

2015 MaineCare Accountable Communities Application

Instructions

Prior to filling out the application at Survey Monkey, applicants should review: (1) the MaineCare Accountable Communities (AC) Request for Applications (RFA) (available at www.maine.gov/dhhs/oms/vbp/accountable.html); (2) the presentation summarizing details of the program (available at www.maine.gov/dhhs/oms/vbp/accountable.html); and (3) the AC contract template (available by contacting Peter Kraut at Peter.Kraut@maine.gov or 207.624.4041).

This PDF of the application should be used as a reference only, as it does not contain question-skipping logic and does not display the content of drop-down menus.

Applications must be submitted through SurveyMonkey by the deadline indicated in the RFA. In addition, Applicants must submit Template A (list of primary care practices and individual providers who work plurality of time at each practice) via email to Peter.Kraut@maine.gov.

2015 MaineCare Accountable Communities Application

Basic Information

- * 1. Enter a proposed name for your Accountable Community.

- * 2. Primary Contact: Provide the contact information for the individual who shall be the Department's primary contact within your Accountable Community's Lead Entity.

Name:

Title:

Organization:

Address:

City/Town:

ZIP:

Email Address:

Phone Number:

* 3. Is your Primary Contact the same individual the Department should contact with questions regarding the application?

Yes

No

2015 MaineCare Accountable Communities Application

4. Application Contact: Provide the contact information for the individual the Department should contact with questions regarding this application.

Name:	<input type="text"/>
Organization:	<input type="text"/>
City/Town:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

* 5. Is the physical location for your Lead Entity different from the address provided for your Primary Contact?

Yes

No

2015 MaineCare Accountable Communities Application

6. Lead Entity Physical Address: Provide the physical address for the Lead Entity of your proposed Accountable Community.

Organization:

Address:

Address 2:

City/Town:

ZIP:

2015 MaineCare Accountable Communities Application

AC Requirements

* 7. Legal Entity

Is the Accountable Community Lead Entity a recognized legal entity formed under applicable State, Federal, or Tribal law and authorized to conduct business in the State of Maine?

Yes

No

* 8. Primary Care and PCCM Requirements

Attribution of MaineCare members to the AC is accomplished primarily based on where MaineCare members receive their primary care.

Accordingly, the Lead Entity must be, employ, or have a contract(s) with at least one entity that:

(1) directly delivers primary care services, and that also:

(2) (a) is an approved MaineCare Primary Care Case Management (PCCM) Provider, or, if not an approved PCCM provider,

(b) meets the following PCCM requirements of Social Security Act §1905(t)(1):

1. Is a physician, a physician group practice, or an entity employing or having other arrangements with physicians to provide such services; a nurse practitioner; a certified nurse-midwife; or a physician assistant;

2. Has a primary specialty designation of internal medicine, general practice, family practice,

pediatrics, geriatric medicine, obstetrics or gynecology; and/or practice in a Rural Health Center (RHC), Federally Qualified Health Center (FQHC), School Health Clinics (as defined in MBM Chapter II, Section 3) or an Indian Health Services Center;

3. Provides for reasonable and adequate hours of operation, including 24-hour availability of information, referral, and treatment with respect to medical emergencies;

4. Provides for arrangements with, or referrals to, sufficient numbers of physicians and other appropriate health care professionals to ensure that services under the agreement can be furnished to enrollees promptly and without compromise to quality of care; and

5. Prohibits discrimination on the basis of health status or requirements for health care services in enrollment, disenrollment, or reenrollment of individuals eligible for medical assistance.

Please indicate whether the Lead Entity (please check all that apply):

- Is an approved MaineCare Primary Care Case Management (PCCM) Provider (Chapter VI, Section 1 of the MaineCare Benefits Manual)
- Is a primary care provider that is not a MaineCare PCCM provider(s), but that meets PCCM requirements
- Is the parent organization of a designated MaineCare PCCM provider(s)
- Is the parent organization of a provider(s) that is not a MaineCare PCCM provider(s), but that meets PCCM requirements
- Has/ will have a contract with a MaineCare PCCM provider(s) prior to implementation of the Accountable Communities Initiative.
- Has/ will have a contract with prior to implementation of the Accountable Communities Initiative with a provider(s) that is not a MaineCare PCCM provider(s), but that meets PCCM requirements
- None of the Above

Other (please specify)

* 9. MaineCare Provider Status

Is your Lead Entity a MaineCare provider?

- Yes
- No

Other (please specify)

* 10. Minimum Number of attributed MaineCare members

A minimum of 1000 minimum attributed members are necessary to participate in the program. Please estimate the number of MaineCare members (including those dually eligible for Medicaid and Medicare) who will be assigned to the AC across all the primary care sites/ providers within your Accountable Community.

MaineCare members receiving Section 91 Health Home Services.

MaineCare members NOT receiving Section 91 Health Home Services, but who have had at least one visit within past year.

* 11. Provider Agreements

Will your Lead Entity hold contract(s) with other provider organizations that together comprise the Accountable Community?

Yes

No, the Lead Entity will not have formal agreements with other provider organizations, as it directly provides primary care services, meets the minimum member attribution numbers (at least 1000 MaineCare members meet attribution criteria), and chooses not to contract with any other provider organizations.

Other (please specify)

* 12. Governance

The AC Lead Entity must have an AC Governing Body that must:

- a. Be responsible for oversight and strategic direction of the AC Lead Entity, holding any AC Lead Entity management accountable for the AC Lead Entity's activities;
- b. Assure that the following documents are available on the public website of the AC Lead Entity :
 - i. AC Governing Body Membership
 - ii. Conflict of interest policy
 - iii. Frequency of meetings
- c. Have a fiduciary duty to the AC Lead Entity and act consistent with that fiduciary duty; where the AC Governing Body is structured as a subcommittee to an existing Board or other governing body, the existing Board or governing body may assume this fiduciary duty;
- d. Include at least two (2) Members served by the AC, or their caregivers or guardians, except where the AC Lead Entity is an existing entity, then at least two (2) Members served by the AC may sit on a Committee constituted by the entity for purposes of advising and/or educating the Board on Accountable Communities issues of importance;
- e. Have a conflict of interest policy that applies to Members of the AC Governing Body.

Do you attest that you will have the required Governing Body in place by the 8/1/16 start date of the AC contract?

* 13. Coordination with the Full Continuum of Care: Leveraging Department Care Coordination Resources

The AC Lead Entity must have contractual or other documented relationships or policies with at least one Provider of the indicated services under each of the following three categories, if there is such a Provider which serves Members in the AC's Service Area. These contracts or otherwise documented relationships must ensure coordination and non-duplication of services between the AC Lead Entity and the contracted Provider for Members who are attributed to the AC Lead Entity and who receive services from the contracted Provider. See www.maine.gov/dhhs/oms/vbp/accountable%20-%20RFAattachments.html for listings of such Providers. AC applications do not need to have all relationships finalized until AC contract finalization.

1. Chronic Conditions

- a. Health Home Practices or Community Care Teams (MBM Chapter II, Section 91),
- b. Providers of Targeted Case Management (TCM) services for children with chronic health conditions (MBM Chapter II, Section 13), or
- c. Providers of TCM services for adults with HIV (MBM Chapter II, Section 13)

2. Developmental Disabilities

- a. Providers of TCM for children with developmental disabilities (MBM Chapter II, Section 13), or
- b. Providers of TCM for adults with developmental disabilities (MBM Chapter II, Section 13)

3. Behavioral Health

- a. Behavioral Health Home Organizations (MBM Chapter II, Section 92),
- b. Providers of Community Integration Services (MBM Chapter II, Section 17.04-1),
- c. Providers of TCM for children with Behavioral Health Disorders (MBM Chapter II, Section 13), or
- d. Providers of TCM for adults with Substance Abuse Disorders (MBM Chapter II, Section 13)

Do you attest that you will have the required relationships or policies in place by the 8/1/16 start date of the AC contract?

* 14. Coordination with the Full Continuum of Care: Community Partnerships

The AC Lead Entity must have contractual or other documented relationships or policies to ensure coordination with all hospitals in the AC's Service Area. Provide the names and locations (city/ town) of any and all hospitals with which you plan to formally contract under your AC. (Note: the AC must finalize relationships with providers prior to contract finalization with the Department, but does not need to have these providers identified at the time of application.)

Do you attest that you will have the required relationships or policies in place by the 8/1/16 start date of the AC contract?

* 15. Coordination with the Full Continuum of Care: Community Partnerships

AC Lead Entities must have contractual or other documented relationships or policies to ensure coordination with at least one Public Health Entity, if there is such a Public Health Entity that serves Members in the AC's Service Area. (Note: partnerships must be in place prior to contract finalization but are not due at the time of application.)

Do you attest that you will have the required relationships or policies in place by the 8/1/16 start date of the AC contract?

2015 MaineCare Accountable Communities Application

Primary Care Practices and Providers

* 16. Accountable Community Primary Care Practice Site and Individual Provider Information:

In the space below, please list all primary care practice sites to be included in the AC.

* 17. In addition to submitting your application through Survey Monkey, you must also submit RFA Template A (available at www.maine.gov/dhhs/oms/vbp/accountable%20-%20RFAattachments.html) via email to peter.kraut@maine.gov. Under Tab 1 in Template A you must list all participating Primary Care Sites, NPI+3 site locations, and select additional information about the sites from drop down menus.

Under Tab 2, you must enter all individual rendering provider NPIs associated with the participating Primary Care Sites. Members who have had a plurality of visits with these individual providers will be attributed to your Accountable Community.

FQHCs, RHCs, and certain IHS providers need NOT submit rendering provider NPIs, as members are attributed to the site level versus the individual provider level at these locations.

Note: The site level NPI is comprised of the 10-digit NPI followed by a 3-digit site level indicator. Example: 1234567890-001 and 1234567890-002 would be two sites under the same parent organization.

We will complete and submit Template A, Tabs 1 & 2, by the application due date separately via email.

2015 MaineCare Accountable Communities Application

Geographic Service Area

* 18. The AC's Service Area is defined as the totality of all Hospital Service Areas that include any of the AC Primary Care Practices. Select the Hospital Service Areas (HSAs) in which the primary care practices that are part of the AC are located. County maps of HSAs are available at <http://ccids.umaine.edu/research-projects/prevctr/research/gismaps-hsa>.

- Augusta HSA
- Bangor HSA
- Bar Harbor HSA
- Bath HSA
- Belfast HSA
- Berwicks & NH
- Biddeford HSA
- Blue Hill HSA
- Boothbay HSA
- Bridgton HSA
- Brunswick HSA
- Calais HSA

- Caribou HSA
- Damariscotta HSA
- Dover- Foxcroft HSA
- Ellsworth HSA
- Farmington HSA
- Fort Fairfield HSA
- Fort Kent HSA
- Greenville HSA
- Houlton HSA
- Lewiston HSA
- Lincoln HSA
- Machias HSA
- Millinocket HSA
- Norway HSA
- Pittsfield HSA
- Portland HSA
- Presque Isle HSA
- Rockland HSA
- Rumford HSA
- Sanford HSA
- Skowhegan HSA
- Waterville HSA
- York HSA

2015 MaineCare Accountable Communities Application

Shared Savings & Loss Models

The program offers a choice of two risk models:

Model I: Shared Savings Only

Minimum 1000 patients attributed

Share in a maximum of 50% of savings, based on quality performance

**Shared savings performance payment capped at 10% of the benchmark TCOC
Not accountable for downside risk in any of the 3 performance years**

Model II: Shared Savings & Losses

Minimum 2000 patients attributed

Share in a maximum of 60% of savings, based on quality performance

Shared savings performance payment capped at 15% of the benchmark TCOC

No downside risk in first performance year

LIABLE for 40-60% of losses, based on quality performance, in years two and three, with cap at 5% of benchmark TCOC in Year 2 and 10% of benchmark TCOC in Year 3

* 19. Please indicate the Model in which your Accountable Community intends to participate.

Model I: Shared Savings Only

Model II: Shared Savings & Loss

2015 MaineCare Accountable Communities Application

Services within the Defined Total Cost of Care (TCOC)

The TCOC will be calculated based on the following set of core services for all ACs (section numbers below are from the MaineCare Benefits Manual (MBM), Chapter II):

- a. Ambulatory Care Clinic Services (Section 3)
- b. Ambulatory Surgical Center Services (Section 4)
- c. Ambulance Services (Section 5)
- d. Free-Standing Dialysis Services (Section 7)
- e. Indian Health Services (Section 9)
- f. Targeted Case Management Services (Section 13), excluding services provided by a Department employee, and excluding procedure code T1017 when billed with a modifier of UC
- g. Advanced Practice Registered Nursing Services (Section 14)
- h. Chiropractic Services (Section 15)
- i. Community Support Services (Section 17), excluding procedure code H2015
- j. Developmental and Behavioral Clinic Services (Section 23)
- k. Day Health Services (Section 26)
- l. Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations (Section 28)
- m. Family Planning Agency Services (Section 30)
- n. Federally Qualified Health Center Services (Section 31)
- o. Hearing Aids and Services (Section 35)
- p. Home Health Services (Section 40)
- q. Hospice Services (Section 43)
- r. Hospital Services (Section 45)

- s. Psychiatric Hospital Services (Section 46)**
- t. Laboratory Services (Section 55)**
- u. Medical Supplies and Durable Medical Equipment (Section 60)**
- v. Behavioral Health Services (Section 65)**
- w. Occupational Therapy Services (Section 68)**
- x. Vision Services (Section 75)**
- y. Pharmacy Services (Section 80)**
- z. Physical Therapy Services (Section 85)**
- aa. Physician Services (Section 90)**
- bb. Early and Periodic Screening, Diagnosis and Treatment Services (Section 94)**
- cc. Podiatric Services (Section 95)**
- dd. Medical Imaging Services (Section 101)**
- ee. Rehabilitative Services (Section 102), excluding Self Care/Home Management Reintegration (102.05-4) and Community/Work Reintegration (102.05-5).**
- ff. Rural Health Clinic Services (Section 103)**
- gg. Speech and Hearing Services (Section 109)**

ACs may also choose to include any combination of certain optional services in their defined TCOC (see list of optional services at question 20).

The following services are excluded altogether from TCOC:

- Non-Emergency Transportation (NET) Services (Section 113): these services are under a separate, capitated brokerage system.**
- Private Non-Medical Institution Services (Section 9, except for Children’s Residential, which is an optional service): these services are in the process of being restructured and any future impact on cost is unclear.**
- Allowances for Home and Community Based Services for Adults with Other Related Conditions (Section 20).**
- Targeted Case Management Services (Section 13) procedure code T1017 when billed with a modifier of UC, OR when provided by a Department employee.**
- Community Support Services (Section 17) procedure code H2015**

* 20. Indicate which Optional Services you plan to include in the defined TCOC for your Accountable Community.

- None
- Adult Family Care Services (Section 2)
- Consumer Directed Attendant Services (Section 12)
- Home and Community Based Benefits for the Elderly and for Adults with Disabilities (Section 19)
- Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder (Section 21)
- Home and Community Benefits for the Physically Disabled (Section 22)
- Dental Services (Section 25)
- Support Services for Adults with Intellectual Disabilities or Autistic Disorder (Section 29)
- Intermediate Care Facility for Individuals with Intellectual Disabilities Services (Section 50)
- Nursing Facility Services (Section 67)
- Private Duty Nursing and Personal Care Services (Section 96)
- Private Non-Medical Institution Services – Children’s Residential (Section 97, Appendix D, Model 1(Mental Retardation and Pervasive Developmental Disorder Condition), and Model 2(Child Mental Health)
- Rehabilitative Services (Section 102) – Self Care/Home Management Reintegration (102.05-4) and Community/Work Reintegration (102.05-5).

2015 MaineCare Accountable Communities Application

Application Certification & Consent

* 21. I have read the contents of this application. By my indication below, I certify that the information contained herein is true, correct, and complete, and I authorize MaineCare to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify MaineCare of this fact immediately and provide the correct and/or complete information.

- I agree
- I disagree

* 22. Indicate whether you give the Department consent to share the following information regarding your proposed Accountable Community prior to contract finalization.

Lead Entity organization's name and location

Lead Entity contact information

I do not give the Department consent to share this information prior to contract finalization.

Other (please specify)