

Case Studies

PHI Subcommittee

Project Name	Owner /Structure	Overview of Project	Request for PHI	Receiver and Use of the PHI
<p>Maine Patient Centered Medical Home Pilot</p>	<p><b>Conveners:</b> DHA-Maine Quality Forum, Maine Quality Counts, MaineCare and the Maine Health Management Coalition  <b>Supporters:</b> MMA, MOA, and Maine Chapters of the AAP, AAFP, and ACP. <b>Payers:</b> Anthem Blue Cross Blue Shield, Aetna, Harvard Pilgrim Health Care, along with several large self-insured employers, Medicaid, and Medicare.</p> <p>The three year Pilot was launched in Jan.2010 with 26 primary care practices statewide. In November 2010, the State was selected to participate in the Medicare Multipayer Advanced Primary Care Practice (MAPCP) demonstration project, extending the timeline to <b>December 2014</b>. <b>Number of practices participating is</b></p>	<p>The goal of the pilot is to sustain and revitalize primary care both to improve health outcomes for all Maine people and to reduce overall healthcare costs.</p> <p>Specifically for the MAPCP demonstration we must show budget neutrality-the additional payment to the practices is offset by reductions in other areas i.e. reducing avoidable ER visits, admissions and readmissions.</p>	<p><b>Medicare</b> sends DHA identified claims data for the Medicare beneficiaries that are seeing a primary care provider in the pilot. DHA signed a DUA with Medicare and has agreed to use this data only for this pilot and at the end of the pilot will destroy the data.</p> <p><b>Medicaid</b> has provided the MHMC with identified claims data for the Medicaid beneficiaries in the pilot</p> <p>The Conveners of the pilot requested identified claims data from the <b>APCD</b> for the participants in the pilot that are covered under the <b>other payers</b>.</p>	<p><b>Primary Care Providers for treatment</b></p> <p><b>Use:</b> Patient identified data allows for the combining of different data sources to provide the primary care provider with a comprehensive and longitudinal understanding of utilization, care patterns, and outcomes.</p> <p><b>Medicare:</b> Those practices in the pilot that want to access identified claims data for their Medicare beneficiaries have signed an amendment to the DUA.</p> <p><b>Medicaid:</b></p> <p><b>APCD:</b> Identified claims data not available per current provisions in law.</p>
<p>Veterans Administration</p>	<p>Veterans Rural Health Resource Center – Eastern Region, Office of Rural Health</p>	<p>Study of VA enrollees who are "high users" of healthcare and "dual users" (patients who used both VA and non-VA care), comparing them to other VA enrollees in each system of care....</p> <p>Results will serve to inform the planning of VA, state, and private sector healthcare stakeholders.</p>	<p>Refer to Data Request</p>	<p><b>Researchers for Research</b></p> <p>As with our other projects, no individual level information will ever be taken from the server....</p>
<p>SIM Grant (State Innovation Models)</p>	<p>Conveners: DHHS,</p>	<p>This <b>4</b> year grant tests several treatment models to determine the quality, cost and</p>	<p><b>Medicaid</b> has provided the MHMC with identified claims data for the Medicaid</p>	<p><b>Primary Care Providers for treatment; other providers with a direct</b></p>

		<p>experience impacts from innovative methods of health care delivery. (integration of physical and behavioral health, the use of HIT, payment reform analytics, reducing inappropriate or redundant care, etc.</p>	<p>beneficiaries in the pilot</p> <p>The Conveners of the pilot requested identified claims data from the <b>APCD</b> for the participants in the pilot that are covered under the <b>other payers</b>.</p>	<p><b>treatment relationship with patients; MaineCare in its capacity of payer and operations</b></p> <p><b>Use:</b> Patient identified data allows for the combining of different data sources to provide the primary care provider and providers with a direct treatment relationship and MaineCare as a payer and for operations, with a comprehensive and longitudinal understanding of utilization, care patterns, and outcomes, and to measure accuracy of claims data and quality.</p>
Health Homes	<p>Conveners: DHHS, Supporters: Muskie, MHMC, Dirigo Health, CDC, HIN Players: MaineCare providers</p>	<p>This grant, under the ACA permits the states to identify members with 2 or more chronic conditions, and make monthly payments to primary care providers (Health Home Practices) as a “PCMH” and a Community Care Team (CCT) which identifies members for inclusion in the program and which provides services for members with special needs. The goal of the project is to build infrastructure in HHP and CCTs that ensure integrated care based on an individual plan of care.</p>	<p>MaineCare Claims data (including PHI) is pulled from Muskie’s MaineCare claims system. The member’s identifying information (name, age, diagnosis) is shared with an individual provider to confirm that the individual member is still a patient of the provider. Participating providers (HHP and CCT) have BAAs and DUAs allowing them to share PHI for patient care. PHI is shared with the MHMC and HIN to produce quality reports for individual providers and quality efforts.</p>	<p><b>Primary Care Providers for treatment; other providers with a direct treatment relationship with patients; MaineCare in its capacity of payer and operations; Muskie, MHMC, HIN as contractors for the State.</b></p> <p><b>Use:</b> Patient identified data allows for the combining of different data sources to provide the primary care provider and providers with a direct treatment relationship and MaineCare as a payer and for operations, with a comprehensive and longitudinal understanding of utilization, care patterns, and outcomes, and to measure accuracy of claims data and quality.</p>
IHOC	Converner: DHHS	4-5 year grant to Maine,	Claims and clinical data	

		Vermont for the creation of pediatric Meaningful Use Measures and Immunization using HIT	from MaineCare claims, and PHI immunization data is requested for use by providers who provide pediatric services.	
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