



MaineCare

Design Management Committee

March 12, 2012

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

Agenda

- Introductions
- Core services for which all Accountable Communities will be responsible
- Performance/ quality measures
- Next Steps

RFI Responses: Accountable Communities Core Services



Core “Impactable” services to be included

- Two different approaches to selecting core services:
 - » Focus on predictable services initially to gain experience with model before adding in more complex populations
 - » Address the highest risk and cost categories immediately (include long term care, substance abuse and behavioral health) to obtain greatest impact from VBP
- Most health systems would include all physical and behavioral health; some suggest initially excluding long term care, developmental disabilities and substance abuse.
- Most behavioral health organizations would include all physical and behavioral services, including home-based services; some suggest initially excluding emergency, crisis and inpatient as part of the core services.
- One hospital system, some behavioral and long term care providers would include long term care as core services.

Criteria for selection of core services

- For which services is it reasonable to expect most provider organizations to reduce avoidable costs and improve health outcomes through better coordination of care?

Accountable Communities “Impactable” Costs Recommendation

Categories of service, not members, may be excluded from the total “impactable” cost of care for which Accountable Communities will be responsible. All medical costs for these members would still be included.

- Include
 - » Physician
 - » Inpatient
 - » Outpatient
 - » Pharmacy
 - » Mental Health
 - » Community Integration
 - » Substance Abuse
 - » Dental (?)
- Optional
 - » PNMI
 - » Waiver
 - » Nursing Facility* (except PT, OT, speech)
 - » Targeted Case Management
 - » Early Intervention
 - » Private Duty Nursing services*
 - » Transportation

*Encourage inclusion of these “optional” services

RFI Response: Accountable Communities Performance Measures



Most providers suggest aligning measures and their incorporation in the payment model with Medicare Shared Savings Program (MSSP) and CHIPRA/ IHOC models

- Health systems recommend:
 - Quality – MSSP and Pathways to Excellence
 - Access – NCQA
 - Patient Experience of Care – HCAHPS and CGAHPS; Hospital Consumer Assessment of Health Care Providers and Systems
 - Improved health of population – America’s Health Rankings, Public Health District reports
- Behavioral health recommend:
 - SAMHSA national outcome measures domains
 - National Council on Accreditation in Behavioral Health
 - Quality – Provider count on number times seen; metrics that point to integration of care (ER visits, acute hospital admissions for patients with certain mental health dx)
 - Access – Number of no shows; same day status

RFI Response (continued): Accountable Communities Performance Measures



- Advocacy Organizations
 - Follow core quality measures developed for Medicaid managed care
 - Family Assessment Clinician-rated Interview (FACI) and Peer Support Outcomes Protocol (POP); assessment by peer and family service orgs.
 - Measure patient experience by outside independent entity and make results public
- Health Plans
 - CMS Star rating system
 - HEDIS monitoring
 - CAHPS
 - End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
- Pharmacy
 - Medication Therapy Management (MTM) Pharmacy Quality Alliance metrics for medication adherence

Accountable Communities Performance Measures Recommendation

- Align with 33 MSSP performance measures
- Add required Health Homes measures that address behavioral health:
 - Follow-up after mental health admission
 - Depression screening & follow up
 - Initiation & engagement of treatment for alcohol/drug dependence
- Align children's health measures with proposed additional Health Homes measures/IHOC
 - Well child visits (pediatrics)
 - Lead screening (pediatrics)
- Explore further alignment with Maine Health Management Coalition's Pathways to Excellence.

Clinical outcomes reporting

- Alignment of clinical outcomes reporting with MSSP will require either a web-based portal or MaineCare and Accountable Communities participation in HealthInfoNet.
- If neither of these options are viable in the short term, focus on claims-based outcomes measures in the interim to reduce duplicative reporting burden on providers.

Agendas for Upcoming DMC Meetings



- **Friday, 3/16** (2 Anthony Ave):
 - Member attribution
 - Risk-sharing: tiers, calculation
- **Monday 3/26** (TBD)
 - Other as needed