

Maryland Medicaid Advisory Committee

Update on SIM

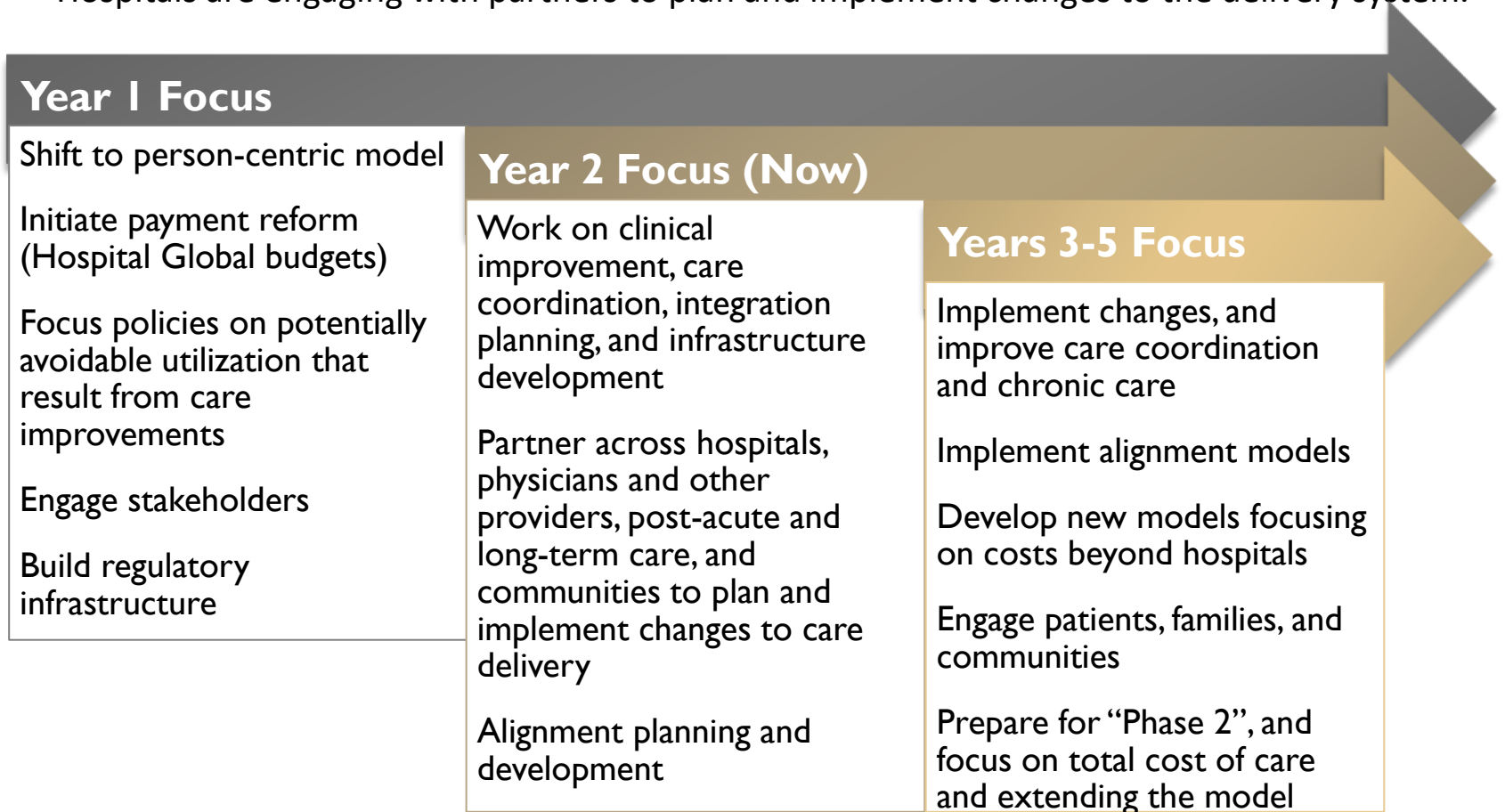
October 22, 2015

State Transformation Activities

- **Maryland's All-Payer Model**
 - Approved by the Center for Medicare and Medicaid Innovation (CMMI) and effective January 1, 2014
 - All 46 acute care hospitals are now on global budgets
 - Hospital spending growth per capita limited to 3.58 percent annually
 - Required to save Medicare \$330 million over five years
 - Quality components addressing readmissions, hospital-acquired conditions and potentially-avoidable utilization, among others
 - Year 1 results: Under growth limit, ~\$100 million in Medicare savings, positive results in quality programs
- **Maryland's State Innovation Model (SIM) Design Award**
 - Approved by CMMI in December 2014
 - \$2.5 million with a project period through August 2016
 - Activities will integrate with and complement the All-Payer Model

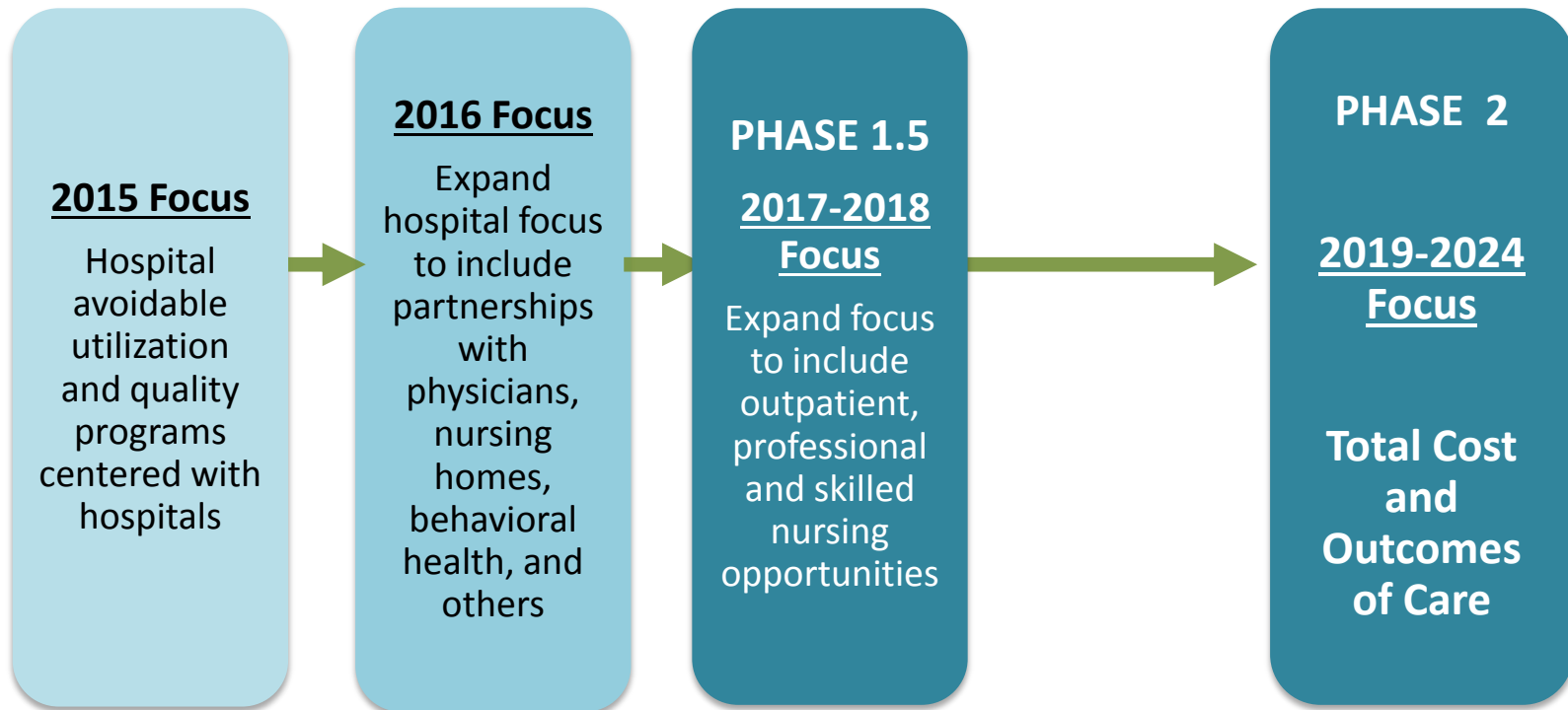
Maryland's Current Situation & Future Focus

- Year 1 Model results were good: Financial targets were exceeded and quality was improved.
- Hospitals are engaging with partners to plan and implement changes to the delivery system.



Maryland's Alignment Progression

Goal: Build clinical integration and supporting financial arrangements over time with the ultimate goal of accountability for Total Cost and Outcomes of Care



What is an ICN?

DRAFT

A not-for-profit state-wide structure that creates a framework (in concert with government) to help facilitate the engagement of all providers in clinical and financial integration through:

- **Developing value-based payment templates (with stakeholders) that can be used to help align PCPs, long-term care/post-acute providers, specialists, etc. around care delivery improvement and smarter spending**
- **State-level infrastructure supporting investments of payers and providers**
 - ▶ Enhanced health information exchange (HIE) data and tools to support care coordination, especially at the point of care (being undertaken by CRISP)
- **Management tools and support**
 - ▶ Patient assignment and attribution, building on attribution already in place
 - ▶ Opportunity identification
 - ▶ Transparent, actionable performance reports
- **Accountability models**
 - ▶ Facilitate participation for Medicare providers not enrolled in other ACOs and for Medicaid dual eligibles
 - ▶ Plan tools to support accountability models (e.g. outliers, corridors, data collection and reporting, administration, etc.)

SIM Design Monies are Supporting Alignment and Transformation

- Maryland's SIM Project will fund the design of the necessary components for dual eligibles to plug into the State's greater Integrated Care Network and Care Coordination infrastructure.
 - The State proposed a dual eligible Accountable Care Organization in its SIM application
 - The contract with EBG Advisors was signed this week to assist us with a dual strategy
- The Department's Public Health Administration is also using SIM monies to develop statewide population health metrics
 - The contract with Berkeley Research Group was signed this week to assist us with metrics development and projections

Stakeholder Process

- CMMI has urged HSCRC and DHMH to integrate their stakeholder processes, and stakeholders have urged HSCRC and DHMH to simplify the process
 - HSCRC will reconfigure its Advisory Council that was formed when the new All-Payer Model was signed with CMMI; it will include more community and long-term care providers
 - A stakeholder group will be formed to focus on the ICN
 - Additional subgroups will be formed, including one to focus on Duals

Questions?