**Payment Reform Subcommittee**

**April 2016**

**SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: April 26, 2016

Number of participants: 15

Organizations Represented: Eastern Maine Health System, MaineHealth, Central Maine Health, MaineGeneral Health, St. Mary’s, Aetna, Anthem, Harvard Pilgrim, MaineCare, Mt. Dessert Hospital, Bath Iron Works, Quality Counts

*This represents only those present at April meetings.*

1. **Please state the subcommittee’s strategic focus for the month:** The strategic focus for April was to communicate with stakeholders on the opportunities for Medicare multi-payer alignment via the CPC+ and SIM state invitation, to brief the subcommittee on post-SIM developments related to VBID and the ACI Steering Committee, and the planned survey of health plans to identify the scope of alternative payment models (APMs) in the commercial sector.
2. **Please state the subcommittee’s key findings/work/impact for the month:** The key work has been engaging key stakeholder, particularly purchasers, on the components of the CPS+ and SIM state CMMI invite and consider the various pros and cons as they relate to purchasers interested in advancing payment reform.
3. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:** Advancing multi-payer payment reform was the primary focus of the subcommittee. The Medicare opportunities present the potential for significant movement in the context of the value-based payment initiatives promoted by CMS.
4. **Please state the subcommittee’s challenges for the month:** Assessing the components of the multi-payer proposals and the impact on the current payment reform environment.
5. **Please state the subcommittee’s risks for the month:** None identified**.**
6. **Please summarize the goals for next month’s subcommittee meeting:** The goals for the June 2016 meeting will be to:
   1. Brief the subcommittee on the status of potential applications for CPC+.
   2. Identify next steps according to the status of the CPC+ opportunity.

**Pathways to Excellence, Behavioral Health Steering Committee**

**April 2016**

**SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: April 20, 2016

Number of participants: 22

Organizations Represented: MeHAF, Health Affiliates of Maine), UCP of Maine, OCQT/DHHS, NAMI, PMHNP, KBH, Consumer, Crisis and Counseling, OMS, Spurwink, TCMHS, MBH, MaineGeneral, 205 Ocean Ave, and Sequel Care of Maine.

*This represents only those present at April meetings.*

1. **Please state the subcommittee’s strategic focus for the month:** Discussion focused on public reporting for 2017 behavioral health measures. Group focused on broadening providers to include case managers and medication management services, two provider groups which could have a positive impact on fragmented care. For case management services—which are provided to MaineCare recipients—draft attestation questions were presented to the group on the subjects of linkage (fragmented care), employment, and CANS, based on input from last meeting. The group added minor edits to linkage and employment and came to consensus on those questions. CANS was discussed but needs more input to finalize. For medication management services, discussion focused on several areas as potential measures: linkage and communications with PCPs, problems surrounding polypharmacy, and follow-up for those with diabetes who are prescribed antipsychotics.
2. **Please state the subcommittee’s key findings/work/impact for the month:** For case management services, draft attestation questions were presented to the group on the subjects of linkage (fragmented care), employment, and CANS, based on input from last meeting. The group added minor edits to linkage and employment and came to consensus regarding moving forward with these two areas. CANS was discussed but needs more input to finalize. The steering committee requested more input be gathered from medication managers related to topics of interest. Input gathered in May will be reported back on June 15 2016.
3. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:** The primary SIM goal this month continues to be on widening the scope of provider types reporting to GetBetterMaine, primarily case managers, who can positively impact fragmented care among the MaineCare population—a SIM priority. It also kept top of mind the following: increase the number of behavioral health providers participating in public reporting, continue the publicly reporting of meaningful behavioral health quality measures beyond original goal of January 2015, and increase the rigor of quality measures. The SORT review recommendations continue to be a topic of **discussion** within the steering committee, in order to ensure committee strategy is aligned with SIM deliverables around fragmented care and diabetes. The impact will be to keep in mind developing provider quality measures with a focus on those two areas. For example, asking case managers to report on whether they link clients with PCPs is one way that fragmented care among MaineCare recipients will be addressed moving forward.
4. **Please state the subcommittee’s challenges for the month:** Coordinating meeting times to gather input from medication managers will be challenging.
5. **Please state the subcommittee’s risks for the month:** Use of claims data for behavioral health continues to be a risk identified by the workgroup.
6. **Please summarize the goals for next month’s subcommittee meeting:** No subcommittee meeting will be held on May, 2016. Information is being gathered to present at June’s meeting.

**Value-Based Insurance Design Workgroup**

**April 2016**

**SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: VBID meetings did not occur between April 1 and 15. (The next regularly scheduled meeting was April 29; SIM funding for VBID was discontinued on April 15.)

Number of participants: NA

Organizations Represented: NA

*This represents only those present at meetings from April 1-15.*

1. **Please state the subcommittee’s strategic focus for the month:** For the first two weeks of April, members of the workgroup followed up on tasks from the previous meeting by developing materials for future discussion/consensus decisions on how to proceed with a format for the VBID recommendations framework. There was also specific focus on a shared-decision making module, which could be used for diabetes care and with MaineCare recipients. Materials were also prepared to explain to the workgroup how MHMC envisions transitioning this project to the post-SIM environment, in order to obtain participant feedback on future direction and goals.
2. **Please state the subcommittee’s key findings/work/impact for the month:** The workgroup did not meet before SIM funding was discontinued mid-month.
3. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:** During the April 1-15 period, the main focus was preparation for the April 29 workgroup meeting, at which time stakeholders were going to review a shared-decision making module that could be used for diabetes care and with MaineCare recipients—two priorities identified during the SORT review.
4. **Please state the subcommittee’s challenges for the month:** No challenges other than coordinating the schedules of meeting attendees.
5. **Please state the subcommittee’s risks for the month:** No risks identified.
6. **Please summarize the goals for next month’s subcommittee meeting:** NA; SIM funding of VBID discontinued on April 15, 2016