

# SIM Medicare Proposal Oversight Committee (MPOC)

## Highlight Notes

May 17, 2016

Maine Medical Association

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## About the Meeting

### Purpose

The primary purpose of this meeting was to explore interest in CPC+ especially among providers and begin to explore what a Maine Medicare Alignment Proposal might look like.

### Attendance

#### Committee Members

- Dale Hamilton, Behavioral health
- Catharine Ryder, Behavioral health
- Lisa Letourneau, Quality Counts
- Kathryn Brandt, Primary Care Physician
- Andy Webber, Maine Health Management Coalition
- Amy Wagner, Dept. of Health and Human Services- Office of Continuous Quality Improvement
- Lesly Myska, Dept. of Health and Human Services- Office of Aging and Disability Services (by conference call)
- Amy Dix, Dept. of Health and Human Services- MaineCare
- Katie Fulham Harris, Health System
- Jennifer Moore, Health System- Accountable Care Organization
- Steve Ryan, Health System
- Lisa Harvey-McPherson, Health System
- Katherine Pellatreau, Health Plans
- Dr. Roger Renfrew, Primary Care Physician
- Karynlee Harington, Maine Health Data Organization
- Jeff Austin/David Winslow, Maine Hospital Association
- Shaun Alfreds, HealthInfoNet
- Randy Chenard, Maine State Innovation Model
- Rhonda Selvin, Nurse Practitioner
- Trish Roy, Consumer Representative (by conference call)
- Ted Rooney, Consumer Representative
- Gordon Smith, Independent Provider
- Michelle Probert, Employer/Purchaser
- Jean Wood, Health Insurer
- Sara Sylvester, Long Term Care

### Guests

- Dr. Frances Jensen, Deputy Director of the State Innovations Group of the Center for Medicare and Medicaid Innovation (by conference call)

## Interested Parties

- Jeff Brown, Maine Primary Care Association
- Loretta Dutil, MaineCare
- Peter Kraut, MaineCare
- Poppy Arford, Consumer
- Lisa Nolan, MHMC
- Nate Morse, CDC
- Stephanie Mills- Intermed
- Deborah Halbach, Maine Association of Family Physicians
- Olivia Alford, MaineCare
- Sybil Mazzerole, DHHS OCQI

## Staff

- Gloria Aponte Clarke, Maine State Innovation Model
- Craig Freshley, Good Group Decisions

## Meeting Schedule Going Forward

May 17	9:00am – 11:00am	Maine Medical Association Further understanding and direction regarding CPC+ and a Maine Medicare Alignment Proposal
June 15	1:00pm – 3:00pm	Maine Medical Association The nature of Maine’s SIM Medicare Alignment Proposal
July 6	10:00am – 12:00pm	MaineGeneral
August 3	10:00am – 12:00pm	MaineGeneral
September 7	10:00am – 12:00pm	MaineGeneral

## Key Operating Guidelines

- **Raise hands and be called upon before speaking**
  - Committee members on the phone shout out and I will put you in the queue.
- **Participation is limited to Committee Members**
  - Anyone is welcome to observe or listen. Time at the end for comments.
- **Straw polls help us be efficient**
  - Show us what you think, and it’s okay to change your mind.

- **We strive for consensus and agreements are documented**
  - Documents posted here:  
<http://www.maine.gov/dhhs/sim/committees/MPOC.shtml>

## *CPC+ Clarifications*

- We all just received an e-mail about CPC+
  - Deadline has been extended by one week
  - “We would like to understand how, if at all, your proposed regions, lines of business, and number of covered lives would change if CPC+ accommodated primary care practices currently participating, or seeking participation, in an ACO in Track 1, 2, or 3 of the Medicare Shared Savings Program.”
    - This statement was directed to payers by CMS and Fran emphasized that she hoped to hear comments about it
- FAQ’s will be posted very shortly
- Q: I am a primary care practice currently participating, or considering participation, in the Medicare Shared Savings Program (MSSP), but would also like to participate in Comprehensive Primary Care Plus (CPC+). Can I participate in both at the same time?
  - A: Currently, primary care practices may not participate in both CPC+ and MSSP or other Medicare Accountable Care Organization (ACO) models, such as the Next Generation ACO Model, or the ACO Investment Model. We have received input from a variety of stakeholders on this issue and are taking all feedback into consideration as we continue to determine this policy.
- FQHC eligibility?
  - Not sure yet
    - Please provide comments on this
- Any idea about when the final policy will be decided and communicated?
  - It is not unusual for deadlines to be flexible
    - Fran said, “When we hear from folks, we change them often”
- Regarding the timeline – we have to have everything in place by January 1, 2017
  - Payers will have to move forward regardless if the deadline gets relaxed
- Providers need to know specific conditions for participation
- Primary practices will likely try hard to get out from under MIPS

## *CPC+ Comments*

- Roger Renfrew
  - American Academy of Family Physicians and American College of Physicians seem very supportive of CPC+
  - Maine Alliance for Primary Care (represents FQHC’s, and other providers) seems generally supportive

- MaineGeneral Primary Care Leadership Team seems supportive
- Concerns among providers about electronic medical records
- We should seize the CPC+ opportunity
- In the RFA, Appendix E, there are geriatric-specific quality measures. This is good.
- Primary Care Physicians seem most excited about recognition of payments that allow them to move away from “the mouse on the wheel” model (there is a lot of frustration about data collection).
- Concerns about reconciliation of the care management fees?
  - Not raised so far
- Rhonda Selvin
  - At the state and national level – this is the way we are headed
  - Polled 1100 Nurse Practitioners in Maine and most providers are hoping that the fog will clear and the boats will not have cracks
  - We see this as “yes, and”
    - There are gaps that need to be filled
    - Always good to offer more options
- Kat Brandt
  - Did some polling of independent practices and there seems to be a sentiment of cautious optimism
    - This model “seems to capture what we do”
  - Fee-for-service models just don’t capture what we do
  - CPC+ risk stratified model of measuring longitudinal quality of care seems on track
- Andy Webber
  - Patient Centered Primary Care Collaborative – there’s a strong consensus that the CPC is a game changer and members are being strongly encouraged to participate
- Gordon Smith
  - Maine Medical Association – we don’t feel that polling our members would be meaningful without a great deal of explanation
  - We have talked with the primary care organizations and we have already heard from them directly
  - We are trying to find an independently-practicing physician to learn about CPC+ and offer comments
  - Our inclination is to be cautiously supportive
    - It will result in more money coming into the state
- Jen Moore
  - From the ACO Perspective – fully support CPC+, but the model needs to be changed to include ACO’s
- If “it was fixed” (that providers could participate in CPC+ and an ACO) that would be best.
- How many Maine practices could be eligible?
  - Perhaps about 250 - if eligible practices were “spread evenly” among the 8 regions
- Without CPC+, the number of dollars available up front to pay for infrastructure investment is zero
- Amy Dix
  - MaineCare has been looking at this and how it might impact our programs
    - We understand that we need to “play with” Medicare

- CMS clarity on Medicaid programs and alignment with home health programs would be helpful
  - “What does it mean to align with CPC+?”
  - General movement in the direction of aligning payment, quality measures, providing measures, providing feedback to providers
- The HeART Group was supportive of moving forward with CPC+
  - The big drawback is the limited number of providers
  - Supportive about moving forward with SIM and CPC+
  - A big concern is that it wasn’t including Medicare ACO’s
    - Even so, there was support even though not ideal
- We will likely know by July if Maine even has the opportunity to participate
- When will we know if the state intends to pursue CPC+?
  - Likely we will be able to provide more information by June 1
- While the ACO payment model would change in light of CPC+, the ACO delivery system could remain in place
- Interested Party Comments
  - InterMed is strongly in support of the CPC+ initiative

### *Exploring a Maine Proposal*

- Clarification about “Accountable for total Cost of Care”
  - Meant to be a very high bar
  - Maryland model
    - Hospitals have to have global budgets
    - They have to achieve total savings targets
    - If they don’t achieve their targets they have to revert to IPPS Rule (otherwise hospitals are waived from this) and their costs will go up
  - Downside risk, carried by the state, is required of a state proposal
- What parts of the system can a proposal support?
  - Whatever the state wants – whatever the state determines is the best way to improve population health
    - For instance, Vermont is creating a statewide ACO
- Clarified that Maryland and Vermont have each been working several years to develop their programs
- Maine could do CPC+ and a Maine Proposal?
  - Yes, although doesn’t mean both would be accepted
  - Fran: We could imagine that there might be some CPC+ practices and other practices do something similar
    - Perhaps advance practices apply for Track 2 (High School) and some other practices (Middle School) apply for Track 1 and then there are some other practices (Kindergarten)
- If Maine did a proposal, would CMS entertain improving primary care fee for service rates and changes some rates for codes to improve reimbursement rates?

- Fran: We would entertain that
- How does behavioral health get included in this conversation and potentially into a proposal?
  - This is a key opportunity for behavioral health services to be provided and paid for in different ways
- Maine has a major issue about behavioral health spending and CPC+ provides a promising opportunity
- By the summer, we will know much more about Maine moving forward with CPC+ and at that time we can decide the nature of a Maine proposal
- CMI recently sponsored a program called “Guided Care”
  - Johns Hopkins piloted this work whereby patients transitioned between systems and it was found that costs did not increase
  - For our proposal we really need to focus on “alignment”

## Next Steps

### Ideas

- A smaller working group to work on the proposal
- Revisit that concept paper and see if it makes sense or how it should be changed
  - Reminder that an 11-page concept paper has already been developed
- Brainstorm with this group – what are we shooting for?
- If a CPC+ proposal is submitted, wouldn't we want to wait to see if that proposal is accepted?
- It would be helpful to see a document that shows steps, contingencies, dependencies, etc.
- Hear from people in the room about how to develop a proposal going forward

### Conclusion

- Move the June 1 meeting to June 15, 1pm to 3pm
- Topics for the June Meeting
  - Learn which CPC+ payer applications were submitted for Maine (proposals were due June 1)
  - Discuss and decide whether or not to proceed with developing a Maine led proposal
  - Create plan for next steps
  - Decide dates of future meetings
    - Should we meet in July?