

State Innovation Model Grant Questions and Answers

Q What is the funding agency?

A Funding in the form of a Cooperative Agreement comes from the US Department of Health and Human Services (DHHS), Centers for Medicare & Medicaid Services (CMS), Center for Medicare & Medicaid Innovation CMMI.

Q What is the amount of the grant?

A The grant is for \$33 million.

Q Who are the recipients of the funding?

A The Governor's Office, in partnership with Maine DHHS and MaineCare, are the "grantees" of the cooperative agreement.

Q What is the length of the project?

A An initial 6-month ramp-up period will be followed by a 3-year implementation period.

Q Are there additional partners?

A The State has chosen a primary implementation partner, the Maine Health Management Coalition (MHMC), based on the existing scope of the organization's work in payment reform, public reporting of quality measures, consumer engagement, and the scope of its analytic capabilities.

Additional partners include HealthInfoNet, the state's Health Information Exchange, and Maine Quality Counts, an independent, multi-stakeholder alliance working to transform health and healthcare in Maine by leading, collaborating, and aligning improvement efforts that support patient-centered, coordinated systems of care and the resources needed to support them.

These three organizations will be engaged through sole-source contracts. All other work for the project will be contracted through the competitive Request for Proposals bidding process.

Q What is the role of the Maine Health Management Coalition in the project?

A The scope of work for the Maine Health Management Coalition includes: (1) public reporting of common quality measures determined through the *Pathways to Excellence* process; (2) Analysis of Maine Health Data Organization (MHDO) All Payer Database as a common claims data source for the purposes of statewide public reporting on the measures determined in #1; (3) comparative statewide variation analysis necessary to gauge progress on and advance payment and delivery system reform; (4) analysis of PHI for care management purposes for interested providers; (5) Accountable Care

Organization (ACO) Learning Collaborative support through the Accountable Care Implementation (ACI) Group; (6) continuing work and learning support around the development of Value Based Insurance Design (VBID); (7) continuing the work of the Health Care Cost Work Group, and; (8) development of a Behavioral Health Cost Work Group.

Q What is the role of HealthInfoNet in the project?

A The scope of work for HealthInfoNet includes: (1) deploying near real time Emergency Department (ED) and Admissions notifications to payer and provider care managers when identified residents receive services at Maine ED or are admitted to inpatient services; (2) providing access to the operational statewide HIE for behavioral health providers, supporting consumer-driven communications to assure that consumers understand how their health data is being exchanged and why; (3) developing and implementing Behavioral Health EHR Adoption Incentive program; (4) capturing clinical outcomes from EHRs for required Health Home reporting, and; (5) developing and implementing a longitudinal, patient-centric, payer and provider agnostic personal health record platform to help engage patients in all of their health care needs.

Q What is the role of Maine Quality Counts in the project?

A The scope of work for Maine Quality Counts includes: implementing learning collaboratives, coaching, and training (etc.) for Patient Centered Medical Home expansion and the Stage A Health Homes (MaineCare) – approximately 120 new practice sites.

Q What is the scope of project work to be contracted through the competitive Request for Proposals bidding process?

A Work to be contracted through the competitive RFP process includes:

- Quality Improvement – Vendor(s) to be responsible for development and implementation of: (1) learning collaborative to support Stage B Health Homes to serve individuals with Serious Mental Illness, and; (2) physician leadership development.
- Consumer Engagement – Vendor(s) to be responsible for: (1) development and implementation of Shared Decision Making tools and training; (2) consumer engagement forums on system payment and delivery reform (3) embedding experiential/ cultural community health support workers in 5 Community Care Teams, develop and implement training curriculum and develop plan for sustainability. Community workers will also implement an asthma home visiting program to reduce asthma-related ED visits and admissions.
- Workforce Training/Development – Vendor(s) to be responsible for: (1) building onto core MHRTC/ Personal Care curriculum to promote integration of physical and behavioral health; (2) developing/ implementing training for family practice PCMHs and Health Homes in serving children with Autism, and adults with developmental disabilities, and; (3) Implement training for National Diabetes Prevention Program; provide performance-based reimbursement.
- Patient Engagement Campaign – Vendor to be responsible for two rounds of four campaigns over the three-year project period.

Q What is the timeline for issuing the above-referenced RFPs?

A During the initial three months of the ramp-up period, the State will develop and issue these RFPs.

Q How will patients benefit from the SIM project?

A 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.

Patients with multiple chronic conditions and other high needs that impact their health will have access to tools to help them better manage their own health.

Care managers will help patients make connections with community resources, such as heating and housing assistance

Experienced community health workers will work with patients to 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.

The grant will also allow for further integration of physical and behavioral health services by utilizing the skills of direct service workers who understand the importance of assuring both are taken into consideration during treatment.

Q How will providers benefit from the SIM project?

A The way providers get paid will change over time to provide incentives for them to spend more time with patients and focus on providing quality, coordinated care, thereby reducing avoidable costs.

These changes may include:

- Providers sharing in a percentage of dollars saved from one year to the next for an assigned population, based on how well they perform on standard benchmarks;
- Providers sharing 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.

Providers will enjoy greater consistency across payers in terms of what they have to report on and what changes they can expect in payment. This approach will allow providers to focus on care for all patients rather than what they need to do differently, depending on what payer population they are dealing with.

Providers will publicly report on standard measures including patient experience and total cost of care.

Behavioral health providers will have access to needed resources to enable them to securely access and, where appropriate, share 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 Emergency Department or are admitted to or discharged from the hospital, so they can follow up with patients at the most appropriate time.

Primary care practices and organizations with behavioral health expertise will learn from each other and from national experts on how to best coordinate and provide high quality, lower cost care for patients with serious mental illness.

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

A Our model leverages the purchasing power of the larger health care market. It aligns goals, measures, and payment and delivery reform across Medicare, Medicaid, and private purchasers.

It 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.

Our model will enhance the patient experience and brings a level of accountability across the system.

The SIM project moves more and more payers and employers toward the connection between payment and accountability for cost and quality outcomes will result in better care for less cost for all patients, regardless of their insurance.
