# **Payment Reform SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: N/A

Number of participants:

Organizations Represented: There was no meeting of the Payment Reform Subcommittee in September

1. **Please state the subcommittee’s strategic focus for the month:** N/A
2. **Please state the subcommittee’s key findings/work/impact for the month:** N/A
3. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:** N/A
4. **Please state the subcommittee’s challenges for the month:** The subcommittee will be meeting again in October in a joint session with the Delivery System Reform subcommittee to consider the responses and reactions of payers and providers to draft expectations and accountabilities.
5. **Please state the subcommittee’s risks for the month:** An ongoing risk is that stakeholders may not be able to reach consensus on payment model(s) to support advanced primary care.
6. **Please summarize the goals for next month’s subcommittee meeting:** The goals for the next meeting (October) will be to present the findings of stakeholder engagement on advanced primary payment models, to identify key steps for advanced primary care and to consider recommendations to the Steering Committee.

# 

# **ACI Measure Alignment Work Group Monthly Summary for Steering Committee**

Meeting date: September 29, 20156

Number of participants: 15

Organizations Represented: Aetna, Harvard Pilgrim, Cigna, MaineHealth, Eastern Mine Health, MaineGeneral Health, Quality Counts, MaineCare, Bath Iron works, Maine Health Management Coalition.

1. **Please state the subcommittee’s strategic focus for the month:** The Work Group’s focus was on two outstanding issues related to data aggregation of core measures and potential next steps.
2. **Please state the subcommittee’s key findings/work/impact for the month:** The Work Group examined several options for aggregating and reporting claims-based measures, CG-CAHPS survey results, and CMS hospital measures. There was agreement that there are feasible options for the stakeholders to consider.
3. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:** The SIM goal of establishing a core set of ACO measures for contracting purposes to advance payment reform continues to be the Work Group’s primary focus. Since the core measure set has been developed and adopted, the attention is now on how to aggregate ACO data for the commercial population.
4. **Please state the subcommittee’s challenges for the month:** The primary challenge was to reach tentative agreement on the options for measure aggregation. A secondary issue was the concern expressed by several providers on the role of the MHMC to aggregate and hold ACO performance data.
5. **Please state the subcommittee’s risks for the month:** The risks are associated with determining the preferred options for data aggregation, the ongoing challenge of outcomes data and the development of rules governing the sharing and disclosure of the aggregated data reports. Staff will prepare a proposal for the pilot to include user rules.
6. **Please summarize the goals for next month’s subcommittee meeting:** The goals for the next meeting (November) will be to reach agreement on the preferred options, conclude stakeholder support for a pilot to test the aggregation model, and to direct MHMC staff to develop reporting infrastructure. A proposal will be prepared for consideration which will identify the value of the preferred options for stakeholders.

**Healthcare Cost Workgroup**

**Subcommittee on Multi-stakeholder Strategies**

**Behavioral Healthcare Cost Workgroup**

**September 2015**

**SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: Healthcare Cost Workgroup did not meet in September; Subcommittee on Multi-stakeholder Strategies did not meet in September; Behavioral Healthcare Cost Workgroup met on September 16

Number of participants: Healthcare Cost Workgroup: NA; Subcommittee on Multi-stakeholder Strategies: NA; Behavioral Healthcare Cost Workgroup: 6 attendees

Organizations Represented: Healthcare Cost Workgroup: NA; Subcommittee on Multi-stakeholder Strategies: NA; Behavioral Healthcare Cost Workgroup: Maine General, TCMHS, EMHS, Sweetser, MaineCare, Johnson & Johnson Healthcare Systems

*This represents only those present at September meetings.*

1. **Please state the subcommittees strategic focus for the month:**

* The Healthcare Cost Workgroup did not meet in September.
* The Subcommittee on Multi-stakeholder Strategies did not meet in September
* At its September 16 meeting, the Behavioral Healthcare Cost Workgroup reviewed and provided feedback on Data Department analyses that the workgroup had requested at its last meeting regarding utilization and cost patterns for patients with behavioral health diagnoses.

1. **Please state the subcommittees key findings/work/impact for the month:**

* At its September meeting, the Healthcare Cost Workgroup reached agreement on a set of principles and criteria that could be used to evaluate and potentially support infrastructure realignment plans. Participants believe that this initiative will give entities another tool which they can choose to utilize when realigning health resources/infrastructure. Workgroup participants believe that support from a multi-stakeholder organization can advance constructive community discussion around such proposed infrastructure changes and also support efforts to appropriately align health resources in Maine. The workgroup recommended that the Maine Health Management Coalition be the steward of this effort, and that recommendation was presented to the Coalition board at its September 24 meeting. Board response to the recommendation was positive, and they have asked staff to develop an implementation plan for review at their October meeting.
* The Subcommittee on Multi-stakeholder Strategies did not meet in September.
* The Behavioral Healthcare Cost Workgroup discussed how the data presented at its September 16 meeting should be expanded and refined in order to help clinicians better understand patient utilization and cost, and asked for a series of additional analyses to be conducted for the group’s next meeting.

1. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:**

* The main focus of the Healthcare Cost Workgroup’s work was presentation of the group’s infrastructure recommendation to the Coalition board.
* The Subcommittee on Multi-stakeholder Strategies did not meet in September.
* The Behavioral Healthcare Cost Workgroup’s efforts continued to focus on identifying data and analyses around utilization and cost that can help clinicians develop a more comprehensive picture of patients’ services and thereby provide more cost-effective care.

1. **Please state the subcommittees challenges for the month:**

* No major challenges to report.

1. **Please state the subcommittees risks for the month:**

* No risks identified.

1. **Please summarize the goals for next month’s subcommittee meeting:**

* The Healthcare Cost Workgroup next meets in October, when it will begin a discussion of consumer engagement strategies that could potentially reduce healthcare costs. Given the breadth of topics included under the consumer engagement umbrella, the group’s initial work will involve a review of a patient engagement strategy framework (including potential cost impacts) that can be used to identify areas of focus, as well as an update on other SIM-supported consumer engagement efforts.
* The Subcommittee on Multi-stakeholder Strategies, will meet later in October or early November (the original October 14 meeting date is being rescheduled due to participant scheduling conflicts), when it will continue its review of strategies that various stakeholder groups can undertake together or individually to contain costs. The subcommittee hopes to finish its work at its next meeting, and present its recommendations to the Healthcare Cost Workgroup at its December meeting.
* The Behavioral Healthcare Cost Workgroup will meet in November, when it will continue its review of additional cost and utilization data that it has asked the Coalition’s Data Department to develop.

# **Value-Based Insurance Design SIM Subcommittee Monthly Summary for Steering Committee: Sept/Oct 2015**

Meeting date: **VBID workgroups met October 9 (Wellness), October 13 (Administrative Simplification) and October 15 (Clinical).**

Number of participants: 31

Organizations Represented: Aliant, HealthWise, Aetna, Ethicon, Portland Gastroenterology, Geisinger, HPHC, Cigna, Maine Optometric Assoc., SIM, Anthem, Synernet, MMC, Beacon Health, MaineCare, MidCoast Health, MEABT, PCHC, Lean Healthcare East, MGMH, Maine CDC, St. Mary’s

1. **Please state the subcommittee’s strategic focus for the month:** The VBID Clinical workgroup continued reviewing a list of 200+ potential exclusions/limitations under the VBID plan. This will result in identifying items that are commonly excluded by all payers and produce a list of services where there is currently variance across plans in coverage rules. Once discrepancies are identified, we will seek evidence supporting the efficacy of services to reach consensus on whether to exclude, limit, or cover a specific service. The Administrative Simplification workgroup participants have been reviewing a standardized New Provider Enrollment Application to streamline credentialed provider enrollment with health plans. In addition, they are reviewing a summary guide specific to each payer’s enrollment requirements and a general tip sheet for items providers will need to start the enrollment process for any payer. These tools will be accessible through a single website for easy, one-stop access to enroll with all major commercial health plans operating in Maine. The Wellness workgroup was updated on activities occurring with the benefit design and administrative improvements.
2. **Please state the subcommittee’s key findings/work/impact for the month: S**everal health plans completed review of services they currently exclude from their full service business to consider for exclusion/limitation under the VBID plan and provided their feedback. As a result of this review, we are finding some health plans list specific services for exclusion while some are generalized exclusions by category. Having a standard set of excluded services through VBID will result in less complexity for providers in billing and appeal processes. Likewise, a standardized provider enrollment application, summary guides, and a tip sheet accessible through a single internet platform will result in increased efficiency for providers in completing one form to submit to multiple payers and having necessary information at their fingertips.
3. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:** *MHMC 18.1: Develop a consensus recommendation, supported by payers and providers, focusing on administrative simplification.* The Administrative Simplification workgroup with participants from all of the major health plans in Maine, providers and others, has reached consensus on three tools to improve tasks associated with provider enrollment. Currently, it is necessary for providers to complete a separate and distinct application to enroll with each health plan. If assistance with the application or process is needed, the provider must access additional information by going through each health plan’s proprietary website. All health plans have agreed to accept the single application and to have their individual web links and requirements on a summary that is located in the same location as the single application. The summary will have active links directly to the plan’s site, but the provider can access it through a single platform. The Clinical team is developing a list of exclusions and limitation for VBID based on consensus to cover or exclude. While this sets a category to define non-covered benefits under the plan; consistency among the payers who offer this VBID model will result in administrative simplification for providers.
4. **Please state the subcommittee’s challenges for the month:** National health plans may be challenged with identifying appropriate internal workflows specific to their organization to accept a standardized provider application for Maine.
5. **Please state the subcommittee’s risks for the month:** Until the new tools for administrative simplification are complete and tested, we are still assessing functional requirements to identify unanticipated problems. Testing with health plans who will be receiving information from the new application is planned for late October/early November. Testing is also required to ensure the many active web links on the summary guides connect and function correctly**.**
6. **Please summarize the goals for next month’s subcommittee meeting:** The Clinical workgroup will continue reviewing potential services for exclusion/limitation under the VBID plan. For the services that have been reviewed and remain open pending additional information or supporting evidence, pertinent information will be shared with the group to aid in reaching consensus decisions. The Administrative Simplification team will finalize the New Provider Enrollment application, Enrollment Summary guides, and the Tip Sheet to prepare for building these online tools for testing and implementation.

# **Pathways to Excellence, Behavioral Health Steering Committee, September, 2015**

# **SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: Pathways to Excellence, Crossover Committee meeting held on September 30, 2015

Number of participants: 18

Organizations Represented: **:**  MeHAF, Martin’s Point, DHHS, MaineCare, SIM, OMS, Mercy, MaineGeneral, CMMHS, NAMI, MHMC.

**Please state the subcommittee’s strategic focus for the month:**

1. Crossover Subcommittee: The strategic focus for September for the Crossover Subcommittee was to discuss the possibility of primary care beginning to report on behavioral health domains; ADHD for children and depression for adults were discussed at meeting
   1. Continue to review attestation forms sent in for publicly reporting The Pathways to Excellence, Crossover Subcommittee’s behavioral health integration icon. Follow up with sites with incomplete forms.

2. PTE Behavioral Health Steering Committee: The strategic focus for September:

* 1. To finalize mailing (letter of invitation, new domain graphic and attestation form) to licensed behavioral health outpatient mental health and substance abuse providers in Maine from PTE BH Steering Committee regarding Behavioral Health public reporting attestation questions for 2016 including the addition of the 4th domain of Diagnosis/Condition Specific.
  2. To meet with key behavioral health agencies and associations in order to increase participation in and involvement with public reporting.
  3. To meet with SIM partners to align goals and develop awareness of other intitatives

**Please state the subcommittees key findings/work/impact for the month:**

* 1. MHMC was able to finalize documents for mailing for 2016 public reporting for quality in behavioral health.
  2. The Crossover Committee agreed to bring forward the idea of measuring depression for adults and ADHD for children to the Clinician’s Steering Committee meeting in November for consideration in primary care.

**Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:**

* 1. To continue the publicly reporting of meaningful behavioral health quality measures beyond original goal of January 2015.
  2. To increase the number of behavioral health providers participating in public reporting

**Please state the subcommittees challenges for the month:**

* 1. An alternate strategy was researched for the PTE Behavioral Health Claims Subcommittee on the possibility of reporting on an ADHD claims based measure. The MHMC data team reported on this at the Crossover Subcommittee meeting. Unfortunately, it is very challenging to tie together the claim for a child being diagnosed with ADHD with the claim for medication – both of which are necessary to measure the 30 day follow-up. Alternatives will still be considered.

**Please state the subcommittees risks for the month:**

* 1. The risk in September continues to be the complicated nature of Behavioral Health Claims data.

**Please summarize the goals for next month’s subcommittee meeting:**

* 1. The Pathways to Excellence, Steering Committee meeting will meet on October 14th to discuss ways to expand the providers currently reporting on BH GetBetterMaine for 2017.
  2. The mailing for the 2016 Behavioral Health attestation forms will be sent to licensed outpatient mental health and substance abuse providers in Maine in early October.