# **Payment Reform SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: December 15, 2015

Number of participants: 11

Organizations Represented: Maine Hospital Association, Mt. Dessert Hospital, HeART Group, Harvard Pilgrim, Cigna, MaineHealth, Bur. if Insurance, Quality Counts, MaineCare, MHMC.

1. **Please state the subcommittee’s strategic focus for the month:** The focus of the meeting was to provide the Subcommittee with the status of the ACI Measure Alignment work, to brief the group on the recent white paper released by the Health Care Plan Learning and Action Network (HCPLAN) on alternative payment models (APMs), to present findings and recommendations of the SIM SORT Review process and to consider proceeding with a proposal to sustain the multi-payer primary care payment initiative.
2. **Please state the subcommittee’s key findings/work/impact for the month:** The Subcommittee was presented with the prospects for SIM states to submit proposals to support multi-payer payment reform to CMS. There was consensus that what the Subcommittee and ACI Steering Committee had identified as “Tier 2” alternative payment models appear to be consistent with the Comprehensive Primary Care Initiative (CPCi).
3. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:** Accelerating payment reform for primary care remains a key SIM goal and the pursuit of support to sustain and expand the multi-payer initiative for advanced primary care is considered a priority for the Subcommittee.
4. **Please state the subcommittee’s challenges for the month:** The primary challenge is to secure multi-stakeholder support to pursue expansion of a voluntary initiative across payers. CMS expects at least directional alignment in a multi-payer initiative which will require adoption of principles consistent with the HCPLAN definitions of alternative payment models.
5. **Please state the subcommittee’s risks for the month:** An ongoing risk is that stakeholders may not be able to reach consensus on payment model(s) strategies to support advanced primary care.
6. **Please summarize the goals for next month’s subcommittee meeting:** The goals for the next meeting (February) will be to present a draft outline of the multi-payer proposal for consideration and endorsement of the Subcommittee.

# **Value-Based Insurance Design SIM Subcommittee Monthly Summary for Steering Committee: December 2015**

Meeting date: **VBID Clinical workgroup met on December 11 and the VBID Administrative Simplification workgroup met on December 14.**

Number of participants: Clinical WG=7; AS WG=12

Organizations Represented: Clinical WG= MMCPHO, Geisinger, CHO, HPHC, Aetna, Ethicon, Independent HC consultant; AS WG= MEABT, Cigna, HPHC, Beacon Health, Sequel Youth Services, Anthem, MidCoast Health, LEAN Healthcare East, Aetna, Maine BOI, MMCPHO, Maine Nephrology

1. **Please state the subcommittee’s strategic focus for the month:** The VBID Clinical workgroup reviewed the remaining services on the Exclusion list to determine whether they should be non-covered services under the VBID model. This concludes review of about 240 services. Services identified as exclusions through several workgroup sessions will be voted on by the group to determine whether these will be adopted under the VBID plan. The Administrative Simplification workgroup participants finalized recommendations to the DRAFT New Provider enrollment application. MHMC has begun building the application as an online form using Survey Gizmo and has obtained DRAFT legal language required by health plans for this tool. Once the survey is built, health plans will review for final approval.
2. **Please state the subcommittee’s key findings/work/impact for the month:** As the Administrative Simplification workgroup finalized revisions to the New Provider Enrollment application, it was learned that this application is intended to enroll medical providers only. Other credentialed provider types, such as behavioral health, have a separate and distinct enrollment application required by most health plans and the process for provider maintenance/changes varies widely among health plans.

**3. Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:** *MHMC 1: 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.* The Clinical workgroup continued to develop specific coverage criteria for VBID to align patients out of pocket costs. Under a health benefit plan, it is necessary to identify non-covered services and define the reason why these are not covered as they will impact some patients who will be responsible for total cost of these services.

1. **Please state the subcommittee’s challenges for the month:** In lieu of the remaining timeline for this project the Clinical workgroup discussed the need to narrow focus to specific areas of health to target

services appropriate for VBID instead of considering the entire universe of services. This team agreed to proceed by looking for improvements and/or waste in the following areas: primary care, opiate prescribing, behavioral health, women’s health, and cardiology. However recommendations from the SORT review have not been finalized and this plan may not align with their recommendations.

1. **Please state the subcommittee’s risks for the month:** Although the Clinical workgroup agreed on a refocused for strategy for 2016, this is subject to change as a result of the SORT review. Depending on MLT recommendations resulting from this review, this team may need to develop another strategy for the remainder of SIM. This will take additional time with only nine months remaining.
2. **Please summarize the goals for next month’s subcommittee meeting:** Survey Gizmo will be secured and the New Provider Enrollment application will be built as an online form for submission to health plans. In addition to building the application online, it will be approved by and tested with each health plan. The Clinical workgroup will meet to discuss its future strategy pending MLT recommendations based on the SORT review.

# **ACI Measure Alignment Work Group Monthly Summary for Steering Committee**

Meeting date: December 9, 2015

Number of participants: 10

Organizations Represented: Aetna, Cigna, MaineHealth, Eastern Mine Health, MaineGeneral Health, Quality Counts, MaineCare, Bath Iron works, Maine Health Management Coalition.

1. **Please state the subcommittee’s strategic focus for the month:** The Work Group’s focus was on review of proposed pilot for data aggregation of ACO core measures at the ACO level using 2015 claims data.
2. **Please state the subcommittee’s key findings/work/impact for the month:** The Work Group reviewed the proposal for aggregating and reporting claims-based measures, CG-CAHPS survey results, and CMS hospital measures. There was agreement the MHMC should proceed with the data aggregation proposal and invite health systems to participate in the proposal development. Participating providers would have access to their ACO level performance benchmarked against the commercial population. Providers indicated a strong interest in comparative analysis based on the Medicare and MaineCare populations as well as the commercial claims data.
3. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:** The SIM goal of establishing a core set of ACO measures for contracting purposes to advance payment reform continues to be the Work Group’s primary focus. Since the core measure set has been developed and adopted, the attention is now on how to aggregate ACO data for the commercial population.
4. **Please state the subcommittee’s challenges for the month:** The primary challenge was to reach agreement on the participation of the voluntary proposal for measure aggregation.
5. **Please state the subcommittee’s risks for the month:** No specific risks were identified.
6. **Please summarize the goals for next month’s subcommittee meeting:** Subsequent to the meeting staff will prepare and distribute an executive summary of the project to date with an invitation for health systems to participate in the development of the data aggregation pilot proposal. The Work Group will also consider a process to periodically review adjustments to the core measure set as several ambulatory measures have been modified and selected inpatient measures are scheduled for retirement by CMS.

# **Healthcare Cost Workgroup Subcommittee on Multi-stakeholder Strategies**

# **Behavioral Healthcare Cost Workgroup**

**December 2015 SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: Healthcare Cost Workgroup met on December 9; Behavioral Healthcare Cost Workgroup met on December 14; Subcommittee on Multi-stakeholder Strategies did not meet

Number of participants: Healthcare Cost Workgroup: 21; Behavioral Healthcare Cost Workgroup: 12; Subcommittee on Multi-stakeholder Strategies: NA

Organizations Represented: Healthcare Cost Workgroup: Anthem, CAHC, MPCA, SEHC, Franklin, Maine General, Aetna, MaineHealth, MeHAF, Quality Counts, Cigna, MHA, State of Maine, HPHC, MaineCare, Insight, Muskie, EMHS, consumer. Behavioral Healthcare Cost Workgroup: MaineHealth, Cigna, Health Affiliates, EMHS, consumer, TCMHS, MaineCare, Maine General, MeHAF, NAMI, Sweetser. Subcommittee on Multi-stakeholder Strategies: NA

*This represents only those present at December meetings.*

1. **Please state the subcommittees strategic focus for the month:**
* The Healthcare Cost Workgroup continued its work on patient engagement strategies, discussing seven broad engagement categories of engagement and evaluating in which area(s) a multi-stakeholder effort could have the greatest impact on patient engagement and cost.
* The Behavioral Healthcare Cost Workgroup continued its review of additional data and analyses it had requested from Coalition staff regarding cost and utilization patterns for patients with behavioral health diagnoses.
* The Subcommittee on Multi-stakeholder Strategies did not meet in October.
1. **Please state the subcommittees key findings/work/impact for the month:**
* After reviewing seven broad categories of patient engagement—as well as the literature around cost impact—workgroup participants began to narrow the focus of their work to areas where a multi-stakeholder effort would add value, and where improved engagement could reduce costs. Engagement strategies in which participants were most interested included literacy (health insurance and treatment choice) and financial incentives (such as PCP selection). Attendees identified additional information (e.g., around best practices) that would help advance their work moving forward.
* The Behavioral Healthcare Cost Workgroup continued to review cost and utilization patterns, and identified additional analyses that could further clarify cost, utilization, and health status information for MaineCare patients with a behavioral health diagnosis. Participants believe that having more comprehensive cost and utilization data will inform more cost effective services and treatment strategies.
* The Subcommittee on Multi-stakeholder Strategies did not meet in December.
1. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:**
* The goal of the Healthcare Cost Workgroup’s December meeting was to begin to narrow the focus of its work on consumer engagement strategies that could potentially improve affordability of care in Maine. For example, one area prioritized by the workgroup were strategies to increases PCP selection, which could improve health and reduce ED visits.
* The Behavioral Healthcare Cost Workgroup continued to analyze data to better understand cost and utilization patterns among MaineCare patients with a behavioral health diagnosis, with a goal towards using that information to inform more cost effective services that could lower costs and improve quality.
* The Subcommittee on Multi-stakeholder Strategies did not meet in December.
1. **Please state the subcommittees challenges for the month:**
* No major challenges to report.
1. **Please state the subcommittees risks for the month:**
* No risks identified.
1. **Please summarize the goals for next month’s subcommittee meeting:**
* The Healthcare Cost Workgroup next meets on January 21, at which time it will discuss and consider endorsing recommendations from the Subcommittee on Multi-stakeholder Strategies, which include a set of five strategies (including illustrative examples) that different stakeholders can pursue collaboratively to meaningfully control cost growth and increase quality.
* The Behavioral Healthcare Cost Workgroup is not scheduled to meet in January.
* The Subcommittee on Multi-stakeholder Strategies will present its recommendations to the Healthcare Cost Workgroup on January 21, including a set of five strategies (including illustrative examples) that different stakeholders can pursue collaboratively to meaningfully control cost growth and increase quality.