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

Meeting date: August 27, 2015

Number of participants: 26

Organizations Represented: Harvard Pilgrim Healthcare, HealthInfoNet, Aetna, Anthem, MDI Hospital, MaineCare, Central Maine Health, Bath Iron Works, Bureau of Insurance, Quality Counts, Cigna, Muskie School, SIM, Consumers for Affordable Healthcare, Planned Parenthood, MaineHealth, Maine Quality Forum, Maine Health Insurance Association, Eastern Maine Health, Maine Long-Term Care Ombudsman Program.

1. **Please state the subcommittee’s strategic focus for the month:** The subcommittee’s major focus was the review of preliminary findings of stakeholder interviews conducted with health plans to inventory current primary care payment models and responses to defining expectations, accountability and principles for the models identified in the Discern Health report. It was reported that a separate but similar set of interview were underway with providers. These interviews are intended to determine any common themes among the stakeholders with respect to strategies to advance primary care payment reform. The subcommittee was also briefed on the recommended principles and criteria relative to infrastructure issues developed by the Healthcare Cost Workgroup.
2. **Please state the subcommittee’s key findings/work/impact for the month:** The subcommittee recommended that the findings of the stakeholder interviews be presented to a joint meeting of the Payment Reform and Delivery System Reform subcommittees. The presentation is expected to identify where the payers and providers may agree and disagree. The subcommittee further voted unanimously to endorse the recommended infrastructure principles and criteria presented by the Healthcare Cost Workgroup.
3. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:** The goals of strengthening primary care, advancing payment reform and improving total cost of care were focused upon by the subcommittee. The goals of strengthening primary care and advancing payment reform are being addressed through the subcommittee’s work to define expectations and accountability for payment models to support advanced primary care.
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. It is likely that the stakeholder responses may be aligned and not consistent with the payment models/strategies that have been presented earlier for consideration.
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 and recommendations for the payer/provider interviews, to consider viable options to pursue payment reform efforts and to examine other payment reform efforts beyond primary care.
7. Please state the subcommittee’s strategic focus for the month: Three VBID sub-committees, Clinical, Wellness, and Administrative Simplification, are developing a comprehensive benefit plan that addresses benefit structure to promote high value services with quality providers, shared decision making, patient engagement, evidence-based community resources, and administrative efficiency. Specific areas of current focus in August were previously reported.
8. Please state the subcommittee’s key findings/work/impact for the month: As previously reported, the Wellness workgroup is investigating approaches to address social determinants of health and how community resources can support consumer engagement through a value-based design as well as researching appropriate incentives/disincentives to encourage patient participation in activities toward improved or sustained health. The Administrative Simplification group is reviewing and revising a standardized new provider enrollment application, enrollment summary guide template, and enrollment tip sheet that all payers can accept for network participation. And the Clinical workgroup continued focus on establishing exclusions and limitations under the VBID plan.
9. Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted: *MHMC 18: Convene VBID workgroup and explore opportunities to align patients’ out of pocket costs such as copays and deductibles with the value of services provided, as well as opportunities identified by the Healthcare Cost Workgroups and the ACI workgroup focusing on patient incentives as well as provider incentives. Learning from the experiences of payers and provider communities to date.* The purpose of the VBID workgroups is to develop a plan design that addresses aligning patient cost-sharing with the value of services provided through a clinically nuanced benefit structure. With this design, providers and patients would have evidence of high value services readily available for conversations delivered through an electronic health record. For those services where there is evidence of less value, patients may be expected to pay a deductible or co-pay and would know their specific costs at the time potential treatment options are discussed with their provider. As each component of VBID is being developed, providers, payers and others experiences, opinions, and knowledge is considered and discussed to reach consensus as decisions are made.
10. Please state the subcommittee’s challenges for the month: It can be difficult to obtain participation at meetings during the summer months due to vacation schedules. As a result, additional follow up work through email and other means is necessary which slows the progression of work.
11. Please state the subcommittee’s risks for the month: As previously reported, for the Administrative Simplification standardized new provider enrollment application, we are conducting an analysis of the system functional requirements to identify unanticipated obstacles to ensure they are addressed prior to going live.
12. Please summarize the goals for next month’s subcommittee meeting: The Clinical workgroup is continuing to review and determine appropriate exclusions and limitations under the VBID plan. This team is also discussing how to incorporate a shared decision making process for preference-sensitive healthcare options. The Wellness workgroup is continuing to explore a wellness trust in Maine and incentives or disincentives to encourage high value healthcare services, and the Administrative Simplification team will finalize the new provider enrollment documents and summaries and begin to review other opportunities for streamlining through standardized forms such as the provider change form, non-credentialed provider enrollment application, and prior authorization requests.

**Healthcare Cost Workgroup, August 2015**

**SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: Healthcare Cost Workgroup: August 20

Number of participants: Healthcare Cost Workgroup: 17 participants

Organizations Represented: Healthcare Cost Workgroup: Anthem, Cigna, Aetna, Maine Community Health Options, MeHAF, Maine Medical Association, MaineGeneral, Franklin Community Health Network, MaineCare, MaineHealth, Consumers for Affordable Healthcare, individual consumer, MEABT, MDI Hospital, State Employee Health Commission, Maine Association of Health Plans

*This represents only those present at August meeting.*

1. **Please state the subcommittees strategic focus for the month:**
* The Healthcare Cost Workgroup finalized its recommendation on an infrastructure principles and criteria initiative. Under this voluntary process, providers can seek multi-stakeholder support for infrastructure realignment proposals from MHMC, with MHMC using the workgroup’s recommended principles and criteria to evaluate and publicly support proposals that meet the recommended criteria.
* The workgroup also reached consensus on a recommended scope of work for an inventory of healthcare resources in Maine. MeHAF briefed the workgroup on a health resources initiatives it is about to undertake, and participants agreed that MHMC staff should coordinate with MeHAF to determine what elements of the inventory can be addressed through the MeHAF effort.
1. **Please state the subcommittees key findings/work/impact for the month:**
* As noted above, the workgroup reached agreement on its infrastructure principles and criteria initiative. 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 also finalized its health resource inventory scope of work. While the group had initially expected to follow up the scope of work with a search for potential funding/partners, it agreed that Coalition staff should first pursue opportunities for collaboration with MeHAF. The workgroup believes that a health resource inventory will provide stakeholders with baseline information that would inform current and future discussions around health resource realignment.
1. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:**
* The Healthcare Cost Workgroup’s main focus was reaching consensus around principles and criteria to review infrastructure proposals.
1. **Please state the subcommittees challenges for the month:**
* No major challenges to report, other than some scheduling conflicts for participants, due to summer vacation plans.
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.

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

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

Meeting date: Pathways to Excellence, Behavioral Health Steering Committee meeting held on August 12, 2015

Number of participants: 18

Organizations Represented: **:**  Consumer, MGMC/Crisis and Counseling, Sweetser, Maine Behavioral Healthcare, MaineGeneralHealth, TCMHS, MeHAF, Crisis and Counseling, Health Affiliates of Maine, Maine Quality Counts, Spurwink, Midcoast, Maine Health Management Coalition

1. Please state the subcommittees strategic focus for the month:
	1. To obtain final endorsement from PTE BH Steering Committee regarding Behavioral Health public reporting attestation questions (intent, philosophy and wording) for 2016 including the addition of the 4th domain of Diagnosis/Condition Specific.
	2. 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.
	3. To develop letter of invitation, new domain graphic and attestation form for 2016 public reporting for Pathways to Excellence, Behavioral Health.
	4. To meet with key behavioral health agencies and associations in order to increase participation in and involvement with public reporting.
2. Please state the subcommittees key findings/work/impact for the month:
	1. The PTEBH Steering Committee was able to reach consensus on approach/wording/philosophical underpinnings for all 4 previously agreed upon domains of quality for behavioral health at the August 2015 PTE BH Steering Committee meeting.
	2. Even with a due date of Dec. 4th, attestation forms continue to be received from Primary Care at Maine Health Management Coalition
3. 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
4. Please state the subcommittees challenges for the month:
	1. An alternate strategy is being developed for the PTE Behavioral Health Claims Subcommittee. Data research is being done regarding an ADHD claims based measure and a subcommittee meeting will be scheduled subsequently.
5. Please state the subcommittees risks for the month:
	1. The risk in August continues to be the complicated nature of Behavioral Health Claims data.
6. Please summarize the goals for next month’s subcommittee meeting:
	1. The Pathways to Excellence, Crossover Subcommittee meeting will meet on September 30th to discuss potential for public reporting of depression measures for Primary Care Offices in Maine.
	2. Background information regarding ADHD claims data is being researched to determine if this is a viable claims measure for Claims Subcommittee to discuss in next claims subcommittee meeting
	3. The next meeting goal for Pathways to Excellence, Behavioral Health Committee will be held on October 14, and not in September.

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

Meeting date: Did not meet in August

Number of participants: N/A

Organizations Represented:

1. **Please state the subcommittees strategic focus for the month:** N/A
2. **Please state the subcommittees 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 subcommittees challenges for the month:** N/A
5. **Please state the subcommittees risks for the month:** N/A
6. **Please summarize the goals for next month’s subcommittee meeting:** The goal of the next meeting is to present a set of generally accepted elements and components for ACO contracts to assist plan sponsors in assessing proposals and to recognize key ACO contract features.