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Department of Health and Human Services

FOR DISCUSSION
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PURPOSES ONLY

MaineCare

Accountable Communities Initiative

May 30, 2012

https://www.maine.gov\dhhs\oms\vbp

MaineCare- Maine's Medicaid Program

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- Approximately 340,000, one in four, Mainers are enrolled in MaineCare
- MaineCare accounts for about 1/3 of Maine's overall budget
- Maine is a wholly fee for service state.
- MaineCare has over 400 PCPs participating in Primary Care Case Management (PCCM). Enrollment is mandatory for TANF populations, children, pregnant women and childless adults below 100% FPL.
- Rated 8th healthiest state in the nation
- Oldest median age in the nation

In August 2011, Maine DHHS announced Value-Based Purchasing Strategy

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The Department moved away from a Managed Care philosophy focused principally on cost-containment to leverage on-the-ground initiatives to achieve the right care for the right cost.

Create Accountable Communities

Improve Transitions of Care

- ED Collaborative Care Management Initiative
- Health Homes focus
- Maine Quality Counts learning opportunities
- Payment reform discussion

Strengthen Primary Care

- Health Homes Initiative
- Reform of Primary Care Provider Incentive Payment program

MaineCare Accountable Communities

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Basic Components:

- Providers will be able to come together to engage in an alternative contract with the Department to share in any savings achieved for an assigned population
- The amount of shared savings will depend on the attainment of quality benchmarks
- Open to any willing and qualified providers statewide
  - Qualified providers will be determined through an application process
  - Accountable Communities will not be limited by geographical area
- All fully eligible Medicaid members eligible, including duals
- Members retain choice of providers
- Alignment with aspects of other emerging ACOs in the state wherever feasible and appropriate
- Flexibility of design to encourage innovation

Accountable Communities: Will start with a shared savings model

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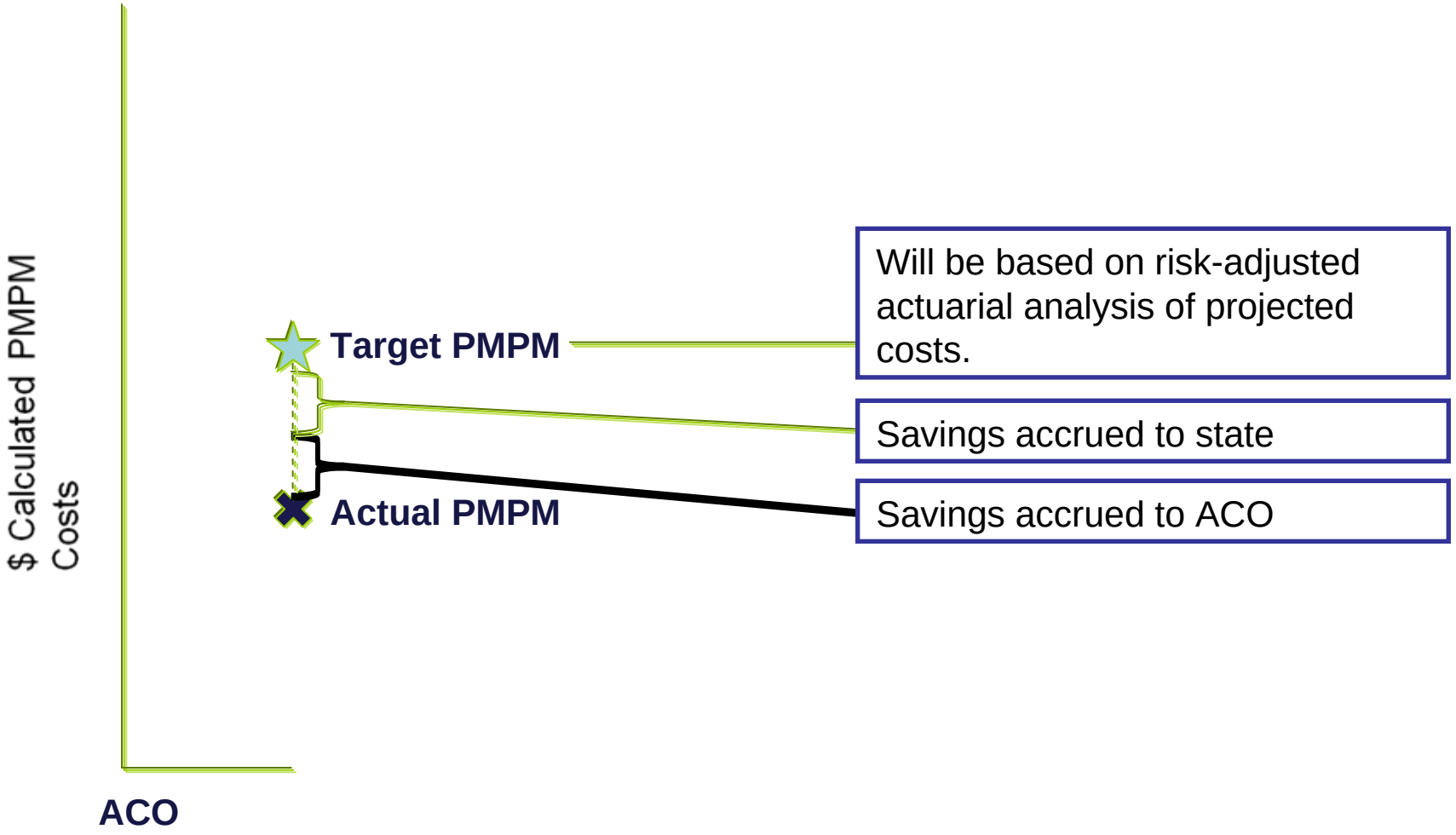

Accountable Communities Proposed Shared Savings/ Losses Models

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The Department has proposed that the Accountable Communities Initiative feature two models:

1. Shared Savings Only

   Eligible Accountable Communities: those that do *not* consist of an integrated health system:

   »Share in a maximum of 50% of savings, based on quality performance

   »Are not accountable for any downside risk in any of the three performance years

2. Shared Savings & Losses

   Eligible Accountable Communities: any Accountable Communit
   demonstrate capacity for risk sharing

   »Share in a maximum of 60% of

   »Are not accountable for any do

   »In year 2, are accountable for up

   »In year 3, are accountable for up losses.

The Department is revisiting the two models, given feedback from Maine's largest health systems that they are unwilling to assume risk in the absence of closed networks or patient incentives.

Accountable Community Eligibility Requirements

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Accountable Communities must:

- Be assigned a minimum number of MaineCare members, to be determined
- Include MaineCare-enrolled providers
- Deliver primary care services
- Directly deliver or commit to coordinate with specialty providers, including behavioral health for non-integrated practices, and all hospitals in the proposed service area.
- Commit to:
  - Integration of behavioral and physical health
  - Demonstrated leadership for practice and system transformation
  - Inclusion of patients & families as partners in care, and in organizational quality improvement activities and leadership roles
  - Developing formal and informal partnerships with community organizations, social service agencies, local government, etc. under the care delivery model
  - Participation in Accountable Community and/or ACO learning collaborative opportunities

Accountable Communities "Core" Services Recommendations

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Services, **not** members or providers, may be excluded from the total cost of care for which the Accountable Communities is responsible. ***All medical costs for these members would still be included.***

Accountable Communities must include all "core" services. Accountable Communities may choose to include services listed as optional.

Core:

- Inpatient
- Outpatient
- Emergency Department
- Physician
- Pharmacy
- Mental Health
- Substance Abuse
- Hospice
- Home Health

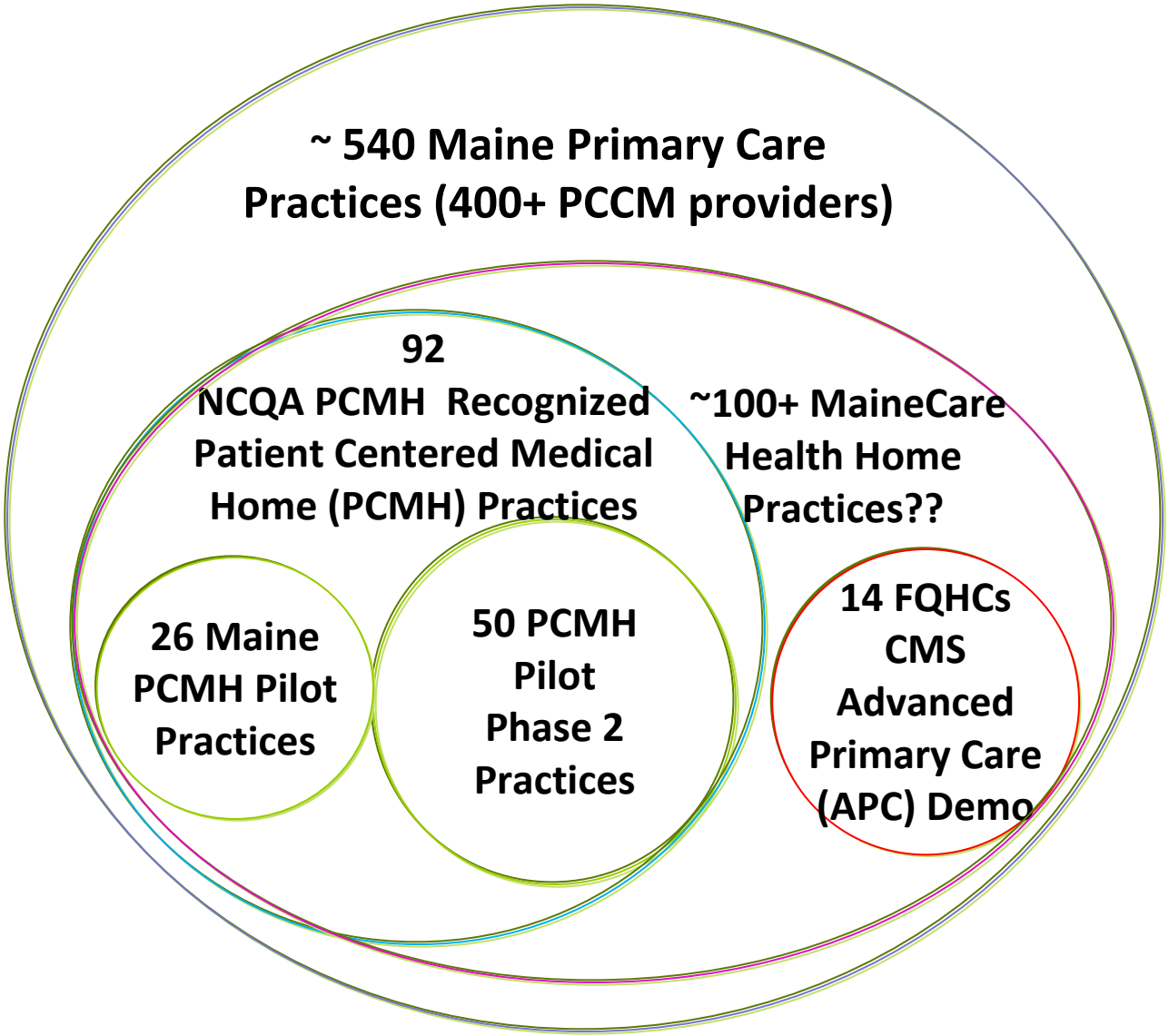
Optional:

- Waiver
- Nursing Facilities (except physical, occupational and speech therapy that occurs at the facilities)
- Targeted Case Management
- Private Duty Nursing Services
- Dental

Excluded:

- Transportation
- Private Non-Medical Institutions (PNMIs)

Maine's Medical Home Movement



Maine's Health Homes Proposal

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Medical Homes

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Community Care Teams (CCTs)

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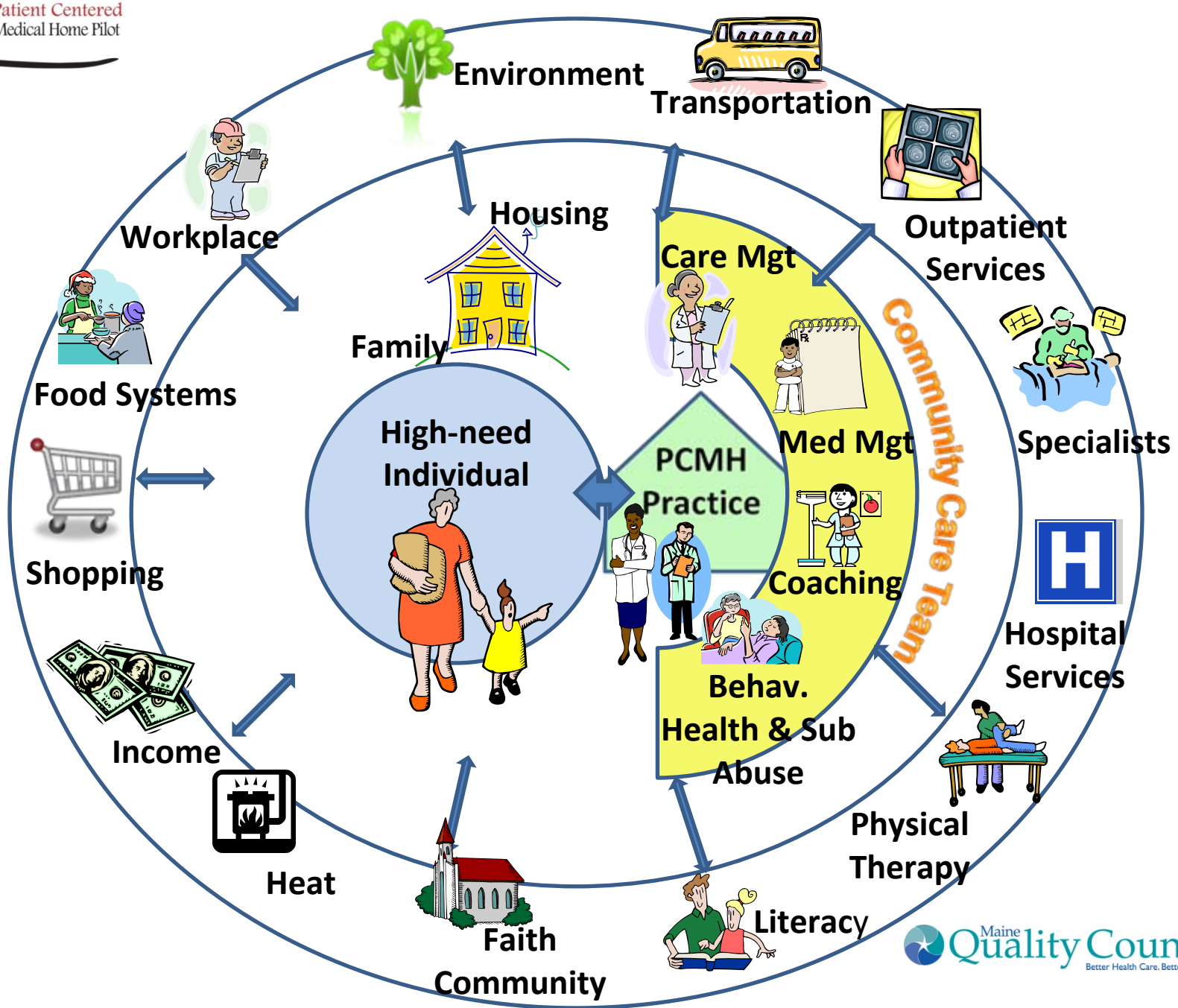
Health Homes

Maine PCMH Pilot Community Care Teams

MAINE Patient Centered Medical Home Pilot



Maine Quality Counts
Better Health Care. Better Health.

How do Health Homes and Accountable Communities fit together?

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The Bike

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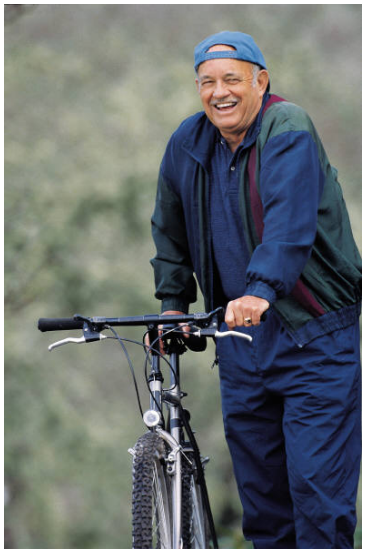
Accountable Community



The Rider

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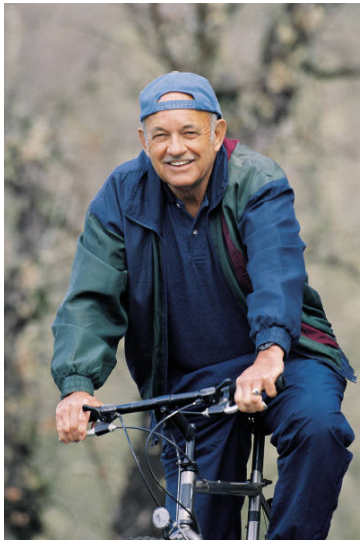
Health Home



For MaineCare, the Accountable Community is vehicle, or "bike," that allows providers to come together to share in any savings they achieve from providing coordinated, quality care.

The Health Home is an on-the-ground model to provide more coordinated and high quality care. A Health Home makes an excellent "rider" for an Accountable Community "bike."

In the interest of flexibility, MaineCare is not requiring that Health Homes be a part of Accountable Communities. They do, however, provide a natural foundation.

Quality Measurement

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- The Department plans to align with the Medicare Shared Savings Program's (MSSP):
  - Method of scoring performance and determining total allowable shared savings
  - Quality measures.
    - » Begin with alignment with the MSSP CAHPS survey, claims-based, and EHR incentive program measures.
    - » Introduce alignment of the 22 MSSP clinical outcomes once technological solution is achieved to ease burden of reporting.
- The Department will also align with required Health Home measures intended to measure behavioral health quality, and children's measures in alignment with Maine and Vermont's Improving Health Outcomes for Children initiative.

Accountable Communities Timeline

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Fall 2011
- Announcement of Value-Based Purchasing Strategy, including Accountable Communities Initiative

Winter 2011-12
- Request for Information issued, 28 responses received, synthesis published
- Proposed model developed

Spring 2012
- Regional public forums to solicit feedback on proposed model

Summer 2012:
- Finalization of proposed model
- Release of Accountable Communities application
- Draft SPA development with CMS

Fall 2012
- Submission of State Plan Amendment to CMS

Winter 2013:
- Target implementation

Challenges

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- State of Maine
  - New claims system implemented in fall 2010
  - Need for enhanced data analytics capacity
  - Resource scarce environment
  - Budgetary pressures
- Providers/ Stakeholders
  - Concerns from behavioral health community re perceived de facto exclusion from Accountable Communities
  - Stated unwillingness of larger integrated health systems to assume risk in the absence of closed networks/ mechanisms to incent patient accountability
  - HIT systems to enable providers to coordinate care (HIE, Direct, EHR)
- Global Medicaid ACO
  - Capacity and commitment of ACOs to carry out a community-based model
  - Ability of disparate organizations to be able to work effectively toward coordination of care
  - Churn and “disloyalty” of the Medicaid population