HB 413 RFI Subgroup Report

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Purpose:

The RFI Subgroup was asked to explore the possibility of the state issuing an RFI to identify integrated approaches that would improve the quality of care, ensure access, and provide a holistic member experience that's cost effective. We then will report back to the larger group.

There are many different integrated models, including collaborative care, integrated accountable care organizations or an integrated behavioral health care program or other models. The question was: *Should the State use a Request for Information to identify innovations that would help us meet our goals?*

Recommendation:

It's the consensus opinion of this group that issuing a broad RFI is not the right direction to go. An RFI could be used to identify solutions to very specific problems as we go forward with an integrated approach.

Rationale: regulatory limitations, time, administrative burden, complexity, Implementation would require a similar process to what we are already engaged in. Tremendous expertise here in Utah we can draw to meet our goals. Also, the administrative landscape here in Utah is unique and requires

specific knowledge to implement innovations.

Objectives:

- identify integrated approaches that would improve the quality of care, ensure access, provide a holistic member experience that's cost effective.
- need to identify an objective of having a smooth transition.
- Ensure access and provider choice
- Allow for flexibility among plans and providers to implement strategies.
- Clarify what data could be shared

Problems- The Subcommittee identified the need to identify the specific problem or a specific issue to address through an RFI. Problems we have discussed

- care coordination/care management,
- Slow payment.
- health equity.
- Access and choice
- Resolution of payment disputes

Contractual issues

Because this group was not working with a specific proposal in mind, identifying specific contract terms occurred but group identified areas that we need to address

- payment models, prepayment, subcaps. Payments within a specific timeframe with reconciliation
- ACO or MCO solution should include Identification of essential providers and
- enhanced rates for essential providers.
- encourage reinvestment of savings.

- specific transition requirements
- want to encourage reinvestment of savings.
- Creation of a third-party intermediary between providers and ACO’s to coordinate data, payment disputes, and entire discussion.
- County role and responsibilities- funding beyond Medicaid