Comprehensive Evaluation of MaineCare Rate Setting System

Phase 1: Stakeholder Engagement

October 2020
Agenda

- Introductions – MaineCare and Myers and Stauffer
- Review Project Objectives
- Review of Value-Based Purchasing
- Introduction of Discussion Topics
- Meeting Structure / Rules for Engagement
- Submit written comments to: RateSettingEval@maine.gov
Purpose of the Evaluation

- To develop a system for establishing and maintaining rates that are sufficient to sustain the financial viability of Maine providers, ensuring that MaineCare members have access to high quality services.
- To evaluate MaineCare’s rates and rate setting system and develop a plan for the creation of a comprehensive, streamlined, and coherent system.
Purpose of Today’s Meeting

• NOT to gather feedback regarding level of reimbursement or access to services: these comments must be saved for written submission or for Phase 2 of stakeholder engagement.

• Gather input from providers and provider representatives regarding the impact that MaineCare’s current reimbursement methodologies have on providers, services, and MaineCare members.

• We want to obtain your comments. We will not be responding to questions at this meeting.
What is Value-Based Purchasing?

VALUE = \frac{QUALITY}{COST}
Value Based Purchasing Priorities

• Value-based purchasing works to move away from fee for service by finding ways to hold providers accountable for the value of care they deliver.

• Value-based payment explicitly rewards health care providers for performance relative to cost, quality, access, and/or service utilization objectives.

• We have a number of VBP approaches in use in Maine currently, and future phases of work will consider alternative VBP approaches as we evaluate new methodology options.
Alternative payment models (APMs) are the means to get to Value-Based Purchasing.

- **Category 1**: Fee for Service - No Link to Quality & Value
- **Category 2**: Fee for Service - Link to Quality & Value
- **Category 3**: APMs Built on Fee-for-Service Architecture
- **Category 4**: Population-Based Payment

Meeting will be structured by the five discussion topics, at roughly 30 minutes each, shared previous to the meeting

1. How well is the current methodology working for the services you provide?

2. Does the payment methodology create the right incentives?

3. Do you believe that the payment methodology for the services you provide is equitable to methodologies for services provided by other provider groups?

4. Does the methodology result in administrative requirements or activities that are burdensome for you?

5. Is the methodology consistent with value-based purchasing?
Meeting Structure / Rules for Engagement

Myers & Stauffer’s role:
• Introduce the discussion questions.
• Ensure participants keep their comments within the announced time limits.
• Ensure that comments pertain to the topic under discussion.
• Record and transcribe the meeting to ensure all comments are captured.

Your role:
• Prior to commenting, introduce yourself and any service(s) you provide.
• Respond only to the relevant discussion topic being discussed.
• Rather than repeat previous points others have made, reference other comments you agree with for the notes.
• Respect time limits for each comment.
• Limit comments to those related to the impact of payment methods. This is not the forum for comments related to rate amounts.
We are recording this session. The recording will be online within 24 hours.

Remember:
1. We are not discussing actual payment rates today.
2. Phase 2 meetings will be an opportunity to comment on payment levels and on the Phase 1 report, to be released in early November, that will:
   • benchmark payment rates to those used by other Medicaid states, commercial health plans, and Medicare;
   • catalog existing payment methods; and
   • recommend services as candidates for alternative payment models (APMs).
3. You can submit written comments at any time to RateSettingEval@maine.gov
Discussion
1. How well is the current methodology working for the services you provide?

- Is the payment methodology transparent and easily understandable?
- Does the methodology create opportunities for efficiency and economy?
- Does the methodology reflect how you deliver services? For example, do you typically provide a bundle of services but have to bill separately for each one? Does the methodology require that you bill for minutes of services, when an hour or greater might be more appropriate?
2. Does the payment methodology create the right incentives for...

- Quality of care
- Access to care
- Primary and preventive care
- Integration of care
- Care coordination
- How members use services
- Avoidance of abuse and fraud?
3. Equitable Payment Methodologies

Is the payment methodology for the services you provide equitable to the methodologies for services delivered by other provider groups?

• How fee schedules are determined and updated
• Administrative burden
• Incentives for quality and access, etc.

Are all/most providers within your service area treated equitably in terms of payment methodology?
4. Is the methodology consistent with value-based purchasing? Is it consistent with any other value-based purchasing approaches that you have in place through other payers?

5. Are there administrative requirements (e.g., coding, billing, reimbursement) related to the methodology MaineCare places on you that are burdensome?
You can submit written comments to us at RateSettingEval@maine.gov