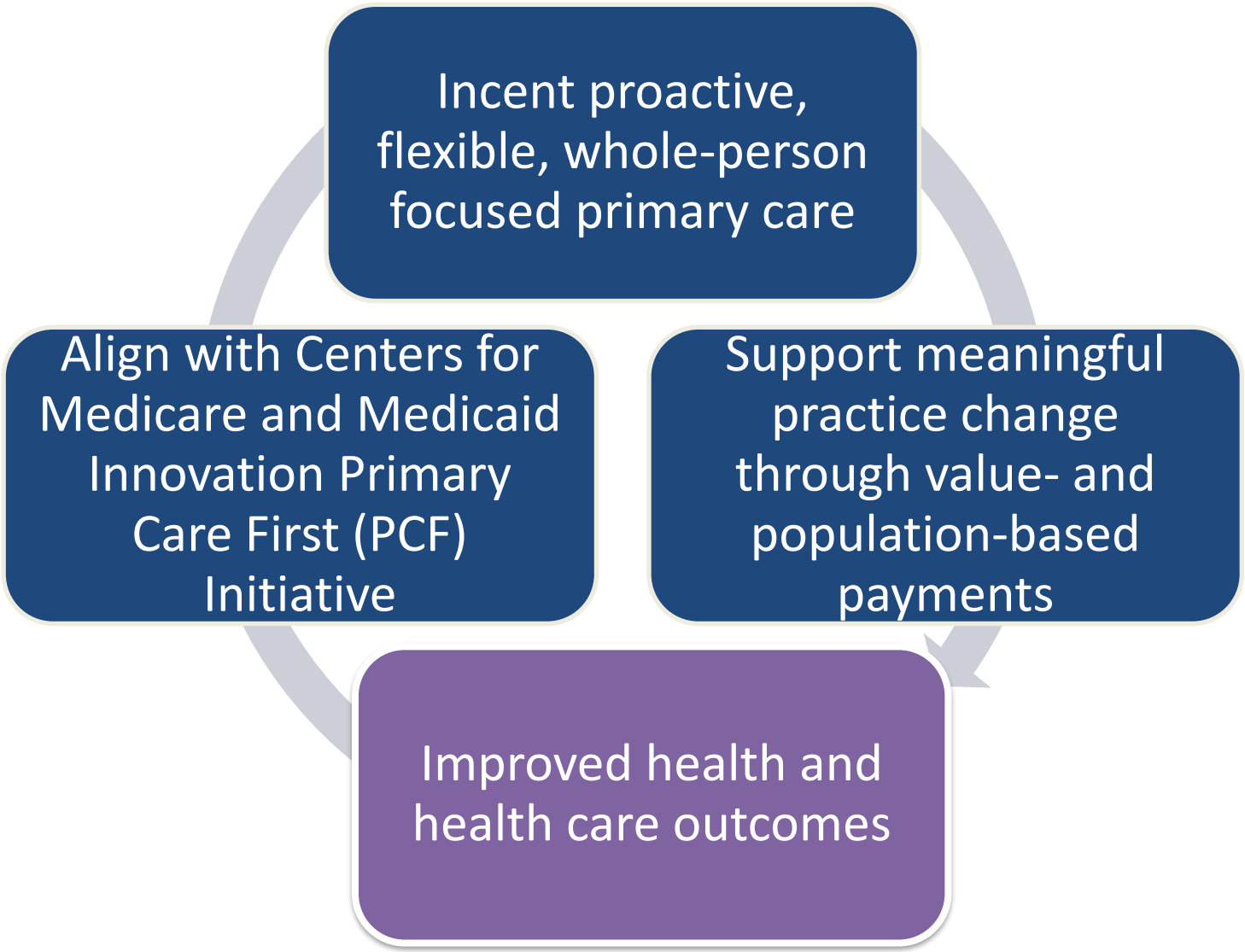
# MaineCare Primary Care 2.0

November 2020

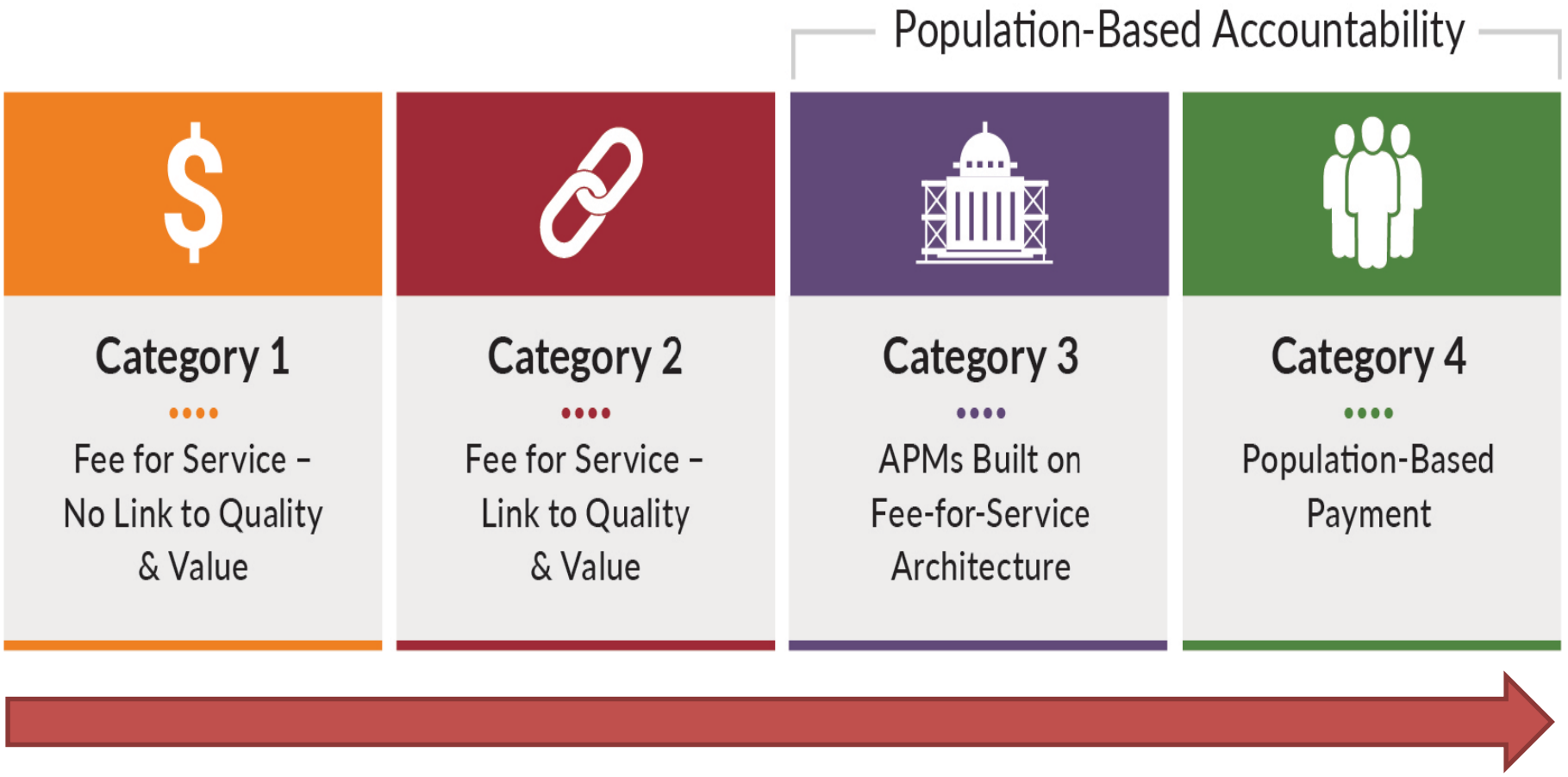
# Big Picture: Need for Primary Care Payment Change

- Fee-for-service payments have not supported…
  - Flexibility of service delivery to meet patient needs
  - Team-based approach to care
  - Funding of valuable non-provider roles (e.g. care management, pharmacists, Community Health Workers)
  - Proactive, population-oriented approach to care
  - Provider accountability and incentives for high value care
- Chronic under-investment in primary care has..
  - Eroded capacity to react quickly, innovatively
  - Diminished capacity for primary care to withstand financial stressors

# MaineCare Primary Care Evolution Goals



# Alternative Payment Models




Source: Alternative Payment Model (APM) Framework and Progress Tracking Work Group

HCP LAN
Health Care Payment Learning & Action Network

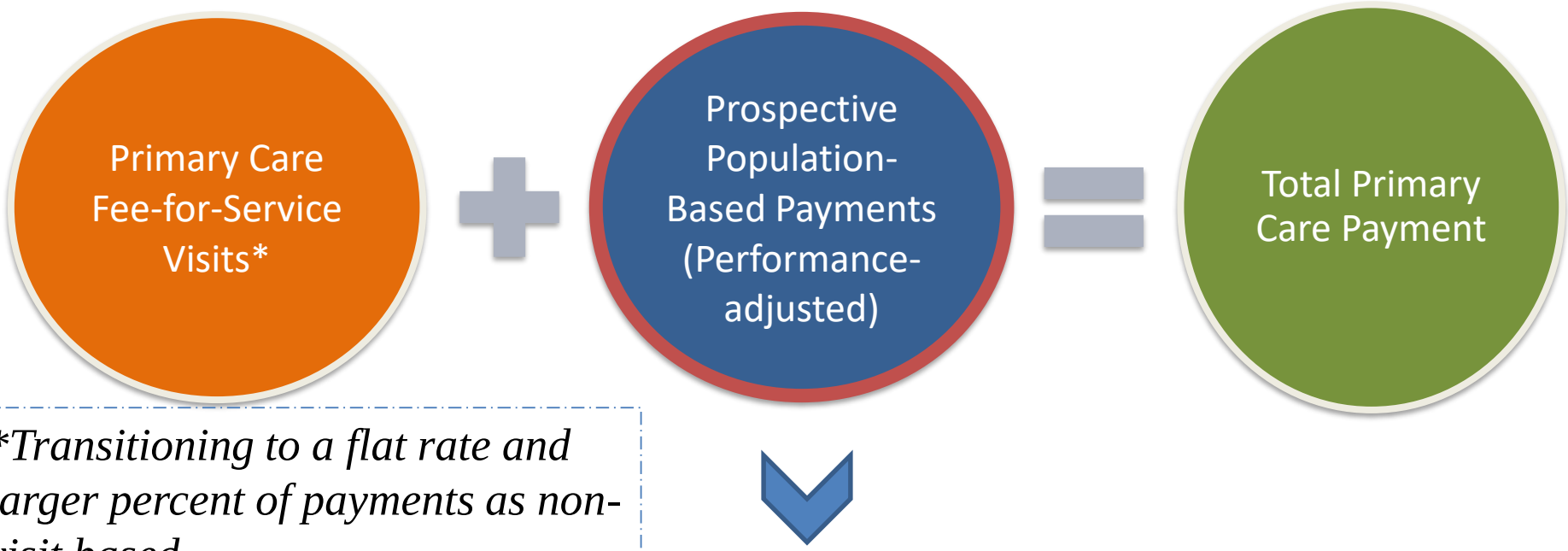
# MaineCare Primary Care Payment Evolution

- MaineCare designing new value-based payment model designed to simplify and integrate MaineCare's three current primary care programs:
  - Primary Care Case Management (PCCM)
  - Primary Care Health Homes (HHs)
  - Primary Care Provider Incentive Program (PC-PIP)


## Implementation Goal: July 2021

# MaineCare Primary Care 2.0

**Payment Structure:**



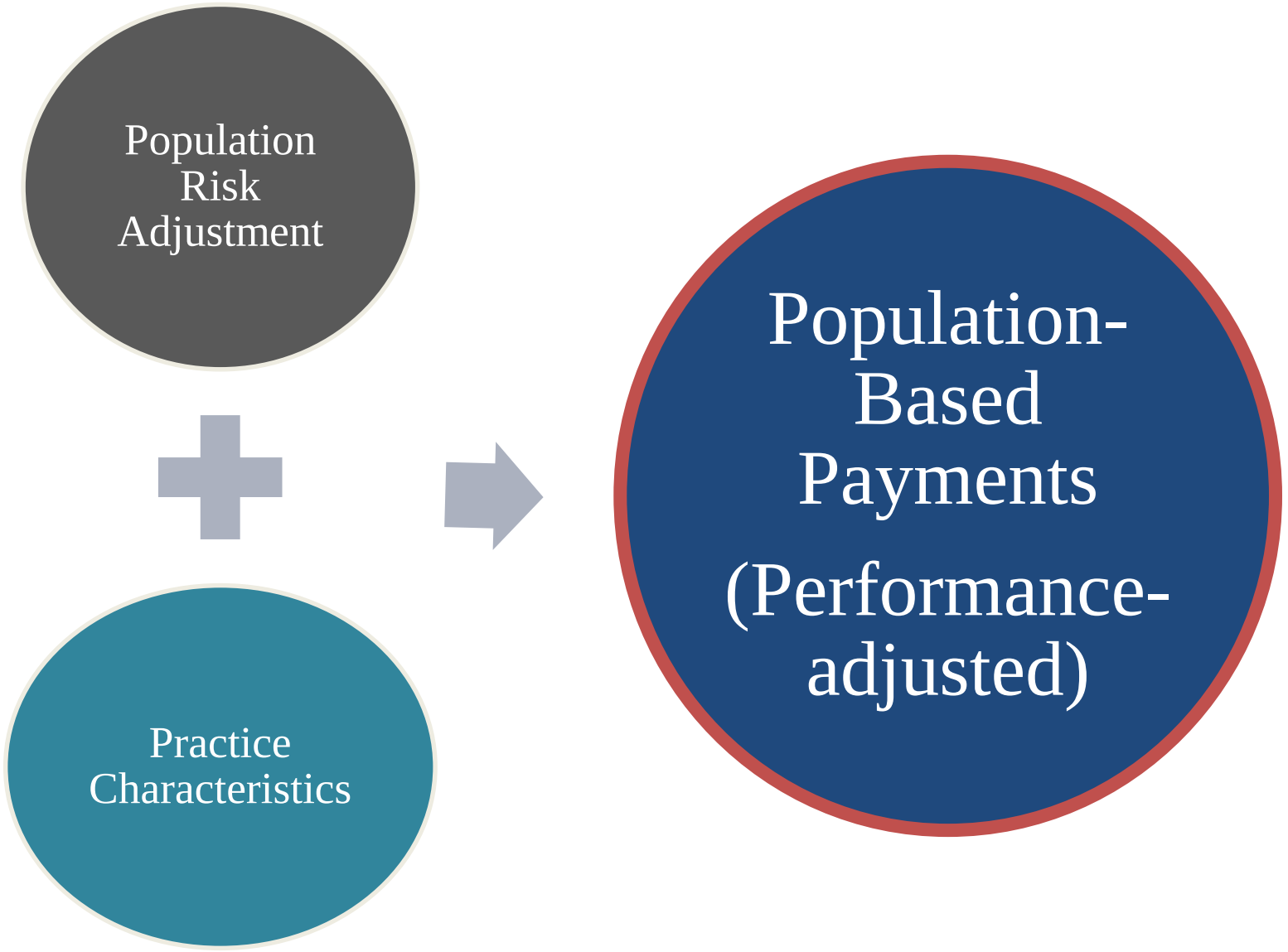

**Transitioning to a flat rate and larger percent of payments as non-visit based*

- *Population- and risk-adjusted*
- *Enhancements available based on practice characteristics and alignment with Accountable Communities program*
- *Adjusted for performance on <10 measures*

# Primary Care 2.0 Transformations

| Current State | Primary Care 2.0 |
| --- | --- |
| Non-FFS support is not risk-adjusted at the practice level. Some funds are tied to chronic condition eligibility. | Redistribute funds to better support advanced practice characteristics and care for high-needs members while rewarding practices for quality and cost outcomes |
| Most practices have no payments tied directly to quality; for others the tie is weak. Priority focus areas are not clear. | Practices will have portion of reimbursement tied to a set of ~10 performance measures that reflect DHHS priorities, impact on costs, and PCF alignment. |

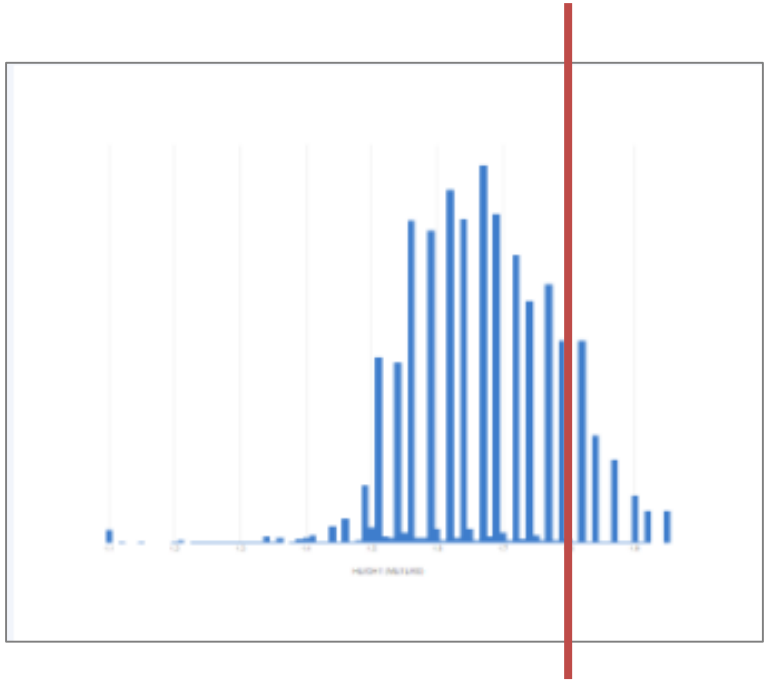
# Population-Based Payments



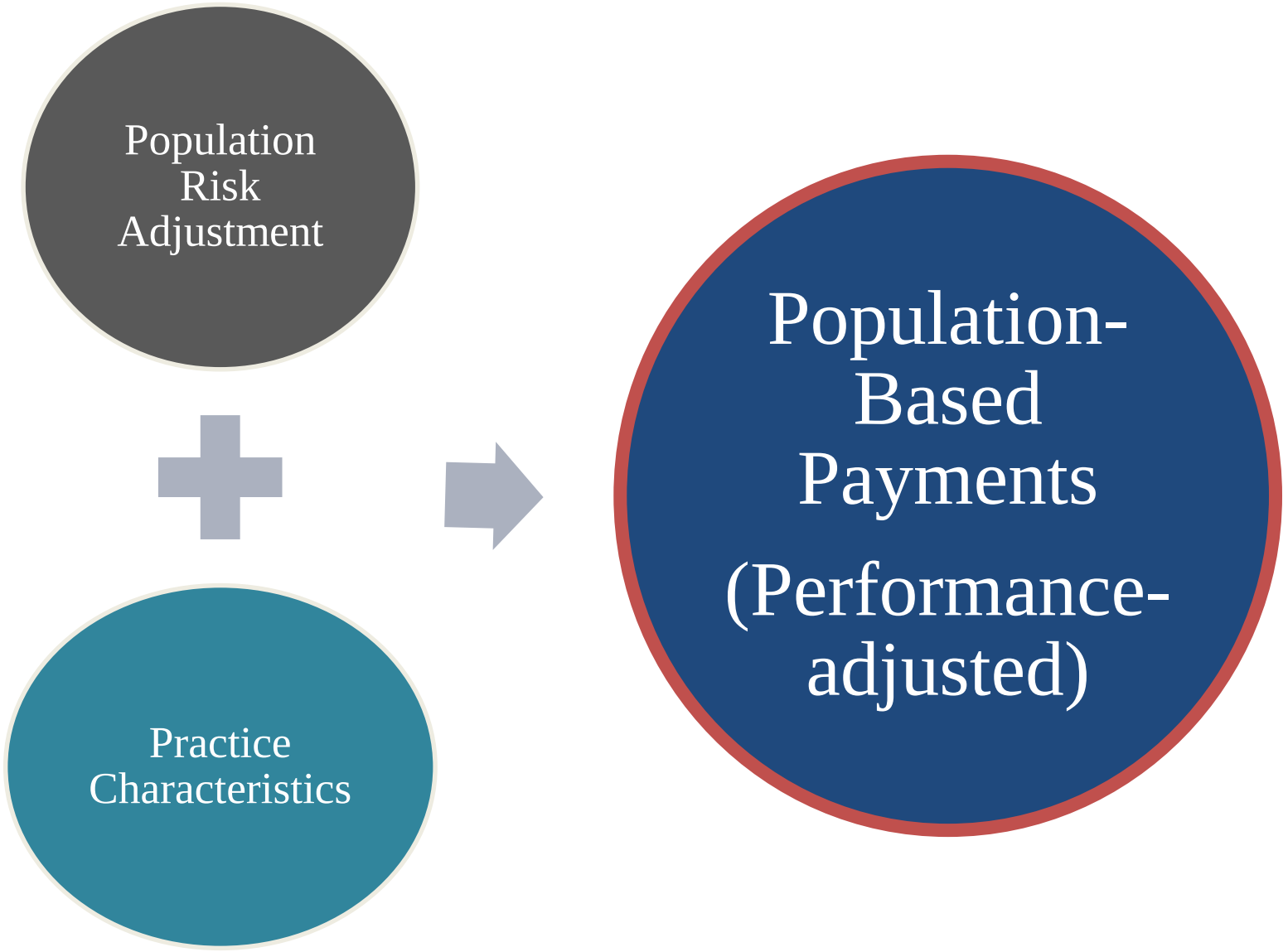
# Primary Care 2.0 Proposed Risk Stratification

| Population Group | Generally Well | Complex |
|---|---|---|
| **Children** | $TBD | $TBD |
| **Adults** | $TBD | $TBD |
| **Aged, Blind, Disabled** | $TBD | $TBD |
| **Duals** | $TBD | $TBD |

- Allows for MaineCare to adjust the dollars to address potential issues with using risk scores for children.



# Population-Based Payments



# Primary Care 2.0 Transformations

| Current State | Primary Care 2.0 |
| --- | --- |
| MaineCare has outdated and incomplete PCP expectations | Primary Care 2.0 will include updated practice expectations aligned with Department priorities |

# Primary Care 2.0 Practice Characteristics

| Base Level | Intermediate | Advanced |
|---|---|---|
| • Provide 24/7 coverage<br>• Electronic Health Record<br>• Screening & follow-up (e.g. developmental, lead, SUD, MH)<br>• Immunizations<br>• Participate in TA and data-drive quality improvement<br>• Contraceptive counseling and post-partum transitions of care<br>• Preventive services<br>• Member education on ED/urgent care/Primary Care | **Tier 1 AND**<br>• NCQA – PCMH<br>• HealthInfoNet connection<br>• Collect and track social health needs<br>• MoU with 1+ BHH;<br>• Ability to refer to CCTs<br>• Offer telehealth<br>• Offer evidence-based community health worker (CHW) services directly or through partnerships with CCT/CBO<br>• Offer SUD Treatment (TBD) | **Tier 2 AND**<br>• High-level of quality<br>• Participate in AC w/ coordinated population health strategy |

Suggestions?

# Primary Care 2.0 Proposed Quality Measures

| Measure | Alignment |
|---|---|
| **Controlling High Blood Pressure*** | Primary Care First (PCF), AC, Health Home Core Set, Adult Core Set, MSSP |
| **Colorectal Cancer Screening** | PCF, MIPS, MSSP, Maine SHIP |
| **Tobacco Use: Screen & Intervention** | AC, MIPS, MSSP, Maine SHIP |
| **Adolescent Well-Care** | DFLC, DHHS priority, Child Core Set |
| **Lead Screening** | AC, CDC, DHHS priority |
| **Acute Hospital Utilization** | PCF, similar in Health Homes Core set |
| **Developmental Screening** | AC, Children's Core Set, Children's Cabinet |
| **Antidepressant Med Management** | Adult Core Set |
| **Advance Care Plan** | PCF (ages 65+) |
| **Total Cost of Care^** | PCF |

Suggestions?

# Primary Care 2.0 Visit Rates


**Year 1:** Same as today

**Year 2 - TBD:** A flat rate for eligible primary care visits to your practice. Reduces billing and revenue cycle burden, payment predictability.

**End Goal:** All payment is through prospective, capitated, payments and there is no FFS visit reimbursement.

# Primary Care 2.0 Features

| Current State | Primary Care 2.0 |
| --- | --- |
| MaineCare has a robust Health Home program and technical assistance team that is not being fully leveraged across the other primary care programs. | MaineCare will utilize and enhance its Health Home program team to support the Primary Care 2.0 program |

# Alignment of Primary Care 2.0 & DHHS Goals

- Advance Alternative Payment Model goals & VBP
- Support team-based care
- Promote proactive, population-based care
- Support innovative workforce models – e.g. CHWs
- Increase access to behavioral health services
- Provide a foundation of care coordination within primary care
- Promote primary care infrastructure to meet rural health needs
- Support efforts to identify & address social health needs
- Support pandemic preparedness & response

# Questions?

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