

Discussion Questions for Phase 1 Rate System Evaluation Stakeholder Meetings

September 25, 2020

As [announced in August](#), the Department of Health and Human Services has contracted with Myers and Stauffer to conduct an evaluation of MaineCare's rates and rate setting system and develop a plan for the creation of a comprehensive, streamlined, and coherent system. This work will be conducted in two phases.

As part of Phase 1, the Myers and Stauffer project team will conduct a series of meetings with MaineCare providers to gather their input on current MaineCare payment methodologies. This feedback from providers will be used in the drafting of the Phase 1 report, which will catalog existing payment methods; benchmark payment rates to those used by other Medicaid states, commercial health plans, and Medicare for comparable services; and recommend services as candidates for alternative payment models (APMs).

Providers participating in the Phase 1 meetings should come prepared to discuss the following questions pertaining to the services they provide:

- Please describe how well the current payment methodology for the services you provide is working. Consider:
 - Is the payment methodology transparent and easily understandable?
 - Does the methodology create opportunities for efficiency and economy?
 - Does the methodology create administrative burdens in terms of billing and oversight?
 - 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?
- 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?
- In looking at the current payment methodology for the services you provide, do you believe that you/your services are treated equitably in comparison to other provider groups? Consider how fee schedules are determined, how they are updated, administrative burdens, incentives for quality and access, etc. Are all/most providers within your service area treated equitably?

- Is the methodology consistent with value-based purchasing? Value-based purchasing is an approach that rewards value (quality of health care in comparison to cost), not volume (as fee-for-service does). Is it consistent with any other value-based purchasing approaches that you have in place through other payers with whom you contract?
- Are there administrative requirements (e.g., coding, billing, reimbursement) placed on providers by MaineCare related to the methodology that make it burdensome for you?

Please note: At the Phase 1 meetings we will not be discussing the fee schedule amounts, levels, or adequacy of payments. We will confine the discussions in these sessions to the payment methodologies now in place. However, stakeholders will have another opportunity to provide input during Phase 2 when we will be gathering feedback on the Phase 1 benchmark report and on the adequacy of rates and access to services in general. The Phase 2 input will be used in developing the Phase 2 deliverables, which will include a proposed priority list of services that require rate assessment, a proposed process for updating methodologies, and recommendations for streamlining and simplifying the rate methodology process.