



# MaineCare

## Design Management Committee

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**February 13, 2012**

<http://www.maine.gov/dhhs/oms/vbp>

# Agenda

## Agenda

- Welcome & Introductions
- Overview:
  - Health Homes & PCMH Expansion Practice Eligibility & Application
  - Medical Home context in Maine
  - Maine’s proposal
  - Timeline
- Discussion
  - Additional Chronic Conditions
  - Children
  - Behavioral Health Integration
  - Maine-specific Goals & Performance Measures
  - Stage B: CMHC model for individuals with SPMI, SED
- Next Steps

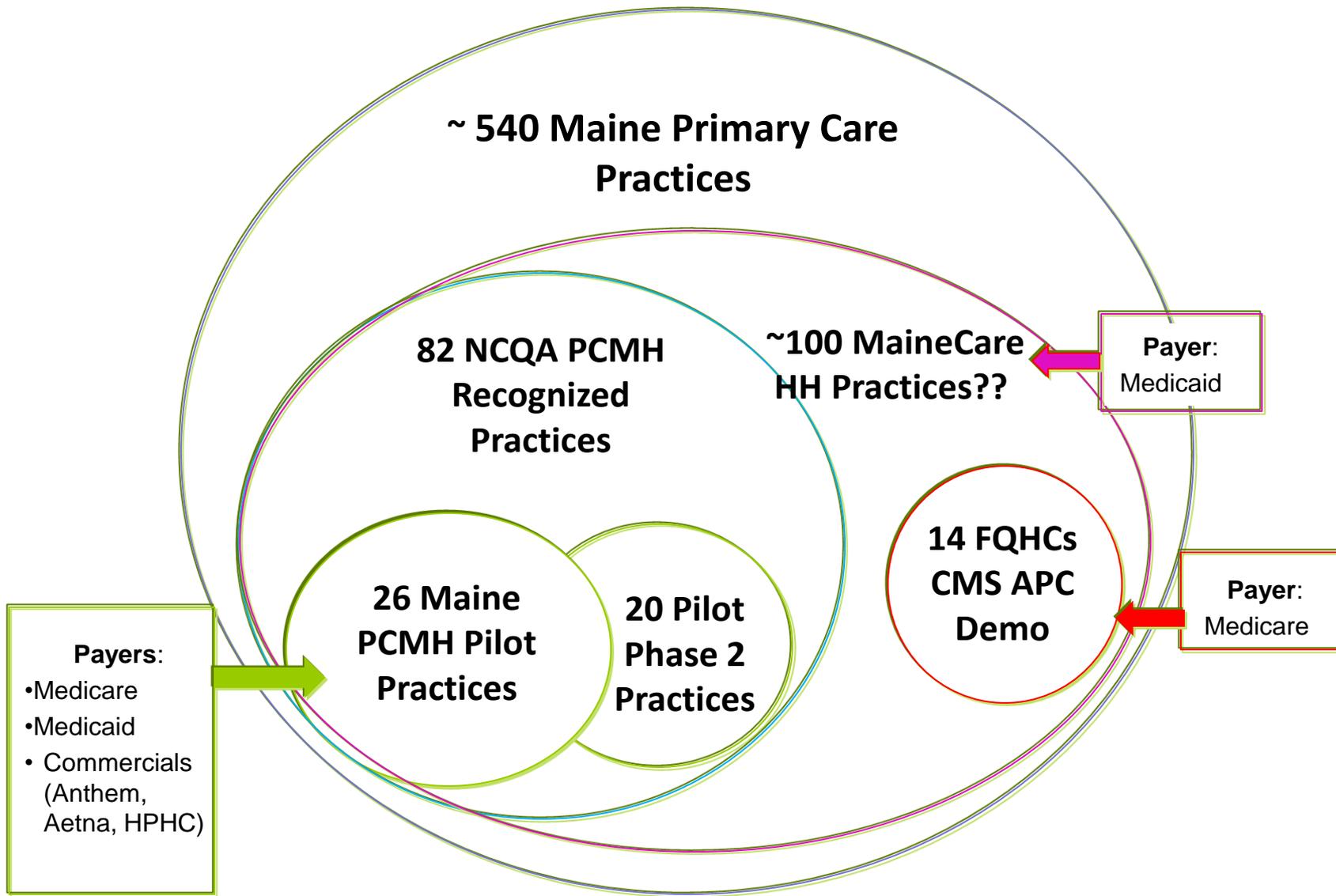
## Process:

- Interested practices apply through joint PCMH Pilot/ Health Homes online application
  - [http://www.surveymonkey.com/s/ME\\_PCMH\\_Pilot\\_Phase2\\_Expansion\\_Applic](http://www.surveymonkey.com/s/ME_PCMH_Pilot_Phase2_Expansion_Applic)
  - Due by March 31, 2012
- 20 practices will be selected for multi-payer PCMH Pilot Phase 2 expansion
- All other practices meeting basic qualifications will be eligible to become MaineCare Health Home
- CCTs will be selected through separate application process (May-June 2012)

## Eligibility – MaineCare Health Homes:

- Pediatric or Adult Primary care practice site with at least one full-time primary care physician or nurse practitioner
- NCQA PCMH recognition (Level 1 or higher) application submitted by time of selection (May 31, 2012)
- Fully implemented EMR
- Commitment to meet Maine PCMH 10 Core Expectations
- Commitment to provide CMS-mandated Health Homes services
- Agreement to identify Maine PCMH Pilot Community Care Team (CCT) to partner in managing high-needs patients

# Other Medical Homes in Maine



# Maine Health Homes Proposal

## Stage A:

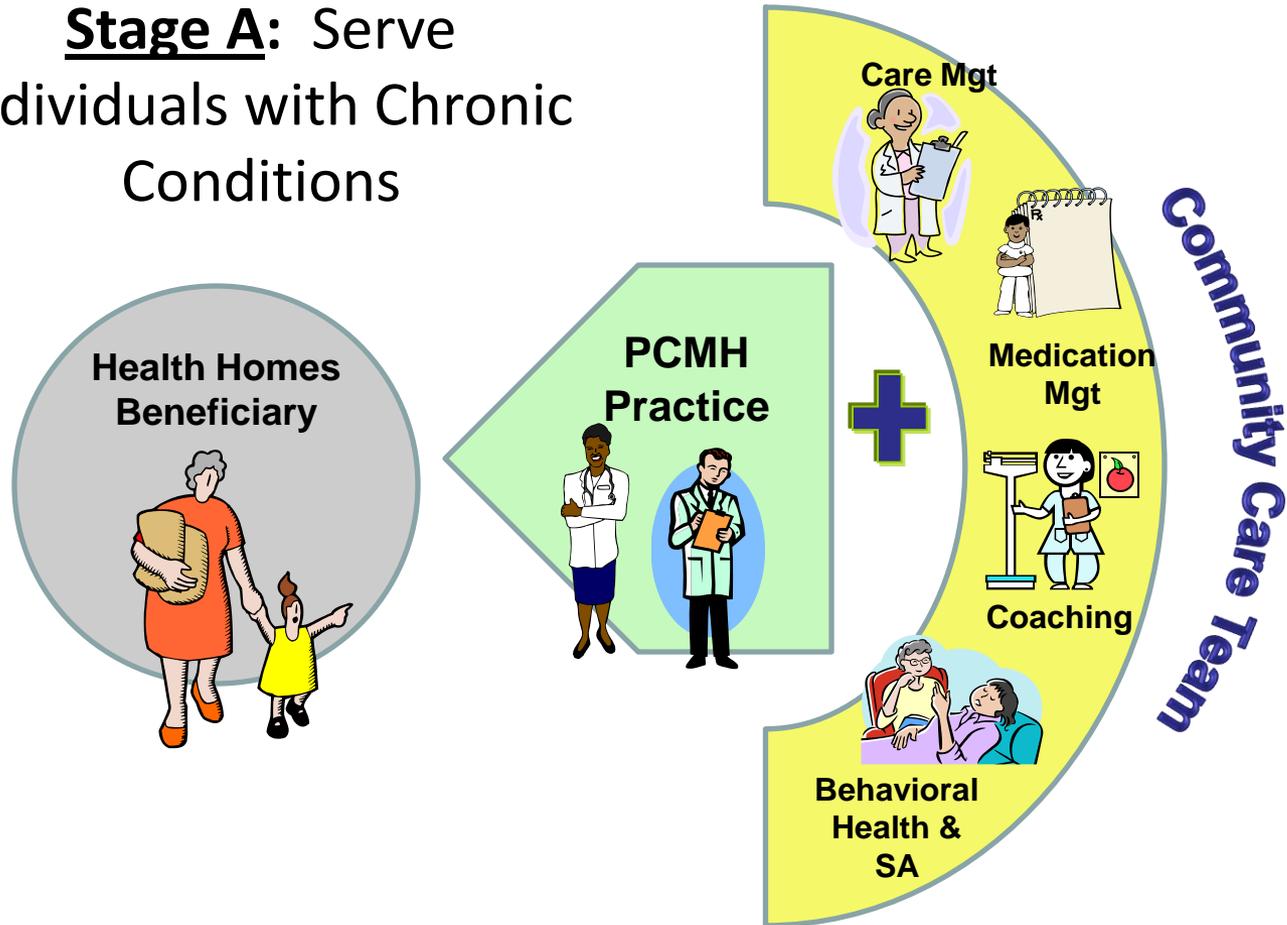
- Health Home = Medical Home primary care practice + CCT
- Payment weighted toward medical home
- Eligible Members:
  - » Two or more chronic conditions
  - » One chronic condition and at risk for another

## Stage B:

- Health Homes = Community Mental Health Center (CMHC) CCT + Medical Home primary care practice
- Payment weighted toward CMHC CCT
- Eligible Members:
  - » Adults with Serious and Persistent Mental Illness
  - » Children with Serious Emotional Disturbance

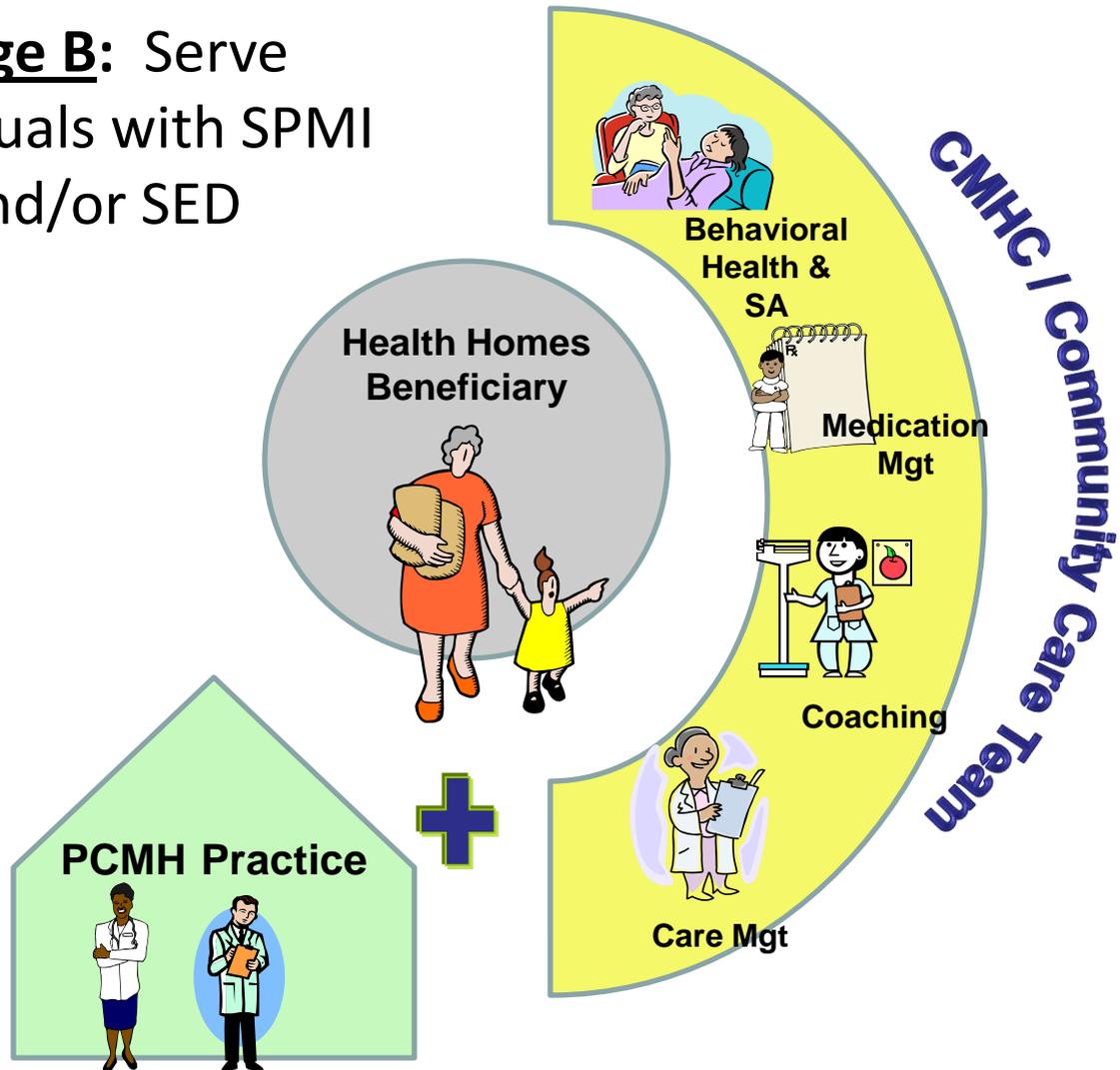
# Maine Health Homes Proposal

**Stage A:** Serve  
Individuals with Chronic  
Conditions

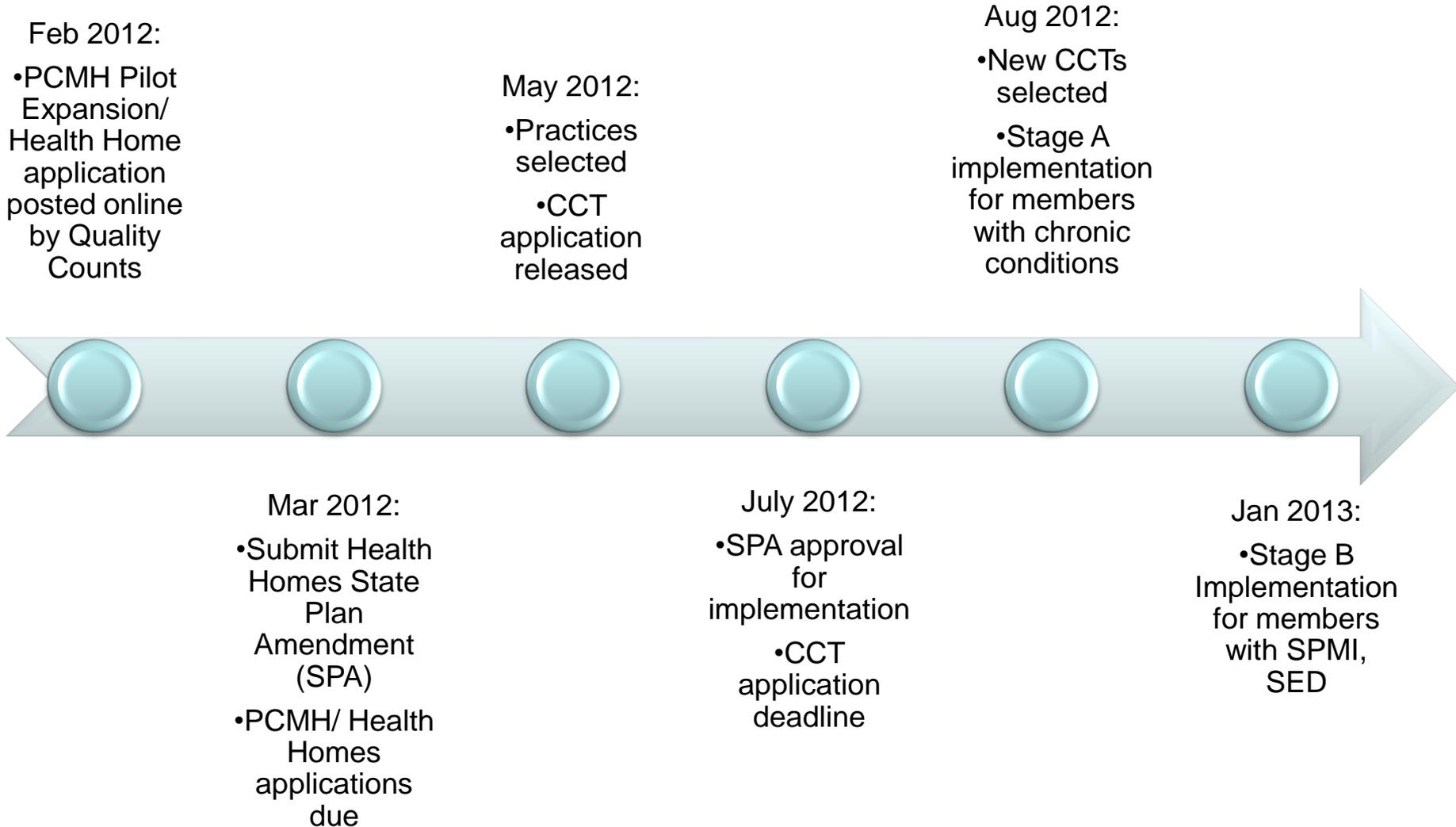


# Maine Health Homes Proposal

**Stage B:** Serve  
Individuals with SPMI  
and/or SED



# Health Homes Timeline



## Chronic conditions include:

- Mental health
- Substance abuse
- Asthma
- Diabetes
- Heart disease
- Overweight (BMI > 25) & Obesity
- Other – to be proposed by state (and approved by CMS)

# Other Proposed Chronic Conditions

State (SPA status)	Additional Specified Chronic Conditions
<b>IA</b>	Hypertension
<b>MO (approved)</b>	Tobacco use for MH, SA Developmental Disability
<b>NY (approved)</b>	COPD HIV/AIDS Chronic renal failure Hypertension MH includes dementia, eating disorders
<b>OR</b>	Hepatitis C HIV/AIDS Chronic kidney disease Cancer
<b>RI (approved)</b>	Developmental Disability Seizure disorders

# Discussion- Chronic Conditions

- What chronic conditions should Maine propose?
- Should these conditions differ for:
  - Children?
  - Individuals with SPMI/ SED?

# Discussion- Children

- What else may be needed for the proposed model to fit the needs of children and teenagers? (SAMHSA question)

# Discussion- Behavioral Health Integration

- Should Health Homes be required to institute specific depression and substance abuse screening tools /procedures? Which ones? (SAMHSA question)
- How will HIT information be linked with primary care and MH/SA (new Center for Integrated Health Solutions (CIHS) grant)?
- Require use of Peer/Patient Navigator services and/or other peer services? (RFI & Member Standing Committee feedback)
- How may Health Homes address prescription drug abuse? Potential for partnership with Prescription Monitoring Plan? (SAMHSA question)
- How to ensure the connection to SA providers?

- Core Set – Quality Measures
  - Adult BMI assessment
  - Ambulatory Sensitive Condition admission rate
  - Care transitions record transmitted to PCP (within 24hrs)
  - Follow up after mental health admission
  - All-cause 30-day readmission rate
  - Depression screening & follow up
  - Initiation & engagement of treatment for alcohol/drug dependence
- State-Specific Goals & Measures
  - State must set HH measurable goals (e.g reduce ED visits)
  - Must identify measures to operationalize those goals

# Discussion- Performance Measures

- What additional, state-specific goals and measures should Maine propose?

# Discussion- Stage B CMHC Model for SPMI, SED



- How should the state and/or providers ID members with SPMI/SED?
- How will the CMHC/CCT & PCMH practice link/coordinate?

# Next Steps: Health Homes

- March 8 follow-up SAMHSA consultation
- Late March SPA submission
- Other necessary steps in the meantime for Stage A?

# Agendas for Upcoming DMC Meetings



- **2/27:**
  - Core services for which all Accountable Communities will be responsible
  - Performance/ quality measures
- **3/5 (2 Anthony Ave):**
  - Member attribution
  - Risk-sharing: tiers, calculation
- **3/12 (TBD)**
  - Other as needed