



## Maine Community Health Options' Testimony Concerning the MaineCare Redesign Task Force Report

December 11, 2012

As a non-profit health insurer in development, and more pointedly a CO-OP health plan model which is by its very nature consumer driven, we reviewed the MaineCare Redesign Task Force Report with great interest, not only because of common areas of policy concern, but also because we expect there to be commonality in the population being covered. Our targeted subscribers are those on the upcoming Exchange. We are also keenly focused on extending coverage solutions to those who are presently uninsured or underinsured, therefore we expect there to be a considerable number of MaineCare members who transition to a Qualified Health Plan on the Exchange and vice versa depending on their particular economic gains or challenges. It is in this context that we provide comment on the Recommendations of the MaineCare Redesign Task Force.

We at MCHO support effective care management that is local and yet tied into a larger schema of performance objectives and quality guarantees governed by the PCMH multi-payor pilot and its constituencies. We encourage MaineCare to continue its current path of value based purchasing as it relates to support for the Patient Centered Medical Home Multi-payor Pilot, the correlated Health Homes Initiative (s. 2703 of the ACA), and the Accountable Care Communities project. At the heart of each of these interconnected efforts is the core functioning of Care Management that is provided as a resource and relationship that is as close to the provider-patient nexus as possible.

Community Care Teams are already making a positive impact in the health and wellbeing of Maine residents, as they are more effective than external managed care organizations due to established trust with patients. CCT staff work and live in the communities they serve, and know the nuances of regional culture. They can rally community support to find creative ways to remove barriers, which result in cost-effective, high quality patient outcomes.

Rather than having an external managed care organization direct activities from afar, MaineCare should focus its support on the burgeoning infrastructure of local and regional community care teams in doing what they do best. CCTs work with local primary care practices to identify patients at high risk and/or with high utilization that need additional support. They provide wrap-around support through a multi-disciplinary approach that may consist of care managers, pharmacists, behavioral health providers, health coaches, community health workers, care navigators, and social service providers. According to Maine Quality Counts, CCT's provide holistic care that can include a wide-array of services to include behavioral health, panel management, substance abuse screening/services, medication review and reconciliation, transitional care, chronic disease self-management education, home health, intensive mental health services, dental care, palliative care, hospice, transportation assistance, food and nutrition assistance, housing, literacy, economic support and other support to meet basic needs.

This approach has proven effective elsewhere in the country. The basis for our infrastructure can be found through the successful experience of North Carolina:

"Payment and performance experts Treo Solutions found that between 2007 and 2009 patient cost per member per month (PMPM) for the CCNC-enrolled ABD Medicaid population decreased from \$397 to \$391 -even though CCNC had assumed responsibility for more high-risk patients with complex, chronic medical conditions. In contrast, costs for the Medicaid population not enrolled in CCNC were higher than expected by 15 percent in 2008 and 16 percent in 2009. Treo Solutions estimate of ABD savings by CCNC between 2007 and 2009 alone: nearly \$1.5 billion."

<http://commonwealth.communitycarenc.org/about/overview.aspx>

We find it premature to rush to an external CMO to “oversee and coordinate all programming and provide technical assistance, expertise and management.” Maine is on the threshold of breathing greater life into local care management that is designed to fulfill the goals and objectives articulated in the Task Force Report.

Short circuiting the unfolding framework that has been years in the making at this point by handing care management (CM) administration to an external CMO would be to throw away the considerable investments made to date, the buy-in from the provider community, and mute if not quash the results of CM across the PCMH practices statewide. Instead, there is ongoing opportunity to build up further what has proven to be an effective in-state leader of CM coordination, technical assistance, expertise and management: Quality Counts. By emphasizing the role of Quality Counts and the work of the multi-payor pilot, we can continue to forge a public utility that benefits all payors including MaineCare.

Additional Comments:

**Restoration of smoking cessation benefits.** MCHO strongly supports the Task Force Recommendation to restore smoking cessation benefits. This is an area that is deserving of coordinated action across payers, and MCHO welcomes a role in this effort to reduce the incidence of nicotine addiction and more specifically smoking.

**Broader access to dental benefits for adults.** The Task Force is right to target reliance on emergency room amelioration of the symptoms of dental disease by instituting broader access to dental benefits. However, the manner of applying these benefits may create unintended consequences if they are only extended to “individuals who utilize the emergency room for dental services,” rather than to a core set of benefits available to all MaineCare members.

There are also significant areas of focus that we as a Qualified Health Plan on the Exchange would be eager to team with MaineCare on:

- Neonates (p. 25)
- Hospital readmissions (p. 26) – focusing on conditions to improve health and prevent readmissions from occurring
- Medication Therapy Management Program (MTMP)

Thank you for this opportunity to comment on the Task Force’s Recommendations and we look forward to the chance to coordinate our efforts with MaineCare.