Infrastructure Subcommittee
Proposed Recommendations

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March 14, 2011

Overview of Recommendations with Consensus (slide 1 of 2)

- Item (1) - Marketing recommendations
- Item (4) -Recommendations regarding flexibility in “start-up” dates for applicants
- Item (5) – Requirement for management staff
- Item (6) – Evidence of network development
- Item (7) – Development of IT system and function

Overview of Recommendations with Consensus (slide 2 of 2)

- Item (8) – Description of consumer-focused complaint and resolution process
- Item (9) – Plan for customer and provider service development
- Item (11) – Plan for quality oversight and improvement

Recommendations That Required Further Discussion (1 of 5)

Item (10) - Final Proposed Recommendation:

First sentence changed to:

"To the extent applicants intend to rely on third party administrators (TPAs) and other vendors to provide any of the plan infrastructure, applicants should provide management and operational plans on how they will manage, supervise and integrate the contractors with regard to the services and infrastructure they provide. This should include information regarding. . . "

Rationale: TPA Relationships needed to be defined in greater detail

Recommendations That Required Further Discussion (2 of 5)

Item (3) -Final Proposed Recommendation:

2 words added -

"It is the conclusion of the Advisory Board that new nonprofit health plans that have developed strong local networks integrating a broad range of services are more likely to be successful than those that emphasize developing a **relatively weaker** statewide network. For this reason, the Advisory Board recommends that in awarding loans and grants, priority be given to a strong application that includes a strong local network(s) and a model of integrated care versus a weaker application that includes a statewide network. The evaluation of the potential CO-OPs ability to provide a statewide coverage should take into account the size of the state, both geographically and in terms of population, as well as the patterns of health care delivery."

Rationale: Modifier needed to describe competing applications within the same state. Therefore – the words "relatively weaker" were added to the recommendation.

Recommendations That Required Further Discussion (3 of 5)

Item (2) - Final Proposed Recommendation:

Section 2b(i) – Defining integrated care

"For example, for the purposes of this application, a detailed description of payment for Patient Centered Medical Homes or use of Accountable Care Organizations **as defined by CMS regulations** would be one way to meet the criteria of integrated care."

Rationale: Need for PCMH and ACO to be adequately defined – and not left to applicant to define.

Recommendations That Required Further Discussion (4 of 5)

Item (10) - Final Proposed Recommendation:

Section 2b(iii) – Defining integrated care – whole paragraph added.

"Other definitions of integrated care (taken from published articles, briefs) include: the seamless and coordinated provision of health care services, from the perspective of the patient and family, across the entire care continuum, irrespective of institutional and departmental boundaries; an approach characterized by a high degree of collaboration and communication among health professionals that involves sharing among team members of information related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological, and social needs of the patient; and treatment-delivery models in which physicians work together to coordinate their patients' care."

Rationale: Avoid limiting applicants to single definition of integrated care

Questions?