

**LETTERS**

Commitment and Support

**Note concerning the letters** – Despite the short timeline for preparation of this application, the project has attracted considerable enthusiasm and support statewide – and during the 6 month planning period we will meet with providers and organizations to acquire additional commitment and support from organizations that are not represented in these letters. Most of the provider organizations with “multiple PCPs” sites also have practices in the Maine Multi-Payer Patient Centered Medical Home Pilot (Phase I and Phase II), and/or may be in the MaineCare Health Homes (Stage I) program.

**Governor’s Letter of Endorsement**

Office of the Governor, State of Maine	Paul LePage, Governor
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**Commitment - Primary Care Providers / Hospitals & Health Systems**

Central Maine Healthcare	Peter Chalke, President & CEO	(multiple PCPs)
DFD Russell Centers	Laurie Kane-Lewis, CMPE, CEO	(multiple centers)
DownEast Community Hospital	Douglas Jones, FACHE, President & CEO	(multiple PCPs)
Eastport Health Care Inc	Holly Gartmayer-DeYoung, CEO	
Harrington Family Health Ctr	Bill Wypyski, MPA, MS, CEO	
Health Access Network	William Diggins, CEO	
Maine Health Care Association	Richard Erb, President & CEO	(nursing homes)
Maine Medical Association	Dieter Kreckel, MD, President	
Maine Osteopathic Association	Angela Westhoff, Executive Director	
MaineGeneral Health	Scott Bullock, President & CEO	(multiple PCPs)
Martin’s Point HealthCare	Betsy Johnson, MD, Chief Medical Officer	(multiple PCPs)
Mercy Health System of Maine	Eileen Skinner, MHA, FACHE, Pres& CEO	(multiple PCPs)
Mid Coast Hospital	Lois Skillings, President & CEO	(multiple PCPs)
Northern Maine Medical Center	Peter Sirois, CEO	(multiple PCPs)
Penobscot Community Health Care	Kenneth Schmidt, MPA, President & CEO	(multiple PCPs)
Pines Health Services	James Davis, CEO	
Sacopee Valley Health Center	Maryagnes Gillman, MS, RN, Executive Director	
St. Joseph Healthcare	Dennis Shubert, MD, PhD, VP Medical Affairs	
York County Community Hlth Care	Martin Sabol, Director of Health Services	

**Commitment - Behavioral Health Providers**

Community Care	Kate Davis	
Community Health & Counseling Svces	Dale Hamilton, Executive Director	
ESM –Augusta	Jean Gallant, President	(multiple sites)
Harbor Family Services	Jack Mazzotti III, President & CEO	
Health Affiliates Maine	Andrea Krebs, LCSW, Executive Director	(multiple sites)

Kennebec Behavioral Health	Thomas McAdam, CEO	<b>(multiple sites)</b>
MaineGeneral Health	Emilie van Eeeghen, VP, Behavioral Health Svces	
Spurwink	Dawn Stiles, President	<b>(multiple sites)</b>
Sweetser	Carlton Pendleton, President & CEO	<b>(multiple sites)</b>
Tri-County Mental Health Services	Catherine Ryder, Executive Director	<b>(multiple sites)</b>
Umbrella Mental Health Services	Annalee Morris, CEO	<b>(multiple sites)</b>

**Commitment – Payer**

Aetna	Martha Temple, President, NE Region
Anthem Blue Cross/ Blue Shield	Daniel Corcoran, President & General Manager
Maine Community Health Options	Kevin Lewis, Executive Director

**Commitment – Purchaser**

Maine Municipal Employees Hlth Trust	Steve Gove, Director
MEA Benefits Trust	Christine Burke, Esq, Executive Director
University of Maine System	Thomas Hopkins, Director, Compensation & Benefits
State Employees Health Commission	Laurie Williamson, Office of Employee Health & Benefits

**Other - Commitment and/or General Support**

AARP	Lori Parham, State Director	
American Lung Association	Ed Miller, Sr. VP	
Amistad	Peter Driscoll, LMSW, Executive Director	
Bates College	Ken Emerson, Associate Director, Human Resources	
Catholic Charities	Stephen Letourneau, CEO	
Center for Health Care Strategies	Stephen Somers, PhD, President & CEO	
Consumers for Affordable Care	Joseph Ditre, Esq. Executive Director	
Daniel Hanley Ctr for Health Leadership	James Harnar, Executive Director	
<b>HealthInfoNet</b>	Dev Culver, CEO	<b>(implementation)</b>
Maine Association of AAAs	Jessica Maurer, Esq, Executive Director	
Maine Developmental Disabilities Council	Julia Bell, Executive Director	
<b>Maine Health Management Coalition – Maine Health Management Coalition Foundation</b>	Elizabeth Mitchell, Executive Director	<b>(implementation)</b>
<b>Maine Quality Counts</b>	Lisa Letourneau, MD, MPH, Exec Dir	<b>(implementation)</b>
Muskie School of Public Health	Andrew Coburn, PhD, Director, Population Health / Policy	
University of Maine/ Augusta	Grace Leonard, Professor & Coordinator of Mental Health & Human Services	



STATE OF MAINE  
OFFICE OF THE GOVERNOR  
1 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0001

Paul R. LePage

GOVERNOR

September 19, 2012

Michelle Feagins  
Grants Management Officer  
Office of Acquisition and Grants Management  
Centers for Medicare and Medicaid Services  
US Department of Health and Human Services  
Room 733H-02  
Washington, CD 20201

**Letter of Endorsement:** *Testing the Maine Innovation Model*

Dear Ms. Feagins:

In this time of crippling healthcare costs, rising chronic illness rates, and an aging population, developing ways to delivery high quality care at the lowest cost is critical to maintain both the physical and fiscal health of Maine's citizens. Maine's application for Cooperative Agreement funding is a logical continuation and advancement of delivery system/payment reform initiatives that are already transforming healthcare in Maine – improving care, lowering costs, and fostering patient accountability. *Testing the Maine Innovation Model* will enhance the involvement in, and impact of Maine's public payer sector (MaineCare and Medicare) on cost reduction, quality improvement, and informed patient engagement – i.e. the *Triple Aim* goals – through alignment with the commercial market and a continued commitment to transparent public reporting of cost and quality measures.

The **Maine Health Care Innovation Plan** reflects the dynamic reality of Maine's healthcare transformation initiatives, including its aligned, collaborative, and multi-stakeholder nature. It builds on the foundation of multi-stakeholder enhanced primary care embodied in the Maine multi-payer Patient Centered Medical Home (PCMH) Pilot. The PCMH Pilot is the foundation upon which the CMS Maine Multi-Payer Advanced Primary Care Practice Demonstration (MAPCP) and MaineCare Health Homes (HH) initiatives are based, and all include the use of Community Care Teams (CCTs) to manage high risk / high cost patients. All these initiatives are moving to integrate primary care with behavioral health. Enhanced primary care is also the base for the several multi-stakeholder / multi-payer Accountable Care Organizations (ACOs) that are emerging around the state to help control costs.

The Innovation Plan aligns with the Maine Department of Health and Human Services' MaineCare Value-Based Purchasing Strategy. Announced in 2011, this strategy includes a commitment to increased transparency of cost and quality outcomes, rewards for performance, payment reform, and a move to Accountable Communities that include shared savings and risk and are tied to quality improvement.



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888-577-6690 (TTY)  
www.maine.gov

*Testing the Maine Innovation Model* (the name of our project) leverages current successes and brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignment between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance-based payment reform and public reporting of common quality benchmarks.

**Endorsement** - I am endorsing the Innovation Plan and the application for Model Testing funding under the State Innovation Models FOA (CMS-1G1-12-001).

**Title of Project** - *Testing the Maine Innovation Model*

**Principal Contact Person:**

Mary C. Mayhew  
Commissioner, Maine Department of Health and Human Services  
221 State St (physical address)  
11 State House Station (mailing address)  
Augusta, Maine 04333-0011  
Tel. (207) 287-3707  
mary.mayhew@maine.gov

**Collaborating Organizations and Departments:**

Maine Department of Health & Human Services  
University of Maine System  
Maine Health Management Coalition  
HealthInfoNet  
Maine Quality Counts!  
Health systems, including hospitals, primary and specialty care  
Federally Qualified Health Centers  
Behavioral health organizations  
Professional associations  
Employers  
Payers

  
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Paul Richard LePage  
Governor of Maine



September 19, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of Central Maine Healthcare (CMH), I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Central Maine Healthcare is an integrated healthcare delivery system proudly serving over 400,000 people in coastal, central & western Maine. Our health system is anchored by 3 acute care hospitals, 2 of which are critical access hospitals. In addition, we employ over 375 providers including 250 physicians (140 PCP's) and 75 mid-level providers (please see attached listing). All of our facilities, practices and Rural Health Centers accept all patients regardless of ability to pay including MeCare (Maine Medicaid) which represents approximately 12% of our patient volume.

We currently participate in statewide healthcare transformation in several ways. CMH is a founding member of and active participant in the Maine Health Management Coalition (MHMC), a multi-stake holder, health care quality and cost improvement focused coalition which enjoys the state-wide participation of employers, health systems and government agencies. Many of our primary care practices participate in the Multi-Payer Patient Centered Medical Home (PCMH) initiative which will soon be expanded to include the MeCare (Maine Medicaid) Health Home pilot. In addition, we were recently designated by CMS as an ACO under the Shared Savings Program serving over 16,000 Medicare beneficiaries.

This letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models which tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely,



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Peter Chalke  
President & Chief Executive Officer

[pchalke@cmhc.org](mailto:pchalke@cmhc.org)  
207-795-2701

## Central Maine Healthcare - Primary Care Practices 2012 - July Inventory

### Central Maine Medical Center

Primary Care	Name	Address	Town
Family Practice	Lisbon Family Practice	2 Bisbee Street	Lisbon
Family Practice	Family Health Care Associates	190 Stetson Road	Auburn
Family Practice	CMMC Family Medicine Residency Program	76 High Street	Lewiston
Family Practice	Gray Family Health Center	126 Shaker Road	Gray
Family Practice	Mechanic Falls Family Practice Center	22 Pleasant	Mechanic Falls
Family Practice	Central Maine Family Practice	12 High Street, Suite 302	Lewiston
Family Practice	Minot Avenue Family Medicine	789 Minot Avenue	Auburn
Family Practice	Norway Family Medicine	39 Main Street	Norway
Family Practice	Topsham Family Medicine	4 Horton Place	Topsham
Family Practice	Community Health Center	364 Main Street	Poland
Internal Medicine	Central Maine Internal Medicine	12 High Street Suite 400	Lewiston
Pediatrics	Central Maine Pediatrics	12 High Street, Suite 301	Lewiston

### Bridgton Hospital

Primary Care	Name	Address	Town
Family Practice	North Bridgton Family Practice	14 Wyonegonic Road	North Bridgton
Family Practice	Fryeburg Family Medicine	253 Bridgton Road	Fryeburg
Family Practice	Naples Family Practice	410 Roosevelt Trail	Naples
Internal Medicine	Bridgton Internal Medicine	25 Hospital Drive	Bridgton
Pediatrics	Bridgton Pediatrics	25 Hospital Drive	Bridgton

### Rumford Hospital

Primary Care	Name	Address	Town
Family Practice	Swift River Family Medicine	430 Franklin Street	Rumford
Internal Medicine	River Valley Internal Medicine	431 Franklin Street	Rumford
Family Practice	Elsmore Dixfield Family Medicine	146 Weld Street	Dixfield

### Oakland

Primary Care	Name	Address	Town
Family Medicine (CMCA)	Twin Pines Family Medicine	3 Evergreen Drive	Oakland

### Brunswick

Primary Care	Name	Address	Town
Family Medicine	Brunswick Family Health	329 Maine Street, Suite H	Brunswick
Family Medicine	Brunswick Family Medicine	33 Bath Road	Brunswick
Pediatrics	Brunswick Pediatrics	329 Maine Street, Suite J	Brunswick



180 Church Hill Road  
Leeds, Maine 04263  
207-524-3501  
Fax: 207-524-2093

*DFD Russell Medical Centers, Inc. is an equal opportunity provider and employer*

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September 20, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of DFD Russell Medical Centers, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

DFDRMC through its three Central Maine sites in Leeds, Monmouth and Turner, offers comprehensive primary care, Care Management, laboratory and integrated behavioral health services to people of all ages: men and women, the uninsured and underinsured, low



income wage earners, and people receiving public assistance. The Center maintains a sliding fee scale and no one is refused any treatment or services based on an ability to pay. Services include:

- Primary health care: Basic medical treatment, examinations, on-going treatment for chronic illnesses, and acute care not requiring an emergency room or hospitalization. Family practitioners treat patients of all ages, from birth to geriatric;
- Prevention: Patient education, immunizations, early detection through screenings and self-examinations, nutrition counseling;
- Behavioral Health: Integrated within the primary care setting and coordinated with the primary care providers our behavioral health providers utilize Motivational Interviewing and Cognitive Behavioral Therapy to assist patients with positive change management for improved health outcomes.
- Care Management: Assisting patients to maintain treatment regimen, follow-up appointments, life style changes and chronic disease management, and to secure necessary benefits and services;
- 24/7 availability: Provides medical on-call coverage 365 days a year including extended evening and weekend hours for acute care needs to assist patients with avoiding inappropriate ER use.
- Referral and information: Assisting patients to establish contacts with other providers, e.g. specialists, social service agencies, alternative health options;

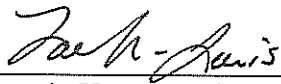
We currently participate in statewide healthcare transformation in several ways. DFD Russell Medical Center is NCQA Recognized as a Patient-Centered Medical Home, has achieved NCQA Recognition in Diabetes Care and in Heart/Stroke Care as well. We participate with Bridges to Excellence, are part of the Maine Patient Centered Medical Home Pilot Program and have achieved the highest status with Anthem's Quality Initiative Program. We have achieved Meaningful Use with the State of Maine under the Medicaid program for Phase I and will be submitting Phase II data by the end of the calendar year. DFD is part of the Central Maine ACO and is committed to increasing quality and reducing costs in our patient populations. Through an independent study by the Muskie Institute under a Maine Health Access Foundation Grant DFD's interventions with patients were proven to reduce ER visits and Rehospitalizations by 50% over the grant period.

As a Federally Qualified Health Center this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.

3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
5. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
6. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely



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Laurie Kane-Lewis, CMPE  
Chief Executive Officer  
[Laurie.kane-lewis@dfdrussell.org](mailto:Laurie.kane-lewis@dfdrussell.org)  
207-524-4001



**Patient-focused care**

# Eastport Health Care, Inc.

**A primary care provider that offers Medical, Dental and Mental Health care services for the whole family, as well as a wide variety of specialty services.**

P.O. Box H 30 Boynton Street  
Eastport, ME 04631

*Provider letter of Support*  
p (207) 853-6001  
f (207) 853-6180

Email: [info@eastporthealth.org](mailto:info@eastporthealth.org)  
[www.eastporthealth.org](http://www.eastporthealth.org)

September 24, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

## **Letter of Support & Commitment For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of Eastport Health Care Inc. I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Eastport Health Care is an FQHC located Downeast. We provide services to 5690 patients, 22% of whom are Maine Care beneficiaries.

We currently participate in statewide healthcare transformation in several ways. Two of our practice sites (the only sites in Washington County) have been selected to participate in the Quality Counts Multi-Payer PCMH Pilot. Additionally we are one of nine founding members and participants in the Maine Community ACO (the only primary care practice ACO in Maine). Since November 2010, EHC has adopted a culture of transformation, demonstrated by creating a new Senior Leadership position: Chief Operating-QI Officer. A significantly competent leader (Theresa Brown) was recruited in March 2012. She has implemented numerous improvements establishing EHC as a Best Practice (Performance Improvement Program) by HRSA at a recent Operational Site Assessment. EHC CEO, Holly Gartmayer DeYoung, is a founding member of Maine Quality Counts, and is strong proponent of quality, access and limiting cost. EHC now embodies performance improvement vis a vis responsive health care that reflects quality measures that are met, access goals improving Transformation of Care MOU's with the 2 critical access hospitals in Washington County and contained cost. Financial performance measures are routinely shared with staff.

*"Eastport Health Care, Inc. is an equal opportunity employer and provider"*

Rowland B. French Medical Center  
Vogl Behavioral Health Center  
30 Boynton Street  
Eastport, ME 04619  
(207) 853-6001

Calais Behavioral  
Health Center  
55 Franklin Street  
Calais, ME 04619  
(207) 454-3022

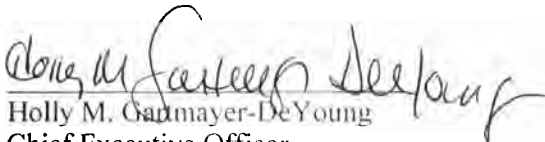
Machias Behavioral  
Health Center  
53 Fremont Street  
Machias, ME 04654  
(207)255-3400

Eastport Health Care, Inc.  
Machias Family Practice  
53 Fremont Street  
Machias, ME 04654  
(207) 255-3290

As Eastport Health Care, this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models which tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely,



Holly M. Gaudmayer-DeYoung  
Chief Executive Officer  
[hdeyoung@eastporthealth.org](mailto:hdeyoung@eastporthealth.org)  
207-853-4045



September 19, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of Down East Community Hospital, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer Accountable Care Organizations (ACOs) that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Down East Community Hospital is a critical access hospital with a primary service area of approximately 15,000 individuals. Most of our physicians are hospital employed. Overall the hospital serves a Medicaid population of approximately 20%. Within our physician practices our OB/GYN's and pediatrician sees nearly 80% Medicaid.

We are presently gearing up to participate in the Beacon Health, LLC, accountable care organization sponsored by Eastern Maine Healthcare Systems and expect to be a contracted member of that organization in February, 2013.

As a critical access hospital this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
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7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely,

A handwritten signature in blue ink, appearing to read 'DJones', is positioned above the typed name.

Douglas T. Jones, FACHE  
President/CEO  
[djones@deeh.org](mailto:djones@deeh.org)  
207-255-0223



September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

Dear Commissioner Mayhew:

On behalf of the Harrington Family Health Center, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Harrington Family Health Center (HFHC) is a private, non-profit community health center operating from a single site and serving western Washington County and a small portion of eastern Hancock County in the state of Maine. The Health Center was founded in 1984 and provides primary and preventive medical care, dental care, and mental/behavioral health and substance abuse services. The health center serve people with MaineCare, Medicare, private insurances and self-pay; including the use of a sliding scale. We currently deliver care to more than three thousand patients and a third of them are MaineCare members.

The health services we provide are essential given the dire health statistics in this county including having the highest state rate of obesity and cancer, one of the highest rates of diabetes, more than 16% of residents reported as having three or more chronic illnesses and a smoking rate of 31%. Additionally, this county has the highest state rate of poverty, the second lowest annual income, an unemployment rate of 11% and the highest number of residents over the age of 65.

HFHC currently participates in statewide healthcare transformation efforts. We have joined the Maine Community Accountable Care Organization along with eight other community health centers. We believe that a membership in this ACO will help us provide greater quality at a Primary Care level. We are also involved in meeting Meaningful Use criteria and becoming a certified Patient Center Medical Home. One of the key strategies is to provide care coordination services to best support our patients in getting the right care they need, when they need it, in the most cost effective manner possible.

As HFHC this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
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7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely,



Bill Wypyski, LCSW, MPA, MS  
Chief Executive Officer  
Harrington Family Health Center  
50 E. Main Street  
Harrington, ME 04643  
(207)483-4502 ext. 230  
[bill.wypyski@harringtonfamilyhealth.org](mailto:bill.wypyski@harringtonfamilyhealth.org)





September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of Health Access Network, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Health Access Network operates 5 medical and 1 dental clinic with 25 Providers and 120 support staff. We currently serve in excess of 15,000 primary care patients of which 32% are MaineCare enrollees. HAN provides Family Practice, OB/GYN, pediatrics, podiatric, dental, occupational medicine, behavioral services and walk-in care.

We currently participate in statewide healthcare transformation in several ways including the Medicare PCMH Demonstration Project in our Medway Clinic, the expansion of the Maine statewide PCHC expansion in our Lincoln and Millinocket Clinics and the State's Medical Home project in our West Enfield and Lee Clinics.

As Health Access Network, this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project , either through participation in a recognized patient centered medical home/ health-home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models which tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely



William Diggins, C.E.O.  
Health Access Network  
[wdiggins@hanfqhc.org](mailto:wdiggins@hanfqhc.org)  
(207)794-6700



September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of the Maine Health Care Association (MHCA), I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction state-wide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and **long-term care**; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

MHCA represents 90% of the 108 nursing homes in Maine. According to the most recent state-wide census report, our nursing homes are providing skilled Medicare rehabilitation to approximately 700 patients. All nursing home beds in Maine are dually certified for Medicaid and Medicare. MHCA is the only statewide organization that has the capacity to communicate directly with all long term care facilities.

Our organization seeks to provide support for increased cooperation between long term care providers and other entities listed in Item (2) above. To date we have been the key provider of long term care information for Maine's Value Based Purchasing initiative and the development of Accountable Care Organizations. MHCA has recently met with members of the Commissioner's staff to align our own proposal on a pay for performance plan with other statewide initiatives.

We believe that long term care facilities are an important, but often untapped, resource for state innovation and that MHCA provides the most effective way to incorporate these providers in the process. We therefore hope you will include us in this initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard A. Erb". The signature is fluid and cursive, with the first name being the most prominent.

Richard A. Erb  
President & Chief Executive Officer

[rerb@mehca.org](mailto:rerb@mehca.org)  
(207) 623 146



## MAINE MEDICAL ASSOCIATION

Dieter Kreckel, MD *President* • Guy Raymond, MD *President-Elect* • Lisa Ryan, DO *Chair, Board of Directors*  
Gordon H. Smith, Esq. *Executive Vice President* • Andrew B. MacLean, Esq. *Deputy Executive Vice President*

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

Dear Commissioner Mayhew:

On behalf of The Maine Medical Association, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - State Innovation Models: Funding for Model Design and Model Testing Assistance. The purpose of Maine's proposal – Testing the Maine Innovation Model – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

The Maine Medical Association (MMA) is the state's largest physician organization representing the interests of over 3700 physicians, medical students and residents. Established in 1853, MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.

The association has previously been involved in many of Maine's ground-breaking QI initiatives including the multi-payer Patient Centered Medical Home and has established several QI initiatives under the direction of the association's Committee on Physician Quality.

As a representative of Maine's physicians, we commit to encouraging physician practices to adapt the primary care model endorsed by the project. We will publicize these efforts through the pages of Maine Medicine, our quarterly publication and the Weekly Update, our e-newsletter. These efforts include using the MHDO all-payer database as a common claims data source and encouraging the use of alternative reimbursement models.

In conclusion, the Maine Medical Association supports the goals of the proposal and encourages its funding.

Sincerely,

A handwritten signature in black ink, appearing to read "Dieter Kreckel" with a date "2/12" written at the end.

Dieter Kreckel, MD  
President  
president@mainemed.com  
207-369-0146



September 19, 2012

*MOA Executive Committee*

Christopher Pezzullo, D.O.  
President

Jack Forbush, D.O.,  
President Elect

Joel Kase, D.O., M.P.H.,  
Immediate Past President

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FACOFP

Martha Stewart, D.O.

Cole Southworth, OMS  
UNECOM Student  
Representative

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices

Dear Commissioner Mayhew:

On behalf of the Maine Osteopathic Association, I am pleased to provide this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*.

The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

The Maine Osteopathic Association (MOA) represents approximately 400 osteopathic physicians in Maine, the majority of whom practice in primary care specialties. Our physicians are often the front line providers for Maine's families, including many MaineCare members, and work in some of the most rural and underserved areas of our state.

The MOA is a statewide member supported organization with a mission of serving the osteopathic profession through coordinated professional education, advocacy and member services in order to ensure the quality of osteopathic care to the people of Maine. A number of our practices are currently engaged in statewide

healthcare transformation projects including participation in the multi-payer PCMH pilot and in developing ACOs. The MOA also is an active member and partners with the Maine Health Management Coalition, Maine Health Data Organization and Quality Counts. We are also pleased to pledge our support to this initiative and hereby commit to supporting the *Testing the Maine Innovation Model* by participating in the following ways:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models that tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Once again, it is my pleasure to provide this letter of support and commend you on the efforts to tackle payment reform and delivery transformation in an effort to lower costs, improve the quality of care, and patient satisfaction. We are pleased to partner together with you and others on this important work.

Best regards,



Angela Cole Westhoff  
Executive Director  
Phone: 207-623-1101 ext. 2  
Email: [awesthoff@mainedo.org](mailto:awesthoff@mainedo.org)



Your resource for life.

**MaineGeneral Health**

149 North Street  
Waterville, Maine 04901

207-872-1000

[www.maine-general.org](http://www.maine-general.org)

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September 19, 2012

Mary Mayhew, Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of MaineGeneral Health and MaineGeneral Medical Center, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Maine General Medical Center (MGMC) is the result of a merger between Kennebec Valley (KV) and Mid-Maine Medical Centers in 1997 and maintains campuses in Augusta and Waterville, Maine. Originating from the most mergers and consolidations of any hospital in the state, MGMC is guided by a single standard: *to maintain access in the KV region to an appropriate complement of coordinated primary and specialty care services*. MGMC includes MaineGeneral Physician Practices – 11 primary care groups and 14 specialty physician practices and, as a joint venture with Dartmouth Medical School, has a freestanding family medicine residency program. MaineGeneral Health (MGH), MGMC's parent company, is a medium size integrated health system in central, rural Maine. MGH also owns three other corporations: HealthReach Network, MaineGeneral Rehabilitation and Nursing Care, and MaineGeneral Retirement Community, which provide home health, behavioral health, hospice and palliative care as well as long-term care and rehab services. Within our primary care practices we serve approximately 26,000 Medicaid beneficiaries.

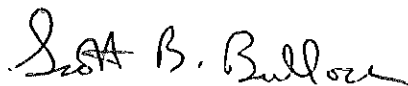


Of the 11 primary care practices within MGMC, 3 have been participating in the Multi-payer PCMH pilot since its start in 2010, and 3 more will join in the expansion of this pilot, beginning January 2013. As a member of the MaineHealth Management Coalition with representation on the Boards, we have been an active participant in their work on public reporting, payment reform and consumer engagement. Over the past two years we have entered into risk arrangements with the State of Maine as an employer based on access, quality and efficiency metrics. In the current year of the agreement with the State of Maine, we are agreeing to a pmpm target and will develop the analytics to move to global capitation over the next 2-3 years.

As MaineGeneral Health and MaineGeneral Medical Center this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models which tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely,



Scott B. Bullock  
President/CEO  
MaineGeneral Health  
[scott.bullock@mainegeneral.org](mailto:scott.bullock@mainegeneral.org)  
Tel: 207-872-1600



September 20, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of Martin's Point Health Care, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Martin's Point has been caring for the health of Mainers for more than 30 years. At our nine convenient neighborhood locations we care for over 70,000 patients throughout southern Maine, Bangor, and Portsmouth, New Hampshire. We provide family medicine, internal medicine, pediatrics, ob-gyn, integrative medicine, osteopathic manipulation, travel medicine, cardiology, and more. Approximately 7% of our patients are covered by MaineCare.

We currently participate in many Maine-based healthcare transformation efforts.

- Three of our nine practices are participants in the statewide Patient-Centered Medical Home pilot.
- We operate under shared savings risk arrangements with Cigna Health Care and MaineSense. (MaineSense is an innovative employer-owned insurance program offered through a partnership between Martin's Point and the Maine Wellness Association.) We are also actively working with other payers to develop similar arrangements.



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HEALTHCARE

- We are active members of the Maine Health Management Coalition (MHMC). David Howes, President and Chief Executive Officer, is Chair of the MHMC Foundation Board and staff actively participate on the Steering Committee and related workgroups in developing Advanced Primary Care standards and requirements.

As a health care delivery system, this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models which tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely

Betsy Johnson, MD, Chief Medical Officer  
Martin's Point Health Care  
betsy.johnson@martinspoint.org  
(207) 828-2420



September 21, 2012

Mary Mayhew, Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

Dear Commissioner Mayhew:

On behalf of Mercy Health System of Maine, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks. As this project develops, it is important to recognize that the health improvement and cost reduction opportunities in the commercial and Medicaid populations are quite different and that specialized providers unique to the Medicaid population must be engaged.

Mercy is a comprehensive provider network which administers physical and behavioral health care services that served 15,520 MaineCare members in 2011. Mercy is a member of Catholic Health East, a multi-institutional Catholic health system serving communities through regional healthcare systems in 11 eastern states from Maine to Florida.

Mercy has recently been selected by Cigna as a "Collaborative Accountable Care" Partner. Mercy has the distinction of being the only Hospital system in Southern Maine to have been selected. We will be working with Cigna to implement consistent population health activities that complement our Accountable Care Community. Mercy is working with another major payor to become a national ACO pilot.

*"Maine Quality Counts!"* has recently chosen three of our Primary Care Practices: Gorham Primary Care, Fore River Family Practice and Yarmouth Primary Care to participate in their second round of Patient Centered Medical Home (PCMH) pilots. In addition, we recently applied for and received NCQA recognition for these practices as well as Windham Primary Care. Specifically, Mercy Primary

Care is working with the State and others to change the way we deliver health care through comprehensive population health management teams. This includes partnering with interdisciplinary providers to ensure that our patients receive the high quality care they need, when they need it, and in the most appropriate and cost efficient manner. These efforts align well with the State's efforts to maximize preventative health and wellness, efficiently manage chronic disease, and reduce overall healthcare spending.

These programs will allow us to partner with both public and private payers to begin to test shared risk and Per Member per Month (PMPM) fee structures to help transition from our current fee for service model while achieving the triple aim of better health and better healthcare at lower cost.

Sincerely yours,

A handwritten signature in cursive script that reads "Eileen F. Skinner".

Eileen F. Skinner, MHA FACHE  
President and CEO  
Mercy Health System of Maine  
skinnere@mercyme.com  
207.879.3433

*For a lifetime of caring*



## MID COAST HOSPITAL

123 Medical Center Drive  
Brunswick, Maine 04011  
(207) 729-0181  
[www.midcoasthealth.com](http://www.midcoasthealth.com)

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

### **Letter of Support and Commitment For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of Mid Coast Hospital, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction.

These "Triple Aim" goals; improving the health of the population, improving and coordinating healthcare, while lowering the cost of healthcare, will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Mid Coast Hospital is an independent, community-owned, nonprofit 92 bed hospital accredited by the Joint Commission and designated as a Magnet organization by the American Nurses Credentialing Center, providing a variety of healthcare services in the Bath-Brunswick-Topsham area of coastal Maine. The hospital is governed by a community board of directors.

We currently participate in statewide healthcare transformation in several ways. The primary care practices of Mid Coast Hospital, Mid Coast Medical Group in Bath, Primary Care and Walk in Clinic in Brunswick, and Mid Coast Medical Group in Topsham, are actively engaged in transforming healthcare delivery toward a patient-centered medical home model. Because primary care services at Mid Coast are part of an integrated delivery system of ambulatory and specialty services, acute care, home care and long term care services, there are opportunities for care coordination and efficient use of resources that are critical to any care delivery model and payment reform strategies.

Mid Coast Hospital currently has two primary care practices (Mid Coast Medical Group Bath and the Primary Care and Walk-in Clinic in Brunswick) that have been selected to participate in the CMS multi-payer PCMH expansion pilot. Our third primary care practice, Mid Coast Medical Group in Topsham, was selected as one of 10 practices in Maine to be part of the Patient Centered Medical Home Learning Collaborative sponsored by MaineHealth. As part of these projects, each practice is committed to becoming recognized by the National Committee for Quality Assurance (NCQA) as a patient centered medical home site in the next two years.

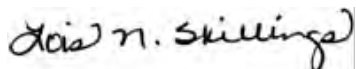
Mid Coast Hospital is a charter member of the Maine Health Management Coalition (MHMC) and have representation at the PTE, ACI and Cost Workgroups.

In 2011, Mid Coast developed a clear pathway, our “2020 Vision” for the transformation of healthcare in our community, which outlines the priorities of prevention and wellness, excellent patient experience, integrated and accountable care, continuous improvement to achieve superior outcomes and meeting community needs. The Maine Innovation Model has potential to help us to achieve this vision.

As a provider this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models which tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely



Lois N. Skillings, President / CEO  
lskillings@midcoasthealth.com  
(207) 373-6027



northern  
maine  
medical  
center

194 East Main Street  
Fort Kent, Maine 04743  
(207) 834-3155  
FAX: (207) 834-2949  
www.nmmc.org

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of Northern Maine Medical Center, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

MaineCare members make up 17.44% of the patients served by Northern Maine Medical Center's 26 providers.

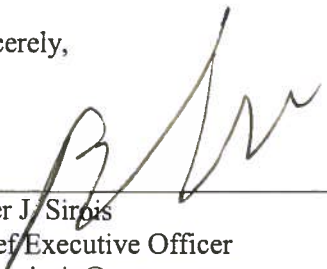
As Northern Maine Medical Center this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.



2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models which tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely,



---

Peter J. Sirois  
Chief Executive Officer  
[peter.sirois@nmmc.org](mailto:peter.sirois@nmmc.org)  
207-834-1411



**President & CEO**  
Kenneth Schmidt, MPA

**Executive Medical Director**  
Robert Allen, MD, FACC

**Board Chair**  
Ann Wiersma

**Founding Physician**  
Barbara Vereault, DO

**Transforming Lives.  
Transforming the Health Care System.**

**PENOBSCOT COMMUNITY  
HEALTH CENTER**  
1012 Union Street  
P.O. Box 439  
Bangor, ME 04402  
207-945-5247

**PENOBSCOT PEDIATRICS**  
1068 Union Street  
P.O. Box 439  
Bangor, ME 04402  
207-947-0147

**DENTAL CENTER**  
1048 Union Street  
P.O. Box 439  
Bangor, ME 04402  
207-992-2152

**HELEN HUNT  
HEALTH CENTER**  
242 Brunswick Street  
Old Town  
P.O. Box 439  
Bangor, ME 04402  
207-827-6128

**BREWER MEDICAL CENTER**  
735 Wilson Street, Brewer  
P.O. Box 439  
Bangor, ME 04402  
207-989-1567  
207-947-0768

**EXTENDED CARE SERVICES**  
735 Wilson Street  
Brewer  
P.O. Box 439  
Bangor, ME 04402  
207-992-2601

**SUMMER STREET  
HEALTH CENTER**  
34 Summer Street  
P.O. Box 439  
Bangor, ME 04402  
207-992-2636

**CAPEHART COMMUNITY  
HEALTH CENTER**  
86 Davis Road  
P.O. Box 439  
Bangor, ME 04402  
207-992-2205

**BREWER SCHOOL CLINICS**  
Parkway South  
Brewer  
P.O. Box 439  
Bangor, ME 04402  
207-992-2393

**WARREN CENTER**  
992 Union Street  
P.O. Box 439  
Bangor, ME 04402  
207-941-2850

**MEDICAL SPECIALISTS**  
992 Union Street  
P.O. Box 439  
Bangor, ME 04402  
207-945-5247

**HOPE HOUSE**  
179 Indiana Avenue  
P.O. Box 439  
Bangor, ME 04402  
207-217-6713

**EASTERN MAINE AIDS NETWORK**  
370 Harlow Street  
P.O. Box 2038  
Bangor, ME 04401  
207-990-3626

September 20, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of Penobscot Community Health Care (PCHC), I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

PCHC is by far the largest and most comprehensive of the 19 Federally Qualified Health Centers (FQHC) in Maine and the 3<sup>rd</sup> or 4<sup>th</sup> largest of the over 100 FQHCs in New England. Our 650 employees including 180 clinicians provide fully integrated primary care services for about 60,000 people, including almost 20,000 Medicaid participants; we provide over 300,000 patient visits a year and over 100,000 visits for MaineCare participants. We provide three large family practices, a large pediatric center, all with fully integrated psychiatry-mental health services: we employ about 35 mental health providers - a ratio of one mental health provider to every two primary medical providers.

PCHC also provides dental care (23 dentists), three 340B pharmacies, almost 30 care management professionals, physical therapists, audiologists, speech therapists, podiatry, dermatology, GYN, and two clinics for homeless persons as well as a homeless shelter. In addition we provide three school clinics, an AIDS/HIV prevention and case work service, our own high complexity lab and x-ray, and other services. We are one of only 11 designated Teaching Health Centers in America and an Area Education Center training over 300 health care professionals a year. We "grow our own" by operating four residencies: an accredited General Practice Dental Residency for six dentists a year; a two year Pediatric Dental Residency for eight dentists; a Community Pharmacy Residency for four pharmacists; and one of only 4-5 Nurse Practitioner Residencies in the country, for four graduate nurse practitioners.

We currently are a leader in the state in healthcare transformation in several ways:



**President & CEO**  
Kenneth Schmidt, MPA

**Executive Medical Director**  
Robert Allen, MD, FACC

**Board Chair**  
Ann Wiersma

**Founding Physician**  
Barbara Vereault, DO

**Transforming Lives.  
Transforming the Health Care System.**

Mary Mayhew, Commissioner  
September 20, 2012  
Page 2

- PCHC was one of the first FQHCs in America for all of its practices to achieve NCQA PCMH Certification. In 2012 we will achieve all practices at Level III.
- PCHC is the only of the 19 FQHCs in Maine to be accredited by the Joint Commission.
- In fact, it is the first health care organization of any kind in Maine and only the 11<sup>th</sup> health care organization of any kind in America to be Certified by the Joint Commission as a Primary Care Medical Home.
- Three of PCHC's practices were selected among only 23 others to pioneer the Maine Patient Centered Medical Home Pilot which is called by the federal sponsoring agency – "The Beacon of Beacons". We have dramatically cut ED usage and hospitalizations by measurably and significantly improving health status among multiple chronic disease patients.
- PCHC was one of the three key health care organizations anchoring the federal Beacon Communities grant initiative in Bangor Maine.
- PCHC is one of the first FQHCs in the country and the first in Maine to join a Medicare Pioneer Accountable Care Organization (ACO) – with Eastern Maine Healthcare Systems.
- PCHC is eager to participate in the planned MaineCare ACO.
- PCHC has used electronic medical records for eight years.
- PCHC's four largest practices are open seven full days a week, as well as early mornings and weeknights until 7-8 pm. We provide 24 hour on-call provider communications for patients by telephone. We provide same day sick care, and walk in care.
- PCHC is part of the Maine Health Information Network, and our providers are the single biggest user in Maine of HIN shared patient data.
- PCHC was the first health care organization in Maine to be recognized as a Leader in LGBT Healthcare Equality.
- PCHC is a member of Maine Quality Counts and the Maine Health Management Coalition initiatives for high quality health care at reduced costs.

As a provider organization this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models, whenever feasible for PCHC, which tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and



**President & CEO**  
Kenneth Schmidt, MPA

**Executive Medical Director**  
Robert Allen, MD, FACC

**Board Chair**  
Ann Wiersma

**Founding Physician**  
Barbara Vereault, DO

**Transforming Lives.  
Transforming the Health Care System.**

Mary Mayhew, Commissioner  
September 20, 2012  
Page 3

6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely,

A blue ink handwritten signature, appearing to be "KS", is written over a horizontal line. The signature is fluid and cursive in style.

Kenneth Schmidt, MPA  
President and Chief Executive Officer  
Penobscot Community Health Care  
207-992-9200  
ceo@pchc.com

# PINES HEALTH SERVICES

"Pines Health Services - collaborating with Cary Medical Center and others to provide quality health care"

Administration

Post Office Box 40, Caribou, Maine 04736

(207) 498-2359 • (800) 371-6240 • Fax: (207) 498-3947

PINES

## CARIBOU

Primary Care

(207) 498-2356 • Fax: (207) 492-6260

OB/GYN • Pediatrics

OB: (207) 498-6921 • Peds: (207) 492-3451

Fax: (207) 498-1697

Orthopedics & Sports Medicine

(207) 493-5791 • Fax (207) 498-1326

## CARIBOU

Pines Urological Services

(207) 498-8678 • Fax: (207) 493-7725

Surgery

(207) 498-2595 • Fax: (207) 498-2756

Ophthalmology

647 Main Street • (207) 496-6851

## LIMESTONE

Primary Care • Occupational Health

(207) 328-4631 • Fax: (207) 328-4640

## PRESQUE ISLE

Primary Care • Pediatrics • OB/GYN

(207) 769-2025 • Fax: (207) 764-0629

## VAN BUREN

Primary Care • Pediatrics • OB/GYN

(207) 868-2796 • Fax: (207) 868-2799

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

## RE: Letter of Support & Commitment

Dear Commissioner Mayhew:

On behalf of Pines Health Services, a Federally Qualified Health Center serving the residents of rural central and northern Aroostook County, ME, I am writing this letter in support of the State of Maine's application for funding under **CFDA 93.624 - State Innovation Models: Funding for Model Design and Model Testing Assistance**. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower health system costs, while improving quality of care and patient satisfaction. These goals (i.e. **the Triple Aim goals**) will be accomplished through public/ private collaboration of providers such as Pines, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance-based payment reform, as well as public reporting of common quality benchmarks.

Pines Health Services is a multi-specialty, multi-site physician practice designated as a Federally Qualified Health Center. Our group includes approximately 45 primary care and specialty physicians and mid-level providers (FNPs, CNMs, PA-Cs) covering a comprehensive range of outpatient and inpatient care. Within the primary care provider portion of the practice, we deliver care to over 16,000 unique patients in extreme northern Maine. Our service area is entirely rural, and population density approaches frontier status. The primary care group generates almost 60,000 patient visits annually. In the primary care arena, we offer Internal Medicine, Family Medicine, Pediatrics and Obstetrics/Gynecology. Four of our five primary care health centers offer extended early morning and late evening hours, and our Caribou Health Center is open on Saturday. Roughly one-third of our patients have Medicaid (MaineCare) as their primary source of payment for care. Medicare patients, given the substantial size of the 65+ year old population in Aroostook County (almost 24 percent), account for another one-third of our unique patients.

Pines Health Services currently participates in statewide healthcare transformation in several ways:

- Clinical activities - -
  - Maine Health Management Coalition
  - Pathways to Excellence recognition with three ribbons
  - Anthem Blue Cross/Blue Shield recognition as a preferred provider on the basis of quality and cost of care
  - NCQA recognition of providers in the areas of Diabetes, Heart and Stroke
  - Application under submission to NCQA (filed with HRSA) for PCMH designation
  - Admitted to January 2013 class of the Quality Counts PCMH Multi-Payer Pilot Expansion
  - Recognition in recent years by the Maine CDC for exemplary performance and collaboration (Director's Award) for immunization compliance
  - Behavioral Health integration with local partner (Aroostook Mental Health Centers) and telepsychiatry partner (Access Psychiatry)
  - Expect to receive Meaningful Use EHR incentives for Year 1, Stage 2 in Spring 2013 (Year 1, Stage 1 received December 2011)
- Administrative => clinical activities - -
  - Maine Community Health Options (ACA Co-op)
  - Maine Community Accountable Care Organization (Medicare Shared Savings Program)
  - Maine Primary Care Association – statewide PCMH Learning Collaborative

By transmission of this letter, Pines Health Services also **commits** to supporting *Testing the Maine Innovation Model* by participating to the best of our clinical, information system and administrative ability in the following manner:

1. Engaging our multi-site primary care practice in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Utilizing the MHDO All Payer Database as a common claims data source and as a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models which tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely



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James M. Davis  
Chief Executive Officer  
E-mail: [jdavis@pineshealth.org](mailto:jdavis@pineshealth.org)  
Phone: 207/498-2359 x2022

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SACOPEE  VALLEY  
HEALTH CENTER

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Mailing Address: PO Box 777, Parsonsfield, ME 04047 • Physical Address: 70 Main Street, Porter ME 04068  
Phone (207) 625-8126 • Fax (207) 625-7820  
www.svhc.org

September 20, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of Sacopec Valley Health Center, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Founded in 1976, Sacopec Valley Health Center (SVHC) is a 501(c) (3) not-for-profit, single site, community based Federally Qualified Health Center (FQHC) located in a remote rural region of southwestern Maine. The mission of SVHC is providing the best healthcare for our community. SVHC is an important resource for all populations, and specifically targets low income, uninsured and underinsured service area residents, who, with the Medicaid population, make up more than 55% of the Center's users. SVHC also provides outreach clinics and health education forums in the community. As a region, Sacopec Valley is quite poor, more so than the state of Maine whose per capita income ranks 34th in the country. The service area has a population of 21,761 (U.S. Census, 2010). The Center is located 26 miles from the nearest community hospital and 45 miles from the nearest tertiary hospital in Portland, Maine. In calendar year 2011, 4,353 patients received care at SVHC. SVHC has had a fully integrated electronic medical record since 2007.

We currently participate in statewide healthcare transformation in several ways. We have been selected as a participant for round two of the multi-payer PCMH pilot and are a member of the recently formed Maine Community Accountable Care Organization.

Sacopec Valley Health Center is an Equal Opportunity Organization.

As provider this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models which tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely,



Maryagnes Gillman, MS, RN  
Executive Director  
Sacopec Valley Health Center  
70 Main Street  
Porter, Maine 04068

207-625-8129 ext 161  
[mgillman@svhc.org](mailto:mgillman@svhc.org)  
[www.svhc.org](http://www.svhc.org)





st. Joseph healthcare  
St. Joseph Hospital

*In the Spirit of Healing*

*Sponsored by Covenant Health Systems  
Founded by the Felician Sisters*

*Provider letter of Support*

360 Broadway, PO Box 403  
Bangor, Maine 04402-0403  
ph: 207.907.1000 fax: 207.262.1922  
www.stjoeshealing.org

September 20, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of St. Joseph Healthcare, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal - *Testing the Maine Innovation Model* - is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

St. Joseph Healthcare includes a community, acute care hospital, home care and hospice services, and primary and specialty physician practices. Our primary care practices serve 500 MaineCare members, which is approximately 5% of their overall patient population.

We currently participate in healthcare transformation in several ways. St. Joseph Healthcare is among the partner organizations of Bangor Beacon Community which is currently improving the health of people with chronic conditions such as diabetes, chronic obstructive pulmonary disease, congestive heart failure, and asthma. These efforts have been funded through a three-year federal grant from the Office of the National Coordinator for Health Information Technology. A natural expansion of the Bangor Beacon care management model includes a community Accountable Care Organization (ACO). We are joining the pioneer Beacon Health ACO in a collaborative effort with Eastern Maine Health Systems and Penobscot Community Health Center. Additionally, we are a long-standing member of the Maine Health Management Coalition and serve on its committees and projects. Our primary care practices will be included in the MaineCare Health Homes Initiative.

This letter also represents St. Joseph Healthcare's commitment to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models which tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely,



Dennis L. Shubert M.D., Ph.D.  
Vice-President Medical Affairs  
St. Joseph Healthcare



Access to Quality Medical,  
Dental & Mental Health  
Services For All

Robert Grace, DMD  
Carmella Dube, RDH  
Gretchen Pianka, MD  
Laura Hill, FNP  
Mary Jeralds, RN  
Marie Guay, DO  
Marte McNally, LCPC  
Karen Abendroth, LCSW

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32 Patriot Lane, PO Box 72, Sanford, ME 04073  
Phone: (207) 490-6900 FAX: (207) 324-0546

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of York County Community Health Care, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Founded in 2005, York County Community Health Care is a federally qualified health center that provides medical, dental and behavioral health care services to residents to a panel of roughly 2,400 patients living in the Sanford area. Our clinical sites are located in Sanford and at the York County Shelter in Alfred and approximately 54% of our patients have MaineCare coverage.

We currently participate in statewide healthcare transformation in several ways. We participate in the Multi-Payer Patient Centered Medical Home Pilot and the Medicare Shared Savings Program as a member of the Maine Community Accountable Care Organization. We anticipate receipt NCQA recognition as a Patient Centered Medical Home and completion of Year 2 Meaningful Use requirements by January 1, 2013.

This letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Engaging primary care practices in the enhanced primary care model endorsed by the project, either through participation in a recognized patient centered medical home/ health home pilot or through commitment to achieve Advanced Primary Care designations through Pathways to Excellence.
2. Committing to publicly reporting on a common set of measures, including total cost of care and patient experience. Additional measures will be determined through the Pathways to Excellence multi-stakeholder process.
3. Committing to the MHDO All Payer Database as a common claims data source and to a single source of analysis for the purposes of statewide public reporting on the measures determined in #2, and comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform.
4. Engaging in alternative reimbursement models which tie payment to accountability for cost and quality outcomes, moving toward greater accountability over time.
5. Participating in the learning collaborative(s) on medical home practice transformation and Accountable Care Organizations.
6. Engaging in activities to promote patient accountability, including the integration of shared decision making (SDM) at the practice level, exploration of patient incentives and benefit design, and partnerships to promote improved population health.
7. Participating in a statewide, multi-payer evaluation of the Maine Innovations Model.

Sincerely



---

Martin Sabol  
Director of Health Services  
[martin.sabol@yccac.org](mailto:martin.sabol@yccac.org)  
207-608-4470

# Community Care

*"Building Care and Understanding in the Communities We Serve"*

September 20, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

## Letter of Support & Commitment For Behavioral Health Provider Organizations

Dear Commissioner Mayhew:

On behalf of Community Care I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

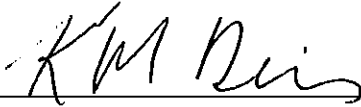
Community Care is a private non-profit agency that serves children, families, and adult consumers throughout the State of Maine. Services are provided to clients who have behavioral health needs in a comprehensive service delivery system that includes: treatment level foster care, in-home treatment supports (HCT); targeted case management; adult community integration (case management and support); out-patient counseling/therapy; and children's medication management. During Fiscal Year 2012, Community Care served 758 individual clients—of whom 99% had Maine Care coverage.

As a Behavioral Health provider, this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Supporting and engaging in the behavioral health integration movement of the enhanced primary care model and MaineCare's Health Homes Initiative (the patient centered medical home with integration of physical and behavioral health, and community care teams for high risk/ high cost patients), with the expectation that participating behavioral health providers will apply to become Health Homes to serve individuals with serious mental illness.
2. Implementing Health Information Technology to promote care coordination and integration with physical health.

3. Participating in the Behavioral Health Cost Work Group (a sub group of the ongoing Health Care Cost Work Group initiative of Maine Health Management Coalition)
4. Committing to reporting on a mutually agreed upon common set of Behavioral Health measures, which will be publicly reported. These measures will be developed in cooperation with Pathways to Excellence (Maine Health Management Coalition).
5. Participating in the Behavioral Health learning collaborative to be developed as part of the continuous quality improvement efforts of the Innovation Model.

Sincerely

A handwritten signature in black ink, appearing to read "Kate Davis", written over a horizontal line.

Kate Davis  
kdavis@comcareme.org  
207-945-4240



**Community Health and Counseling Services**  
*Home Health, Hospice and Mental Health Services*

PO Box 425  
Bangor, Maine 04402-0425  
Tel. 207-947-0366  
TTY 207-990-4730  
www.chcs-me.org

September 18, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Behavioral Health Provider Organizations**

Dear Commissioner Mayhew:

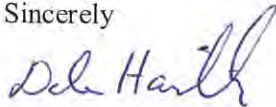
On behalf of Community Health and Counseling Services, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Community Health and Counseling Services (CHCS) is a comprehensive community-based behavioral health, home health and hospice service provider. CHCS serves adults, children and families throughout seven counties, in mostly rural central, eastern, and northern Maine. CHCS is engaged in several initiatives that are focused on improving the integration of care between behavioral health and primary care. CHCS is a partner in the Bangor ONC Beacon project and holds a SAMHSA Primary and Behavioral Health Integration grant. CHCS annually serves approximately 6,000 individuals. Roughly 85% of the population served are MaineCare members. The behavioral health services provided by CHCS include: Treatment Foster Care, Targeted Case Management, Medication Management, Outpatient Therapy, Home and Community-based Treatment, Residential Group Care, Multidimensional Treatment, Crisis Services, Medication Management, Community Integration, ACT, Community Rehabilitation Services, Housing Supports, Homeless Outreach, Specialized Groups, Transitional Housing and Care Management within the Beacon project.

As a **Behavioral Health** provider, this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Supporting and engaging in the behavioral health integration movement of the enhanced primary care model and MaineCare's Health Homes Initiative (the patient centered medical home with integration of physical and behavioral health, and community care teams for high risk/ high cost patients), with the expectation that participating behavioral health providers will apply to become Health Homes to serve individuals with serious mental illness.
2. Implementing Health Information Technology to promote care coordination and integration with physical health.
3. Participating in the Behavioral Health Cost Work Group (a sub group of the ongoing Health Care Cost Work Group initiative of Maine Health Management Coalition)
4. Committing to reporting on a common set of Behavioral Health measures, which will be publicly reported. These measures will be developed in cooperation with Pathways to Excellence (Maine Health Management Coalition).
5. Participating in the Behavioral Health learning collaborative to be developed as part of the continuous quality improvement efforts of the Innovation Model.

Sincerely



Dale Hamilton, Executive Director  
[dhamilton@chcs-me.org](mailto:dhamilton@chcs-me.org)  
(207) 922-4701





September 20, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Behavioral Health Provider Organizations**

Dear Commissioner Mayhew:

On behalf of ESM, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

ESM is a Community Rehabilitation Agency that was established in January of 1992. ESM serves individuals with Mental Health and Intellectual Disabilities. We work with over 700 consumers throughout Central Maine. Services that we provide are Case Management, Employment Services, Children Services, Assisted Living, Community Supports, Residential Care and Clinical Services. ESM's referral and paying sources are from the business community, self-pay, and approximately 95% are members of Maine Care.

As a Behavioral Health provider, this letter also represents our commitment to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Supporting and engaging in the behavioral health integration movement of the enhanced primary care model and Maine Care's Health Homes Initiative (the patient centered medical home with integration of physical and behavioral health, and community care teams for high risk/ high cost patients), with the expectation that participating behavioral health providers will apply to become Health Homes to serve individuals with serious mental illness.
2. Implementing Health Information Technology to promote care coordination and integration with physical health.

*ESM, Inc.*

Corporate Office: 776 Riverside Dr. Augusta, ME 04330  
Phone (207) 622-5946 Fax (207) 622-4667  
Proudly serving Maine since 1992 with offices in Augusta, Auburn, Skowhegan and Bangor

[www.esm-communityrehab.com](http://www.esm-communityrehab.com)  
1-888-622-5946



Central Office:  
776 Riverside Dr.  
Augusta, ME 04330  
Phone: (207) 622-5946  
Fax: (207) 622-4667  
TTY: (207) 629-5106

Northern Division:  
209 North Ave.  
Skowhegan, ME 04976  
Phone: (207) 474-9612  
Fax: (207) 474-2172  
TTY: (207) 629-5106

Western Division:  
336 Center St.  
Auburn, ME 04210  
Phone: (207) 783-2617  
Fax: (207) 783-2619  
TTY: (207) 629-5106

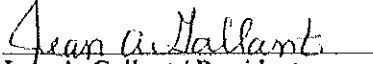
Eastern Division:  
175 Union St.  
Bangor, ME 04401  
Phone: (207) 217-6003  
Fax: (207) 217-6004  
TTY: (207) 629-5106

3. Participating in the Behavioral Health Cost Work Group (a sub group of the ongoing Health Care Cost Work Group initiative of Maine Health Management Coalition)

4. Committing to reporting on a common set of Behavioral Health measures, which will be publicly reported. These measures will be developed in cooperation with Pathways to Excellence (Maine Health Management Coalition).

5. Participating in the Behavioral Health learning collaborative to be developed as part of the continuous quality improvement efforts of the Innovation Model.

Sincerely,

  
Jean A. Gallant / President  
jgallant@esm-augusta.com  
(207) 622-5946

*ESM, Inc.*

Corporate Office: 776 Riverside Dr. Augusta, ME 04330  
Phone (207) 622-5946 Fax (207) 622-4667

Proudly serving Maine since 1992 with offices in Augusta, Auburn, Skowhegan and Bangor

www.esm-communityrehab.com  
1-888-622-5946



# Harbor Family Services

Jack E. Mazzotti III  
President & CEO

September 19, 2012

Administration & Finance  
63 Elm Street, Suite A  
Topsham, ME 04086  
Phone: 207.725.6505  
Fax: 207.798.5449  
Toll Free: 1.877.777.5448

Operations  
1295 Atlantic Highway  
Northport, ME 04849  
Phone: 207.470-7090  
Fax: 207.338.5381

Human Resources  
1295 Atlantic Highway  
Northport, ME 04849  
Phone: 207.470-7090  
Fax: 207.338.0237

Community Services  
Knox County  
731 Commercial Street  
Rockport, ME 04856  
Phone: 207.470.7090  
Fax: 207.470.7094  
Toll Free: 1.866.463.8003

Community Services  
Waldo County  
1295 Atlantic Highway  
Northport, ME 04849  
Phone: 207.470.7090  
Fax: 207.338.5381  
Toll Free: 1.866.463.8003

Rockport I Campus  
1180 Rockland Street  
P.O. Box 230  
West Rockport, ME 04865  
Phone: 207.236.6179  
Fax: 207.236.6189  
Toll Free: 1.800.891.6003

Rockport II Campus  
1152 Rockland Street  
P.O. Box 230  
West Rockport, ME 04865  
Phone: 207.236.2779  
Fax: 207.236.0024  
Toll Free: 1.866.999.3420

Winterport Campus  
1181 North Main Street  
Winterport, ME 04496  
Phone: 207.223.4200  
Fax: 207.223.2597

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

## Letter of Support & Commitment For Behavioral Health Provider Organizations

Dear Commissioner Mayhew:

On behalf of Harbor Family Services, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Harbor Family Services is a nationally accredited, state licensed, behavioral healthcare not-for-profit that served, in fiscal year 2012, more than 1000 MaineCare children and families in the greater mid-coast region of Maine by offering an expansive continuum of behavioral health programming including residential care, mental health and substance abuse outpatient counseling, medication management, case management and home and community treatment.

As a **Behavioral Health** provider, this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Supporting and engaging in the behavioral health integration movement of the enhanced primary care model and MaineCare's Health Homes Initiative (the patient centered medical home with integration of physical and behavioral health, and community care teams for high risk/ high cost patients), with the expectation that participating behavioral health providers will apply to become Health Homes to serve individuals with serious mental illness.
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5. Participating in the Behavioral Health learning collaborative to be developed as part of the continuous quality improvement efforts of the Innovation Model.

Sincerely,



Jack E. Mazzotti III

President & CEO

(207) 798-5448

[jmazzotti@harborfamilyservices.org](mailto:jmazzotti@harborfamilyservices.org)

# ) Health Affiliates Maine<sup>♦</sup>

P.O. Box 1150, Auburn, Maine 04211

September 19, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

## **Letter of Support & Commitment For Behavioral Health Provider Organizations**

Dear Commissioner Mayhew:

On behalf of Health Affiliates Maine, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Health Affiliates Maine is a statewide mental health agency providing outpatient therapy and case management services to adults, children, and families. Our goal is to reduce the stigma associated with accessing mental health treatment by offering services in the consumers' local communities. We provide treatment to approximately 4000 Maine residents across the state with an estimated 88% of them having MaineCare insurance.

As a **Behavioral Health** provider, this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Supporting and engaging in the behavioral health integration movement of the enhanced primary care model and MaineCare's Health Homes Initiative (the patient centered medical home with integration of physical and behavioral health, and community care teams for high risk/ high cost

**(207) 333-3278 Phone (207) 333-3037 Fax**

**1-877-888-4304 Toll Free**

**[www.healthaffiliatesmaine.com](http://www.healthaffiliatesmaine.com)**

*Sharing a Journey to Wellness*

# ) Health Affiliates Maine<sup>♦</sup>

P.O. Box 1150, Auburn, Maine 04211

- patients), with the expectation that participating behavioral health providers will apply to become Health Homes to serve individuals with serious mental illness.
2. Implementing Health Information Technology to promote care coordination and integration with physical health.
  3. Participating in the Behavioral Health Cost Work Group (a sub group of the ongoing Health Care Cost Work Group initiative of Maine Health Management Coalition)
  4. Committing to reporting on a common set of Behavioral Health measures, which will be publicly reported. These measures will be developed in cooperation with Pathways to Excellence (Maine Health Management Coalition).
  5. Participating in the Behavioral Health learning collaborative to be developed as part of the continuous quality improvement efforts of the Innovation Model.

Sincerely,



Andrea L. Krebs, LCSW

Executive Director

(207) 333-3278

[andrea.krebs@healthaffiliatesmaine.com](mailto:andrea.krebs@healthaffiliatesmaine.com)

**(207) 333-3278 Phone (207) 333-3037 Fax**

**1-877-888-4304 Toll Free**

**[www.healthaffiliatesmaine.com](http://www.healthaffiliatesmaine.com)**

*Sharing a Journey to Wellness*



**Waterville Clinic and Administrative Offices**

67 Eustis Parkway  
Waterville, Maine  
04901-5173  
207-873-2136  
1-888-322-2136  
207-872-4522 Fax

**Concourse Clinic**

16 Concourse West  
Suite 2  
Waterville, Maine  
04901-6007  
207-680-4635  
207-872-9450 Fax

**Augusta Clinics**

66 Stone Street  
Augusta, Maine  
04330-5227  
207-626-3455  
207-626-3612 Fax

72 Winthrop Street

Augusta, Maine  
04330-5500  
207-626-3478  
207-626-7586 Fax

**Skowhegan Clinic**

5 Commerce Drive  
Skowhegan, Maine  
04976-1828  
207-474-8368  
207-474-7794 Fax

**Winthrop Clinic**

736 Old Lewiston Rd  
Winthrop, Maine  
04364-4121  
207-377-8122  
207-377-8564 Fax

[www.kbhmaine.org](http://www.kbhmaine.org)



International Center for  
Clubhouse Development



National Alliance  
on Mental Illness



Commission on  
Accreditation of  
Rehabilitation Facilities



September 19, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Behavioral Health Provider Organizations**

Dear Commissioner Mayhew:

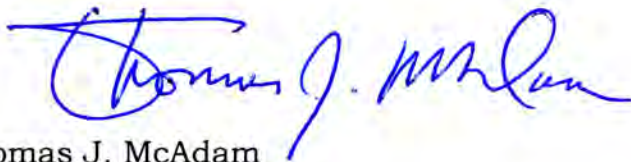
On behalf of Kennebec Behavioral Health, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal - *Testing the Maine Innovation Model* - is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Currently, Kennebec Behavioral Health provides services for approximately 14,000 persons annually in our programs. Our service area primarily covers seven Maine counties. Approximately, 80% of our clients are MaineCare members.

As a **Behavioral Health** provider, this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Supporting and engaging in the behavioral health integration movement of the enhanced primary care model and MaineCare's Health Homes Initiative (the patient centered medical home with integration of physical and behavioral health, and community care teams for high risk/ high cost patients), with the expectation that participating behavioral health providers will apply to become Health Homes to serve individuals with serious mental illness.
2. Implementing Health Information Technology to promote care coordination and integration with physical health.
3. Participating in the Behavioral Health Cost Work Group (a sub group of the ongoing Health Care Cost Work Group initiative of Maine Health Management Coalition)
4. Committing to reporting on a common set of Behavioral Health measures, which will be publicly reported. These measures will be developed in cooperation with Pathways to Excellence (Maine Health Management Coalition).
5. Participating in the Behavioral Health learning collaborative to be developed as part of the continuous quality improvement efforts of the Innovation Model.

Sincerely,



Thomas J. McAdam  
Chief Executive Officer  
[tmcadam@kbhmaine.org](mailto:tmcadam@kbhmaine.org)  
207-873-2136

TJM/jg





Your resource for life.

## MaineGeneral Health

10 Water Street Suite 303  
Waterville, ME 04901  
Phone: 207.861.3400  
TDD: 207.861.3498  
Fax: 207.861.3419

[www.maine-general.org](http://www.maine-general.org)

September 20, 2012

Mary Mayhew, Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

### Letter of Support & Commitment

Dear Commissioner Mayhew:

In conjunction with the letter of support and commitment from Scott Bullock, CEO and President of MaineGeneral Health, I am writing this letter on behalf of the behavioral health services provided by MaineGeneral Medical Center and HealthReach Network. We support Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare, Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These Triple Aim goals will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

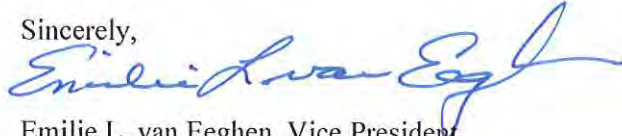
MaineGeneral Medical Center, a community hospital and HealthReach Network, a community agency serve the greater Kennebec County region. MaineGeneral Medical Center offers inpatient psychiatric and detoxification acute care, intensive outpatient services, psychiatric medication and ECT treatment to 5000 patients annually. HealthReach Network is licensed to provide mental health and substance abuse treatment, offering Assertive Community Treatment, counseling, residential treatment and HIV risk reduction to the greater Kennebec community, and serving 1600 clients annually.

As a **Behavioral Health** provider, this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Supporting and engaging in the behavioral health integration movement of the enhanced primary care model and MaineCare's Health Homes Initiative (the patient centered medical home with integration of physical and behavioral health, and community care teams for high risk/ high cost patients), with the expectation of applying to become Health Homes serving individuals with serious mental illness.
2. Implementing Health Information Technology to promote care coordination and integration with physical health.
3. Participating in the Behavioral Health Cost Work Group of Maine Health Management Coalition.
4. Committing to reporting on a common set of Behavioral Health measures, which will be developed in cooperation with Pathways to Excellence and publicly reported.

5. Participating in the Behavioral Health learning collaborative to be developed as part of the continuous quality improvement efforts of the Innovation Model.

Sincerely,



Emilie L. van Eeghen, Vice President  
Behavioral Health Services  
(207) 861-3414

September 19, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

## Letter of Support & Commitment For Behavioral Health Provider Organizations

Dear Commissioner Mayhew:

On behalf of Spurwink Services, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e., the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction state-wide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Spurwink Services is a nationally accredited non-profit that provides a broad range of mental health and educational services for children, adolescents, adults and families. Standing on a strong foundation of 50 years, we have a commitment to quality services and the recruitment of caring, compassionate professionals. Spurwink has gained a reputation for excellence in evidence-based treatment and service delivery throughout New England. In FY 2012, Spurwink provided services to approximately 5,160 individuals, 62% of whom received MaineCare.

As a **Behavioral Health** provider, this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Supporting and engaging in the behavioral health integration movement of the enhanced primary care model and MaineCare's Health Homes Initiative (the patient centered medical home with integration of physical and behavioral health, and community care teams for high risk/ high cost patients), with the expectation that participating behavioral health providers will apply to become Health Homes to serve individuals with serious mental illness.
2. Implementing Health Information Technology to promote care coordination and integration with physical health.

3. Participating in the Behavioral Health Cost Work Group (a sub group of the ongoing Health Care Cost Work Group initiative of Maine Health Management Coalition)
4. Committing to reporting on a common set of Behavioral Health measures, which will be publicly reported. These measures will be developed in cooperation with Pathways to Excellence (Maine Health Management Coalition).
5. Participating in the Behavioral Health learning collaborative to be developed as part of the continuous quality improvement efforts of the Innovation Model.

Sincerely,



Dawn Stiles  
President  
[dstiles@spurwink.org](mailto:dstiles@spurwink.org)  
207-871-1211, ext. 2197



CARLTON D. PENDLETON  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
207-294-4440  
cpendleton@sweetser.org

September 19, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Behavioral Health Provider Organizations**

Dear Commissioner Mayhew:

On behalf of Sweetser, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Sweetser is a 185 year old, not for profit, social services provider serving Maine citizens. In FY12, we served over 18,000 clients; approximately 80% were MaineCare members.

As a **Behavioral Health** provider, this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

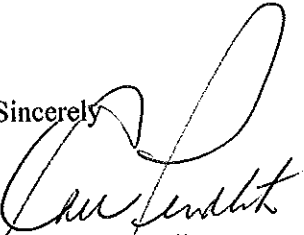
1. Supporting and engaging in the behavioral health integration movement of the enhanced primary care model and MaineCare's Health Homes Initiative (the patient centered medical home with integration of physical and behavioral health, and community care teams for high risk/ high cost patients), with the expectation that participating behavioral health providers will apply to become Health Homes to serve individuals with serious mental illness.
2. Implementing Health Information Technology to promote care coordination and integration with physical health.
3. Participating in the Behavioral Health Cost Work Group (a sub group of the ongoing Health Care Cost Work Group initiative of Maine Health Management Coalition)

.../1



4. Committing to reporting on a common set of Behavioral Health measures, which will be publicly reported. These measures will be developed in cooperation with Pathways to Excellence (Maine Health Management Coalition).
5. Participating in the Behavioral Health learning collaborative to be developed as part of the continuous quality improvement efforts of the Innovation Model.

Sincerely



Carlton D. Pendleton  
President & CEO  
[cpendleton@sweetser.org](mailto:cpendleton@sweetser.org)  
(207) 294-4440



# TRI-COUNTY MENTAL HEALTH SERVICES

*We offer hope*

**Referral Line:** 1-888-304-HOPE (4673)  
**Statewide Crisis Services:** 1-888-568-1112  
**TTY:** 1-888-568-1112  
**MAIL TO:** P.O. Box 2008  
Lewiston, ME 04241-2008  
[www.tcmhs.org](http://www.tcmhs.org)

## **ADMINISTRATION/ OUTPATIENT LEWISTON**

1155 Lisbon Street  
Lewiston, ME 04240  
Main Number 783.9141  
Toll Free: 1.800.787.1155

## **EMERGENCY & COMMUNITY BASED SERVICES**

230 Bartlett Street  
Lewiston, ME 04240  
Main Number 783.4695  
Toll Free: 1.800.550.3427

## **SOCIAL LEARNING CENTER**

80 Strawberry Ave  
Lewiston, ME 04240  
Main Number 783.4672  
Toll Free: 1.877.208.6134

## **BRIDGTON**

32 No. High Street  
Bridgton, ME 04009  
Main Number 647.5629  
Toll Free: 1.800.286.5629

## **FARMINGTON**

144 High Street, Ste 1  
Farmington, ME 04938  
Main Number 778.3556  
Toll Free: 1.800.559.3556

## **OXFORD HILLS**

143 Pottle Road  
Oxford, ME 04270  
Main Number 743.7911  
Toll Free: 1.800.750.7911

## **RUMFORD**

49 Congress Street  
Rumford, ME 04276  
Main Number 364.7981  
Toll Free: 1.800.371.7981

## **WINDHAM**

744 Roosevelt Trail  
No. Windham, ME 04062  
Main Number 892.4623

September 18, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

Dear Commissioner Mayhew:

On behalf of Tri-County Mental Health Services, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - State Innovation Models: Funding for Model Design and Model Testing Assistance. The purpose of Maine's proposal – Testing the Maine Innovation Model – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

As you know, Tri-County Mental Health Services is one of Maine's largest and most comprehensive community based mental health providers, serving approximately 10,000 people each year across a vast region of Western, Central, and Southern Maine. We are proud to be a leader in Integrated Primary Care, having two successful projects serving eight primary care practices for four years. We have seen the successful outcomes first hand – clinical and financial outcomes. We believe it is the healthcare of the future.

As a Behavioral Health provider, this letter also represents our commitment to support Testing the Maine Innovation Model by participating in the following manner:

1. Supporting and engaging in the behavioral health integration movement of the enhanced primary care model and MaineCare's Health Homes Initiative (the patient centered medical home with integration of physical and behavioral health, and community care teams for high risk/ high cost patients), with the expectation that participating behavioral health providers will apply to become Health Homes to serve individuals with serious mental illness.
2. Implementing Health Information Technology to promote care coordination and integration with physical health.
3. Participating in the Behavioral Health Cost Work Group (a sub group of the ongoing Health Care Cost Work Group initiative of Maine Health Management Coalition)
4. Committing to reporting on a common set of Behavioral Health measures, which will be publicly reported. These measures will be developed in cooperation with Pathways to Excellence (Maine Health Management Coalition).
5. Participating in the Behavioral Health learning collaborative to be developed as part of the continuous quality improvement efforts of the Innovation Model.

Sincerely,



Catherine R. Ryder  
Executive Director  
[cryder@tcmhs.org](mailto:cryder@tcmhs.org)  
207-783-9141





841 Riverside Dr.  
Augusta, Me 04330  
Phone: 207.213.4616  
Fax: 207.213.4727

73 Biscay Rd  
Damariscotta, ME  
04543  
Phone:  
207.563.3022

43 Hooper Rd  
Wiscasset, ME  
Phone:  
207.687.2180  
Fax: 207.687.2181

September 20, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Behavioral Health Provider Organizations**

Dear Commissioner Mayhew:

On behalf of Umbrella Mental Health Services, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal - *Testing the Maine Innovation Model* - is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

As an agency, presently we have 130 employees and 700 patients many of whom take part in multiple services. Our services include: Medication Management, Community Integration Services, Targeted Case Management, Daily Living/Skills program, Home and Community Based Therapy, as well as Outpatient Therapy. In association with some the above services we employ 2 physicians, 1 nurse practitioner and 1 PA-C and we are launching the investigational stage of entering into primary care.

As a Behavioral Health provider, this letter also represents our commitment to support *Testing the Maine Innovation Model* by participating in the following manner:

1. Supporting and engaging in the behavioral health integration movement of the enhanced primary care model and MaineCare's Health Homes Initiative (the patient centered medical home with integration of physical and behavioral health, and community care teams for high risk/ high cost patients), with the expectation that participating behavioral health providers will apply to become Health Homes to serve individuals with serious mental illness.
2. Implementing Health Information Technology to promote care coordination and integration with physical health.

3. Participating in the Behavioral Health Cost Work Group (a sub group of the ongoing Health Care Cost Work Group initiative of Maine Health Management Coalition)
4. Committing to reporting on a common set of Behavioral Health measures, which will be publicly reported. These measures will be developed in cooperation with Pathways to Excellence (Maine Health Management Coalition).
5. Participating in the Behavioral Health learning collaborative to be developed as part of the continuous quality improvement efforts of the Innovation Model.

Sincerely



Annalee Morris

Chief Executive Officer

[amorris@umbrellamhs.com](mailto:amorris@umbrellamhs.com)

(207) 213-4616



Martha Temple  
President, New England Region  
151 Farmington Ave, RWAB  
Hartford, CT 06156  
860-273-3565

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Re: CMMI State Innovation Models Initiative**

Dear Commissioner Mayhew:

On behalf of Aetna, I am writing in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. Maine's proposal – *Testing the Maine Innovation Model* – seeks to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide.

Aetna is one of the nation's leading diversified health care benefits companies, serving approximately 36.7 million people including nearly 146,000 Maine residents with information and resources to help them make better informed decisions about their health care. Our provider network in Maine includes about 1,488 primary care physicians, 2,492 specialists and 39 acute care hospitals.

Aetna currently participates in Maine's statewide healthcare transformation in several ways. As the administrator of Maine's state employees' health plan, we have committed to the development and implementation of three to five accountable care organizations. Aetna is an active participant in the multi-payer patient centered medical home pilot, which will expand to 76 practices in 2013. We also serve as board members of the Maine Health Management Coalition and as members of various MHMC committees.

Aetna supports reforms and innovations aimed at improving the health care system throughout the country. As part of our support for the State of Maine's application – "Testing the Maine Innovation Model – Aetna will:

- work with the Maine Health Management Coalition and other stakeholders in the state towards a goal of achieving better alignment on payment and contracting strategies that reward value over volume and greater consistency on quality and other performance measures.
- designate a senior level person with responsibility to represent Aetna in the project governance of these discussions and to provide technical insights and support.

Sincerely

Martha Temple

September 21, 2012

Mary Mayhew, Commissioner  
Maine Department of Health and Human Services  
221 State Street  
40 State House Station  
Augusta, Maine 04333-0040

**Re: Letter of Support—“Testing the Maine Innovation Model”**

Dear Commissioner Mayhew:

On behalf of Anthem Blue Cross and Blue Shield, I am pleased to submit this letter in support of Maine’s application for funding under CFDA 93.624, “*State Innovation Models: Funding for Model Design and Model Testing Assistance.*”

Anthem understands that the purpose of Maine’s proposal, *Testing the Maine Innovation Model*, is to align healthcare payment and delivery system reform in the state across MaineCare (Maine’s Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) seeks to bring the State’s investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Anthem Health Plans of Maine, Inc., d/b/a Anthem Blue Cross and Blue Shield, (“Anthem”) is a domestic insurer organized and existing under the laws of the State of Maine, and regulated by the Maine Bureau of Insurance. Anthem is located in South Portland and employs over 800 associates in Maine, making us not only the largest health insurer in Maine but also one of the 50 largest private employers in the State of Maine. Anthem insures or administers benefits for nearly 400,000 Mainers, and processes nearly 6 million health care claims each year totaling over \$1.2 billion.

Anthem is seeking to drive healthcare transformation in a number of ways. In Maine, we supported not only the initial establishment of the Patient Centered Medical Home pilot, but the recent expansion of that pilot as well. We also participate in a number of efforts including the MHMC, Quality Counts, and Pathways to Excellence.

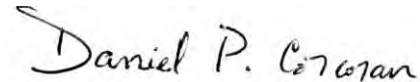
Anthem continues to explore payment reform and innovation, including the development of accountable care organizations, patient centered primary care, behavioral health integration, and tiered networks.

By submitting this letter, we are demonstrating our support for this effort and that we will endeavor to support *Testing the Maine Innovation Model* in the following manner:

- Participating in project governance – i.e. in the overarching Project Advisory Committee;
- Exploring value-based benefit designs that meet the needs of our customers and members;
- Offering alternative risk-based reimbursement models which may include shared savings, pay for performance and global/capitated payment designed to meet the needs of our customers, members, and provider partners;
- Aligning reimbursement with nationally recognized measures; and
- Continuing to work with our plan sponsors and provider partners to address their data needs.

We look forward to working with you as you implement this project. Should you have any questions or need anything further, please do not hesitate to contact Kristine Ossenfort, Director of Government Relations (e-mail: [Kristine.Ossenfort@Anthem.com](mailto:Kristine.Ossenfort@Anthem.com), tel: 207-822-7260).

Sincerely,



Daniel P. Corcoran  
President and General  
Manager



PAYER LETTER

September 17, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Re: Letter of Support & Commitment**

Dear Commissioner Mayhew:

On behalf of Maine Community Health Options (MCHO), I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

MCHO is a non-profit health insurance issuer in development in the state of Maine. A Consumer Operated and Oriented Plan (CO-OP) as defined under section 1322 of the Affordable Care Act, MCHO is focused on the Triple Aim as stated above. The Maine Primary Care Association and the primary care safety net of FQHCs conceived of the development of this CO-OP to address the widespread needs in Maine for greater access to affordable coverage and high quality care at lower costs. Not only is this a business imperative for this state but also a necessary action to spur economic development and business vitality. CO-OP formation is also driven by the need for payment reform that supports the transformation of health care delivery that is both fully integrated with behavioral and oral health and patient-centered through its inclusion of members in its development and operations. MCHO forecasts a subscriber base of just over 15,000 by the end of its first year of operations and approaching 50,000 in its fifth year.

We currently are modeling our benefits designs which are expected to support statewide healthcare transformation in a number of ways. Through a partnership with providers, we expect to not only participate in the multi-payer PCMH pilot, but also pay more substantially for care management that is provided at the local and regional level. In support of this effort, MCHO will partner with providers to effectively pair clinical and claims level data. MCHO will also advance behavioral health and oral health integration and foster wellness programs within its benefit structure. MCHO is already a member of the Maine Health Management Coalition and is working to put valued based insurance design principles into action. MCHO participates in the VBID workgroup.



*PAYER LETTER*

As a health plan, this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

- Participate in project governance – i.e. in the overarching Project Advisory Committee
- Offer value based benefit design products aligned with Maine Health Management Coalition (MHMC) member priorities
- Offer alternative risk-based reimbursement models which may include shared savings, pay for performance and/or global/capitated payment
- Align reimbursement with common measures endorsed by MHMC
- Submit data to MHMC in a standardized format as needed by MHMC.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Lewis", is written over a horizontal line.

**Kevin Lewis**  
**Chief Executive Officer**  
**klewis@maineoptions.org**  
**207-754-9516 (mobile)**  
**www.maineoptions.org**



# Maine Municipal Employees Health Trust

60 COMMUNITY DRIVE  
AUGUSTA, MAINE 04330-9486  
(207) 621-2645  
1-800-852-8300  
FAX (207) 624-0166  
www.mmeht.org

September 19, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

## **Re: Letter of Support & Commitment**

Dear Commissioner Mayhew:

On behalf of the Maine Municipal Employees Health Trust (MMEHT), I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

The MMEHT is a voluntary multiple employer welfare arrangement providing medical plan coverage to over 20,000 Maine municipal, county government and special district employees, retirees and their dependents throughout the state. Started in 1983, the self-funded MMEHT includes over 450 employer groups who are committed to improving the health status of their employees, improving the quality of care delivered in Maine and reducing the cost of that care.

The MMEHT is a long standing member of the Maine Health Management Coalition and participates in a number of the Coalition supported and sponsored statewide healthcare delivery and payment reform initiatives. The MMEHT participates in the Patient Centered Medical Home program, the Coalition's Pathways to Excellence physician and hospital quality measurement and reporting initiatives and has been an active member of the Coalition's standing and ad hoc committees and workgroups aimed at improving quality, patient safety and reducing costs in Maine. The MMEHT is currently offering value based benefit plan options to its employer groups that provide incentives to Trust participants who receive care from primary care physicians and hospitals that have demonstrated the highest quality, most cost efficient care as measured by the Coalition's and nationally recognized metrics.

This letter also represents the MMEHT's commitment, as a self-funded plan sponsor, to support *Testing the Maine Innovation Model* by participating in the following manner:

- Participate in project governance – i.e. in the overarching Project Advisory Committee

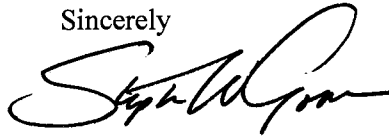


Mary Mayhew  
Page 2  
September 19, 2012

- Offer value based benefit design products aligned with Maine Health Management Coalition (MHMC) member priorities
- Offer alternative risk-based reimbursement models which may include shared savings, pay for performance and global/capitated payment as requested by their clients and provider partners
- Promote employee education and engagement efforts to encourage appropriate utilization and use of performance information;
- Promote alignment of purchasing efforts that support delivery system redesign and high value care through the Maine Health Management Coalition;
- Align reimbursement with common measures endorsed by MHMC members.

The MMEHT is pleased to support Maine's *State Innovation Model* application for funding to advance our state's Triple Aim goals.

Sincerely



Stephen W. Gove, Director  
Health Trust Services  
[sgove@memun.org](mailto:sgove@memun.org)  
207-623-8428

# **MEA** **Benefits Trust**

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35 Community Drive · Augusta, Maine 04330-9487 · (207) 622-5866 · (207) 622-4418

Christine Burke, Esq., Executive Director

Roger Young  
Susan Grondin  
Mary Kay Dyer

*Chair*  
*Vice Chair*  
*Secretary*

**September 17, 2012**

Mary Mayhew

Commissioner

Maine Department of Health and Human Services

221 State Street

Augusta, Maine 04333-0040

**Re: Letter of Support & Commitment**

Dear Commissioner Mayhew:

On behalf of the Maine Education Association Benefits Trust, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for

Trustees: Lois Kilby-Chesley, Darrell King  
Grace Leavitt, Sally Plourde

the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

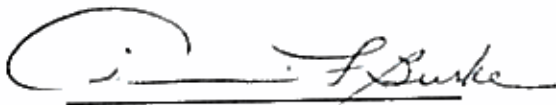
The Maine Education Association Benefits Trust is a sister organization of the Maine Education Association. It is a separate legal entity, having its own Board of Directors. It is operated as an ERISA Trust, and it is a Voluntary Employee Beneficiary Association. We have nearly 70,000 covered lives, covering 99% of the public schools in the State.

We currently participate in statewide healthcare transformation in a number of ways. We are an active member of the Maine Health Management Coalition/Foundation, and I personally have served in a leadership capacity of both entities in the recent past. In addition, we are currently working with two of the major health systems in the state to develop an ACO pilot for our members. Finally, we are very strong supporters of the Patient Centered Medical Home Pilot in Maine, and I serve on the PCMH Working Group.

As a fully-insured plan sponsor this letter also represents our commitment to support *Testing the Maine Innovation Model* by participating in the following manner:

- Participate in project governance – i.e. in the overarching Project Advisory Committee
- Ask my carrier to offer value based benefit design products aligned with Maine Health Management Coalition (MHMC) member priorities
- Ask my carrier to offer alternative risk-based reimbursement models which may include shared savings, pay for performance and global/capitated payment as requested by their clients and provider partners
- Promote employee education and engagement efforts to encourage appropriate utilization and use of performance information;
- Promote alignment of purchasing efforts that support delivery system redesign and high value care through the Maine Health Management Coalition;
- Ask my carrier to align reimbursement with common measures endorsed by MHMC members

Sincerely



Christine Burke, Esq., Executive Director

Maine Education Association Benefits Trust

207-622-4418, Ext. 2238

[cburke@meabt.org](mailto:cburke@meabt.org)

Office of Human Resources  
16 Central Street  
Bangor, ME 04401-5106

September 19, 2012

Human Resources: 207-973-3370  
Benefits: 207-973-3380  
Labor Relations: 207-973-3386  
Fax: 207-973-3384  
Payroll: 207-973-3320  
Fax: 207-973-3349  
TTY: 207-973-3262  
www.maine.edu

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Re: Letter of Support & Commitment**

The University of Maine

Dear Commissioner Mayhew:

University of Maine  
at Augusta

University of Maine  
at Farmington

University of Maine  
at Fort Kent

University of Maine  
at Machias

University of Maine  
at Presque Isle

University of  
Southern Maine

On behalf of the University of Maine System I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

The University of Maine System's health plan represents over 4500 employees and in excess of 10,000 members throughout the State of Maine from Kittery to Fort Kent and Farmington to Machias. Therefore, our interest in the rapid transformation of healthcare on a state-wide basis is extremely high and given the rapid and ever increasing rate of healthcare inflation, is becoming a critical priority for UMS.

As a self-insured payer this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

- Participate in project governance – i.e. in the overarching Project Advisory Committee
- Offer value based benefit design products aligned with Maine Health Management Coalition (MHMC) member priorities
- Offer alternative risk-based reimbursement models which may include shared savings, pay for performance and global/capitated payment as requested by their clients and provider partners

- Promote employee education and engagement efforts to encourage appropriate utilization and use of performance information;
- Promote alignment of purchasing efforts that support delivery system redesign and high value care through the Maine Health Management Coalition;
- Align reimbursement with common measures endorsed by MHMC members

Sincerely,



Thomas Hopkins  
Director, Compensation & Benefits  
University of Maine System  
16 Central Street  
Bangor, ME 04401  
[thopkins@maine.edu](mailto:thopkins@maine.edu)  
P: 207 973 3388



STATE OF MAINE  
STATE EMPLOYEE HEALTH COMMISSION  
220 Capitol St., 114 State House Station  
Augusta, ME 04333-0114

Paul R. LePage  
Governor

Brett Hoskins  
Labor Co-Chair  
Joyce Oreskovich  
Management Co-Chair

September 19, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Re: Letter of Support & Commitment**

Dear Commissioner Mayhew:

On behalf of the State Employee Health Commission, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

The State Employee Health Commission is a statutorily authorized commission of trustees from Labor and Management. It is charged with advising on issues concerning employee health and wellness, including the State Employee Assistance Program. Plan design and employee impact are within its purview. The Commission's oversight and good work impacts the benefits of close to 40,000 current and former State employees.

We currently participate in statewide healthcare transformation in a number of ways. In addition to having played a key role in supporting the establishment of quality metrics for physicians and hospitals, and being an early adopter of tiering and steering to encourage our plan participants to utilize high quality, efficient providers, we are also in the process of working with various hospitals and health systems on ACO development and other payment reform initiatives. The

Commission has a leadership role on the Maine Health Management Coalition Board, including its Executive Committee, and the Foundation Board of Directors. It routinely contributes to the Coalition's Pathways to Excellence initiatives, and special projects like the Cost Workgroup and annual Executive Summit. In fact, the Commission has a long and distinguished history of partnership with the Maine Health Management Coalition and has long been considered an innovative leader within it.

As a self-insured payer this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

- Participate in project governance – i.e. in the overarching Project Advisory Committee
- Offer value based benefit design products aligned with Maine Health Management Coalition (MHMC) member priorities
- Offer alternative risk-based reimbursement models which may include shared savings, pay for performance and global/capitated payment as requested by their clients and provider partners
- Promote employee education and engagement efforts to encourage appropriate utilization and use of performance information;
- Promote alignment of purchasing efforts that support delivery system redesign and high value care through the Maine Health Management Coalition;
- Align reimbursement with common measures endorsed by MHMC members

Sincerely



---

Laurie Williamson  
Executive Director, Office of Employee Health and Benefits  
laurie.williamson@maine.gov  
207-287-4515



AARP Maine  
1685 Congress Street  
Portland, ME 04102

T 1-866-554-5380  
F 207-775-5727  
www.aarp.org/me

September 24, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

Dear Commissioner Mayhew:

On behalf of our 300,000 AARP members in Maine, and all Maine people 50 and older, I am writing to offer this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. We agree with the premise of Maine's proposal – *Testing the Maine Innovation Model* – to align healthcare payment and delivery system reform in the state across MaineCare, Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. The only way to build a robust, quality health delivery system in Maine over the long-term is to take into account all forms of service delivery and funding streams that impact Maine people. We are happy to see the Department focused on an improved consumer experience and advancing health quality, while also working to reduce cost.

Specifically, AARP is pleased to see the following in the proposal:

- Expanded use of health homes;
- Integration of medical and behavioral/mental health services;
- Better coordination of care transitions; and
- Increased used of health information technology.

Importantly, provider incentive payments are tied to the attainment of quality benchmarks. Also, we are pleased to see that consumers will be provided with counseling and access to information to assist in the selection of high quality providers.

If DHHS is a successful applicant for the funds, we hope that there will be a strong consumer input component going forward. AARP would appreciate the opportunity to participate.

Please don't hesitate to contact me if I can provide any additional information at [lpaham@aarp.org](mailto:lpaham@aarp.org) or 207-776-6304.

Sincerely,

Lori K. Parham  
State Director  
AARP Maine





American Lung Association  
of the Northeast

LungNE.org  
1-800-LUNG USA

OFFICES:

**Connecticut**

45 Ash Street  
E. Hartford, CT 06108

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122 State Street  
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460 Totten Pond Road  
Suite 400  
Waltham, MA 02451

393 Maple Street  
Springfield, MA 01105

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Manchester, NH 03104

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260 West Exchange Street  
Suite 102B  
Providence, RI 02903

**Vermont**

372 Hurricane Lane  
Suite 101  
Williston, VT 05495

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

Dear Commissioner Mayhew:

I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance* on behalf of the American Lung Association of the Northeast. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

The American Lung Association of the Northeast  
September 21, 2012  
Page 2 of 2

While the American Lung Association is not a health care provider organization or a payor, we do have a stake in the results of this proposal. There are over 200,000 people living with lung disease in Maine. Like any chronic disease the ongoing management of lung disease is often a challenge for both the patient and the provider. The focus of this project on enhancing primary care and its connection to public health has great potential for people with lung disease. Just as one example, improving the flu immunization rate for those patients with asthma and COPD could have substantial health status and cost saving results.

We urge you to act favorably on this exciting and important proposal.

Sincerely

A handwritten signature in black ink that reads "Edward Miller". The signature is written in a cursive style with a large initial "E".

Edward Miller  
Senior Vice President, Public Policy  
American Lung Association of the Northeast  
Augusta Maine office  
207.624.0308  
emiller@lungne.org



# amistad

P.O. Box 992

Portland, Maine 04104-0992

(207) 773-1956 tty Fax (207) 773-2087

September 19, 2012

people helping people

Mary Mayhew

Commissioner

Maine Department of Health and Human Services

221 State Street

Augusta, Maine 04333-0040

Dear Commissioner Mayhew:

On behalf of Amistad, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

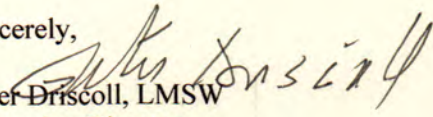
Amistad is Maine's largest consumer run organization, and we have been a pioneer in developing and delivering *peer led* services and programs in Maine. Our experience has convinced us that peer services should play a significant role in any meaningful health care reform – peers are uniquely effective at successfully reaching out to those individuals who typically have been found to be difficult to serve – and often times are identified as high utilizers of service.

Amistad is currently leading our latest initiative – an effort to work with individuals who have been identified as frequent visitors to the psychiatric emergency room. This pioneering effort has had some remarkable success with a limited number of individuals – decreasing emergency room use by nearly 50%.

We are excited to witness the efforts currently underway in Maine to truly reform health care. We have participated in discussions with the leaders of many of these efforts, and are confident that the results will be better health care, more satisfied customers, and reduced costs.

We support this effort enthusiastically, and look forward to working with you moving forward.

Sincerely,

  
Peter Driscoll, LMSW  
Executive Director

*a center for life enhancing opportunities* located at: 66 State Street in Portland, Maine

# Bates

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

## Re: Letter of Support & Commitment

Dear Commissioner Mayhew:

On behalf of Bates College, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Bates College was established in 1855 and has grown to be the third largest employer in the Lewiston/Auburn area employing 750 benefit eligible employees. We have over 1100 members in our medical plan and have been fully insured through out our history.

We currently participate in statewide healthcare transformation in a number of ways. Bates College has been a member in the Maine Health Management Coalition (MHMC) since 2002 also participating as a data member since that time. The College has supported my being on the MHMC Executive Committee and Foundation Board since 2008 and I am currently a member of the Value Based Insurance Design Workgroup.

As a fully-insured plan sponsor this letter also represents our **commitment** to support *Testing the Maine Innovation Model* by participating in the following manner:

- Participate in project governance – i.e. in the overarching Project Advisory Committee
- Ask my carrier to offer value based benefit design products aligned with Maine Health Management Coalition (MHMC) member priorities
- Ask my carrier to offer alternative risk-based reimbursement models which may include shared savings, pay for performance and global/capitated payment as requested by their clients and provider partners

- Promote employee education and engagement efforts to encourage appropriate utilization and use of performance information;
- Promote alignment of purchasing efforts that support delivery system redesign and high value care through the Maine Health Management Coalition;
- Ask my carrier to align reimbursement with common measures endorsed by MHMC members

Sincerely



Ken Emerson  
Associate Director of Human Resources  
Bates College  
215 College Street  
Lewiston, ME 04240  
[kemerson@bates.edu](mailto:kemerson@bates.edu)  
(207) 786-8271



*Providing help and creating hope in Maine*

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Most Rev. Richard J. Malone, Th.D.**  
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*Chief Executive Officer*

307 Congress Street  
P.O. Box 10660  
Portland, ME 04104-6060

T. (207) 781-8550  
F. (207) 781-8560

[www.ccmaine.org](http://www.ccmaine.org)

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of Catholic Charities Maine I am writing this letter in support of Maine’s application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine’s proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine’s Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State’s investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Catholic Charities Maine (CCM) has provided community based services since 1966 serving more than 54,000 in FY 2011. Programs include mental health case management, targeted case management for children, substance abuse treatment, homemaker services, foster care, child care, dental care, food distribution services, and refugee resettlement. CCM operates statewide with the necessary infrastructure to maximize oversight and responsiveness. CCM has experience managing services effectively and efficiently through DHHS approved sub-contracts with a proven track record of partnering with private agencies and state government.

Given the evolving healthcare environment, in early 2011 Catholic Charities Maine (“CCM”) developed an internal committee comprised of executive leadership staff, focusing on state and federal healthcare initiatives. The CCM ACO/Value Based Purchasing Planning Committee meets routinely to aid in positioning CCM, incrementally, for an integrated healthcare environment. Said efforts include, but are not limited to, identification of and potential collaborative partnerships with regionally based physical healthcare entities and future direct marketing as a provider of ancillary social services to existing ACO’s and Patient Centered Medical Home (“PCMH”) pilot sites.



CCM has been a member of Maine Quality Counts (“MQC”) for several years and has leveraged MQC’s expertise, as a leader in the integration of behavioral and physical healthcare in Maine, through attendance at MQC forums, accessing online resources, and one on one interaction with various members of the MQC staff. The timely benefits of CCM’s MQC membership compliment CCM’s efforts to collaborate, more formally, with physical healthcare providers and other social service entities to continue to serve those in our communities.

It has been our pleasure working with Maine DHHS and we enthusiastically give our support for their application.

Sincerely,

A handwritten signature in cursive script, appearing to read "Stephen P. Letourneau".

Stephen P. Letourneau, CEO

[sletourneau@ccmaine.org](mailto:sletourneau@ccmaine.org)

(207) 781-8550

---

200 American Metro Blvd.,  
Suite 119  
Hamilton, NJ 08619  
(609) 528-8400  
(609) 586-3679 fax  
[www.chcs.org](http://www.chcs.org)

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

Letter of Support and Commitment for Provider Organizations and Primary Care Practices

Dear Commissioner Mayhew:

On behalf of the Center for Health Care Strategies (CHCS), I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal - *Testing the Maine Innovation Model* - is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

CHCS is a national nonprofit health policy resource center dedicated to improving health care quality for low-income children and adults, people with chronic illnesses and disabilities, and frail elders. CHCS works directly with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. CHCS supports Maine's proposal to create multi-payer Accountable Care Organizations, building upon its existing multi-payer medical homes, MaineCare health homes, and other initiatives.

CHCS has enjoyed working directly with MaineCare on a number of health transformation projects, including the Medicaid Accountable Care Organization Learning Collaborative, the Integrated Care Resource Center for Health Homes, the Aligning Forces for Quality initiative, and the CMS Value-Based Purchasing Learning Collaborative. We believe that Maine's model not only creates strong vehicles for multi-



Mary Mayhew, Commissioner  
September 20, 2012  
Page 2 of 2

payer alignment and transformation, but is well-aligned with the goals of the State Innovation Model and the Triple Aim. We recommend its selection for funding under this groundbreaking innovation initiative.

Sincerely,

A handwritten signature in black ink that reads "Stephen A. Somers". The signature is written in a cursive style with a large, prominent initial "S".

Stephen A. Somers, PhD  
President and CEO  
Center for Health Care Strategies, Inc.



**Consumers for  
AFFORDABLE  
Health Care**

*Advocating the right to quality, affordable  
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12 Church Street  
Post Office Box 2490  
Augusta, ME 04338-2490

Telephone: 207-622-7083

Fax: 1-888-214-5233

Website: [www.mainecahc.org](http://www.mainecahc.org)

Email: [consumerhealth@mainecahc.org](mailto:consumerhealth@mainecahc.org)

September 20, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support**

Dear Commissioner Mayhew:

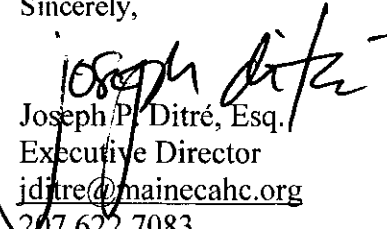
On behalf of Consumers for Affordable Health Care, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. Since 1988 Consumers for Affordable Health Care has worked to protect the rights of health care consumers in Maine. We are a nonprofit, nonpartisan organization committed to helping all Maine people obtain quality, affordable health care. Our activities include research, advocacy, education, and consumer assistance.

Maine's proposal – *Testing the Maine Innovation Model* – will attempt to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. Our organization has long supported pursuit of the "Triple Aim." This proposal works through public/private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. We strongly believe that the pursuit of better quality care at lower cost is imperative to improving our state's health care system.

Consumers for Affordable Health Care participates in the Patient Centered Medical Home Working Group, the Get Better ME Operations Group and other quality initiatives here in Maine. We believe that this proposal would help propel these efforts and others throughout the state to the next level by providing the resources they need to attain their goals.

Thank you for the opportunity to express our support for this important work. We look forward to Maine receiving the grant and to continuing our work together in pursuit of these important goals.

Sincerely,

  
Joseph P. Ditré, Esq.  
Executive Director  
[jditre@mainecahc.org](mailto:jditre@mainecahc.org)  
207.622.7083



DANIEL HANLEY  
CENTER for HEALTH  
LEADERSHIP

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Gordon Smith  
Maine Medical Association  
Manchester, Maine

James Harnar, Executive Director

Daniel Hanley Center  
For Health Leadership  
P.O. Box 15275  
Portland, Maine 04112-5275  
207-523-1501  
www.hanleyleadership.org

September 19, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of Daniel Hanley Center for Health Leadership, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

The Hanley Center is an independent statewide nonprofit organization whose mission is to support the transformation of Maine's health and healthcare systems by working to build a culture of greater collaboration. We fulfill this mission by bringing together diverse stakeholders to address complex issues that require collaborative solutions. We also provide leadership training to healthcare professionals and others who are leading change in today's complicated and dynamic health and healthcare environment. Much of this leadership training supports the transition to coordinated care models and interdisciplinary teams. Many of our graduates are key leaders in transformational work now under way in communities across Maine.

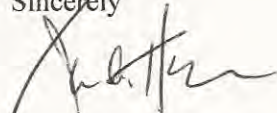
The Hanley Center works closely with statewide organizations such as Quality Counts and the Maine Health Management Coalition to support their critically important transformational work throughout Maine. At this time, we are convening stakeholders who are developing a comprehensive plan to accelerate the adoption of electronic medical records in Maine's behavioral health community. Over time, this work will allow behavioral health and primary care providers to better coordinate the care of common patients. The Hanley Center has long been involved in the development of Maine's statewide electronic Health Information Exchange (HealthInfoNet).

In summary, we are highly supportive of Maine's proposal because we believe its goals are closely aligned with our overall mission. We are eager to work with the State of Maine and other partners to support this highly important initiative.

Please contact me if you have any questions about the Hanley Center and our work.

Thank you very much,.

Sincerely



James A. Harnar  
Executive Director  
jamesharnar@hanleyleadership.org  
207-523-1501

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Maine Department of Health & Human  
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Augusta

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Farmington

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support & Commitment  
For Provider Organizations and Primary Care Practices**

Dear Commissioner Mayhew:

On behalf of HealthInfoNet I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal - *Testing the Maine Innovation Model* - is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

HealthInfoNet is the state designated statewide health information exchange serving Maine. In operation since 2006, HealthInfoNet currently supports the exchange of patient clinical data to enhance the continuity of medical care for more than one million of Maine's 1.3 million residents. Thirty-seven of Maine's thirty-nine hospitals are under contract with HealthInfoNet at this time. By the end of 2013, all Maine hospitals will be connected to and using the statewide health information exchange. Two hundred and forty physician practices are also connected to and using HealthInfoNet to support patient care which represents a solid start toward achieving inclusion of at least eighty percent of all physician providers in Maine having access to the exchange by the end of 2014. HealthInfoNet strongly supports this application for funding under CFDA 93.624 because the initiative proposed it will add significant opportunity to build upon the many unique and important projects to transform care delivery that are already under way in Maine including the development of a robust statewide health information exchange.

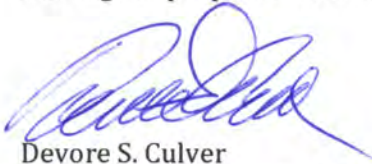
HealthInfoNet has been directly involved in a number of collaborative initiatives in Maine that are focused on enabling meaningful transformation of care delivery and payment reform. HealthInfoNet is the grantee for the State of Maine for the Regional Extension Center (REC) funded by the Office of the National Coordinator. As the manager of the REC, HealthInfoNet was the sixth state in the nation to secure contracts with target goal of one thousand priority primary care providers and is well along in bring all of these providers to attaining meaningful use Stage 1 status. As part of the Maine REC requirements, all of these one thousand providers will be required to connect to the statewide health information exchange in order to satisfy the third milestone in the grant process.

HealthInfoNet is also the single largest subcontractor to the Bangor Beacon Community grant. In its role supporting this important community-wide care improvement initiative, HealthInfoNet has successfully connected more than sixty percent of the physician providers and the two hospitals in the community to a single, shared statewide electronic health record that works in conjunction with local electronic medical record systems to enhance coordination of care across the Bangor community. HealthInfoNet is also providing patient specific clinical outcomes measures to the Bangor Beacon Community participants that are helping to demonstrate that the effort is having a measurable, positive impact on the health and cost of managing patients with chronic conditions. Because HealthInfoNet is a near real time exchange, it has also begun to play an important role in notifying care managers involved in the Bangor Beacon initiative within minutes of an event of care occurring such as an admission to the emergency room, discharge from a hospital, the receipt of a discharge summary or lab result in to the exchange. This community-wide notification for care managers is having a significant impact of enhancing both efficiency and effectiveness across the care management process. Finally, experience gained in supporting reporting requirements for the Bangor Beacon Community is building the foundation for HealthInfoNet being ready and positioned to support community-wide reporting for ACO initiatives that are now coming on line across Maine. Because HealthInfoNet has such a deep penetration throughout the provider communities in Maine at this time, it stands as a unique resource for supporting measurement that requires the ability to look across corporately unaligned provider organizations to attain a single view of a patient's care and clinical outcomes.

Improving care coordination between the behavioral health provider community and the general medical provider community has also been an important HealthInfoNet program in 2012. HealthInfoNet along with four other states was awarded a contract with SAMHSA and the National Council for Community Behavioral Healthcare to engage the behavioral health care provider community in Maine in order to continue a public-private care coordination planning effort begun in 2011. The scope of work includes sustaining four work groups that are addressing fundamental issues for coordinating care between the behavioral health community and the general medical care community including data standards information privacy and security and removing legal and operational barriers to achieving enhanced care integration. As part of this contract, HealthInfoNet is committed to connecting five community behavioral health provider organizations to the statewide health information exchange for bi-directional information sharing and twenty behavioral health provider organizations for view and download access to the general medical information maintained within the statewide health information exchange. HealthInfoNet has also brought on line a portal version of a secure messaging system that meets the standards defined by ONC for its NWHIN Direct program. Up to 200 behavioral health providers will be offered use of this secure messaging system as part of the contract with SAMHSA.

HealthInfoNet is currently working on a grant project that will demonstrate how to connect the existing statewide all payer claims database (APCD) with the statewide clinical database that is being managed by HealthInfoNet on an episode of care basis. When demonstrated, this will make Maine the first state in the nation with access to a combined claims and clinical database organized on a statewide basis. It is anticipated that the creation of this combined resource will bring essential new opportunities to improve care outcomes and plan for major reform advancements.

HealthInfoNet believes that Maine is exceptionally well positioned to optimize the demonstration of innovative and replicable transformation programs that can be subsequently introduced across the nation if Maine is awarded funding under CFDA 93.624. We stand ready to engage in making the proposed work of this grant a success.



Devore S. Culver  
Executive Director and CEO



Maine Association of  
Area Agencies on Aging

P.O. Box 5415  
Augusta, ME 04332

September 18, 2012

Mary Mayhew, Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

RE: *Letter of Support & Commitment for Provider Organizations and Primary Care Practices*

Dear Commissioner Mayhew:

On behalf of the Maine Association of Area Agencies on Aging (M4A), I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

M4A represents Maine's five Area Agencies on Aging, Maine's trusted source for answers on aging and advocacy and support for healthy, independent living. We are the very start of the long term care system and have been working for more than three decades to keep elders living healthy in their homes and communities.

We fully support the Triple Aim goals and are committed to assisting Maine's healthcare redesign leaders in addressing the health behaviors and socio-economic factors that contribute to the cost of care. To this end, we have been working collaboratively with Maine's Patient Center Medical Home Pilot, Aligning Forces for Quality, the Maine Health Management Coalition and Maine's new Accountable Care Organizations to help achieve the Triple Aim goals in Maine.

Jessica L. Maurer, Executive Director  
207-626-0972 (Phone) · 207-592-9972 (Cell) · 207-622-7857 (Fax)  
[www.Maine4A.org](http://www.Maine4A.org)





Maine Association of  
Area Agencies on Aging  
P.O. Box 5415  
Augusta, ME 04332

We know that in order to improve quality of care and patient health and decrease cost, we must adequately address the supports and services that are needed to keep people healthy and to help them self-manage their chronic conditions. Payment reform is a critical component to healthcare delivery reform and we fully support this application which will help to align these efforts.

Sincerely,



Jessica L. Maurer, Esq.  
Executive Director



**Maine Developmental  
Disabilities Council**

225 Western Avenue  
139 State House Station  
Augusta, Maine 04333-0139

Phone: 207-287-4213

Fax: 207-287-8001

Toll Free: 800-244-3990

[www.MaineDDC.org](http://www.MaineDDC.org)

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

**Letter of Support and Commitment**

Dear Commissioner Mayhew:

On behalf of the Maine Developmental Disabilities Council, I am writing this letter in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

The DD Council is a federally-funded, independent organization with members from across the state, including persons with disabilities, family members, and representatives of public and private agencies which provide services and/or funding for services for individuals with developmental disabilities. As required in federal law<sup>1</sup>, we are involved in advocacy, capacity building and systemic change activities, with the goal that individuals with developmental and other disabilities of all ages are fully included, integrated and involved in their communities and the decisions impacting them.

The Maine DD Council is very supportive of this application and in particular the efforts of the public/private collaboration to strengthen enhanced primary care and create a medical home for every

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<sup>1</sup> The Council's work is governed by the federal Developmental Disabilities Assistance and Bill of Rights Act, which defines a "*developmental disability*" as a severe chronic disability of an individual that is attributable to a mental or physical impairment or combination of mental and physical impairments, manifested before the individual attains age 22 and likely to continue indefinitely, which results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living and economic self-sufficiency.

individual that supports access to quality medical and behavioral health services, integrated with each other and long-term care services and supports, when those are necessary. Delivery of well-coordinated care designed to meet the individual needs of each person, including those with disabilities, provides a cost-effective means to promote opportunities for everyone to reach their optimum health status and pursue their individual goals.

The Maine DD Council has been involved with the Maine Department of Health and Human Services (Maine DHHS), along with the Maine Departments of Labor and Education, in an interagency collaborative effort since 2008 to address the needs of persons with autism spectrum disorders. Maine's prevalence of autism spectrum disorders (ASD) exceeds national levels, which has created a sense of urgency to assure that Maine's service systems are tooled and prepared to meet the needs of this population. The DD Council has worked particularly closely with Maine DHHS since 2010 under a federally-funded grant<sup>2</sup> to develop and pilot model practices to improve early identification and early intervention services for young children with ASD, and access to quality health care services for those children not only during their formative years, but also as they transition to adulthood. We recognize the benefits for not only individuals with ASD, but also those with other developmental disabilities, as the primary care medical home becomes more proficient in identifying and addressing individual needs with effective and appropriate care and support. Work with Maine DHHS and Quality Counts over the past two years has brought enhanced support to individual medical practices working to expand their capacity to meet the needs of their patients.

We look forward to being able to continue to work collaboratively with Maine DHHS on a wide variety of issues, and in particular to the opportunities that this grant will provide to use the tools and methods developed and tested in the pilot and demonstration projects that have been conducted through the HRSA grant, and achieve systemic improvements that will benefit people across the state. Beyond those efforts that may involve the DD Council directly, the broader scope of this proposal will bring opportunities to address critical factors in achieving healthcare system reforms that improve quality of care concurrently with achieving and sustaining lower costs.

Sincerely



Julia J. Bell  
Executive Director

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<sup>2</sup> 93.110 Maternal and Child Health Federal Consolidated Programs, H6MMC20329-02-00 State Implementation Grants for Improving Services for Children & Youth with ASD, Department of Health and Human Services/Health Resources and Services Administration.



September 23, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

Dear Commissioner Mayhew:

On behalf of the **Maine Health Management Coalition** and **Maine Health Management Coalition Foundation**, I am writing this letter in support of, and commitment to, Maine's application for funding under CFDA 93.624 - State Innovation Models: Funding for Model Design and Model Testing Assistance. The purpose of Maine's proposal – *Testing the Maine Innovation Model* – is to align health-care payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/ private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining traction statewide. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, behavioral health, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

Maine Health Management Coalition (MHMC) will be a principle contracted Innovation Model implementation partner. MHMC is a multi-stakeholder purchaser led collaborative representing employers, providers, payers, and consumers. Our membership numbers over 60 employers, representing ~200,000 employees and dependents, or around a third of all commercially-insured individuals in Maine. MaineCare, the State's public payer, is a member agency. Our organization leads or collaborates in a number of initiatives driving healthcare improvement and payment reform, among them (but not limited to them) - the Maine Aligning Forces for Quality (AF4Q) initiative, and the PCMH Pilot. Payment reform initiatives include data and other support for emerging multi-stakeholder primary care ACOs, development of Value Based Insurance Design (VBID), and development of consumer engagement programs.

Maine Health Management Coalition was founded in 1993 on the idea of improving the value of health-care services for Maine businesses and patients to improve care quality and reduce costs. While Maine has been very successful in achieving very high quality care, our insurance premiums for both individuals and families remain among the highest in the country, challenging the notion that quality improvement alone will reduce the cost of healthcare. In 2012, MHMC convened the multi-stakeholder Health Care Cost Work Group to work collaboratively across all sectors to identify a priority set of actions that, if fully implemented, would result in a significant reduction in the total cost of care across Maine. These priority actions/strategies will eventually be brought to stakeholders statewide – citizens, businesses, physicians, hospitals, government leaders, etc. – who will be encouraged to support efforts to address them. This initiative will continue as part of the Innovation Model.

MHMC also serves as convener of an annual summit of healthcare industry CEOs and other leaders

Maine Health Management Coalition/Foundation 2 Union Street, Suite 301, Portland, ME 04101  
P: 207.899.1971 F: 207.899.3207 [www.mehmc.org](http://www.mehmc.org) [www.getbettermaine.org](http://www.getbettermaine.org)

around issues of delivery transformation and payment reform. Consensus has grown across Maine stakeholders that moving away from fee-for-service to more flexible, global payments that enable physicians to determine best use of resources while working within a ‘budget’ will create the best financial model for improved care at reduced costs. Many Maine provider groups have indicated they will be moving in this direction and many Maine purchasers have indicated a preference of a payment method that transfers some risk to providers while enabling physicians to direct resources within these budgets. Some of the more advanced provider practices moving to shared risk arrangements are increasingly concerned with the pace of change, being unable to sustain transformed care in a fee for service environment. In September, 2012, General consensus was reached at the MHMC Executive Summit that *all parties would transition to global payments to support primary care based integrated systems of care.*

**Outline of Our Commitment** - As the principle contracted partner for *Testing the Maine Innovation Model*, MHMC and MHMC-F commit to being responsible for implementation of the following components of the project:

1. Data Analytics;
2. Public Reporting of Quality Measures Developed Through the *Pathways to Excellence* Process;
3. Accountable Care Organization Learning Collaborative Support Through the Accountable Care Implementation Group
4. Continuing Work and Learning Support Around the Development of Value Based Insurance Design;
5. Continuing the Work of the Health Care Cost Work Group, and;
6. Development of the Behavioral Health Cost Work Group.

Sincerely,



Elizabeth Mitchell  
President & CEO  
Maine Health Management Coalition  
Maine Health Management Coalition Foundation



September 17, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

Dear Commissioner Mayhew,

I am submitting this letter on behalf of Maine Quality Counts in support of Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. We understand that the goal of Maine's proposal, *Testing the Maine Innovation Model*, is to align the delivery and payment of MaineCare services with the efforts of other public and commercial payers to achieve the goals of the "Triple Aim" – i.e. to improve patient experience of care, improve population health, and lower health care costs. Given the collaborative relationships, commitment to change, and the numerous related and concurrent transformation activities already underway in the state, we believe that Maine is uniquely positioned to succeed with initiative, and applaud the state's efforts to leverage and expand these efforts through their vision and leadership.

Maine Quality Counts (QC) is a regional health improvement collaborative committed to transforming health and health care in Maine by leading, collaborating, and aligning improvement efforts. QC leads and provides support for several important statewide improvement programs in Maine, including the Aligning Forces for Quality initiative and the Maine Patient Centered Medical Home (PCMH) Pilot. Our Member organizations include a wide range of stakeholders including physicians, hospitals, employers, insurers, consumers, policy makers, government and other parties working together to drive transformation of the health care system.

Maine Quality Counts has extensive experience in supporting quality improvement initiatives with providers, and, along with the state, serves as one of three conveners of the Maine PCMH Pilot, which participates in the CMS Multi-Payer Advanced Primary Care Practice (MAPCP) demonstration and provides support for changing practice delivery and payment systems for 26 (soon to be 76) primary care practices across the state. QC provides quality improvement support to Pilot practices through a range of efforts, including hosting a structured learning collaborative, supporting monthly practice calls, and providing one-on-one practice quality improvement coaching for practices on the key aspects of practice transformation towards a more patient centered model of care. QC has also supported the development of the Community Care Team model to partner with primary care practices to provide additional care management support for the most high-cost, high-needs patients of each community.

We have also worked closely with the state and the MaineCare program on a number of initiatives, including working to align the PCMH Pilot with the state's plan for implementing a Health Homes initiative in accordance with Section 2703 of the Affordable Care Act. Through the Health Homes initiative, we anticipate extending quality improvement support for PCMH

transformation to more than 50 additional primary care practices in the state, providing an excellent opportunity to improve the adult quality measures of focus in this proposal.

As a key stakeholder in the SIM proposal, we also **commit** to support Maine's effort, *Testing the Maine Innovation Model*, by participating in the following manner:

1. Supporting expansion of the enhanced primary care model as outlined in this proposal (i.e. the PCMH model with integration of physical and behavioral health, and Community Care Teams to serve the most high risk/ high cost patients)
2. Promoting reporting by PCMH practices on a common set of measures, which will be publicly reported, and used for data feedback to practices to help drive their internal improvement efforts
3. Promoting efforts to measure and reporting patient experience of care and functional status, using the CG-CAHPS survey and PROMIS tools
4. Promoting integrated shared decision making within PCMH practices
5. Supporting quality improvement efforts for PCMH practices, CCTs, and ACO leaders by sponsoring a learning collaborative(s) for the *Maine Healthcare Transformation Institute*

We are confident that the state of Maine and its collaborating partners have the vision, experience, and relationships needed to successfully implement this initiative, and their bold vision for transforming the health care system in the state. I am pleased to extend our strong support for this proposal and for the important opportunity it offers to improve health and health care for the people of Maine.

Best regards,



Lisa M. Letourneau, MD, MPH  
Executive Director



UNIVERSITY OF  
**SOUTHERN MAINE**

## Muskie School of Public Service

P.O. Box 9300, Portland, Maine 04104-9300  
(207) 780-4430, FAX (207) 780-4549, TTY (207) 780-5646  
[www.muskie.usm.maine.edu](http://www.muskie.usm.maine.edu)

September 21, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0040

Dear Commissioner Mayhew:

On behalf of the Muskie School of Public Service at the University of Southern Maine I am pleased to support Maine's application for funding under CFDA 93.624 - *State Innovation Models: Funding for Model Design and Model Testing Assistance*. The proposed project – *Testing the Maine Innovation Model* – will align healthcare payment and delivery system reform in the state across MaineCare (Maine's Medicaid program), Medicare, and commercial payers to achieve and sustain lower costs, while improving quality of care and patient satisfaction. These goals (i.e. the Triple Aim goals) will be accomplished through public/private collaboration of providers, purchasers and payers to leverage and connect important work that is already gaining statewide traction. The Maine Innovation Model (the Model) brings the State's investment to the next level by: (1) supporting and strengthening enhanced primary care; (2) supporting and strengthening alignments between primary care and public health, **behavioral health**, and long-term care; (3) supporting the development of new workforce models for the transformed system; and (4) supporting the formation of multi-payer ACOs that commit to value and performance based payment reform and public reporting of common quality benchmarks.

The **Muskie School's** academic and research programs share a common mission of educating leaders, informing policy and practice, and strengthening civic life. The School houses three academic programs, including public health, as well as nationally recognized research programs in health, social policy, the economy, and the environment. The School has a multi-disciplinary faculty and staff with extensive experience working closely with states providing policy, data, research/evaluation and other assistance in support of policy and program development and implementation.

Since 1983 the School has collaborated with the state's Medicaid, public health, and other human service programs on payment and delivery system innovation, quality



**Commissioner Mary Mayhew**

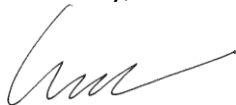
**Page 2**

improvement, and other initiatives. We are currently funded by the Department, other purchasers and payers, and funders to evaluate Maine's multi-payer *Patient Centered Medical Home Pilot* the cornerstone of delivery system and payment reform efforts in the state. The School is also working with DHHS and the Office of Maine Care Services in the design of the Value Based Purchasing Initiatives, including the Health Homes and Accountable Communities initiatives. We've also worked closely with DHHS partners to engage MaineCare members in the early planning phases of the Value Based Purchasing Initiatives ensuring that the members' perspective was represented in major design considerations.

We are also partners with DHHS in the development of a competency-based curriculum for the direct service workforce serving consumers across Maine's long term services and supports system. This work builds on a 16-year history of developing and administering the Maine's certification program for mental health professionals. Additionally, Muskie staff worked closely with the Office of Quality Improvement on a 3-year project to integrate physical health knowledge and practices into the mental health systems of care.

In short, the Muskie School has partnered closely with Maine's DHHS in model design, research, planning and technical assistance for this ambitious transformation initiative. This initiative would bolster the early efforts to implement a full model across payers for the benefit of all Maine citizens and we are delighted to offer our support in these efforts.

Sincerely,



Andrew F. Coburn, Ph.D, Professor and  
Director, Population Health and Health Policy



# UNIVERSITY OF MAINE AT AUGUSTA

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COLLEGE OF PROFESSIONAL STUDIES

September 19, 2012

Mary Mayhew  
Commissioner  
Maine Department of Health and Human Services  
221 State St.  
Augusta, Maine 04333-0040

Dear Commissioner Mayhew:

The University of Maine at Augusta is pleased to support Maine's application for funding under CFDA 93.624 - State Innovation Models: Funding for Model Design and Model Testing Assistance. Maine's proposal for Testing the Maine Innovation Model to align healthcare payment and delivery system reform across MaineCare, Medicare, and commercial payers to achieve and sustain lower costs within the state is a highly valued initiative. This worthy effort will surely help to improve the quality of care and patient satisfaction. One of the goals of this endeavor is of particular interest to the University of Maine at Augusta and that is to support the development of new workforce models to help transform the system.

Since 1980, the University of Maine at Augusta has held a continuous relationship and collaboration with the former Department of Mental Health and now the Department of Health and Human Services to provide training and education to people who work within or aspire to work in one of the many agencies that are funded by the State. Our experience has taught us that we must provide students with the knowledge and skills that are important for the broad spectrum of services that are provided to Maine's consumers of behavioral health services. Knowledge of social policy is of prime importance in the content of our A.S. and B.S degree programs in Mental Health and Human Services and in our relevant certificate programs. It is important to note that the Mental Health and Human Services Degree Programs hold the highest enrollments with almost 1,000 students matriculated in the A.S. and B.S. degrees.

In the 1980s our courses were designed to emphasize community mental health services as well as course work that addressed the workers employed at the two public mental health institutes. In the 1990s and through this decade, the University of Maine at Augusta has taken the lead in developing the course work for the Mental Health Rehabilitation Technician/Community state certification. The development of this certificate program originated from the AMHI Consent Decree to prepare a better informed workforce for work within Maine's Behavioral Health System. Graduates of our B.S. in Mental Health and Human Services Degree as well as graduates of the 30 credit certificate program in Mental Health Rehabilitation Technician/Community (MHRT/C) receive state certification for a range of service positions, particularly in behavioral health and substance abuse rehabilitation. Agencies that hire state

46 University Drive Augusta Maine 04330-9410 [www.uma.edu](http://www.uma.edu)  
207-621-3288 1-877-UMA-1234 TTY 1-800-316-3600

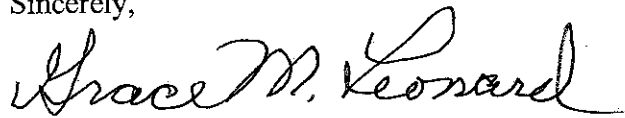
ONE OF MAINE'S PUBLIC UNIVERSITIES

certified MHRT/C people, then can receive MaineCare (Medicaid) reimbursement.

The University of Maine at Augusta has been a leader in distance education for Maine for the past 20 years. All our MHRT/C and Mental Health and Human Services Degree courses are offered through a variety of distance education technologies including on-line, interactive television and video conferencing delivery methods. We, therefore, feel that we have the experience and ability to collaborate with the Department of Health and Human Services to prepare the workforce with whatever will help DHHS to develop new workforce models.

It is with enthusiasm that the University of Maine at Augusta supports Maine's application for the CFDA 93.624 - State Innovation Models: Funding Model Design and Model Testing Assistance Initiative.

Sincerely,

A handwritten signature in black ink that reads "Grace M. Leonard". The signature is written in a cursive style with a large, prominent initial "G".

Grace M. Leonard  
Professor and Coordinator of Mental Health and Human Services Programs  
University of Maine at Augusta