

Notice of MaineCare Reimbursement Methodology Change

AGENCY: Department of Health and Human Services, Office of MaineCare Services

SERVICES INCLUDED: MaineCare Accountable Communities Program

NATURE OF PROPOSED CHANGES: The Department of Health and Human Services (DHHS) will request approval from the Centers for Medicare and Medicaid Services to make changes to MaineCare's Accountable Communities (AC) program, for performance years beginning August 1, 2018. The proposed changes include the following methodology changes, beginning in performance year five:

- Under the new quality scoring proposal, ACs can receive “achievement points” and “improvement points” dependent on their performance on a given quality measure. ACs may receive up to a maximum of two achievement points on each quality measure within each domain, and have the potential to receive supplemental improvement points. Maximum possible points within each domain is equal to the number of achievement points possible within each domain. Total improvement points that contribute to an AC's quality score in a domain cannot exceed a quarter of the total point value possible through achievement points. Point values are totaled at the domain level and then domain level scores are weighted to generate an AC's overall score.
 - *Achievement.* An “attainment threshold” and “excellence benchmark” will be established for each measure, set at the 25th and 90th percentiles, respectively, of Maine non-AC practices, when available. An AC will receive zero achievement points if its performance score is less than the attainment threshold, two achievement points if its performance score meets or exceeds the attainment threshold, and if its performance score is between the attainment threshold and the excellence benchmark. Achievement points are determined by the following formula: $2 * ((\text{performance score} - \text{attainment threshold}) / (\text{excellence benchmark} - \text{attainment threshold}))$.
 - *Improvement.* An AC will receive zero improvement points if they do not have a performance score for the quality measure in the previous performance year. An AC will receive zero improvement points if it does not improve the gap between its previous year's score and the excellence benchmark by 10%. An AC will receive one improvement point if it improves the gap between its previous year's score and the excellence benchmark by 10%.
- Update the base year used in the Total Cost Of Care (TCOC) analysis to August 1, 2016 – July 31, 2017;
- Update the claims cap used in the TCOC analysis based on more current data. The claims caps adjustment is used to minimize variations from one year to the next due to AC members with large claims. The proposal is that total annual claims for any individual member in excess of the following claims caps not be included in TCOC:

<u>Attributed Members in AC Lead Entity</u>	<u>Claims Cap</u>
1,000 – 1,999	\$50,000
2,000 – 4,999	\$155,000
5,000+	\$210,000

REASON FOR PROPOSED CHANGES: These changes are being made to ensure the quality measurement aspect of the program is relevant and reflective of Department goals and to ensure the TCOC analysis is using appropriate data.

ESTIMATE OF ANY EXPECTED INCREASE OR DECREASE IN ANNUAL AGGREGATE EXPENDITURES: There is not expected to be any increase or decrease in annual expenditure due to these changes specifically.

ACCESS TO PROPOSED CHANGES AND COMMENTS TO PROPOSED CHANGES: The public may review the proposed methodology changes and written comments at any Maine DHHS office in every Maine county. To find out where the Maine DHHS offices are located, call 1-800-452-1926.

CONTACT INFORMATION

FOR RECEIPT OF COMMENTS:

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