PCCM program.

* *PCP Visits Definition – Procedure Codes: 99202 – 99205, 99211-99215, 99381-99397*

ARE EXPENSES MOVING INTO PRIMARY CARE?

Program	PCP Proportion			ED Proportion			IP Proportion		
	2018	2023	Difference	2018	2023	Difference	2018	2023	Difference
CPC T1	15.0%	17.7%	2.7%	14.3%	11.2%	-3.1%	7.3%	6.3%	-1.0%
CPC T2	12.4%	13.8%	1.4%	15.1%	15.8%	0.7%	8.5%	7.3%	-1.3%
Passport	15.4%	18.1%	2.7%	14.9%	13.0%	-2.0%	9.3%	9.1%	-0.2%
PCMH	15.4%	17.9%	2.4%	17.4%	13.8%	-3.6%	10.6%	8.4%	-2.2%
Statewide	14.9%	17.3%	2.4%	15.2%	13.4%	-1.8%	9.1%	8.3%	-0.8%

Observations

- CPC+ T1 and PCMH are the two programs which are meeting or outperforming statewide trends in all three categories
- Passport is outperforming statewide trends in 2 of 3 categories
- Yes, overall expenses are moving into primary care and away from ED and Inpatient in all categories

TOTAL PER MEMBER PER MONTH (PMPM) COST ANALYSIS

Program Type	2018	2019	2020	2021	2022	2023	Average Rate of Inflation
CPC+ T2	\$280	\$312	\$313	\$325	\$310	\$340	4.29%
Passport	\$298	\$323	\$304	\$325	\$324	\$347	3.29%
CPC+ T1	\$271	\$300	\$300	\$314	\$308	\$316	3.32%
PCMH	\$335	\$377	\$401	\$423	\$403	\$431	5.73%

Legend	
Yellow	Within 1% of Statewide inflation
Green	More than 1% below Statewide inflation
Red	More than 1% above Statewide inflation

Observations

- The rate of inflation for the PCMH program is higher than the overall Medicaid Program
- The rate of inflation for the CPC+ T1 and Passport is lower than the rate of Medicaid's inflation
- The rate of inflation for CPC+ T2 is negligible in relationship to the rate of Medicaid inflation (4.33%)

* Inflation was calculated using a simple moving average. $(2023 \text{ PMPM}) / (2018 \text{ PMPM})$

BIG TAKEAWAYS

Population Characteristics

- » PCMH has an older, more male population than the other programs
- » The Passport Program is the only program with <50% people 18-64
- » CPC+ T1 and T2 have very similar populations demographically

PCP Utilization

- » Overall, cost is shifting out of ED and IP and into PCP for all four care management programs
- » CPC+ Programs and Passport all consistently have (approx. 24%) of members with a PCP Preventative Visit. PCMH is closer to 15%

Emergency Department/ Inpatient Utilization Analysis

- » PCMH has the highest rates of utilization and ED/IP costs. They also have the sickest population
- » All four programs have contributed to lowering ED/IP rates since 2018 with similar success

Overall Costs

- » Three of the four programs have cost growth at or below overall Medicaid growth
- » The PCMH program is growing faster than the rate of inflation for the overall Medicaid program

PROGRAM DESIGN OPTIONS

PROGRAM DESIGN COMPONENTS TO ADDRESS PARTNER INPUT

Regardless of the model chosen, several components provide opportunities to address stakeholder feedback

Remove PCMH accreditation as a requirement for participation

Emphasize behavioral health integration

Leverage cross-payor alignment where feasible (Medicare and BCBS measures and incentives)

Improve performance transparency through provider dashboarding and benchmarking

Explore opportunities for risk adjustment to account for population density and geography

Provide several options for provider participation to account for provider variance and readiness

Focus on improved and timely data sharing

Remove \$3 PMPM Passport model which provides insufficient incentives for practice transformation

Shift away from delayed incentive payments and reduce the number of incentivized measures/outcomes

PROGRAM DESIGN OPTIONS TO ADDRESS KEY PRIORITIES & PARTNER FEEDBACK

Option 1: Patient-Centered Medical Home (PCMH)

- Merges current PCMH and CPC+ programs (Passport eliminated)
- Care management payment alongside fee for service, and possible incentive payments
- State continues contracting with solo practitioners and group practices
- Accountable for meeting quality targets
- State option to incorporate payments based on total cost of care (TCOC) for high volume PCMHs and efficiency metric improvement for low volume PCMHs (e.g., ED visits and inpatient discharges)

Option 2: Clinically Integrated Network (CIN)

- Care Management Payment alongside fee for service, and shared saving incentive
- State contracts with CINs that are held accountable for meeting quality and TCOC targets
- CINs are voluntarily formed by providers, eliminating the need for a state-issued procurement
- State permits different CIN arrangements to support current Montana landscape, including:
 - Physician-Hospital Organizations
 - Independent Practice Associations

Option 3: Hybrid of PCMH & CIN

- PCMH and CIN operate as distinct options or tiers
- Providers not interested in joining a CIN have the option to enroll as a PCMH

NEXT STEPS

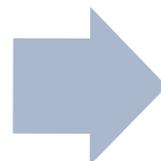
Preliminary model components
December 2024



Additional stakeholder sessions to further discuss specific program details (e.g., attribution, data, provider requirements)

Member stakeholder session(s)

Early 2025



Financial modeling of model components

Write draft SPA/waiver plan

CMS submission and negotiations

Spring/Summer 2025



Target program effective date
July 1, 2026