MaineCare Accountable Communities Application

Instructions

Applicants MUST read the MaineCare Accountable Communities Request for Applications (RFA) available online at http://www.maine.gov/dhhs/oms/vbp/accountable.html prior to filling out this application. The RFA includes a pdf attachment (Attachment E) of this application for reference. The pdf 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 via email to michelle.probert@maine.gov.

Contact 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 (see RFA Section VI.C.2).

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

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

Name:

Organization:

City/Town:

Email Address:

Phone Number:

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

- Yes
- No

6. Lead Entity Physical Address: Provide the physical address for the Lead Entity of your proposed Accountable Community (see RFA Section V.C.2).

Provider Organization:

Address:

Address 2:

City/Town:

ZIP:

Lead Entity Requirements

***7. MaineCare Provider Status: Is your Lead Entity a MaineCare provider?**

- Yes
- No

Other (please specify)

***8. 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

*9. PCCM Status: Indicate whether the Lead Entity:

- ◯ Is a designated MaineCare Primary Care Case Management (PCCM) Provider (Chapter VI, Section 1 of the MaineCare Benefits Manual)
- ◯ Is the parent organization of a designated MaineCare PCCM provider(s)
- ◯ Has/ will have a contract with a MaineCare PCCM provider(s) prior to implementation of the Accountable Communities Initiative.
- ◯ None of the Above

Other (please specify)

*10. Social Security Act §1905(t)(1) requirements: The Lead Entity will be, employ, or have a contract(s) with the following entity or individual that meets the definition of a primary care case manager:

- ◯ An individual physician, nurse practitioner, certified nurse-midwife, or physician assistant
- ◯ A physician group practice
- ◯ Neither of the above

*11. Social Security Act §1905(t)(1) requirements: The primary care case manager referenced in Question 10 (RFA Section VI.C.2.d.2) will provide the following services that meet the definition of primary care case management services:

- ☐ Locating, coordinating, and monitoring of health care services
- ☐ Twenty-four hour availability of information, referral and treatment in emergencies and the capability to arrange for, or refer to, a sufficient number of providers for the population served.
- ☐ Neither of the Above

*12. Receipt/ Distribution of Payments: The Lead Entity:

- ◯ Will be directly responsible for the receipt and distribution of Shared Savings payments and/or for payment of Shared Loss
- ◯ Will subcontract with a designated fiscal agent to receive and distribute Shared Savings payments or to pay the Department for any Shared Loss
- ◯ Neither of the above

***13. Fiscal Responsibility: Does the Lead Entity attest to its financial stability and agree to share with the Department sufficient financial documentation to demonstrate its financial stability?**

- ◯ Yes
- ◯ No

***14. Lead Entity National Provider Identifier (NPI): Specify the NPI that the Lead Entity wishes to be the locus of accountability for the Lead Entity and its Accountable Community. This NPI will be the identified entity for any shared savings and loss payments to be transmitted to and from the Department.**

NPI (10 digits): [ ]

***15. 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 and behavioral health services, meets the minimum member attribution numbers outlined in RFA Section VIII.A, and chooses not to contract with any other provider organizations.

Other (please specify)

[ ]

***16. Accountable Community Provider Compliance: Will the Lead Entity ensure that all providers constituting the Accountable Community agree to comply with and implement the Accountable Communities Initiative requirements as will be detailed under MaineCare rule, including the requirement to meet specified Accountable Communities performance standards?**

- ◯ Yes
- ◯ No

Leadership

See RFA Section VI.C.1 for more information regarding leadership requirements for your Accountable Community.

***17. Designated Leader: Is the designated Leader for your Accountable Community the same individual as the Primary Contact for your Lead Entity?**

- ◯ Yes
- ◯ No

18. Leader Contact Information: Provide the contact information for a clinican, executive, officer, manager, general partner, or similar party from one of your provider organizations who will act as the leader within your Accountable Community.

Name:

Company:

Title:

Address:

City/Town:

ZIP:

Email Address:

Phone Number:

***19. Leadership Roles & Activitis: Describe any formal or informal leadership roles held by this leader, and/or any leadership development in which this individual has participated in the past three years:**

***20. Commitment to Triple Aim: Describe how this individual has visibly championed a commitment to the aims of better care for individuals, better health for populations, and lower growth in expenditures.**

Governance

Reference RFA Section VI.C.3 for Accountable Communities requirements regarding governance.

***21. Governance Structure: Describe the proposed organizational structure of your Accountable Community governance, the roles of the participants and the decision making process.**

***22. Transparency: Describe how you will provide access to and communicate your governance structure, roles, processes, decisions and action items to interested parties.**

***23. Member involvement: Briefly describe your plans to identify and engage at least two Mainecare members (or their caretakers) served by the Accountable Community who do not have a conflict of interest with the Accountable Community, and who have no immediate family with a conflict of interest?**

***24. Provider Investment: How will you ensure that each constituent provider organization of your Accountable Community has sufficient financial or human investment in the ongoing operations of the Accountable Community?**

- ☐ Contractual obligation to contribute staff time and effort
- ☐ Contractual agreement to share in any savings or losses
- ☐ Other:

Please specify:

***25. Documentation of Governance, Contracts: Upon request, will you provide copies of all documents effectuating the Accountable Community's formation and operation to MaineCare? Such documentation may include, but is not limited to Governance structure, membership, by-laws, contracts, and other appropriate documentation.**

- ○ Yes
- ○ No

Geographic Service Area

***26. Indicate the general region(s) of Maine to be served by your Accountable Community.**

- ☐ Northern
- ☐ Downeast
- ☐ Central
- ☐ Western
- ☐ Southern

***27. Describe the geographic region served by your Accountable Community's constituent providers.**

***28. Select the Hospital Service Areas (HSAs) in which members attributed to your Accountable Community are likely to reside. County maps of Hospital Service Areas 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

Coordination with the Full Continuum of Care: Delivery of Primary Care Ser...

The Accountable Community must ensure the coordination a full range of services, to include integration of primary, acute, and behavioral health care, as well as long-term services and supports.

See RFA Section VI.D.1 for more information regarding delivery of primary care requirements.

***29. Describe how the Lead Entity will ensure the coordination a full range of services under the Accountable Community, to include integration of primary, acute, and behavioral health care, as well as long-term services and supports.**

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

In addition to submitting your application through Survey Monkey, you must also submit RFA Template A via email to michelle.probert@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.

FQCHs, 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.
- ◯ Other

Other (please specify)

***31. Integration of Behavioral Health at the Primary Care Practice site(s): indicate the steps your Accountable Community primary care practice(s) have taken to integrate behavioral and physical health care.**

	All AC PC Practices	Most AC PC Practices	Some AC PC Practices	No AC PC Practices
Routine Depression Screening	○	○	○	○
Routine Substance Abuse Screening	○	○	○	○
Offer Peer Supports	○	○	○	○
Co-location of BH Professionals	○	○	○	○
Regular referrals to BH Providers	○	○	○	○
Systems for regular communication with BH Providers	○	○	○	○
Other	○	○	○	○

Other (please specify)

Coordination with the Full Continuum of Care: Leveraging Department Care Co...

See RFA Section VI.D.2 for more information regarding requirements for leveraging Department Care Coordination Resources.

32. Partnerships with care coordination providers: Indicate the name and location (city/ town) of providers with which you plan to contract or engage in informal partnerships in order to leverage existing care coordination resources. The Accountable Community must have relationships with at least one provider of care coordination listed under each of three categories focusing on population/ service-- Chronic Conditions, Behavioral Health, and Long Term Services and Supports, as long as those providers exist in the Accountable Community's service area. See Attachments B-D for listings of care coordination providers.

Notes:

Relationships with Health Home practices and Community Care Teams meet the requirement for partnership under the Chronic Conditions care coordination service category.

Accountable Community applications do not need to have all relationships finalized until prior to contract finalization.

Chronic Conditions Care Coordination provider 1 (Health Homes, Targeted Case Management)	
Chronic Conditions Care Coordination provider 2	
Behavioral Health Care Coordination provider 1 (Targeted Case Management, Community Integration, planned Behavioral Health Homes)	
Behavioral Health Care Coordination provider 2	
Long Term Services & Supports Care Coordination provider 1 (Home & Community Based Waiver case management)	
Long Term Services & Supports Care Coordination provider 2	

33. If your Accountable Community plans to engage in an informal partnership with a care coordination provider listed above rather than formally contract, describe how you will document and structure this informal partnership and ensure ongoing communicaiton and collaboration.

Coordination with the Full Continuum of Care: Community Partnerships

See RFA Section VI.D.3.

34. Provide the names and locations (city/ town) of any and all hospitals with which you plan to formally contract with under your Accountable Community.

Note:

Accountable Communities must have contracts or informal partnerships with all hospitals in the Hospital Service Areas served by your Accountable Community in order to improve transitions of care.

The Accountable Community 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.

Hospital 1	
Hospital 2	
Hospital 3	
Hospital 4	
Hospital 5	
Hospital 6	
Hospital 7	
Hospital 8	
Hospital 9	
Hospital 10	

35. If your Accountable Community plans to engage in informal partnership(s) with hospital(s) in its geographic service area rather than formally contract, describe how you will document and structure the informal partnership(s) to ensure ongoing communicaiton and collaboration.

36. Identify the names and locations (city/ town) of public health (PH) entities with which you plan to collaborate.

Note: partnerships must be in place prior to contract finalization but are not due at the time of application.

Local Healthy Maine Partnership(s)	
District PH Coordinating Council	
Women, Infants and Children (WIC) Nutrition Program clinic(s)	
Local Public Health Office/ Agency	
Other PH entity 1	
Other PH entity 2	

37. Describe how your Accountable Community will document and structure its partnerships with Public Health entities to ensure ongoing communicaiton and collaboration.

38. Indicate the names and locations of any other community-based organizations (CBOs) with which you plan to collaborate.

Faith-based organization(s)	
Peer and family support organization(s)	
School(s) and educational system(s)	
Local Career Center(s)	
Regional Division(s) of Vocational Rehabilitation	
OfficeMaineCare Non-Emergency Transportation broker(s)	
Full Service Regional Transportation Provider(s)	
Area Agencies on Aging	
Nutrition and food assistance program(s)	
Community Action Program (s)	
Homeless program(s)	
Other (specify)	

39. Does your Accountable Community plan to contract with any Community Behavioral Health providers?

CBH providers may include providers of Adult Community Support Services, Children's Rehabilitative & Community Support Services, Children's Assertive Community Treatment, Children's Home and Community Based Treatment, Children's Behavioral Health Day Treatment, Targeted Case Management for children with BH disorders, Targeted Case Management for adults with Substance Abuse disorders, Private, Non-Medical Institution (PNMI) Substance Abuse Facilities, PNMI Child Care Facilities, PNMI Community Residences for persons with Mental Illness and PNMI Non-Case Mixed Facilities.

- ◯ Yes
- ◯ No
- ◯ Undecided

40. Identify the names and locations (city/ town) of any providers of Community-Based Behavioral Health (CBH) Services and Supports with which you plan to contract.

CBH provider site 1	
CBH provider site 2	
CBH provider site 3	
CBH provider site 4	
CBH provider site 5	

41. Does your Accountable Community plan to contract with any Long Term Services & Supports providers?

LTSS providers may include Nursing Facilities, Intermediate Care Facilities for Individuals with Intellecutal Disability (ICF/MR), and providers of Home Health, Hospice, Personal Care Assistance, Day Health, Home and Community Based waiver, Assisted Living, Private Duty Nursing and Adult Family Care services.

- ◯ Yes
- ◯ No
- ◯ Undecided

42. Identify the names and locations (city/ town) of any Long Term Services & Supports (LTSS) providers with which you plan to contract or informally partner.

LTSS provider site 1

LTSS provider site 2

LTSS provider site 3

LTSS provider site 4

LTSS provider site 5

43. Does your Accountable Community plan to contract with any specialty sites, providers or pharmacies, etc?

- Yes
- No
- Undecided

44. Indicate the names and locations (city/town) of any medical specialty provider sites with which you plan to contract under your Accountable Community.

Specialty site 1

Specialty site 2

Specialty site 3

Specialty site 4

Specialty site 5

Learning Collaborative Participation

45. Do you commit to participating in the Maine Health Management Coalition's Accountable Care Implementation (ACI) Learning Collaborative?

- Yes
- No

Shared Savings & Loss Models

For more information regarding the two models available under the Accountable Communities Initiative, see RFA Section VIII.A.

***46. Select the Model in which your Accountable Community will participate.**

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
Year 1: Not accountable for any downside risk
Shared loss rate based on quality performance, ranges between 40-60%
Year 2: loss recoupment capped at 5% benchmark TCOC
Year 3: loss recoupment capped at 10% benchmark TCOC

- ◯ Model I: Shared Savings Only
- ◯ Model II: Shared Savings & Loss

***47. Does the Lead Entity for your Accountable Community under Modell II agree to demonstrate the capacity to bear risk and be subject to additional fiscal review?**

- ◯ Yes
- ◯ No

***48. What repayment mechanism(s) does your Lead Entity plan to use to repay MaineCare for any losses? Under Model II in Years 2 and 3, the repayment mechanism must be capable of repaying an amount of shared losses as described in RFA Section VIII.A.2.**

- [ ] Reinsurance
- [ ] Funds placed in escrow
- [ ] Surety bonds
- [ ] A line of credit as evidenced by a letter of credit that the Medicaid program could draw upon.

Other (please specify)

***49. Member Panel Size/ Estimated Attribution: Across all the primary care sites/ providers within your Accountable Community, estimate the number of MaineCare members (including those dually eligible for Medicaid and Medicare).**
Reminder: 1000 minimum attributed members are necessary to be an Accountable Community under Model I, and 2000 attributed members under Model II.

On patient panel(s):

Active on panel(s) (at least one visit within past year):

Estimated to receive a plurality of primary care visits at one of the sites (one of these sites is their principal source of primary care):

***50. Indicate how you plan to use any shared savings performance payments.**

- [ ] Share savings with primary care, specialty, and/or hospital provider organizations within the Accountable Community
- [ ] Share savings with community-based providers of care coordination, Behavioral Health Services and Supports and/or Long Term Services and Supports
- [ ] Re-invest in the Accountable Community's infrastructure
- [ ] Redesign care processes

Other (please specify)

***51. Describe the general criteria you intend to use for distributing any shared savings performance payments among providers within the Accountable Community.**

Services within the Defined Total Cost of Care (TCOC)

The TCOC will be calculated based on a defined set of core services for all Accountable Communities:

- Physician, Physician Assistant, Nurse Practitioner, Certified Nurse Midwife
- Federally Qualified Health Centers, Rural Health Centers, Indian Health Services, School Health Centers
- Primary Care Case Management
- Health Homes
- Targeted Case Management (excluding services provided by Department employees)
- Behavioral Health Homes
- Behavioral Health Services
- Rehabilitative and Community Support Services
- Inpatient Psychiatric
- Outpatient Psychiatric
- Inpatient
- Outpatient
- Pharmacy
- Hospice
- Home Health
- Lab & Imaging services
- Ambulance
- Dialysis
- Durable Medical Equipment
- Early Intervention
- Family Planning
- Occupational, Physical and Speech Therapy (including services provided in schools and at Nursing Facilities)
- Chiropractic Services
- Optometry
- Audiology
- Podiatry

Accountable Communities with innovative partnerships that have the potential to impact the cost of other services may select to include additional, optional services in their defined TCOC.

See RFA Section VIII.B for more information regarding the TCOC Savings Assessment Methodology.

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

- [ ] None
- [ ] Dental services
- [ ] Children's Private Non Medical Institutions
- [ ] Home and Community Based waiver services (excluding the Other Related Conditions waiver)
- [ ] Nursing Facilities
- [ ] Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/ MR)
- [ ] Assisted Living Services
- [ ] Adult Family Care
- [ ] Adult Private Duty Nursing
- [ ] Children's Private Duty Nursing
- [ ] Personal Care Assistance (PCA)
- [ ] Day Health Services

53. If an Accountable Community elects to include Optional Service Costs within its TCOC, the Lead Entity of the Accountable Community must form contractual relationships with providers of these services within the Accountable Community prior to contract finalization with the Department. Indicate the name of any identified providers who deliver the Optional Service to be included. If a provider has not yet been determined, indicate "TBD."

Dental services	
Children's Private Non Medical Institutions	
Home and Community Based waiver services (excluding the Other Related Conditions waiver)	
Nursing Facilities	
Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/MR)	
Assisted Living Services	
Adult Family Care	
Adult Private Duty Nursing	
Children's Private Duty Nursing	
Personal Care Assistance (PCA)	
Day Health Services	

Application Certification & Consent

***54. 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

***55. 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 Entitiy contact information
- [ ] I do not give the Department consent to share this information prior to contract finalization.

Other (please specify)