

Overview: The goal of Maine’s Accountable Communities Medicaid ACO Initiative is to improve the quality and value of the care provided to MaineCare members and, through its contribution to system reform, the citizens of Maine as a whole. Through a new integrated care model - Accountable Communities - MaineCare will engage in alternative contracts with provider organizations that manage and/or deliver core and optional services to an attributed patient population. Accountable Communities that demonstrate cost savings and meet quality of care benchmarks may share in savings generated under the model. The new integrated care model will be offered statewide as a Medicaid state plan option.

Accountable Communities will achieve better care for individuals, better population health, and lower cost through three overarching strategies:

- Transformation of Care: Accountable Communities will align with and build on the core expectations of Maine’s Multi-Payer Patient-Centered Medical Home pilot and Health Homes Initiative.
- Community-led innovation: Maine’s Accountable Communities will be driven by identified local health care needs, resources, and solutions. While each Accountable Community will meet established provider qualifications, report on core quality measures and be responsible for a set of core services, Accountable Communities will also be afforded flexibility to structure services and solutions that fit locally identified priorities and context.
- Shared savings: Accountable Communities will benefit from a value-based purchasing strategy that supports more integrated and coordinated systems of care.

Current MaineCare Delivery System: MaineCare’s state plan currently includes statewide Primary Care Case Management (PCCM), which pays participating physicians and practices a PMPM payment for providing comprehensive primary care, authorizing medically necessary referrals, providing or arranging 24 hour coverage, 7 days a week, and educating patients about MaineCare PCCM rules, seeking appropriate regular care and following practice rules.

This state plan option also supports MaineCare’s participation in a multi-payer Patient-Centered Medical Home (PCMH) pilot. Moving forward, MaineCare’s principal participation in the multi-payer PCMH pilot will be through its Health Homes Initiative, which will also include providers outside of the pilot. Maine also has several HCBS waivers that support adults and children with disabilities.

Beyond these features, MaineCare is predominantly a fee for service system. Through Accountable Communities, MaineCare will move away from its current volume-driven delivery system toward more value-based, integrated and coordinated systems of care.

Eligible Beneficiary Participation: All fully eligible Medicaid state plan beneficiaries, including dual eligibles, may be attributed to an Accountable Community. Because Maine has a small population with extensive rural areas, MaineCare hopes to maximize eligibility in Accountable Communities in order to leverage the model both for system transformation and actuarial validity.

Provider Qualifications: All Accountable Communities must include qualified PCCM providers. In addition, Accountable Communities must directly deliver or commit to coordinate with specialty services, including behavioral health, and must coordinate with all hospitals in the proposed service area. Accountable Communities must develop formal and informal partnerships with community organizations, social service

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| <ul style="list-style-type: none"> • Demonstrated leadership • Behavioral-physical health integration • Inclusion of patients & families • Connection to community • Commitment to waste reduction |
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agencies, local government, etc. Accountable Communities must also commit to core expectations that align with the state's multi-payer Patient-Centered Medical Home pilot and Health Homes Initiative (see box). Additional required activities align with Medicare Shared Savings Program (MSSP) criteria and include promoting evidence-based medicine and beneficiary engagement, internally reporting on quality and cost metrics, and coordinating care.

Existing Building Blocks:

PCCM: Over 95% of MaineCare primary care physicians participate in PCCM.

Multi-Payer Patient Centered Medical Home (PCMH) and MaineCare Health Homes: Through the multi-payer PCMH pilot, MaineCare, in partnership with Medicare, Anthem BCBS, Aetna, and Harvard Pilgrim Health Care, pays qualified PCCM practices on a PMPM basis. The multi-payer pilot will expand from its initial 26 practices to include 50 new practices in January 2013. MaineCare has worked closely with the multi-payer pilot to align with Maine's Health Homes Initiative. Upon approval of Maine's Health Homes SPA, anticipated for January 2012, MaineCare's participation in the multi-payer pilot will be through its Health Homes Initiative. In addition to the 76 practices participating in the multi-payer pilot, MaineCare has identified approximately 58 additional practices that are also eligible to qualify as Health Homes outside of the multi-payer pilot. In all, 134 practices (approximately one-third of MaineCare primary care providers) will meet criteria to be Health Homes. Maine's PCMH pilot and Health Homes initiative include Community Care Teams (CCTs). CCTs throughout the state partner with PCMH practices to better coordinate and connect the highest need patients to additional healthcare and community resources. Under Maine's Health Home initiative, the PCMH and the CCT together form the Health Home.

Integrated Delivery Systems: Maine's health care landscape features several large provider-driven integrated delivery systems in diverse areas of the state, as well as a strong Primary Care Association, whose FQHC membership is very engaged in both MSSP and Maine's Value-Based Purchasing Strategy. Accountable Communities will build on these strengths and unify diverse initiatives by aligning payment, practice/system transformation, and quality incentives under an overarching ACO model.

Stakeholder Engagement: The Department began stakeholder outreach regarding the Accountable Communities Initiative a year ago this fall. Following an in-person and online introduction to the model, MaineCare leadership met with a broad array of providers, culminating in a Request for Information in early winter. A multi-disciplinary team from across Maine's Department of Health & Human Services drafted a proposed model based on the synthesis of information from the RFI, and presented the proposal at a series of regional forums in the spring. Throughout this time, MaineCare has consulted regularly with an advisory group of MaineCare members. Since the forums, MaineCare has initiated work with an actuarial team and continued to meet with providers to refine the model.

Strategic Collaboration: MaineCare enjoys strategic partnerships with nationally recognized organizations advancing payment and delivery system reform in Maine. MaineCare has collaborated closely with Maine Quality Counts, a regional Quality Improvement organization transforming practices into multi-payer medical homes and supporting Community Care Teams to serve the state's highest need patients, on its PCMH and Health Homes Initiatives. The Maine Health Management Coalition brings together the state's largest self-insured employers, payers and providers in public partnership with the State to achieve improved quality, transparency, and payment and delivery reform. MaineCare works with the Coalition to align performance measures, payment and delivery reform objectives.

Gaps in existing infrastructure:

Capacity in Rural areas: As noted, Maine has several large, integrated health systems in diverse geographic areas that will likely meet the criteria to participate in the Accountable Communities initiative. However, some of the more rural regions of the state may face challenges in developing an Accountable Community. In order to build capacity and support access to the service on a statewide basis, MaineCare is partnering with the Maine Primary Care Association to conduct outreach, education, and convene with FQHCs and other safety net providers in rural areas of the state to promote capacity.

Data: Access to data – especially real-time data needed in the management and oversight of Accountable Communities – also represents a gap in infrastructure. MaineCare is currently working closely with HealthInfoNet, the Muskie School at the University of Southern Maine, and additional partners such as the Maine Health Management Coalition to develop the data resources and tools to address these gaps.

Payment Methodology: Under the Accountable Communities Initiative, the fee for service system will continue, along with global care coordination fees under PCCM and Health Homes. The total cost of care for attributed beneficiaries will be tracked in comparison to a baseline per member per month amount. Accountable Communities will have the opportunity to share in any achieved savings under one of two models, structured to mirror the MSSP models:

1. Model 1 will have no shared or downside risk, but will have the opportunity to share in up to 50% of savings achieved.
2. Model 2 will be a shared risk and savings model that allows the Accountable Community to share in up to 60% of savings. Under Model 2, Accountable Communities will have no downside risk in the first year, 5% in the second year, and 10% in the third year.

The amount of shared savings will be dependent upon the Accountable Community's performance on determined quality benchmarks. The calculation of shared savings as it relates to quality of care will align with the MSSP methodology described in 42 CFR 425.502.

Existing SPA/Waiver authorities affected by the program:

- Maine will amend its Medicaid State Plan to create Accountable Communities under the ICM authority.
- Dual eligibles will not be excluded from participation.
- Accountable Communities' shared savings methodology will be described.

Services delivered under Maine's HCBS waiver(s) may be included as optional services under the Accountable Community; however, this will not require a change in waiver authority.

Potential barriers or obstacles to implementation: Gaps in existing infrastructure present challenges to implementation: as previously noted, data infrastructure and lack of service capacity in rural areas may pose challenges. These challenges are being addressed through partnerships with a number of different entities across the state.

Lack of human resources at the state level is also a frequent barrier to implementation of system reform. Again, Maine is fortunate to have existing partnerships with private entities, including the Maine Health Access Foundation, which has provided resources to assist MaineCare in its Value-Based Purchasing reform effort.