



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Maine Medicare Alignment Proposal –Core Principles Process and Key Elements

1. Multi-Stakeholder team, named by Commissioner, should be lead group charged with development of proposal

Required Participation:

- Department of Health and Human Services – 3 reps: Office of MaineCare Services, Maine Center for Disease Control, Office of Continuous Quality Improvement, Office of Aging and Disability Services or Long Term Care Ombudsman
- Health Systems – 2
- Independent Provider – 1
- Primary Care Representative – 1
- Nurse Practitioner Representative – 1
- Patient/Consumer Representative – 2
- Commercial Payers – 1 or Maine Association of Health Plans representative
- Maine Quality Forum/Maine Health Data Organization – 1
- Maine Hospital Association - 1
- HealthInfoNet – 1
- Employer/Purchaser Representative - 1
- Maine Health Management Coalition – 1
- Quality Counts – 1
- Maine Primary Care Association – 1
- Behavioral Health – 1
- SIM Program Director – 1

Facilitated by a third party resource, funded through SIM

Final Product would be a finalized proposal to CMMI

2. Accountability: service delivery and payment need to be tied to process and outcomes. This principle would hold true for all aspects of the model which include medical/BH services, technical support to the delivery systems, and data analytics/reporting.
3. IT Requirements: participating practices should be required to participate in Maine's HIE, with capacity to receive Admissions/Discharge/Transfer notifications; practices should have Electronic Health Record capability to generate electronic Clinical Quality Measures (eCQM), or contract with HIE to perform this function (reporting of clinical performance is a requirement under aligned Comprehensive Primary Care Incentive and it is a function that MaineCare is expecting).
4. Behavioral health capacity: practices should be required to demonstrate capacity for delivering and/or relationship with BH provider(s) that have capacity to manage substance abuse as well as mental health issues
5. NCQA PCMH certification: TBD
6. Payer alignment: model needs to support the principles of established commercial models and not attempt to force a new model upon the market. For MaineCare, the model needs to compliment a Medicaid Health Home model and Medicaid initiatives that MaineCare has developed
7. Proportional support: costs to support technical assistance and data analytics/reporting should be proportionately supported by all payers – e.g. population size * X \$ = proportional share for each payer category.
8. All services to support the proposed model should be competitively bid.
9. The SIM Steering Committee will become the new “convener” of this model and will regularly review performance reports and progress toward established goals from the proposal