



MaineCare

Value Based Purchasing Initiative Members Standing Committee Meeting

February 3, 2012

MSC 2.3.12: Today's Agenda

- **Welcome and Introductions**
 - Overview of today's meeting topics & agenda
- **Responses to Request for Information (RFI) on Accountable Communities**
 - Value Based Purchasing, RFI process overview
 - Themes and trends from RFI responses: Accountable Communities
 - Integrating behavioral health and physical health
 - Next steps with Accountable Communities Initiative
- **Health Homes Overview**
- **BREAK**
- **Health Homes, continued**
 - Themes and trends from RFI responses: Health Homes
 - Integrating behavioral health and physical health: Peer support in crisis services
 - Supportive housing—how will it be included?
 - Next steps with Health Homes Initiative
- **Potential Member Interest in Representation on Quality Counts Groups**
- **Public Comments & Questions**
- **Wrap-Up and Next Steps**

Accountable Communities: What is an ACO?



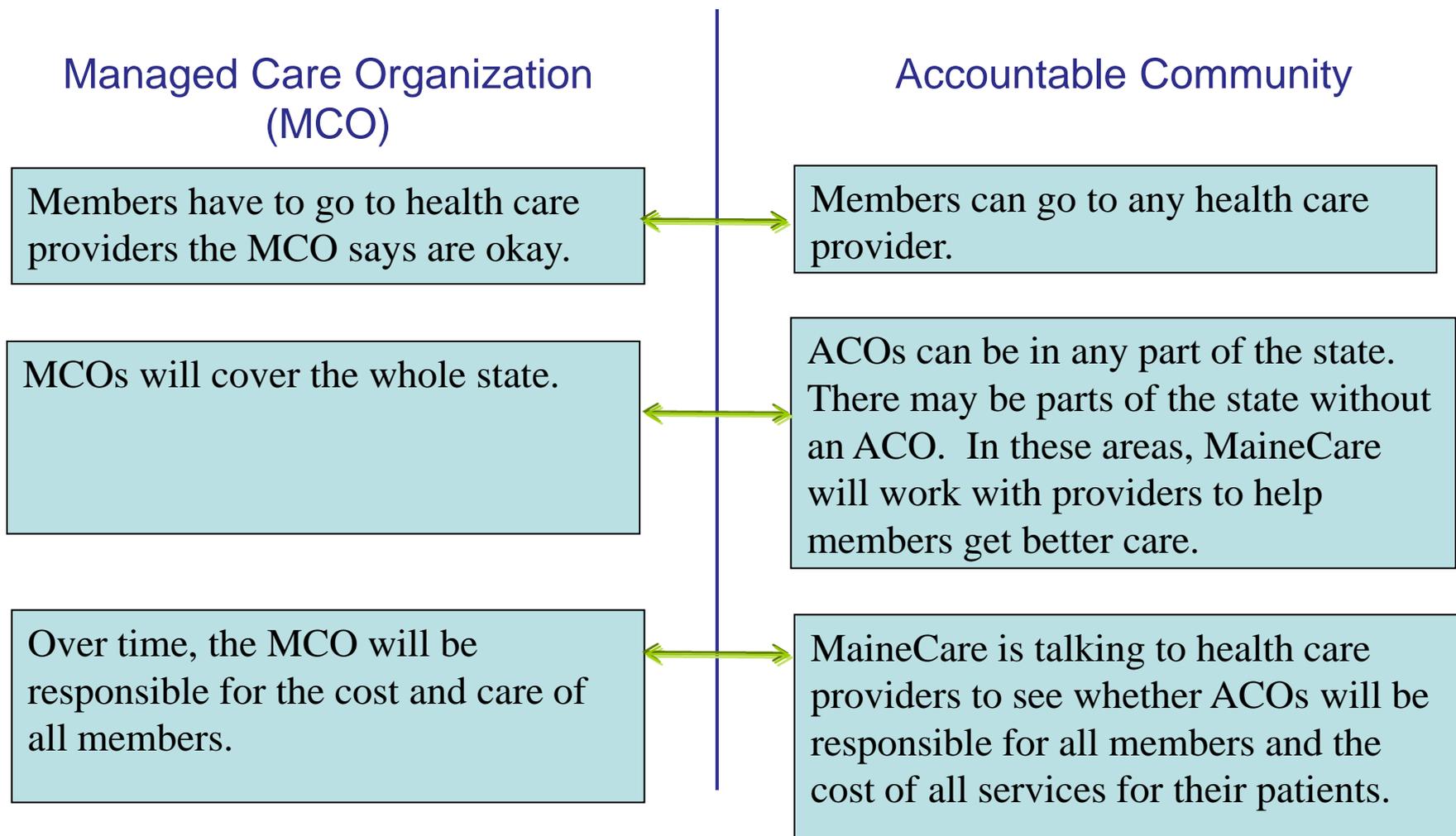
As we discussed in our November meeting, MaineCare is planning an Accountable Communities Program. The goals of this program are for groups of provider organizations to provide better care to members for lower costs. These organizations are called Accountable Care Organizations (ACOs).

The Department is adopting the simple definition that an ACO is:

An entity responsible for population's health and health costs that is:

- Provider-owned and driven
- A structure with a strong consumer component and community collaboration
- Includes shared accountability for both cost and quality

Accountable Communities: How are they different from Managed Care?



In November 2011, the Department released a “Request for Information” (RFI) seeking information on the following. Submissions were due December 21, 2011.



Accountable Communities (“AC”)

- Interest of organizations
- AC membership, governance, collaboration
- Consumer & family involvement
- Consumer advocacy and involvement
- Payment models
- Assumption of risk
- “Impactable” costs of care
- Performance measures
- Data sharing and analytics
- Member attribution

Health Homes

- Interest of organizations
- Capacity to provide required services
- Capacity to coordinate services for dually eligible individuals, including primary, acute, prescription drug, behavioral health, and long-term supports and services

The RFI is posted on the Department’s Value-Based Purchasing website at:
<http://www.maine.gov/dhhs/oms/vbp>

Why did the Department release a Request for Information? (RFI)



- The RFI responses will help the Department finalize what both the Accountable Communities and Health Homes programs look like.
- An RFI is different from an RFP (Request for Proposals).
 - It is a way for the Department to see if there is interest in participation in Accountable Communities and Health Homes.
 - It is also a way for the Department to get ideas on how to best put together programs that will work with what is currently available through the various systems (providers, hospitals) in place.

Who Responded to the RFI?

Twenty eight Responders:

- **Health Systems (5)**
 - Eastern Maine Health
 - MaineGeneral
 - MaineHealth
 - Mercy Hospital
 - St. Mary's Hospital
- **Behavioral Health Organizations (BHO) (11)**
 - Assistance Plus
 - Aroostook Mental Health Center
 - Crisis and Counseling Centers
 - Motivational Services
 - Community Health and Counseling Services
 - Amistad (also included as Advocacy Organization)
 - Merrimack River Medical Services,
 - Behavioral Health Community Collaborative (5 agencies)
 - Providence Service Corp
 - Beacon Health Strategies
 - Charlotte White Center

Who Responded to the RFI?

- **Health Plans/ASO (4)**
 - Anthem
 - APS
 - Magellan Health Services
 - Outcomes Pharmaceutical
- **Long Term and Home Care Services (3)**
 - Seniors Plus
 - OHI
 - Androscoggin Home Health and Hospice
- **Advocacy Groups (3)**
 - NAMI Maine
 - Maine Equal Justice Partners/Consumers for Affordable Health Care
 - Amistad
- **Pharmacy (1)**
 - National Association Chain Drug Stores
- **Primary Care(2)**
 - Maine Primary Care Association
 - Dr. Jean Antonucci

Interest in Accountable Communities Participation

- Responses showed a high level of interest in Accountable Communities Project
- All responders support DHHS emphasis on integrating physical and behavioral care, and including community organizations in Accountable Communities.

Several hospital systems and other providers raised the following issues:

- **Data needs:** In order to track service use and costs many responders believe Accountable Communities need at least monthly data from MaineCare. Will MaineCare be able to provide this data monthly?
- **Create a similar model to Medicare:** Many responders believe MaineCare should use the same or similar approach to assigning members, quality measures and data sharing as what Medicare is doing for its ACOs.
- **MaineCare cuts:** How will the proposed cuts to MaineCare impact the Accountable Communities initiative?

1. Models of Care – What will the Accountable Community look like?

- **Who will be included as Accountable Communities provider participants?**

Many behavioral health agencies would like DHHS to require that the Accountable Community show evidence of full integration and shared governance of behavioral health and social services within the Accountable Community.

- **Should DHHS limit the number of Accountable Communities, particularly in any specific region?**

1. Models of Care – What will the Accountable Community look like? (continued)

- **Flexibility of membership in Accountable Community – should providers be limited to one Accountable Community?**

Some health systems believe it will be harder to manage care and achieve goals if there are too many Accountable Communities within one area and if providers can be in more than one Accountable Communities.

- **Can any health organization or provider be the lead member of an Accountable Community?**

Is it possible for groups like Maine Primary Care Association or small provider organizations to join together to be an Accountable Community?

2. Payment Models

- Most agree that DHHS should keep the Fee for Service (FFS) system at least at first. This is our current system – providers are paid for each service provided.
- Most agree that Accountable Communities need to achieve high healthcare quality in order to share in any savings.

3. Risk Sharing

- Risk Sharing means the providers in the Accountable Community can lose money (are “at risk”) if they spend more than they were supposed to.
- Providers do not want to take on any risk in year since there is not a lot of data and the model is new.
- Most believe that they could take on some risk in years 2 or 3.
- Most think providers should get to choose their level of risk. Different organizations will be able to take on more or less risk.

4. What services should be included in Accountable Communities?

Please note: Accountable Communities don't need to be responsible for all services; they can still provide some services without needing to worry that they will be responsible for how much the services cost.

- Most hospital systems want to include all physical and behavioral health; some do not want to be responsible for long term care, developmental disabilities and substance abuse, to start out.
- Most behavioral health organizations want to include all physical and behavioral services, including home-based services, but some do not want to be responsible for emergency, crisis and inpatient, to start out.
- One hospital system, some behavioral organizations and the long term care providers want to include long term care.

4. Services the Accountable Communities have to Provide

- Advocacy Organizations want Accountable Communities to be required to provide peer and family supports services

5. Consumer Protections

- Some organizations want the same rules as Medicare ACOs.
- Some organizations want Accountable Communities to handle complaints, while a separate organization would deal with appeals
- Advocacy organizations want consumers to be able to go to one place complain
- It's important that members can choose their providers

6. Data Sharing

- MaineCare has to give providers data on money spent and services used every month
- It's easier for large health systems to analyze data themselves than for small organizations.
- Behavioral health organization are still working on getting computer systems to help track members' health, and need help to do better.

RFI Response: Accountable Communities

7. Performance measures

- Health systems want to use national standards of NCQA
- Behavioral health organizations want to use SAMHSA
- Advocacy organizations want to use patient experience surveys

8. Attribution – How Members Are Assigned to Accountable Communities

- Regularly see a Primary Care Physician (PCP) or Primary Care Case Management (PCCM)
- If member does not have PCP or PCCM, then consider:
 - » Member choice
 - » Geographic location
 - » Who provided most services over the past year

9. Opt out

- It's important for members to keep their choice of providers
- Accountable Communities should be judged on how well they work with their members
- Consider letting members choose not to be in an Accountable Community only in certain situations, give the member incentives for staying in the Accountable Community.

Accountable Communities Timeline



CMS Health Home Requirements: Services & Match



- CMS will provide the state more money than usual to provide Health Home services to members for two years.
- Health Homes have to provide these services:
 - Care management
 - Care coordination and helping members be healthier
 - Helping members who leave the hospital stay healthy at home or in other places they go to
 - Supporting members and families
 - Referral to community and social support services
 - Use computers to keep track of members' health information
 - Help prevent and treat mental illness and substance abuse problems
 - Help members get the services they need, like help with diseases that last a long time, and long-term supports

CMS Health Home Requirements:

What members can receive services?

Health Homes may serve kids and adults on MaineCare with:

- Serious and persistent mental illness (SPMI)
- Serious Emotional Disturbance (SED)
- Two or more health problems that last a long time (chronic conditions)
- One health problems that last a long time that might mean they get another serious health problem.

These health problems include:

- Mental health
- Substance abuse
- Asthma
- Diabetes
- Heart disease
- Being overweight

Members who are in Medicare and MaineCare have to be able to receive Health Home services, too.



BREAK

Maine's Health Homes Proposal



Medical Homes

Community Care Teams (CCTs)



Health Homes

Medical Homes are primary care practices that:

- Care for members using a team approach. The member's different doctors and supports all talk to each other.
- Focus on the member and provider having a good relationship.
- Keep track of what's going on with a member using computers so information is not lost.
- Make it easier for members to schedule appointments when they need them.

Medical Homes in Maine:

- MaineCare has 26 Patient Centered Medical Homes now.
- Maine has close to 100 practices that are or are working to be Medical Homes.

2. Leveraging Current Initiatives: Health Homes

Medical Homes

Community Care Teams (CCTs)

- Based in the community
 - Pay attention to both physical and behavioral health
 - Have staff who look at things from different points of view
 - Help patients in medical home practices to get good care and have better health
 - Help patients with lots of problems to reduce avoidable costs (ED use, admits)
-
- Maine has 8 Community Care Teams that started working with members in our current 26 patient centered medical homes this month.
 - With the increase in money from CMS for Health Homes, MaineCare will be able to pay for as many practices and community care teams that meet the requirements to be Health Homes!

Maine Health Homes Proposal

Stage A:

- Health Home = Medical Home practice + CCT (most of the payment goes to the medical home)
- Members:
 - Two or more health problems that last a long time (chronic conditions)
 - One health problems that last a long time that might mean they get another serious health problem.

Stage B:

- Health Homes = Community Mental Health Center CCT + Medical Home practice (most of the payment goes to the Community Mental Health Center CCT)
- Members:
 - Adults with Serious and Persistent Mental Illness
 - Kids with Serious Emotional Disturbance

Capacity and Ability

1. Health Systems

- All of the hospitals have some type of medical home Primary Care practices
- All hospitals were planning to either work with or provide their own Community Care Teams (CCT)
- Health Systems believe that MaineCare members would benefit from being in a Health Home, because their providers would work together better and help the members with their health problems more. Members who have health problems that last a long time or mental health issues would especially do better.
- One hospital talked about working with the community and Peer/Patient Navigators.
- Hospitals haven't worked a lot with members who are in both MaineCare and Medicare, but are interested in helping to coordinate care more and work with pharmacy and long term supports and services.

2. Behavioral Health Organizations (BHO)

- Many have provided care coordination and were planning to act as Community Care Teams
- Allow BHOs to become Health Homes
 - Interest in creating Health Homes in BHOs specifically for persons with Severe and Persistent Mental Illness (SPMI)
 - Interest in having primary care in the same place as the Community Mental Health Center
 - Interest in having a Methadone Maintenance Treatment Center be a Health Home
- Most Behavioral Health Organizations can provide the required Health Home services. Some will need financial help to have computers that track members' health.

3. Advocacy Groups

- Would like to work with Health Homes to provide peer/patient support services.
- Want the state to provide incentives for Health Homes to contract with community partners
- Suggest that Health Homes for the SPMI population should have at least one Peer/Patient Navigator.

4. Long Term Care and Home Health Agencies

- Will be providing CCT services to some Health Homes and are interested in helping more.

Peer Supports & Supportive Housing

- A lot of organizations that responded to the RFI were interested in Peer Supports
- Medical Homes and Community Care Teams that want to work together to be Health Homes have to show that they pay attention to both physical and mental health. They also must work with community organizations, like advocacy groups and housing supports.
- In the application that practices fill out so they may become Health Homes, we ask them if they work with Peer Supports or Patient Navigators.
- We are interested in your thoughts on how Peer Supports should be used, especially for the second part of Health Homes, when members with serious mental health issues can be served.
- How do you think Health Homes and supportive housing should work together?

Health Homes Timeline

