Item #	Risk /Issue/ Dependency Name	Impacted SIM Objectives (SST Obj #, eg. MHMC #3, HIN #4, etc)	IF….	THEN…	Accountability Target Impacts	Item Owner (Project Manager Name)	Status (Open, In Progress, Resolved, Closed):	Creator (Originator)	Date created	Weighted Priorty (1= Low, 3= Med, 5 = High)	Probability 1-3 (1=Low, 2= Med 3=High)	Impact 1-3 (1=Low, 2= Med 3=High)	Priority Calc	Details
21	Relationship between all the players in the SIM initiatives, CHW, Peer Support, Care Coordinators, etc., may lead to fragmented care and complications for patients	MaineCare - Accountable Communities ; QC Objectives 1 and 3 (HH and BHH Learning Collaboratives); CHW Initiative	If care coordination is fragmented, siloed and duplicative then patient outcomes may be compromised, costs savings will be compromised and the health improvements will suffer	continued fragmentation and siloed approaches will compromise patient outcomes and created ineffient and costy processes		Steering Committee	Open	Lisa Tuttle	2/25/2014	**5**	**3**	**3**	**45**	Care coordination across SIM Initiatives may become confusing and duplicative; particularly considering specific populations (e.g., people living with intellectual disabilities Do we need to develop a Care Coordination QB?
5	Accountable Community Rule development delays in AG office/ corresponding contract delays	MaineCare Obj #1- Accountable Communities	If rule is not written and emergency rulemaking for AC is not approved	a delay in the development of contracts and the start of the AC initiative, and potential SIM funding implications		Michelle Probert	Open	Jim Leonard	2/13/2014	**5**	**2**	**3**	**30**	AAG's offcie has had complet AC draft since December. AAG's office recommended they take lead on rule drafting in early February, have yet to start their draft. Dept requested emergency rulemaking in early February, which has not been approved. Contract and rule language should mirror each other. AAG's office has not progressed on development of rule. Contract development is already delayed, the situation will be compounded if the AAG's delays review of language once it is developed.
20	Change capacity for provider community may be maxed out – change fatigue – providers may not be able to adopt changes put forth under SIM	All SIM Delivery System Reform Initiatives MQC Obj 1 and 2	If providers are overwhelmed with too many change initiatives at once, they may not be able to focus and prioritize the critical changes requried to transform the delivery system	Changes will be unable to be adopted or sustained; failure in delivery system reform		Steering Committee	Open	Lisa Tuttle	2/25/2014	**5**	**2**	**3**	**30**	
6	Behavioral Health (BH) EHR data functionality constraints across the vendors used in Maine	HIN Objective 2&3	If the RFP top scoring applicants/ participants have significant data interface constraints due to vendor constraints…	1. HIE data interface goals will be diminished greatly. 2. There will be a lack of discrete, reportable, and or measureable data in the HIE which; 3. Leads to the decreased ability to perform quality measurement	Milestone 2 and 3 delays and/or a reassessment of milestone requirements will be necessary	Katie Sendze	Open	Katie Sendze	2/21/2014	**4**	**2**	**3**	**24**	

11	Behavioral Health Home rates	BHH member enrollment MaineCare Obj 2 HIN Obj 2&3	Providers don't see a business case for their highest need members with SMI/ SED	BH providers steer highest need members away from BHH into existing community mental health FFS services, BHH PMPM rate exceeds level of need of resulting case mix, spending on other MH services increases without enhanced match, highest need SMI/SED members do not benefit from improved physical health integration and other enhanced services		Kitty Purington	In-progress	Jim Leonard	2/24/2014	**5**	**2**	**2**	**20**	
15	Inability to find and hire qualified Data Analytics Professionals	MHMC Obj. 1, SST # 6 - Global impact on all SIM data deliverables, with the most impact on VBID (Obj.5) and Total Cost of Care (Obj. 1)	If qualified healthcare data analytics professionals are not hired and onboarded at the MHMC	MHMC will not have the personnel resources to complete SIM deliverables that are data dependent and ultimately delay their completion.	Any such delay could impact Yr 1 Accountability Targets for Obj. 1 which include Build claims database that spans Medicare, MaineCare and commercial populations of Maine; develop/refine appropriate metrics and approach to measuring and tracking cost of care over time; and publish initial edition of Healthcare Cost Fact Book and convene CEO Roundtable.	Elen Schneiter	Open	Lyndsay Sanborn	2/24/2013	**5**	**2**	**2**	**20**	To date, we have been absorbing the additional workload associated with SIM activities by reassigning other MHMC employees to these tasks, taking them away from other work. This has mitigated the impact on SIM up until now. The pace of work under SIM is now getting to the point where our ability to continue to meet the workload without additional personnel will impact our ability to accomplish all of the planned work in accordance with the planned timeline.
19	APC Behavioral Health Metric Feasibility	MHMC Obj. 3.3 #29 - PTE adoption of APC metrics including value assignment	If there is no appropriate existing national behavioral health metric available and creation of a Maine alternative is not feasible	Then the initial reporting of APC on Oct 15th 2014 would lack indicators of a primary care practice's level of behavioral health integration. There will than be a 6 - 12 month delay until BH component inclusion.	This delay will impact Obj. 3 Yr. 1 Accountability targets Identification of core metric set for Behavioral Health (integration and quality)	Ellen Schneiter	Open	Lyndsay Sanborn	2/25/2014	**5**	**2**	**2**	**20**	
8	Provider organizations interpretation of a clinician as subject to 42 CFR Part 2 rules	HIN Objective 2& 4	If a clinician (eg. PCP, BH provider) is deemed subject to Part 2 rules	Entire provider (PCP) panels or mental health data will be withheld from the HIE; and may not be available for quality measurement under SIM program goals	None for obj. 4, Milestone delay for obj. 2	Katie Sendze	Open	Katie Sendze	2/22/2014	**3**	**2**	**3**	**18**	

9	HIE Data Use Case Rejection by the Data owners (HIE Participants, Provider organizations)	HIN Objective 4	If HIE participants reject the authorization request to release PHI data within the MaineCare Dashboard tool…	The Dashboard tool will be limited in it's usefulness, however, how much is yet to be determined	None	Katie Sendze	Open	Katie Sendze	2/22/2014	**3**	**2**	**3**	**18**	
2	MHMC Replication of Deloitte Methodology	MaineCare - Accountable Communities	If Shared Savings calcs don't line up between Deloitte and MHMC-F	delay in AC reporting, greater likelihood of litigation by providers		Michelle Probert	Open	Randy Chenard	2/13/2014	**5**	**1**	**3**	**15**	Approval of Deloitte amendment and priority execution of Molina CR are key to ensure risk mitigation efforts are successful.
16	Delay in delivery of Claims Data (Molina, HDMS, Medicare)	MHMC Obj. 1, Obj. 3, Obj. 4. Obj., 5. SST #7,8,9,10,32, 33, 58, 61, 62	If there is a delay in the delivery of data from Molina, HDMS, or Medicare. Delay in availablity of complete and accurate APCDS data from Maine Health Data Organization is also a risk.	Then the practice report delivery, PTE metrics and portals will not be able to be produced on time.	This delay would impact Year 1 Accountability Target for Obj. 1 :Build claims database that spans Medicare, MaineCare and commercial populations of Maine.Obj. 3 Yr 1 Accountability targets: Identification of core metrics for reporting, vetted and approved through PTE and Board. Publish initial benchmarked rankings. Obj. 4 Year 1 Target: Complete design of portal and required analytics; data for MaineCare, Medicare and commercial populations will first be segregated with separate access due to challenges associated with the fundamental differences between the populations and the different risk profiles of the populations. Obj. 5 Year 1 Target: Produce practice reports for all primary care practices indicating their interest in receiving them.	Ellen Schneiter	Open	Lyndsay Sanborn	2/24/2014	**5**	**1**	**3**	**15**	To date, we have not experienced any delays in the transmission of data. Note, however, that transmission of Medicare data is not anticipated to begin until Q3 of Year One. Work with Molina has gone smoothly, thus far. The submission of complete and accurate data by payers to the MHDO is an on-going risk that is beyond our control.

17	Workgroup participant "fatigue."	MHMC Obj.1, Obj.2 Obj.3, Obj., 7 SST#12, 13, 14, 18, 35, 36, 37, 38,39, 40, 44,45,46, 47, 48, 49, 50, 73	If we are unable to convene regular, well attended meetings of the Healthcare Cost and Behavioral Healthcare Cost Workgroup, PTE-BH, PTE Physicians, PTE Systems, VBID Payment Reform Workgroup, and ACI Workgroups.	Then MHMC will be delayed in identifying metrics used to track healthcare quality and of cost of care, publishing the Cost of Care Fact book and convening the CEO Roundtables, identifying opportunities for payment alignment.	This delay will impact Yr 1 Accountability Target for Obj. 1, #3: Publish initial edition of Healthcare Cost Fact Book and convene CEO Roundtable. Obj. 2 Year 1 Targets: (1) Adoption of core set of metrics against which plan designs may be benchmarked (2) Publication of initial rankings of benefit designs. Obj. 3 Year 1 Target: Identification of core metrics for reporting, vetted and approved through PTE and Board. Publish initial benchmarked rankings Identification of core metric set for Behavioral Health (integration and quality) Obj.7 Year 1 Target: Provide support for Subcommittee in manner that supports active participation of membership	Ellen Schneiter	Open	Lyndsay Sanborn	2/24/2014	**5**	**1**	**3**	**15**	
22	Data gathering requirements for HH and BHHO quality measures is not determined	MQC Objective 1 and 3 - LC for MaineCare HH's and BHH's	If measures cannot be collected we may be in non-compliance with requriements; manual burden may be unsustainable for providers	Requirements will be unable to be met and providers may not support manual processes		Michelle Probert	Open	Lisa Tuttle	2/25/2014	**3**	**2**	**2**	**12**	
23	Barriers to passing certain behavioral health information (e.g., substance abuse) may constrain integrated care	MQC Objective 1 and 3 - LC for MaineCare HH's; BHH's	If whole-person health records are unable to be created, care will be compromised and inefficiencies will remain in the system increasing costs, unnecessary treatments and compromising patient outcomes	comprehensive integrated physical and behavioral health will be compromised, increased costs, increased fragmentation and poor health outcomes		Steering Committee	Open	Lisa Tuttle	2/25/2014	**3**	**2**	**2**	**12**	
13	Provider Measure Overload	MaineCare Obj #2 and #3 Health homes and ACC	Providers and the department can't reach agreement on appropriate level of quality and performance reporting	Provider participation will be negatively impacted		Michelle Probert	In-progress	Jim Leonard	2/24/2014	**5**	**1**	**2**	**10**	One large health system has expressed concerns re aligment and appropriateness of all measures in AC quality
4	Self Evaluation Implementation Delay	SIM Program Objective 2	Evaluator is not contracted before June 1			Jay Yoe	Open	Randy Chenard	2/13/2014	**3**	**1**	**2**	**6**	
18	Practices do not sign up for Claims Portal Access.	MHMC Obj. 4 SST # 56,57,58,59	If practices do not sign up for Claims Portal access	then we do not meet this accountability target for SIM and Obj. 4 is not completed.	Obj. 4 Year 1 Accountability Target: Complete design of portal nad required analytics. Adoption by providers is volutary, but it is estimated that 50 practices will adopt the portals in the first year.	Ellen Schneiter	Open	Lyndsay Sanborn	2/24/2014	**3**	**2**	**1**	**6**	Provider practices are currently faced with choosing to access any number of portals for any number of reasons; the offering of one more portal may not prove to be sufficiently attractive to practices, particularly if they do not possess in-house expertise needed to exploit this resource.

7	Behavioral Health EMR implementation delays	HIN Objective 2&3	If RFP participants without a implemented EMR do not meet implementation timelines and resources allocated….	Milestone achieved will be delayed or unachieved	Milestone 2 and 3 delays and/or a reassessment of milestone requirements will be necessary	Katie Sendze	Open	Katie Sendze	2/21/2014	**1**	**1**	**3**	**3**	
10	PHR Patient Portal Pilot Partner unable to align resource allocation with SIM timelines	HIN Objective 5	If the selected pilot partner cannot align with the 12 month timeline (6/14-6/15) determined under SIM quarterly report (1/2014)…	The project deliverables will be delayed.	Delayed completion, timing issue only	Katie Sendze	**Closed**	Katie Sendze	2/22/2014	**0**	**0**	**0**	**0**	

Plan to address (free form)
DHHS leadership will engage AG leadership/Additional direction to come from SIM MLT
With DSR subcommittee for plan mitigation developmetn
Proactive communication with RFP paticipants about interface constrainsts and plan for data capture alternatives within funding available.

Department plans to analyze cost and utilization data and referral trends to monitor cost of service and where members with SMI/ SED are being served. May amend SPA to implement tiered or outlier payment methodology if necessary. This would take some time.
We have been backfilling SIM work with other MHMC resources for the time being. We have identified a potential contractor to carry out some of the analytic work and are working with a recruiter to identify appropriate candidates for direct hire or contracting.
Proactive communication with participants about SAMSHA CFR-42 Part 2 FAQ guidance related to Primary Care and program definitions and HIN's stance.

Develop Use Case request with strategic thoughtfulness and transparency using specific education to providers so that no false barriers to the work are created.
OMS has asked for an amendment to Deloitte's contract until the end of June, which provides for 3 mo of overlap once savings projections have been developed in order for Deloitte to provide TA, work with MHMC-F to ensure replication of the methodology is successful. MHMC-F has been involved on calls with Deloitte and CMS since the fall to familiarize themselves with the methodology, data and issues. A Change Request for Molina toprovide MHMC-F with addt'l data fields needed has been given high priority.

Explore State Waivers; work with Region 1 SAMSHA; Launch consumer engagement efforts to encourage patients to endorse sharing of information for care
Committing to reassessment on annual basis as part of SIM alignment work.
We are working with practices to generate interest in the portals, but also will work with ownership organizations (e.g. PHOs/Systems, ACOs) to stimulate interest in this resource. It is more likely that these larger umbrella organizations will have the capacity to utilize the data available through the portals than will an individual practice.

Proactive communication with RFP paticipants about implementation plans.
Pilot partner EMHS has agreed to timelines and has the resoruces to put towards the project.