State Innovation Model Grant
Questions and Answers

Q **What is the funding agency?**

A Funding in the form of a Cooperative Agreement comes from the US Department of Health and Human Services (DHHS), Centers for Medicare & Medicaid Services (CMS), Center for Medicare & Medicaid Innovation CMMI.

Q **Who are the recipients of the funding?**

A The Governor's Office, in partnership with Maine DHHS and MaineCare, are the "grantees" of the cooperative agreement.

Q **What is the length of the project?**

A An initial 6-month ramp-up period will be followed by a 3-year implementation period.

Q **Are there additional partners?**

A The State has chosen a primary implementation partner, the Maine Health Management Coalition (MHMC), based on the existing scope of the organization's work in payment reform, public reporting of quality measures, consumer engagement, and the scope of its analytic capabilities.

Additional partners include HealthInfoNet, the state's Health Information Exchange, and Maine Quality Counts, an independent, multi-stakeholder alliance working to transform health and healthcare in Maine by leading, collaborating, and aligning improvement efforts that support patient-centered, coordinated systems of care and the resources needed to support them.

These three organizations will be engaged through sole-source contracts. <u>All other work for the project will be contracted through the competitive Request for Proposals bidding process</u>.

Q **What is the role of the Maine Health Management Coalition in the project?**

A The scope of work for the Maine Health Management Coalition includes: (1) public reporting of common quality measures determined through the *Pathways to Excellence* process; (2) Analysis of Maine Health Data Organization (MHDO) All Payer Database as a common claims data source for the purposes of statewide

public reporting on the measures determined in #1; (3) comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform; (4) analysis of PHI for care management purposes for interested providers; (5) Accountable Care Organization (ACO) Learning Collaborative support through the Accountable Care Implementation (ACI) Group; (6) continuing work and learning support around the development of Value Based Insurance Design (VBID); (7) continuing the work of the Health Care Cost Work Group, and; (8) development of a Behavioral Health Cost Work Group.

Q **What is the role of HealthInfoNet in the project?**

A The scope of work for HealthInfoNet includes: (1) deploying near real time Emergency Department (ED) and Admissions notifications to payer and provider care managers when identified residents receive services at Maine ED or are admitted to inpatient services; (2) providing access to the operational statewide HIE for behavioral health providers, supporting consumer-driven communications to assure that consumers understand how their health data is being exchanged and why; (3) developing and implementing Behavioral Health EHR Adoption Incentive program; (4) capturing clinical outcomes from EHRs for required Health Home reporting, and; (5) developing and implementing a longitudinal, patient-centric, payer and provider agnostic personal health record platform to help engage patients in all of their health care needs.

Q **What is the role of Maine Quality Counts in the project?**

A The scope of work for Maine Quality Counts includes: implementing a learning collaboratives, coaching, and training (etc) for Patient Centered Medical Home expansion and the Stage A Health Homes (MaineCare) – approximately 120 new practice sites

Q **What is the scope of project work to be contracted through the competitive Request for Proposals bidding process?**

A Work to be contracted through the competitive RFP process includes:

- Quality Improvement – Vendor to be responsible for development and implementation of: (1) learning collaborative and to support Stage B Health Homes, and; (2) physician leadership development.
- Consumer Engagement – Vendor to be responsible for: (1) development and implementation of Shared Decision Making tools and training; (2) consumer engagement forums on system payment and delivery reform (3) embedding experiential/ cultural community health support workers in 5 Community Care Teams, develop and implement training curriculum and develop plan for sustainability. Community workers will also implement

an asthma home visiting program to reduce asthma-related ED visits and admissions.

- Workforce Training/Development – Vendor to be responsible for: (1) building onto core MHRTC/ Personal Care curriculum to promote integration of physical and behavioral health; (2) developing/ implementing training for family practice PCMHs and Health Homes in serving children with Autism, and adults with developmental disabilities, and; (3) Implement training for National Diabetes Prevention Program; provide performance-based reimbursement.
- Patient Engagement Campaign – Vendor to be responsible for two rounds of four campaigns over the t3-year project period.

Q **What is the timeline for issuing the above-referenced RFPs?**

A During the 3-month ramp-up period, the State will develop and issue these RFPs.