



MaineCare

Design Management Committee

March 16, 2012

<http://www.maine.gov/dhhs/oms/vbp>

Agenda

- Introductions
- Health Homes updates
 - Proposed chronic conditions
- Accountable Communities
 - Attribution methodology
- Next Steps

Health Homes: Additional Chronic Conditions to Propose to CMS

All populations:

- Chronic Obstructive Pulmonary Disease
- Hypertension
- Hyperlipidemia
- Tobacco use
- Developmental Disability (ID and Autism Spectrum)
- Acquired Brain Injury (ABI)

Children only:

- Seizure disorders
- Cardiac & circulatory congenital abnormalities

Member “Alignment” vs Enrollment

In alignment with the Medicare Shared Savings Program (MSSP) final rule, members will be aligned with, rather than enrolled in, Accountable Communities.

- Member freedom of choice is not restricted
- Member may opt out of data sharing under the Accountable Community

Proposed Attribution Methodology

MSSP	MaineCare Proposed Accountable Communities
<p>1. ID beneficiaries who received “primary care services” defined by HCPC codes or, for FQHCs, revenue center codes</p>	<ul style="list-style-type: none"> • Same • Need to identify any other codes associated with pediatric care
<p>2. ID those beneficiaries who received the specified services from primary care physicians. FQHCs required to self report physicians.</p>	<ul style="list-style-type: none"> • ID beneficiaries who received specified services from primary care practices • No additional requirements for FQHCs
<p>3. These beneficiaries are then assigned to the ACO if and where the ACO PCP was responsible for the plurality of primary care service charges.</p>	<ul style="list-style-type: none"> • Focus on practice vs PCP; number of visits vs charges
<p>4. Beneficiaries that did not receive any primary care services from primary care physicians are assigned to ACOs if and where they received a plurality of charges from specialists, NPs, or PAs</p>	<ul style="list-style-type: none"> • Focus will be on non primary care practices (members seen by NPs or PAs will be covered in step 2 under the MaineCare proposal)
	<p>5. Members who are not assigned through a primary care or non primary care practice will be assigned to the ACO associated with the hospital where the member receives the majority of their ED care.</p>

Prospective vs. Retrospective Alignment

- **MSSP:** Members are first assigned prospectively based on historical claims analysis. After the performance year, there is a retrospective alignment process where any initially identified beneficiaries that did not meet the criteria are excluded and any new beneficiaries that do meet the criteria are added, after the fact.
- **Medicare Pioneer ACO:** Prospective alignment. After the performance year, members who moved and/or received more than 50% of their primary care services in a non-contiguous geographic region to the ACO will be excluded.
- **MaineCare Accountable Communities proposal:** align with the Pioneer ACO methodology.

Agendas for Upcoming DMC Meetings



- **Monday 3/26** (2 Anthony Ave)
 - Risk-sharing: tiers, calculation
 - Next Steps for Stage B Health Homes