



MaineCare Services
An Office of the
Department of Health and Human Services

FOR DISCUSSION
DRAFT
PURPOSES ONLY

MaineCare

Value-Based Purchasing Strategy Members Standing Committee Meeting

April 6, 2012

Accountable Communities

MaineCare is planning an Accountable Communities Program. The goals of this program are for groups of provider organizations to provide better care to members for lower costs. These organizations are called Accountable Care Organizations (ACOs).

How Does this work?

- There are many different kinds of ACOs. There are some things that are the same for all ACOs:
 - The ACOs have to meet quality goals.
 - The ACOs will have goals to save money.
- ACOs are usually formed by a group of providers that work together to make sure patients are healthy. Providers could be primary care doctors, specialists, hospitals, and others.

Maine's Health Homes Proposal



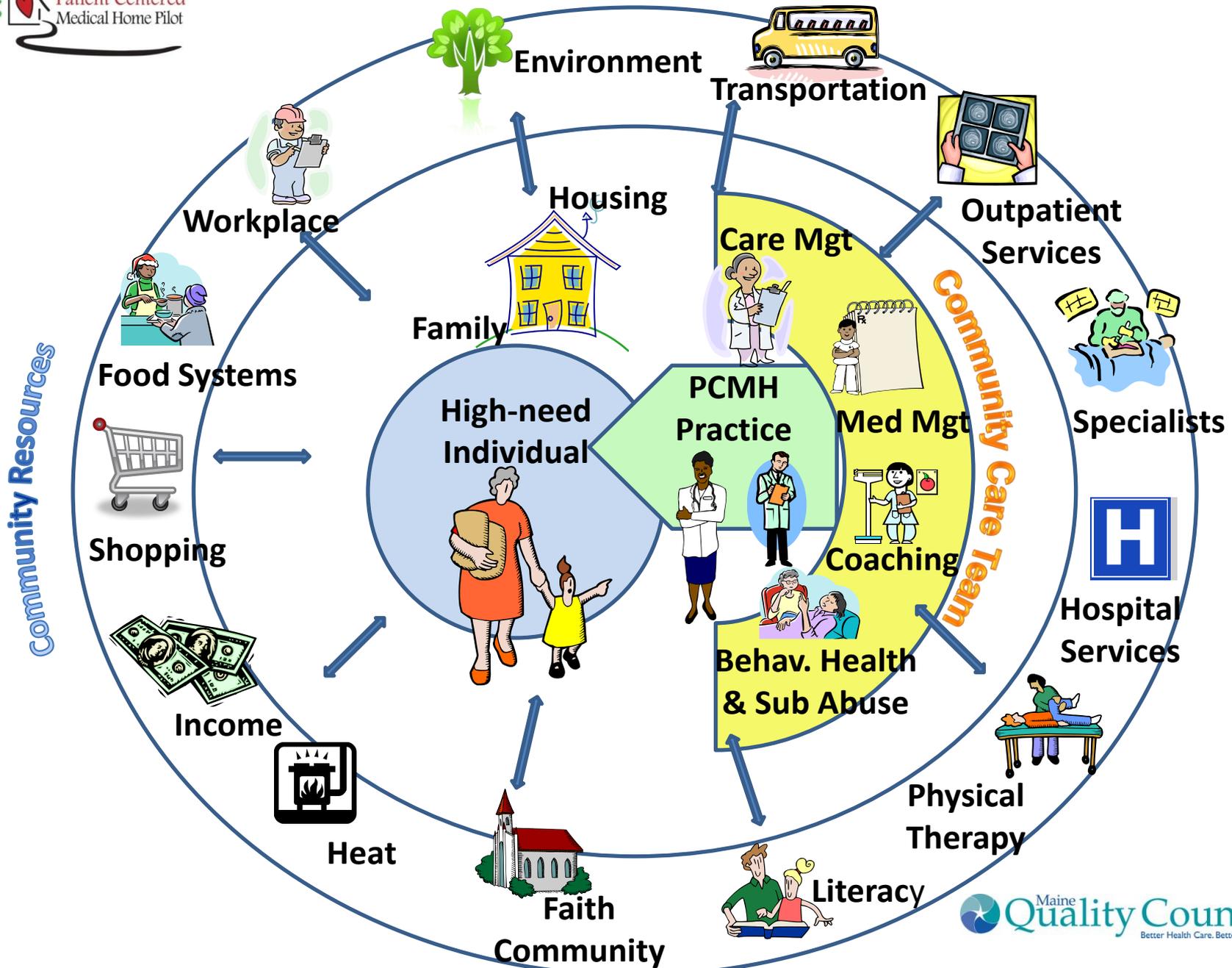
Medical Homes

Community Care Teams (CCTs)



Health Homes

Maine PCMH Pilot Community Care Teams



Maine Health Homes Proposal

The Maine Health Homes project will have two stages.

Stage A:

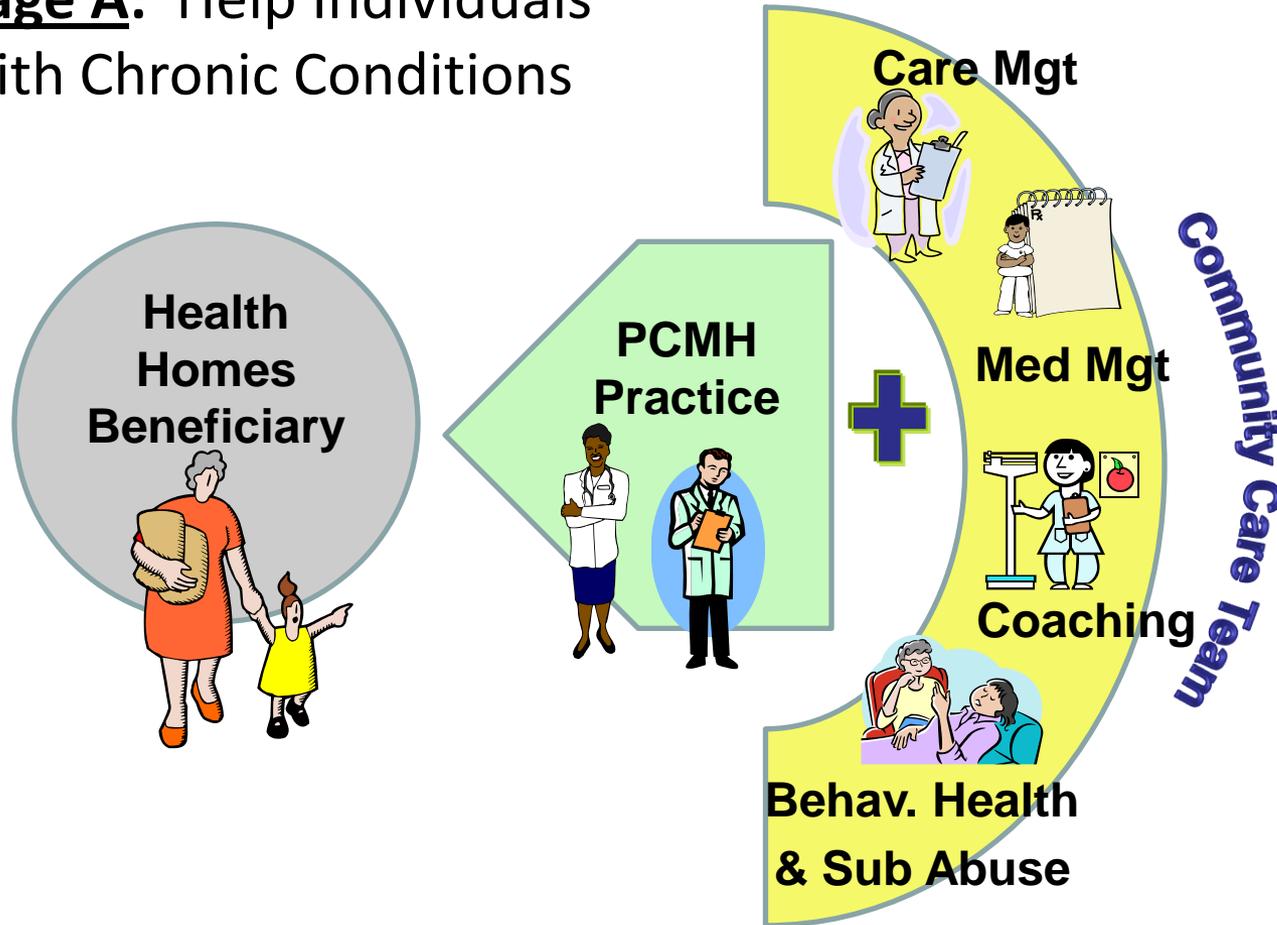
- Health Home = Medical Home practice + CCT (most of the payment goes to the medical home)
- Members who join the Health Home during this stage:
 - Two or more health problems that last a long time (chronic conditions)
 - One health problem that lasts a long time and the chance that the member may get another serious health problem.

Stage B:

- Health Homes = CCT that are experts in behavioral health + Medical Home practice (most of the payment goes to the CCT)
- Members who join the Health Home during this stage:
 - Adults with Serious and Persistent Mental Illness (SPMI)
 - Kids with Serious Emotional Disturbance (SED)

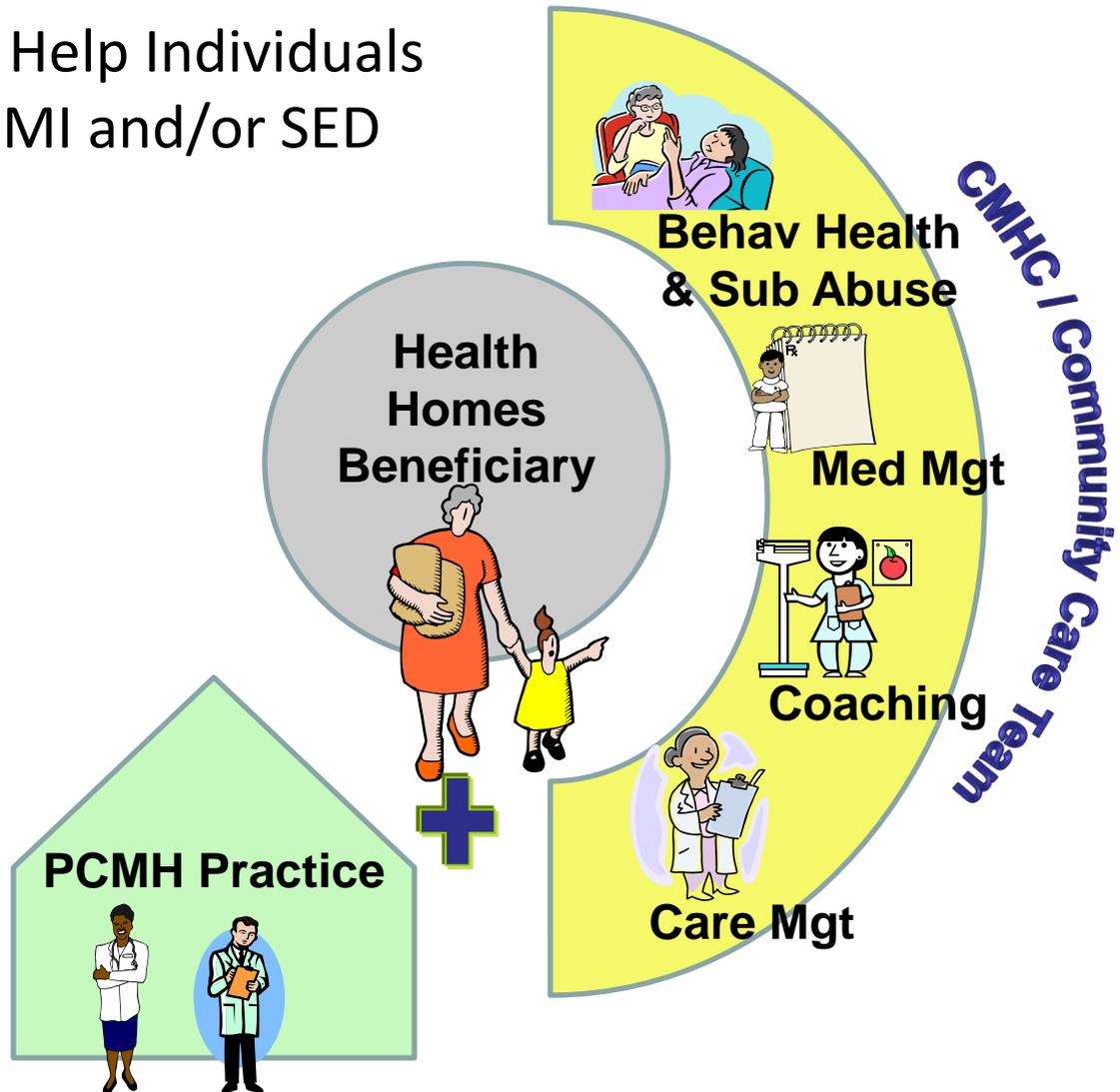
Maine Health Homes Proposal

Stage A: Help Individuals with Chronic Conditions



Maine Health Homes Proposal

Stage B: Help Individuals with SPMI and/or SED



How do Health Homes and Accountable Communities fit together?

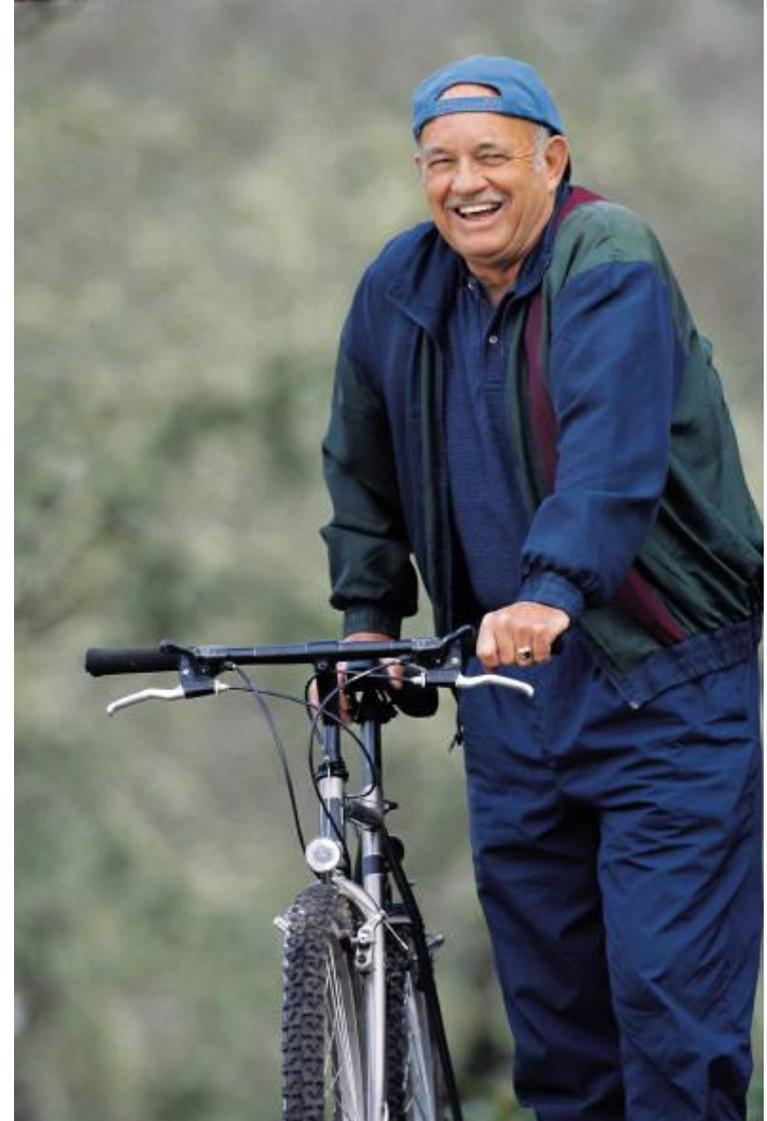
The Bike

=

Accountable Community

An AC can be looked at as a tool or vehicle to get to where you want to go-- but a bike is not any good without a rider!

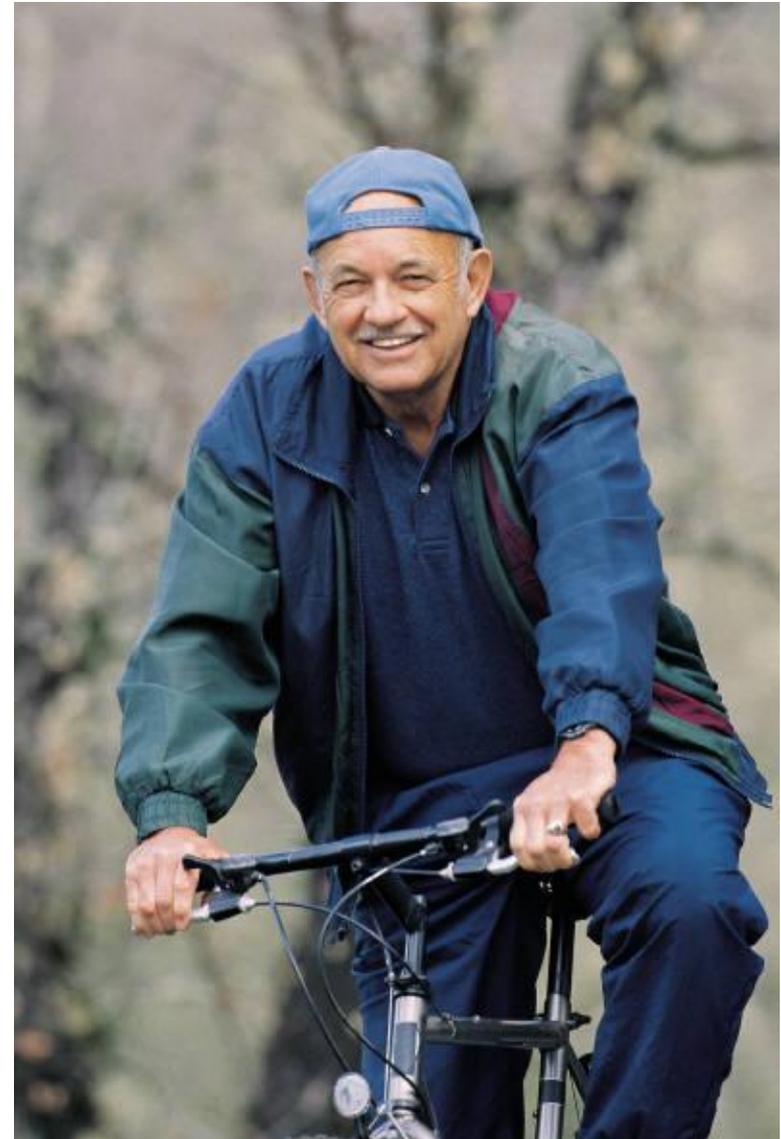
For MaineCare, the “bike” (or AC) is a vehicle that allows providers to come together to share in any savings they achieve from providing more coordinated care.



How do Health Homes and Accountable Communities fit together?

**The Rider
=
Health Home**

A Health Homes is a way to provide more coordinated and high quality care. A Health Home makes an excellent “rider” for an AC “bike.”



Collaboration

A rider needs to work together as part of a team in order to win a race.

Providers will need to work together and with the larger community to do the best job reducing costs and improving the health of members.



Update on Value-Based Purchasing Strategy Work



- **February 10:** Request for Information (RFI) results were posted online.
- **February and March:** The Department's Design Management Committee (DMC) met every week. They worked on the Accountable Communities and Health Homes projects.

The DMC includes people from the Offices of:

- MaineCare
- Maine Center for Disease Control
- Adult Mental Health
- Adults with Cognitive & Physical Disability Services
- Children & Family Services
- Elder Services
- Health Information Technology
- Quality Improvement
- Substance Abuse,

and the Muskie School of Public Service at the University of Southern Maine.

- The Department will have four public meetings to discuss the Accountable Communities project.
 - **Bangor:** Monday, April 2, 9-12, Dorothea Dix Old Auditorium, 656 State St
 - **Lewiston:** Tuesday, April 17, 9-12, Ramada Inn, 490 Pleasant St
 - **Portland:** Thursday, April 19, 9-12, Italian Heritage Center, 40 Western Ave
 - **Augusta:** Wednesday, April 25, Maine Dept of Transportation, Main Conference Room, Child St

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)



Health Homes: Additional Chronic Conditions to Propose to CMS

All populations:

- Chronic Obstructive Pulmonary Disease
- Hypertension
- Hyperlipidemia
- Tobacco use
- Developmental Disability (ID and Autism Spectrum)
- Acquired Brain Injury (ABI)

Children only:

- Seizure disorders
- Cardiac & circulatory congenital abnormalities

CMS Health Homes – Required Measures



- **Core Set – Quality Measures**
 - Adult Body Mass Index assessment (to see if member is overweight)
 - Ambulatory Sensitive Condition admission rate
 - Care transitions record transmitted to Primary Care Physician (within 24hrs)
 - Follow up after mental health admission
 - All-cause 30-day readmission rate
 - Depression screening & follow up
 - Treatment for alcohol/drug dependence

- **State-Specific Goals & Measures**
 - State must set goals for Health Home that can be measured (example- less Emergency Department visits)
 - Must choose measures to reach the goals

Proposed Maine-Specific Health Homes Quality Measures

- Claims-based measures
 - Emergency Department (ED) admissions
 - Follow-up after any hospitalization
 - Imaging rate/ cost
 - Well child visits (pediatrics)
 - Lead screening (pediatrics)
- Clinical measures: same as multi-payer Patient Centered Medical Home Pilot quality metrics



Health Homes Timeline

Feb-Mar 2012:
Practices apply
to be part of
Health Homes

Summer/Fall
2012:
Stage A Health
Homes start

May 2012:
Community Care
Teams apply to be
part of Health
Homes

Jan 2013:
Stage B
Health
Homes start
for members
with SPMI &
SED



BREAK

- Many providers in Maine are planning to be part of one of Medicare's ACO programs. The two ACO programs are the Medicare Shared Savings Program (MSSP) or the Pioneer ACO.
- MaineCare will match a lot of its Accountable Communities requirements with the MSSP, to make participation easier for providers.
- Under the MSSP:
 - Patients keep their choice of doctors.
 - Patients are assigned to the ACO where they get most of their primary care services.
 - ACOs can share in savings they find in their patients' care.
 - ACOs can choose to:
 - » Share up to 50% of savings.
 - » Share up to 60% of savings. With this choice, they will share up to 10% of costs if the care costs more money than planned.

Accountable Communities: Choosing “Core Services”



- The Department has to choose what services the AC will be responsible for. The AC will manage the cost and quality of these services.
- The Department can't make providers responsible for all services because there are some services providers don't have control over. For example, providers don't decide how much waiver services cost or who should get those services.
- The Department plans to have a list of “core services” that all Accountable Communities will be responsible for. The Accountable Communities can include services that are not on the “core” list if they want to.
- The question the Department has tried to answer is: “For which services should we expect most provider organizations to improve health and bring down costs by coordination of care?” Coordination of care means all doctors, specialists, hospitals, and others have to work together.

Accountable Communities “Core” Services Recommendations

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

Core:

- » Inpatient
- » Outpatient
- » Physician
- » Pharmacy
- » Mental Health
- » Substance Abuse
- » Community Integration

Optional:

- » Private Non-Medical Institutions (PNMIs)
- » Waiver
- » Nursing Facilities (except physical, occupational and speech therapy that occurs at the facilities)
- » Targeted Case Management
- » Early Intervention
- » Private Duty Nursing Services
- » Transportation

Accountable Communities Quality Measures Recommendation

- Align with the 33 MSSP performance measures:
 - Start with claims-based.
 - Include clinical outcomes once there is an easier way to collect them.
- Add required Health Homes measures that address behavioral health:
 - Follow-up after mental health admission.
 - Depression screening & follow up.
 - Treatment for alcohol/drug dependence.
- Align children's health measures with the proposed additional Health Homes measures/ Improving Health Outcomes for Children (IHOC):
 - Well child visits (pediatrics).
 - Lead screening (pediatrics).
- Plan further alignment with Maine Health Management Coalition's Pathways to Excellence.

Member Protections: Choice

- Many RFI responders think the Department should align the Accountable Communities member protections with the protections under the Medicare Shared Savings Program (MSSP).
- The Medicare Shared Savings Program (MSSP) will have members assigned to (not enrolled in) Accountable Communities.
- Member freedom of choice is not restricted.



Member Protections: Notification

Proposed Accountable Communities Requirements (aligned with MSSP)

Accountable Communities providers must:

- Post signs in their facilities in settings where primary care services are given to tell members they are part of an Accountable Community.
- Have access to written notices in plain language telling members that the provider is part of an Accountable Community. The notices will also say MaineCare may share member information with the Accountable Community. The notices will be written by the Department.

Member Protections: Data Sharing

Proposed Accountable Communities Requirements (align with MSSP):

- AC providers may contact their assigned members to notify them that the AC's is part of the program. They may contact members to tell them about the AC's may request member information.
- If neither the AC nor MaineCare hear back from the member within 30 days that the member does not want their information shared, the AC can request the information from the Department.
- The AC must repeat the notice and chance for the member to refuse sharing their information during the next face-to-face meeting with the member.
- If a member declines to share their identifiable data:
 - Doctors may still share medical record information amongst themselves as allowed under HIPPA.
 - MaineCare may still include the member's non-identifiable information in reports and calculations.

Proposed Accountable Communities Requirements (align with MSSP)

- The Department will limit and monitor the use of member communications related to Accountable Communities to ensure appropriate use.
- Accountable Communities:
 - Must use template language when available.
 - Must follow the rules about not “providing gifts or other remuneration to [members] as inducements for receiving items or services from or remaining in, an ACO or with ACO providers/suppliers... (§ 425.304).”
 - May be terminated for no-compliance with these regulations.

Accountable Communities Shared Savings/ Losses Models

Just like the Medicare Shared Savings Program (MSSP), providers that are part of an AC will be able to choose from two models:

1. The Accountable Community shares in savings but does not have to be responsible for costs if they are more money than planned.
 2. Over time, the Accountable Community becomes responsible for costs if it costs more money than planned. In exchange, Accountable Communities in this model would be able to share more of the potential savings.
- The first option is meant to encourage smaller and/or independent providers who might have a hard time with the risk of owing money to be part of an AC.
 - The Department has not decided if all kinds of ACs should have free choice between the two models.
 - The Department is thinking about what a minimum number of members should be for an AC. This is important because you need enough people in the AC to see if there were savings from one year to the next.

Accountable Communities Timeline

April 2012:
Public Forums to talk about model

Fall 2012:
Accountable
Communities
start

Summer 2012:
-Organizations
apply to be
Accountable
Communities
-Work with CMS
to get
permission