

### Maine SIM Grant - Executive Level Project Plan with Accountability Targets

SIM Partner Organization: SIM Program Management

Lead/Point for Organization: Randy Chenard

SIM Partner Organization: SIM Program Management					Lead/Point for Organization: Randy Chenard	Milestone Timeline												Risks & Dependencies					
Secondary Driver	Subcommittee			Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
	PR	DSR	DI						10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3			Q4
N/A	X	X	X	Objective 1: Manage SIM Governance Process/Structure																			
						Develop and facilitate Steering Committee meetings and process		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
						Develop and Facilitate Leadership meetings and process		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
						Develop and oversee Subcommittee meetings and process		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
						Execute Risk/Issue escalation and mitigation process		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
								✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
<b>Objective 1: Accountability Targets</b>							<b>Planning Period Target:</b> Establish all governance groups including membership, accountabilities,	<b>Go Live Target:</b> Governance structure developed and operational at beginning of test				<b>Year 2 Targets:</b> Manage governance structure and facilitate collaboration across stakeholder groups				<b>Year 3 Targets:</b> Manage governance structure and facilitate collaboration across stakeholder groups							
<b>Objective 1: Annual Cost</b> (Aligns with annual budget total's submitted with contract)							\$	12,750.00	\$	72,684.00				\$	72,684.00				\$	72,684.00			

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	PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
N/A	X	X	X	<b>Objective 2: Develop, Manage, and adjust SIM Operational Plan</b>																			
							Develop Operational Plan	✓	✓														
							Adjust Operational plan		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
							Begin SIM Communicaiton Plan Development		✓														
							Execute SIM Communications Plan			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
							Begin and Execute Risk/Issue Management Process		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
							Begin and execute SIM status reporting process		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
							<b>Objective 2 Accountability Targets:</b>	<b>Planning Period Target:</b> Develop Operational Plan and gain CMMI approval	<b>Go Live Target:</b> Operational Plan Approved				<b>Year 2 Targets:</b> Manage Operational Plan				<b>Year 3 Targets:</b> Manage Operational Plan						
							<b>Objective 2: Annual Cost</b>	\$ 17,000.00	\$ 135,172.00				\$ 96,912.00				\$ 96,912.00						
N/A	X	X	X	<b>Objective 3: Manage SIM Project Plans and Overall Budget</b>																			
							Developed required SIM Contracts	✓	✓	✓													
							Require and facilitate the development project plan for all SIM partners	✓	✓														
							Manage project plans, adjust and report as required		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
							<b>Objective 3: Accountability Targets</b>	<b>Planning Period Target:</b> Develop integrated project plan	<b>Go Live Target:</b> Project Plan Developed				<b>Year 2 Targets:</b> Manage Project Plan				<b>Year 3 Targets:</b> Manage Project Plan						
							<b>Objective 3: Annual Cost (Aligns with annual budget total's submitted with contract)</b>	\$ 12,750.00	\$ 72,684.00				\$ 72,684.00				\$ 72,684.00						

## Maine SIM Grant - Executive Level Project Plan with Accountability Targets

SIM Partner Organization: HealthInfoNet

Lead/Point for Organization: Shaun Alfreds, Katie Sendze

Secondary Driver				Subcommittee			Key Objective	Link to DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Milestone Timeline												Risks & Dependencies	
												Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#
				PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		ID#
<b>Data informed policy, practice, and payment decisions</b>					X	X	<b>Objective 1: Provide real-time notifications from the HIE to MaineCare and health system Care Managers when MaineCare members are admitted or discharged from inpatient and emergency room settings across all provider organizations connected to the HIE.</b>																		
							VI.A VIII. G V XI.A	1	Obtain PHI 'Data Release Authorization' with HIE participating Providers	✓	✓												Provider site (38 hospitals) could deny release of PHI	Current provider participants in HIE	
								2	Establish DUA with MaineCare for PHI access	✓															
								3	Convene MaineCare partners to build data feeds		✓	✓										Delay in contract process or agreement	MaineCare contract process and rules	1,2	
								4	Build and test production of notifications technology and workflow		✓	✓										Delay in ability for MaineCare to provide eligibility data	Dependent on MaineCare resources and participation	3	
								5	Implement use of notifications				✓	✓	✓	✓	✓	✓	✓	✓	✓	Care manager and provider engagement in workflow	MC and provider org. leadership engagement to implement new workflows	4	
<b>Objective 1: Accountability Targets</b>										<u>Planning Period Target</u> 1) Establishment of a new user class of the HIE (originally provider based) as a Payor - Starting with Medicaid. 2) Create Data Use Agreement (DUA) for MaineCare, Request Permissions for Sharing of PHI with New HIE Participant Class.	<u>Go Live Target:</u> As of October 1, 2013, make notifications available to 1,600 <sup>1</sup> Medicaid Providers and Care Managers across the state. <u>Year 1 Target:</u> Increase from 450 <sup>2</sup> to an average of 550 unique provider organization users either accessing the ED notifications or the HIE portal per week.	<u>Year 2 Targets:</u> 1) Increase making notifications available to 1,800 Medicaid Provider and Care Managers/Care Coordinators. 2) Increase to an average of 600 unique provider organization users either accessing the ED notifications or the HIE portal per week.	<u>Year 3 Targets:</u> 1) Increase making notifications available to 2,000 Medicaid Provider and Care Managers/Care Coordinators. 2) Increase to an average of 800 unique provider organization users either accessing the ED notifications or the HIE portal per week.												
<b>Objective 1: Annual Cost</b> (Aligns with annual budget total's submitted with contract)										\$ 45,616.90	\$ 164,863.60	\$ 195,813.51	\$ 186,674.93												

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									Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
									Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			ID#
	PR	DSR	DI					10/1/2013															
<b>Data informed policy, practice, and payment decisions</b>		X	X				<b>Objective 2: Provide HIT and HIE adoption incentives to up to 20 Behavioral Health provider sites/organizations.</b>																
				V.A VI.A X.A		6	Develop RFP for HIT and HIE adoption incentives	✓													Subcommittee start dates and process		
						7	Release the RFP		✓													6	
						8	Announce awardees		✓	✓												7	
						9	Support Quality Measure development and reporting via the HIE for awardees			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Variable and complex technical and process barriers to enable data for quality reporting	Stakeholder participation/consensus, technology	11
						10	RFP Milestone 1: EHR purchase, implementation, optimization, and/or upgrade - \$35,000 per awardee			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
						11	RFP Milestone 2: Active interfaces with the statewide HIE- \$20,000 per awardee			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Legal risks: 1) 42 CFR-Part 2 limitations as it relates to MH integration, provider side patient education to opt-in to their MH data 2) Contract timelines and delays for participation	Provider technology resources beyond the grant, patient education to opt-in	
						12	RFP Milestone 3: Quality Reporting/eMeasurement with the HIE- \$15,000 per awardee										✓	✓	✓	✓	Barriers to data integration and interoperability	Bidirectional data integration, provider participation, patient's opt-in	12

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									Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#
	PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		ID#
							<b>Objective 2 Accountability Targets:</b> Establishment of Data Infrastructure Subcommittee (DIS) charge and membership. Determine parameters for behavioral health participation in the incentive program based on expectations of EHR adoption and capability to participate in data activities in years 2 and 3. Draft RFP for presentation to the DIS in October.	<b>Planning Period Target:</b> Establishment of Data Infrastructure Subcommittee (DIS) charge and membership. Determine parameters for behavioral health participation in the incentive program based on expectations of EHR adoption and capability to participate in data activities in years 2 and 3. Draft RFP for presentation to the DIS in October.	<b>Go Live Target:</b> RFP requirements prepared for presentation to DIS.	<b>Year 1 Targets:</b> 20 Behavioral health organizations <sup>3</sup> demonstrate live use of EHR and milestone 1 incentive delivered.	<b>Year 2 Targets:</b> 20 organizations have access to the HIE portal and notifications and milestone 2 incentive delivered.	<b>Year 3 Targets:</b> All 20 organization's participating in e-quality measurement using the data submitted to the HIE and milestone 3 incentive delivered.										
<b>Objective 2: Annual Cost</b> (Aligns with annual budget total's submitted with contract)								\$ 46,764.58	\$ 957,058.30	\$ 632,670.05	\$ 478,837.61											

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									Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
	PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		ID#	
<i>Data informed policy, practice, and payment decisions; Improved continuum of care</i>		X	X				<b>Objective 3: Provide Health Information Exchange access to Behavioral Health providers</b>																
				V.A VI.A X.A XI.A		13	HIN will create access to the HIE for:  Year 1: HIE access, up to 10 year 1		✓	✓	✓	✓									Legal risks: 1) 42 CFR-Part 2 limitations as it relates to Mental Health integration, provider side patient education to opt-in to their MH data 2) Contract timelines and delays for participation	Provider technology resources beyond the grant, patient education to opt-in	
						14	Year 2: HIE access, up to 15 year 2						✓	✓	✓	✓							
						15	Year 3: HIE access, up to 15 year 3										✓	✓	✓	✓			
						16	HIN will bi-directionally connect up to 10 <u>organizations to the HIE over three years:</u>  Year 1: Connect up to 5 bi-directional HIE sites		✓	✓	✓	✓											13
						17	Year 2: Connect up to 7 bi-directional HIE sites						✓	✓	✓	✓							16

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													Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
				PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			ID#	
									18	Year 3: Connect up to 10 bi-directional HIE sites										✓	✓	✓	✓			17	
									19	Provide Clinical Quality Measurement as developed in Objective 2 to participating sites through HIE tools.											✓	✓	✓	✓			12,16,17,18
<b>Objective 3: Accountability Targets</b>											<b>Planning Period Target:</b> Establish HIE participant agreement parameters for new BH HIE participants. Determine RFP requirements for presentation to DIS in October for approval.		<b>Go Live Target:</b> RFP requirements prepared for presentation to DIS.  <b>Year 1 Targets:</b> Up to 5 sites go live with bi-directional HIE participation.				<b>Year 2 Targets:</b> Up to 7 sites go live with bi-directional HIE participation.				<b>Year 3 Targets:</b> Up to 10 sites go live with bi-directional HIE participation.						
<b>Objective 3: Annual Cost</b> (Aligns with annual budget total's submitted with contract)											\$	64,968.90	\$	478,771.70	\$	569,067.85	\$	590,673.41									

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Secondary Driver	Subcommittee			Key Objective	Link to DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Milestone Timeline												Risks & Dependencies		
									Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
	PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		ID#	
<b>Data informed policy, practice, and payment decisions</b>			X				<b>Objective 4: Provide a clinical dashboard to MaineCare from the HIE enabling MaineCare to clinically monitor MaineCare members' health care utilization and outcomes at the population and individual level. Develop and deploy real-time discrete data feeds for MaineCare Prescription data to HIN.</b>																
				V.A VI.A		20	<u>Clinical Dashboard:</u> Meet with stakeholders during the pre-testing period to demonstrate current functionality and identify and confirm specific analytic needs that might be met by HIN's data warehouse.	✓	✓													Current unknown data requirements and questions associated are undetermined at this time	1,2, 3
						21	Develop and deploy the Dashboard:			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		The dashboard will be dependent upon the monthly submission of the MaineCare eligibility file as described in	20
						22	<u>MaineCare Discrete Medication Data Capture:</u> During pre-testing phase, meet with MaineCare MMIS and Goold staff and develop project plan for deploying real-time discrete medication data feeds from MaineCare. [Note- this activity will be necessary to support analytics for MaineCare patients on prescription use.]	✓	✓												Medicaid and state vendor, Molina HealthCare, resources available to the project and timeline of those resources	Dependent on ID 41 and the work around state requirements and support available to make this happen	26, 3



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Secondary Driver	Subcommittee			Key Objective	Link to DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
	PR	DSR	DI						10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3		Q4	ID#
						23	Begin technical implementation of discrete medication feeds in October 2013 with go-live targeted for no later than March 2014. <i>[Note: this timeline is dependent on the availability of resources at MaineCare to support this activity]</i>												Medicaid and state vendor, Molina HealthCare, resources available to the project and timeline of those resources	Dependent on ID 41 and 48 the work around state requirements and support available to make this happen	20		
<b>Objective 4: Accountability Targets</b>							<b>Planning Period Target:</b> Build, test and establish HIE dashboard and data warehouse in secure data center (shared by HIE). Work with legal team to develop HIPAA Business Associate Agreements (BAA) and Data Use Agreement (DUA) with MaineCare.	<b>Go Live Target:</b> Provide MaineCare BAA and DUA for AAG review and approval. <b>Year 1 Targets:</b> 1. Consistent meeting with MaineCare established for MaineCare IT staff to facilitate discrete medication feeds and roles for the dashboard access. 2. DIS approval of data access strategy. 3. Go-Live with real-time medication feeds 4. Establishment of VPNs for MaineCare to access dashboard. 5. Provide training for MaineCare staff in Dashboard use. 6. Make 291,000+ population data available in HIN Dashboard. <sup>4</sup>	<b>Year 2 Targets:</b> 1. Continued provision of Dashboard to MaineCare. 2. Consistent data flow for MaineCare medication information into the HIE.	<b>Year 3 Targets:</b> 1. Continued provision of Dashboard to MaineCare. 2. Consistent data flow for MaineCare medication information into the HIE.													
<b>Objective 4: Annual Cost</b> (Aligns with annual budget total's submitted with contract)							\$ 319,276.10	\$ 607,204.40	\$ 620,833.53	\$ 605,171.54													



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												Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#					
				PR	DSR	DI						10/1/2013				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		ID#	
								28	Engage Care Managers/health care delivery staff of pilot site on educating patients on how to access and use their record.			✓	✓	✓	✓													Provider volunteer could not be able to prioritize this project	Site engagement	
								29	Determine specifications that would support future statewide PHR roll out using best practice learning's from the pilot by October 2014.			✓	✓	✓	✓															
<b>Objective 5: Accountability Targets</b>										<b>Planning Period Target:</b> 1. Testing of CCD export by HIN (using green CCD established by Mitre/ONC under previous contract), 2. Finalize licensing costs/contracts for IT vendor partners and establish audit and authorization profiles at HIN for end users. 3. Establishment of criteria for choosing PHR CCD export pilot site for presentation to the DIS in October.	<b>Go Live Target:</b> As of October 1, 2013, criteria for PHR pilot prepared and finalized for presentation to the DIS in October.  <b>Year 1 targets:</b> Establishment of contract with pilot site, establish project management process for implementation, implementation of PHR CCD export by month 6. Demonstrated download of CCD by 5% <sup>5</sup> of the pilot sites active PHR users w/in go-live period of project.																			
<b>Objective 5: Annual Cost</b> (Aligns with annual budget total's submitted with contract)										\$ 387,410.51	\$ 416,642.05	\$ -	\$ -																	

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									Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
	PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		ID#	
<i>Data informed policy, practice and payment decisions/Multi-Stakeholder Coalition Building and Support</i>			✓				<b>Objective 6: Ensure effective management of SIM Payment Reform Subcommittee to promote sustainability of reform developed through SIM</b>																
				A, T					✓														
							Identify and finalize Subcommittee membership																
							Convene Subcommittee			✓													
							Ensure participation and process according to established protocols			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
							<b>Objective 8 Accountability Targets:</b>	<b>Planning Period Target:</b> establish infrastructure, membership for Payment Reform Subcommittee	<b>Go Live Target:</b> identify membership for Payment Reform Subcommittee <b>Year 1 Target:</b> Provide support for Subcommittee in manner that supports active participation of membership				<b>Year 2 Targets:</b> Provide support for Subcommittee in manner that supports active participation of membership				<b>Year 3 Targets:</b> Provide support for Subcommittee in manner that supports active participation of membership						
							<b>Objective 8: Annual Cost</b>																

**Maine SIM Grant - Executive Level Project Plan with Accountability Targets**

SIM Partner Organization: Maine Quality Counts

Lead/Point for Organization: Lisa Letourneau; Lisa Tuttle

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									Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#
	PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		ID#
Improved Continuum of Care			✓				Objective 1: Provide Learning Collaborative for MaineCare Health Homes															
				XIV			1 Establish organizational infrastructure for HH Learning Collaborative	✓	✓												Maine workforce shortage of QI professionals	
							2 Launch and Manage HH Communication Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Maine workforce shortage of QI professionals	
							3 Launch and Manage HH Education Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Maine workforce shortage of QI professionals	
							4 Launch and Manage HH Data Management Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	State infrastructure may not support automated measures	
							5 Assess NCQA status of HH practices	✓	✓												HH practices may not meet NCQA PCMH requirements	
							6 Assess baseline Core Expectation status; Assess HH practices onsite	✓	✓													
							7 Clarify MaineCare requirements for measure reporting	✓	✓	✓											Lack of clarity on approach may delay	Dependent upon State ability to transmit electronic HH quality measures
							8 Establish participation requirements	✓	✓												Lack of clarity on approach may delay	
							9 Finalize HH practice participation based on requirements		✓												Practice may not be able to accomplish requirements of NCQA and Must Pass	
							10 Ensure connection to CCT structure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

Maine SIM Grant - Executive Level Project Plan with Accountability Targets

SIM Partner Organization: Maine Quality Counts

Lead/Point for Organization: Lisa Letourneau; Lisa Tuttle

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							Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#
							Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
	PR DSR DI				<b>Objective 1: Accountability Targets</b>	<p><b>10/1/2013</b></p> <p><b>Planning Period Target:</b> Establish organizational infrastructure to support and staff Learning Collaborative; Establish baseline assessments on status of HH practices; Perform onsite assessments on HH Practices; Develop HH Communications Plan; Develop HH Education Plan; Develop HH Data Management Plan. Addition of 82 HH only practices reaches approximately 257,000 additional active (seen in past 2 years) patients with the medical home model</p>	<p><b>Go Live Target:</b> Launch Learning Collaborative to 82 new HH primary care practices, for a total of 157 participating HH practices; determine final NCQA status of 10 high risk practices (may not meet participation requirements by 12/31/13). Addition of 82 HH only practices reaches approximately 257,000 additional active (seen in past 2 years) patients with the medical home model</p> <p><b>Year 1 Target:</b> Implement PCMH/HH Learning Collaborative, offering supporting for 100% of participating practices; provide QI support to ensure that ≥75% of the new 82 HH practices reach Must-Pass elements; and ≥75% practices implement Year 2 MaineCare screening requirements. Total combined active (seen in the past 2 years) patients reached with the medical/health home Learning Collaborative approximates 432,000 individuals.</p>	<p><b>Year 2 Target:</b> Clarify status of Maine enhanced payment for primary care practices, facilitating Learning Collaborative accordingly; Sustain PCMH/HH Learning Collaborative offering support for 100% of Year 2 participating primary care practices; Total combined active (seen in the past 2 years) patients reached with the medical/health home Learning Collaborative includes about 432,000 individuals.</p>	<p><b>Year 3 Target:</b> Facilitate the Learning Collaborative offering support for 100% of Year 3 participating practices; Total combined active (seen in the past 2 years) patients reached with the medical/health home Learning Collaborative approximates 432,000 individuals.</p>											
<b>Objective 1: Annual Cost (Aligns with annual budget total's submitted with contract)</b>						\$165,690	\$922,684	\$894,568	\$909,593											
<i>Improved Continuum of Care</i>		✓			<b>Objective 2: Ensure effective management of SIM Delivery System Reform Subcommittee to promote sustainability of reform through SIM</b>															
				XIV	Identify and finalize Subcommittee membership		✓													
					Convene Subcommittee			✓												
					Ensure participation and process according to established protocols			✓	✓	✓	✓	✓	✓	✓	✓	✓				
					<b>Objective 2 Accountability Targets:</b>	<p><b>Planning Period Target:</b> establish infrastructure, membership for Delivery System Reform Subcommittee</p>	<p><b>Go Live Target:</b> identify membership for Delivery System Reform Subcommittee</p> <p><b>Year 1 Target:</b></p>	<p><b>Year 2 Targets:</b> Provide support for Subcommittee in manner that supports active participation of</p>	<p><b>Year 3 Targets:</b> Provide support for Subcommittee in manner that supports active participation of</p>											
					<b>Objective 2: Annual Cost</b>	\$ 5,981	\$ 25,425	\$ 26,083	\$ 26,822											
						\$171,671	\$948,109	\$920,651	\$936,415											
						\$171,671	\$948,109	\$920,651	\$936,415											



**Maine SIM Grant - Executive Level Project Plan with Accountability Targets**

SIM Partner Organization: **Maine Health Management Coalition**

Lead/Point for Organization: Ellen Schneider

SIM Partner Organization: <b>Maine Health Management Coalition</b>			Lead/Point for Organization: Ellen Schneider			Milestone Timeline												Risks & Dependencies				
Secondary Driver	Subcommittee		Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
	PR	DSR	DI				10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
					8	Obtain initial Medicare claims data feed; FTP directly to HDMS, implement and QC Medicare data				✓											Delay in execution of DUA with CMS. Delay in transmission of data from CMS.	1
					9	Obtain subsequent Medicare claims data feeds to update database; FTP directly to HDMS, implement and QC Medicare data						✓		✓		✓			✓		Delay in execution of DUA with CMS. Delay in transmission of data from CMS.	1
					10	Update MaineCare data on a continuing basis; data feeds will be received monthly, but processing to occur on a quarterly basis		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Delays in transmission of data from Molina to HDMS	2, 5
					11	Reconvene Healthcare Cost Workgroup and convene new Behavioral Healthcare Cost Workgroup - hold first meetings		✓													Inability to schedule meetings during month of December	
					12	Convene regular meetings of Healthcare Cost Workgroups. Work to identify metrics to track cost of care, refining algorithm used in original grant proposal. Must ensure that metrics chosen complement payment reform strategies and benefit design strategies developing in Maine's health care environment.			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Ability to hold successful monthly meetings will hinge on participants' level of stamina for the task and their availability. Timely availability of claims data impacts ability to carry out work for these groups.	6,09,10,11
					13	Publication of Healthcare Cost Fact Book					✓		✓		✓		✓		✓			12
					14	CEO Roundtables convened to inform business and opinion leaders re: cost of care in Maine, trends					✓		✓		✓		✓		✓			12



**Maine SIM Grant - Executive Level Project Plan with Accountability Targets**

SIM Partner Organization: **Maine Health Management Coalition**      Lead/Point for Organization: Ellen Schneiter

					Milestone Timeline												Risks & Dependencies						
Secondary Driver	Subcommittee			Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
	PR	DSR	DI						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
	PR	DSR	DI				<p><b>Objective 1: Accountability Targets</b></p> <p>10/1/2013                      Planning Targets:                      Development and, when feasible, execution of necessary legal agreements required to gain access to claims datasets</p>	<p>Year One Target:                      Build claims database that spans Medicare, MaineCare and commercial populations of Maine. This will represent approximately 900k covered lives who are eligible to receive services from Maine's provider community. Providers include all 39 Maine hospitals and all other non-hospital providers in the state who contract with one or more commercial carriers, Medicare and/or MaineCare. (2) Develop/refine appropriate metrics and approach to measuring and tracking cost of care over time. (3) Publish initial edition of Healthcare Cost Fact Book and convene CEO Roundtable.</p>	<p>Year 2 Targets:                      (1) Maintain access to broadbased dataset. (2) Publish two updated editions of Fact Book. (3) Convene 2 additional CEO Roundtables, increasing attendance from 20 to 30 opinion leaders.</p>	<p>Year 3 Targets:                      (1) Maintain access to broadbased dataset. (2) Issue two additional updates of Fact book. (3) Convene two additional CEO Roundtables, increasing attendance from 30 to 50 CEOs.</p>													
<b>Objective 1: Annual Cost</b> (Aligns with annual budget total's submitted with contract)									\$	1,537,917.00				\$	1,367,203.00				\$	1,371,468.00			

**Maine SIM Grant - Executive Level Project Plan with Accountability Targets**

SIM Partner Organization: **Maine Health Management Coalition**      Lead/Point for Organization: Ellen Schneider

Secondary Driver	Subcommittee			Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Milestone Timeline												Risks & Dependencies			
									Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#		
									Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
<i>Data informed policy, practice and payment decisions</i>	PR	DSR	DI	<b>Objective 2: Health information to influency market forces and inform policy: value based benefit design</b>				10/1/2013																
	✓				1	Onboard VBID staff person																	Implementation contract with DHHS not signed timely, may delay hire	
					2	Survey plans to document current or planned activity for payment based on quality performance and cost effectiveness.																		1
					3	Identify and develop key elements of value based design, based on the work of the ACI and Healthcare Cost Workgroups. Specify measures of quality performance and cost effectiveness, giving special consideration to alignment with those measures being used by payers - including Medicare and MaineCare.																		1, 2
					4	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.																		1, 2
					5	Evaluate and test the operability of alternative designs with regard to legal constraints including confidentiality statues, the ability of porvider systems to implement and align with features of desired designs and the ability of paymers to implement such designs. Adopt set of core measures																		4
					6	Rank plans according to adopted VBID metrics; update on at least an annual basis																		4, 5
					7	Publicly report VBID rankings, updating at least annually																		6
					8	Advance change across payers by working with the ACI Workgroup, engaging consumers and employees around the issue of VBID and by engaging CEO decisionmakers around the potential of this type of benefit design.																		1-7





Maine SIM Grant - Executive Level Project Plan with Accountability Targets

SIM Partner Organization: Maine Health Management Coalition

Lead/Point for Organization: Ellen Schneider

Secondary Driver	Subcommittee	Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Milestone Timeline												Risks & Dependencies		
							Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
							Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
	PR DSR DI					10/1/2013															
Subobjective 3.3: PTE Systems				5	PTE Physicians group to identify core metrics for APC recognition			✓											PTE Workgroup fails to reach consensus re: metrics/reporting or Board fails to approve		
				6	Testing of identified metrics for feasibility			✓	✓										Feasibility tests fail, triggering need to reconsider metrics set		
				7	PTE adoption of APC metrics including value assignment; board approval					✓									PTE Workgroup fails to reach consensus re: metrics/reporting or Board fails to approve		
				8	Publication of APC metrics						✓									PTE Workgroup fails to reach consensus re: metrics/reporting or Board fails to approve	7
				9	Updating of published metrics						✓		✓		✓			✓		Updated data is not submitted timely	8
				11	Data Collection/Evaluation, <b>Hospitals and Systems</b> - aggregation of data re: hospital and System ratings/recognition program. Obtain data for hospital evaluations from: -- CMS (appropriate care, patient experience) -- Onpoint ( Medication Safety) -- Leapfrog (patient safety, early deliverables) -- MHDO (Care transitions, falls with injury)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Providers fail to submit data		
				12	Compute, assignment of ratings, hospital review, governance review and update website - public reporting	✓				✓				✓					PTE Workgroup fails to reach consensus re: metrics/reporting or Board fails to approve	11	
			13	Publicly Report Hospital Ratings - Reporting across hospitals	✓				✓				✓						12		



**Maine SIM Grant - Executive Level Project Plan with Accountability Targets**

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Secondary Driver	Subcommittee		Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Milestone Timeline												Risks & Dependencies	
								Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#
								Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
	PR	DSR	DI				10/1/2013														
Subobjective 3.5: Behavioral Health PTE					20	Outreach to potentially interested persons regarding participation in new PTE BH Workgroup	✓														
					21	Identify behavioral health clinical consultant; on board BH PTE staff		✓													
					22	Convene PTE BH Workgroup. At initial meeting provide orientation to PTE process, establish ground rules that will guide the work of the group.		✓	✓	✓	✓	✓	✓		✓		✓	A critical mass of interested parties fails to be identified	20, 21		
					23	Identification of Viable Performance Measures - candidate measures proposed by Committee members, staff		✓	✓									Group fails to reach consensus	22		
					24	Candidate measures assessed against specification review criteria (importance, scientific acceptability, usability, feasibility, addresses gaps in performance)			✓	✓								Identified metrics prove inappropriate due to lack of availability of valid data	22		
					25	Clinical review of candidate measures that satisfy specification review criteria			✓	✓									22		
					26	Surviving candidate measures to PTE Committee for value assignment (identify breakpoints for assignment of good/better/best ratings)				✓	✓							Identified metrics prove inappropriate due to lack of availability of valid data	24, 25		
					27	Surviving candidate measures adopted by PTE BH workgroup and Board for review; ensures purchaser buy in					✓							Full group/board fail to adopt	26		
					28	Approved metrics incorporated into rankings and published						✓							26		
					29	Update measures/rankings as appropriate							✓		✓			Data must be received from payers in timely manner	28		

**Maine SIM Grant - Executive Level Project Plan with Accountability Targets**

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Secondary Driver	Subcommittee		Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Milestone Timeline												Risks & Dependencies			
								Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#		
								Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Subobjective 3.6: Reporting on Patient Experience of Care								10/1/2013															
	PR	DSR	DI																				
					30	MHMCFC obtains survey data from CMS-CG-CAHPS re: overall patient experience of care; data analyzed by Onpoint		✓													Data must be received from vendors in a timely manner		
					31	CG-CAHPS data incorporated into existing reporting database		✓													Data must be received from vendors in a timely manner	30	
					32	Develop methods for updating CG-CAHPS for practices alternative the annual cycle of updates.		✓													Data set must contain valid observations to allow reporting	31	
					33	Develop reporting processes for CG-CAHPS			✓												Data set must contain valid observations to allow reporting	32	
					34	Develop plan to continue CG-CAHPS survey past the first year.			✓												Viability of plan will need to consider available resources; no		



**Maine SIM Grant - Executive Level Project Plan with Accountability Targets**

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					Milestone Timeline												Risks & Dependencies					
Secondary Driver	Subcommittee			Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#
									Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
	PR	DSR	DI				<p><b>10/1/2013</b></p> <p><b>Planning Period Target:</b> Convene ACI group and discuss relationship of ACI Workgroup to SIM project, SIM governance subcommittee and PTE Systems. Set ground rules that will guide the consensus process the group will work with.</p> <p>Idnetificaton of interested parties who wish to participate in new PTE BH Workgroup</p>	<p><b>Go Live Target:</b> Group will come into Testing Phase ready to work, having established ground rules Identified candidates for PTE BH workgroup</p> <p><b>Year 1 Target:</b> Identification of core metrics for reporting, vetted and approved through PTE and Board. Publish initial benchmarked rankings</p> <p>Percent of Maine residents covered by alternative payment arrangement grows to 219,982 or 17%</p> <p>Identification of core metric set for Behavioral Health (integration and quality)</p> <p>Identification of core metrics for Adv Primary Care Recognition</p>	<p><b>Year 2 Targets:</b> Learning collaborative tracking metrics identified not only for public reporting, but a separate set of metrics identified for use in learning.</p> <p>Number of Maine residents covered by an alternative payment arrangement grows to almost 462k, or 35.5% of population</p> <p>Finalization of metrics for BH; publish first set of metrics</p> <p>All metrics updated as appropriate</p>	<p><b>Year 3 Targets:</b> Percent of Maine residents covered by alternative payment arrangements grows to 789,936 or 61% . This puts on a trajectory to reach 80% coverage at the end of 5 years from start of test year.</p> <p>All metrics updated as appropriate</p>												
							<b>Objective 3: Accountability Targets</b>															
							<b>Objective 3: Annual Cost</b> (Aligns with annual budget total's submitted with contract)	\$ 25,084.00	\$ 1,224,396.00	\$ 1,071,942.00	\$ 1,031,855.00											

Maine SIM Grant - Executive Level Project Plan with Accountability Targets

SIM Partner Organization: Maine Health Management Coalition Lead/Point for Organization: Ellen Schneider

SIM Partner Organization: Maine Health Management Coalition					Lead/Point for Organization: Ellen Schneider	Milestone Timeline												Risks & Dependencies						
Secondary Driver	Subcommittee			Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#		
	PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Health Information to manage care, plan provider and patient-level interventions		✓		Objective 4: Provide Primary Care providers access to claims data for their patient panels (portals)																				
						1	Identify primary care practices desiring claims portals. Prioritize implementaton roll out with those practices participating in ACO arrangements having highest priority.		✓													Practices fail to sign up for portal access		
						2	Refine mechanics of portal	✓																
						3	Data analysis required to produce practice reports			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Data must be received from payers in timely manner	1, 2	
						4	Roll out portal starting with highest priority practices			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		3	
<b>Objective 4: Accountability Targets</b>							<b>Planning Period Target</b> Build out portal	<b>Year 1 Target:</b> Complete design of portal and required analytics; data for MaineCare, Medicare and commercial populaions 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. Adoption by providers is voluntary, but it is estimated that 50 practices <sup>10</sup> will adopt the portals in the first year.	<b>Year 2 Targets:</b> Deliver portal functionality to all requesting providers. Estimated additional uptake: est. 20%, bearing in mind that adoption is voluntary	<b>Year 3 Targets:</b> Deliver portal functionality to all requesting providers. Estimated additional uptake: est. 20%, bearing in mind that adoption is voluntary														
<b>Objective 4: Annual Cost (Aligns with annual budget total's submitted with contract)</b>								\$	409,007.00				\$	337,600.00				\$	338,713.00					

**Maine SIM Grant - Executive Level Project Plan with Accountability Targets**

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Secondary Driver	Subcommittee			Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Milestone Timeline												Risks & Dependencies		
									Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
									Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Health Information to manage care, plan provider and patient-level interventions	PR	DSR	DI	Objective 5: Provide practice reports reflecting practice performance on outcomes measures				10/1/2013															
		✓			1	Extend offer of provider specific reports on risk adjusted cost and use metrics for benchmarking against peers by service category and clinical condition to all interested PCPs				✓												Practices decide not to sign up to receive practice reports	
					2	Data analysis required for new practice reports					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		1
					3	Roll out practice reports					✓		✓		✓		✓		✓		✓		2
					4	Outreach to practices (working in conjunction with Quality Counts) to assist practices in gaining proficiency in reading and understanding reports and how to use the information they contain					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		3
<b>Objective 5 Accountability Targets:</b>								<b>Planning Period Target:</b> Continue production of practice reports for currently enrolled practices	<b>Go Live Target:</b> <b>Year 1 Target:</b> Produce practice reports for all primary care practices indicating their interest in receiving them. While we will be able to produce reports for any primary care practice that serve a critical mass of patients, practices themselves must make the decision to actively request, review and use the reports. PCMH practices represent approximately 25% of primary care practices; all receive the reports. We estimated 10% of non-PCMH practices will choose to receive reports in Year One. Each new practice will receive an outreach visit.	<b>Year 2 Target:</b> Produce practice reports for all primary care practices indicating their interest in receiving them. We estimate that there will be an incremental increase of 10% in take up of reports in Year Two. Each new practice will receive an outreach visit.	<b>Year 3 Target:</b> Produce practice reports for all primary care practices indicating their interest in receiving them. Estimated new uptake is 15%, bringing "coverage" with practice reports to approx 50% of PC practices. Each new practice will receive an outreach visit.												
<b>Objective 5: Annual Cost</b>									\$	457,385.00	\$	406,718.00	\$	408,061.00									

Maine SIM Grant - Executive Level Project Plan with Accountability Targets

SIM Partner Organization: Maine Health Management Coalition Lead/Point for Organization: Ellen Schneider

Secondary Driver	Subcommittee			Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Milestone Timeline												Risks & Dependencies				
									Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#			
	PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4					
Health information for consumers	✓						Objective 6: Consumer engagement and education regarding payment and system delivery reform																		
							Develop and implement media campaign around benefits of value based insurance design as well as broader topic of payment reform		✓	✓	✓	✓	✓	✓	✓	✓									
							Develop a VBID curriculum eligible for continuing ed credits for brokers and HR specialists	✓																	
							Provide free training for advocates, AAA advisors, navigators, free care providers, brokers and HR specialists regarding benefits of VBID and other forms of payment reform				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
							Develop a video for payers and purchasers (including MaineCare) to use that explains how VBID plans work.				✓														
							Provide training for payers' staff members, MaineCare employees regarding characteristics and merits of VBID and other forms of payment reform						✓	✓	✓	✓									
							Develop and make available a VBID implementation tool kit						✓												
							Provide CME credits and curriculum around VBID for providers							✓	✓	✓	✓	✓	✓	✓					
							<b>Objective 6: Accountability Targets</b>	<b>Planning Period Target</b>	<b>Go Live Target:</b> <b>Year 1 Target:</b> Educate brokers, patient advocates, HR Specialists, union leaders on merits of VBID. Outreach to 200 people.				<b>Year 2 Targets:</b> Continue education and outreach efforts, reaching for all major payer organizations and MaineCare. Reach an additional 200 individuals.				<b>Year 3 Targets:</b> Continued outreach and education; reaching an additional 200 providers and individuals								
							<b>Objective 6: Annual Cost</b> (Aligns with annual budget total's submitted with contract)		\$	102,734.00				\$	94,271.00				\$	94,484.00					

Maine SIM Grant - Executive Level Project Plan with Accountability Targets

SIM Partner Organization: **Maine Health Management Coalition**      Lead/Point for Organization: Ellen Schneider

SIM Partner Organization: <b>Maine Health Management Coalition</b> Lead/Point for Organization: Ellen Schneider					Milestone Timeline												Risks & Dependencies								
Secondary Driver	Subcommittee			Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#			
	PR	DSR	DI						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4					
<i>Data informed policy, practice and payment decisions/Aligned Payment Models/Multi-Stakeholder Coalition Building and Support</i>			✓	<b>Objective 7: Ensure effective management of SIM Payment Reform Subcommittee to promote sustainability of reform developed through SIM</b>				10/1/2013																	
					A, T	Identify and finalize Subcommittee membership			✓																
					Convene Subcommittee						✓														
					Ensure participation and process according to established protocols							✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
<b>Objective 7 Accountability Targets:</b>								<b>Planning Period Target:</b> establish infrastructure, membership for Payment Reform Subcommittee	<b>Go Live Target:</b> identify membership for Payment Reform Subcommittee <b>Year 1 Target:</b> Provide support for Subcommittee in manner that supports active participation of membership				<b>Year 2 Targets:</b> Provide support for Subcommittee in manner that supports active participation of membership				<b>Year 3 Targets:</b> Provide support for Subcommittee in manner that supports active participation of membership								
<b>Objective 7: Annual Cost</b>									\$	4,800				\$	4,800				\$	4,800					

Maine SIM Grant - Executive Level Project Plan with Accountability Targets

SIM Partner Organization:

Lead/Point for Organization:

Secondary Driver	Subcommittee			Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Milestone Timeline												Risks & Dependencies		
									Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
	PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		ID#	
<i>Aligned payment models, Patient-family centeredness of care, Consumer engagement,</i>	x	x					<b>Objective 1: NDPP: Implementation of the National Diabetes Prevention Program (NDPP).</b>																
				VA XIII A III A III B	IIC VB	2	State capacity assessment.		✓														
						3	Formal S-Code reimbursement structure defined and established.				✓												
						4	Trained supported Lifestyle Coach Workforce.				✓			✓					✓				
						5	CDC-Recognized NDPP providers complete annual written agreement with Maine CDC to provide NDPP to qualified MaineCare beneficiaries.			✓				✓					✓				
						6	Policy/Statutes amended to support sustainable NDPP delivery/reimbursement.										✓						
<b>Objective 1: Accountability Targets</b>							<b>Planning Period Target</b> 1) MaineCare completed research on feasibility of retired S-Code assignment for NDPP Core & Post Core. 2) MaineCare will reimburse for NDPP delivery to beneficiaries 18 y/o and older who are at high risk or with pre-diabetes according to U.S. CDC DPRP standards.	<b>Go Live Target:</b> NDPP delivery reimbursement for contracted NDPP provider sites to MaineCare beneficiaries. <b>Year 1 Target:</b> 5 out of 15 NDPP provider sites have written agreements and are delivering NDPP to MaineCare beneficiaries.	<b>Year 2 Targets:</b> 1) Policy developed by MaineCare and Maine CDC to support the sustainable structure for NDPP reimbursement. 2) PCMH/ACO care delivery structures are utilizing pre-diabetes/diabetes algorithm to support/enhance patient care.	<b>Year 3 Targets:</b> 1) Over 15 NDPP provider sites have written agreements and are delivering NDPP to MaineCare beneficiaries. 2) 300 out of 29,312 NDPP eligible beneficiaries have completed program over 3 years of SIM Grant.													
<b>Objective 1: Annual Cost</b> (Aligns with annual budget total's submitted with contract)																							

Maine SIM Grant - Executive Level Project Plan with Accountability Targets

SIM Partner Organization:				Lead/Point for Organization:		Milestone Timeline												Risks & Dependencies									
Secondary Driver	Subcommittee			Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#					
	PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4							
	PR	DSR	DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		ID#					
Aligned payment models, Patient-family centeredness of care, Consumer engagement, Increased continuity of	x	x		Objective 1: CHW Pilot Project																							
				III.B, IV.A, V.B,V.C, VII.A, VII.B, XI.A,B,C,XIII.A, XV.A,	1	RFP issued for CHW Pilot Sites																					
					2	CHW Pilot Site contract approval																					
					3	3 CHWs hired at pilot sites.																					
					4	CHW clients identified																					
					5	CHW services will commence																					
					6	Recommendations for sustainability and use of CHW model in Maine																					
<b>Objective 1: Accountability Targets</b>							Planning Period Target 1. Vendor selected for Project Management, Workgroup meeting to define scope and approach.	Go Live Target: Transformed healthcare system integrates community health workers through a pilot that demonstrates CHWs as an effective, sustainable element. Year 1 Target: 1. Contracts for 5 CHW Pilot sites in place. 2. The 5 CHW pilot sites will have formal referral mechanisms with at least one and up to 3 providers. s	Year 2 Targets: 1. CHW clients identified with a caseload of 15-20 clients for intensive service, and 30-50 clients for less intensive service. 9	Year 3 Targets: 1. CHW clients identified with a caseload of 15-20 clients for intensive service, and 30-50 clients for less intensive service.																	
<b>Objective 1: Annual Cost</b> (Aligns with annual budget total's submitted with contract)							\$ 389,620.00	\$ 779,239	\$ 779,239	\$ 389,620																	
Consumer education /access to information	PR	DSR	DI	Objective 1: Patient engagement communication Project				10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		ID#					
		x			VIII F																						
<b>Objective 1: Accountability Targets</b>							Planning Period Target	Go Live Target: Public supported with health communication messages that promote appropriate use of healthcare services and value of CHWs. Year 1 Target: 1 campaign Contract	Year 2 Targets: 2 campaigns	Year 3 Targets: 1 campaign																	
<b>Objective 1: Annual Cost</b> (Aligns with annual budget total's submitted with contract)							\$	250,000.00	\$	500,000.00	\$	500,000.00															

Maine SIM Grant - Executive Level Project Plan with Accountability Targets

SIM Partner Organization: MaineCare

Lead/Point for Organization: Michelle Probert

Secondary Driver	Subcommittee	Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Milestone Timeline												Risks & Dependencies	
							Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#
							Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
	PR DSR DI					10/1/2013														
<i>Aligned Payment Models</i>	X X	<b>Objective 1: Implement MaineCare Accountable Communities Shared Savings ACO Initiative</b>																		
			B.7, C.9, G.15, G.17, H.22, H.23, S.46	1	Conduct provider outreach and education, including regional forums on proposed model	✓	✓													
				2	workgroup to educate and recruit providers, provide learning collaborative support, and achieve multi-payer alignment on quality measures and value-based payment models.	✓	✓	✓	✓	✓	✓	✓	✓	✓						
				3	Develop and finalize quality framework	✓	✓													
				4	Issue provider Request for Applications (RFA) and select eligible applicants		✓													
				5	Conduct AC attribution and develop benchmark Total Cost of Care (TCOC) amounts	✓	✓	✓							Potential for problems with claims data	Timeliness of TCOC calculations by Accountable Community; replication of analysis for data analytics reports to	4			
				6	Develop Analytics Support For Accountable Communities	✓	✓	✓							Ability to replicate actuaries' analysis	Replication of TCOC, attribution for analytic reports	5			
				7	Obtain CMS approval for State Plan Amendment		✓	✓							Plan SPA submission for 11/1. SPA approval timeline dependent on CMS. CMS has	Timely SPA approval				
				8	Draft and adopt MaineCare rule for Accountable Communities		✓	✓										7		
				9	Finalization of Accountable Communities contracts, Implementation				✓									6, 7, 8		



Maine SIM Grant - Executive Level Project Plan with Accountability Targets

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						Milestone Timeline												Risks & Dependencies		
Secondary Driver	Subcommittee	Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#
	PR DSR DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		ID#
				10	Provide Accountable Communities with analytic reports				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		6, 7
				11	Open Accountable Communities RFA for additional rounds of applications				✓				✓							
Objective 1: Accountability Targets						<b>Planning Period Target:</b>	<b>Go Live Target:</b> Issue RFA				<b>Year 2 Targets:</b> Provide all Accountable Communities with monthly utilization reports drilled down to the Primary Care practice level, and quarterly reports on actual TCOC to date and quality benchmark achievement.				<b>Year 3 Targets:</b> Provide all Accountable Communities with monthly utilization reports drilled down to the Primary Care practice level, and quarterly reports on actual TCOC to date and quality benchmark achievement.					
							<b>Year 1 Target:</b> Implement Accountable Communities that impact 50,000 patient lives <i>above and beyond those impacted through Medical Homes</i> , 3.8% of Maine's 1.3M population. Patients are not limited to MaineCare members attributed under Accountable Communities, since all patients, regardless of attribution status and payer, should be impacted through improved care coordination incented under model.				Achieve participation by all MaineCare Accountable Communities in 90% of bimonthly ACI learning collaborative meetings.				Achieve participation by all MaineCare Accountable Communities in 90% of bimonthly ACI learning collaborative meetings.					
							Achieve participation from 6 Accountable Communities, including providers under current Medicare and commercial ACOs within the State (all 4 major health systems plus group of FQHC's).				Implement Accountable Communities that impact an additional 5,000 patient lives above and beyond those impacted through Medical Homes, reaching 4.2% of Maine's population.				Implement Accountable Communities that impact an additional 5,500 patient lives above and beyond those impacted through Medical Homes, reaching 4.6% of Maine's population.					
							Achieve 25,000 MaineCare lives to Accountable Communities, 8.9% of the 281,000 MaineCare population.				Achieve participation from 2 additional Accountable Communities.				Achieve participation from 2 additional Accountable Communities.					
							Achieve attribution of additional 2,700 MaineCare lives to Accountable Communities, 9.8% of the MaineCare population.				Achieve attribution of additional 2,000 MaineCare lives to Accountable Communities, 10.5% of the MaineCare population.									
Objective 1: Annual Cost (Aligns with annual budget total's submitted with contract)																				

Maine SIM Grant - Executive Level Project Plan with Accountability Targets

SIM Partner Organization: MaineCare

Lead/Point for Organization: Michelle Probert

Secondary Driver	Subcommittee	Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Milestone Timeline												Risks & Dependencies		
							Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
							Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			ID#
	PR DSR DI					10/1/2013															
<i>Aligned Payment Models Improved Continuum of Care</i>	X X X	<b>Objective 2: Implement MaineCare Behavioral Health Homes Initiative</b>																			
			B.7, C.9, G.15, G.17, H.22, H.23	1	Conduct provider outreach and education, including regional forums on proposed model	✓															
				2	Issue provider Request for Applications (RFA) and select eligible applicants		✓														
				3	Obtain CMS approval for State Plan Amendment	✓	✓	✓											Plan to submit SPA on 11/15 with retroactive approval to 1/15. State would be at		
				4	Draft and adopt MaineCare rule for Behavioral Health Homes	✓	✓	✓											Aggressive timeline. Challenging new area for AAG Office review.	Implementation of rule, initiative	9
				5	Development of Behavioral Health Homes Enrollment System provider portal	✓	✓														
				6	Eligible member identification and enrollment		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
				7	Contract with entity to implement Behavioral Health Home Learning Collaborative		✓												Lengthy, burdensome State contracting process	Effective date of contract.	8
				8	Development and implementation of Behavioral Health Home Learning Collaborative		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
				9	Implementation			✓													
				10	Provide Behavioral Health Homes with utilization and quality reports			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			

Maine SIM Grant - Executive Level Project Plan with Accountability Targets

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Secondary Driver	Subcommittee	Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Milestone Timeline												Risks & Dependencies		
							Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#	
	PR	DSR	DI			10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			ID#
					<b>Objective 2 Accountability Targets:</b>	<u>Planning Period Target:</u> Complete draft SPA and draft rule Initiate consultations with SAMHSA, CMS	<u>Go Live Target:</u> <b>Year 1 Target:</b> Successfully recruit 15 Behavioral Health Home organizations (BHHOs) with 7000 enrolled members with SMI/ SED. There are 75 Behavioral Health Organizations that currently provide services beingtransformed through Behavioral Health Homes, and about 24,000 members with SMI/SED.	<b>Year 2 Targets:</b> Increase enrolled members to 7700. 3 in-person learning sessions annually, monthly working group, monthly phone and webinar support for 15 BHHOs and partnering practices. There are 75 Behavioral Health Organizations that currently provide services beingtransformed through Behavioral Health Homes, and about 24,000 members with SMI/SED.	<b>Year 3 Targets:</b> Increase enrolled members to 8500 total. 3 in-person learning sessions annually, monthly working group, monthly phone and webinar support for 15 BHHOs and partnering practices. There are 75 Behavioral Health Organizations that currently provide services beingtransformed through Behavioral Health Homes, and about 24,000 members with SMI/SED.												
					<b>Objective 2: Annual Cost</b>		\$163,636 BHH Learning Collaborative				\$218,182 BHH Learning Collaborative				\$218,182 BHH Learning Collaborative						
Improved Continuum of Care Patient/Family Centeredness of Care		X			<b>Objective 3: Develop and implement Physical Health Integration workforce development component to Mental Health Rehabilitation Technician/Community (MHRT/C) Certification curriculum.<sup>6</sup></b>																
				L.32				✓													
				1	Finalize contract with selected vendor			✓													
				2	Development of curriculum			✓	✓	✓											
				3	Implementation of trainings/ curriculum						✓	✓	✓	✓							
					<b>Objective 3: Accountability Targets</b>	<u>Planning Period Target:</u>	<u>Go Live Target:</u> <b>Year 1 Target:</b> Curriculum and training plan developed for Physical Health Integration ocmponent to Mental Health Rehabilitation Technician/Community Training	<b>Year 2 Targets:</b> 500 direct service behavioral health individual providers trained in physical health integration.	<b>Year 3 Targets:</b>												
					<b>Objective 3: Annual Cost</b> (Aligns with annual budget total's submitted with contract)		\$219,357				\$342,342										

Maine SIM Grant - Executive Level Project Plan with Accountability Targets

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						Milestone Timeline												Risks & Dependencies		
Secondary Driver	Subcommittee	Key Objective	Associated DRR Section	ID#	Key Milestones	Planning Period 7/1/13-9/30/13	Year 1 10/1/13-9/30/2014				Year 2 10/1/14-9/30/15				Year 3 10/1/15-9/30/16				Known Risks	Dependency and Link to ID#
	PR DSR DI					10/1/2013	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
<i>Improved Continuum of Care Patient/Family Centeredness of Care</i>	X	<b>Objective 4: Provide training to Primary Care Practices on serving youth and adults with Autism Spectrum Disorder and Intellectual Disabilities.</b> <sup>7</sup>																		
			L.32					✓												
				1	Finalize contract with selected vendor			✓												
				2	Provide training to pediatric sites				✓	✓	✓	✓	✓	✓	✓	✓				
				3	Develop training for adult practice sites				✓											
				4	Implement Adult training at 5 pilot sites					✓										
				5	Provide training to adult practice sites						✓	✓	✓	✓	✓	✓	✓	✓		
<b>Objective 4: Accountability Targets</b>						<u>Planning Period Target:</u>	<u>Go Live Target:</u>				<u>Year 2 Targets:</u>				<u>Year 3 Targets:</u>					
							Curriculum and training plan developed for Adult Practice Sites Curriculum piloted at 5 Adult Practice Sites Training conducted at 15 pediatric sites  There are over 400 primary care practice sites in Maine.				Training conducted at 30 pediatric sites Training conducted at 55 adult practice sites  There are over 400 primary care practice sites in Maine.				Training conducted at 15 pediatric sites Training conducted at 60 adult practice sites  There are over 400 primary care practice sites in Maine.					
<b>Objective 4: Annual Cost</b> (Aligns with annual budget total's submitted with contract)							\$42,239				\$88,489				\$65,738					

Number and Explain each denominator:			
Organization	Objective	Number	Explanation
HIN	1	1	Currently there are an average of 1,600 active provider organization users of the HIE portal, tracked by HIN. The goal is to increase the number of active users per target numbers as the expansion of these services to care managers grows. It is not possible to know the number of clinical support staff (care managers in this case) that support the "Clinician providers" (MD/DO/APRN/PA), thus there is no denominator for this population, thus tracking HIE active use is the selected target.
HIN	1	2	Currently there is an average of 450 unique provider users of the HIE or notifications on a weekly basis, tracked by HIN. We aim to increase the number of unique provider users weekly, as a measure of success of implementing notifications with users.
HIN	2	3	In Maine there are approximately 65 independent Behavioral Health Organizations. By reaching 20 organizations we will be impacting approximately 30% of this provider community. Because the RFP awardees are not known until the RFP process is vetted, the applicants confirmed, and awardees announced, the number of unique provider organization users cannot be articulated at this time. Once the 20 organizations are identified, HIN could establish more specific targets related to these organizations. The target for objective 2 is to achieve the RFP annual milestones and distribute the incentives each year.
HIN	4	4	Make 230,000+ mainecare member population data available in HIN Dashboard: which includes geographic distribution, gender distribution, age distribution, chronic disease prevalence and distribution, utilization statistics, and prospective risk for use of the emergency department. MaineCare estimates as of 8.2013 that there are 280,988 MaineCare members, thus the target of 230,000 allows for a margin of error and considers that less than 100% of MaineCare members are participants in the HIE. It is not known what the exact % of MaineCare members that are participants in the HIE today.
HIN	5	5	The goal is to engage 5% of the PHR user's for the pilot site in the go-live period of the 12 month pilot by measuring that they have accessed their CCD via the "Blue Button" technology that links the PHR to the HIE patient record summary (CCD). Once the pilot site is selected we can determine what the total number of PHR users targeted.
MaineCare	3	6	Will be RFPd - contained as MaineCare as a placeholder for now
MaineCare	4	7	Will be RFPd - contained as MaineCare as a placeholder for now
Maine CDC		8	CHW Referrals: CHW Pilot sites will be located in different areas in Maine. The number of providers making referrals to the CHW program will likely vary with location type - more in urban and fewer in rural areas. This Pilot Project will explore different models of to determine what works best in the different location types.
Maine CDC		9	CHW clients: the projections are for number of clients carried at any point in time. We cannot accurately project the turnover rate in a CHW's caseload to identify an annual total of clients seen.
MHMC		10	Estimated providers: 450-500