



MaineCare

CMMI State Innovation Model Grant

Health & Human Services

March 13, 2013

CMMI State Innovation Models

“...to test whether new payment and service delivery models will produce superior results when implemented in the context of a state-sponsored State Health Care Innovation Plan. These plans must improve health, improve health care, and lower costs for a state’s citizens through a sustainable model of multi-payer payment and delivery reform, and must be dedicated to delivering the right care at the right time in the right setting.”

- Goal: lower costs for Medicare, Medicaid, and CHIP
- Rationale: Governor-sponsored, multi-payer models.. set in the context of broader state innovation → sustainable delivery system transformation
- Emphasis: in addition to ACOs and medical homes, should include community-based interventions to improve population health, with a focus on behavioral health

- Maine was one of only six states to receive a combined total of over \$250 million to implement their State Health Care Innovation Plans, designed to use all of the levers available to them to transform the health care delivery system through multi-payer payment reform and other state-led initiatives.
- **Maine's Grant amount:** \$33 million
- **Grant timeline:** 6 months of pre-implementation beginning April 1, followed by a 3-year testing period
- **Grant recipients:** The Governor's Office, in partnership with Maine DHHS and MaineCare
- **Grant partners:** Maine Health Management Coalition, HealthInfoNet, Maine Quality Counts

Leverage the state's investment in the Maine multi-payer Patient Centered Medical Home Pilot and MaineCare Health Homes Initiatives to form multi-payer Accountable Care Organizations that commit to:

- Tying payment to achievement of cost and quality benchmarks
- Public reporting of common quality benchmarks

The SIM Project builds off the very strong work in Value-based Purchasing under MaineCare and across the State's private sector



How will patients benefit?

- All patients will benefit from primary care practices where:
 - The wait for appointments is shorter
 - It's easier to get seen for urgent care
 - Doctors and other medical staff coordinate with other medical providers to make sure everyone is on the same page regarding diagnoses, prescriptions, and treatment plans.
- Tools to help them better manage their own health.
- Connections with community resources, such as heating and housing assistance
- Community health workers will help them navigate the healthcare system and create their own paths to improved health.
- Adults and children with developmental disabilities and autism spectrum disorders will benefit from practices and doctors that have been trained to better meet their needs.
- Patients receiving community behavioral health services will benefit from direct service workers who understand the importance of assuring both physical and behavioral health needs are taken into consideration.

How will providers benefit?

- Payment reform will enable providers to spend more time with patients and focus on providing quality, coordinated care. Reforms may include:
 - Shared savings, based on performance
 - Share financial risk with employers based on their ability to meet cost and quality goals.
 - Monthly payments to support patient-centered care practices that are not reimbursable through traditional fee for service payment.
- Greater consistency across payers in terms reporting requirements and payment changes. Providers can then focus on care for all patients regardless of payer.
- Behavioral health providers will have access to share, where appropriate, both behavioral and physical health information through electronic health records.
- Care management staff will receive real-time notification for when their highest-utilizing patients use the ED or are admitted to or discharged from the hospital.
- Providers will learn from each other and from national experts on how to best coordinate and provide high quality, lower cost care for all patients, including those with serious mental illness.

How will the SIM project achieve cost containment and quality goals?

- Leverages purchasing power of the larger health care market. It aligns goals, measures, and payment and delivery reform across Medicare, Medicaid, and private purchasers.
- Provides us with statewide analysis of all payers that will allow us to see how a change in one area of the system impacts the system as a whole.
- Enhance the patient experience and brings a level of accountability across the system.
- Moves more and more payers and employers toward the connection between payment and accountability for cost and quality outcomes, which will result in better care for less cost for all patients, regardless of their insurance.