

SIM Workgroup and Partner Agency Reports

February 2016

SIM staff provide this monthly report from our workgroups and partner agencies, where there is new information to share.

Workgroup on Technology Reporting

The Workgroup on Technology Reporting met three times since January 7th and included representatives from provider organizations, carriers, and state agencies. The workgroup reached a consensus on a recommendation for the Steering Committee which will be presented at the February meeting. Soliciting input directly from providers proved difficult with the timing of the workgroup meetings. To receive this important feedback from providers, staff crafted a survey on the topic and a number of workgroup members volunteered to distribute this to providers on their contact lists. Many thanks to Healthcentric Advisors, CTC, RIQI, and others for agreeing to share the survey with their contacts. The survey went out on February 8th and has already received a few responses. Additionally, the state team has reached out to CMS for some Technical Assistance on this topic, including more precise ideas of the estimated costs to run this type of system, the usefulness of these systems to providers, and the impact on quality improvement.

Measure Alignment Workgroup

The SIM Measure Alignment Work Group is slated to complete its work on February 17th, at which time the Work Group will recommend a menu of performance measures and core measure sets for ACOs, hospitals, and PCMHs. The menu and ACO core set have been developed. Michael Bailit will present on the results of the measure alignment process at the SIM Steering Committee meeting on March 10th.

Update on SIM funded HIT projects: APCD and Provider Directory

- **APCD Update:**

The RI APCD, now HealthFacts RI, continues to collect member enrollment, medical and pharmacy claims, and provider files from seven commercial payers in the state, plus Medicaid and Medicare. Two additional commercial payers are expected to begin submitting data in 2016. The database now contains data from 2011 through the second quarter of 2015 for commercial payers and Medicaid, and 2011-2013 data for Medicare. HealthFacts RI now represents over 950,000 unique covered lives.

HealthFacts RI will have the first release of HealthFacts RI data to the public on February 10. This public launch will include release of public use data, such as state-generated reports, and interactive graphics available on a new HealthFacts RI data release webpage on the Department of Health website. Additional reports will be released regularly. Starting in March, interested parties will also be able to access standard data extracts through an electronic data request process, and the HealthFacts RI team will begin accepting requests for restricted data extracts and research requests. The Data Release Review Board had its first meeting on January 27, and will be meeting again on February 11.

- **Provider Directory Update:**

The Provider Directory is currently undergoing internal testing and validation by RIQI staff using 4 different provider data sources. Additional provider data sources will be added over the

coming year including data from medical licensure, several hospital systems, etc. Data extracts of mastered provider data are anticipated to be available starting July 2016. A Provider Directory Advisory Committee (PDAC) meets biweekly to discuss the status of the project, next steps, and governance issues pertaining to the data, such as authoritative data source rules. The PDAC has also been in discussions with the RI APCD team and HSRI to find efficiencies in the number of times and way the provider data is transferred among payers, HSRI, the Provider Directory, and the APCD analytics platform. RIQI staff are reaching out to payers to seek approval to include the payer data regarding provider network information in the Provider Directory. The provider directory will have a public as well as a provider look-up tool that allows access to appropriate provider data and their relationships to organizations. Ideally, provider relationships to plans and networks would be included.

Reinventing Medicaid

Medicaid continues the contract renegotiation process with its managed care organizations (Neighborhood Health Plan of Rhode Island and UnitedHealthcare), which is the last one it expects to carry out before it reprocures their entire Medicaid managed care contract. Their goal is to go live with their new contract in October.

The agency also continues the Accountable Entities (AEs) certification process. AEs are integrated provider organizations that have the opportunity to share in savings created by better managing for the total cost of care and healthcare quality and outcomes of an attributed population. Currently four pilot AEs have been certified. AE names will be announced upon contract completion. As Medicaid adopts these value-based contract components, it is aligning its strategies and measures with OHIC, as part of the overall SIM effort to drive Rhode Island toward a value-based health system.

EOHHS and BHDDH are jointly administering and monitoring the Integrated Health Home initiative which commenced January 1, 2016. MCOs are now administering this benefit for all their enrolled SPMI members who will be assessed using a standardized and validated national screening tool to objectively measure their level of function and assign them to appropriate level of care and commensurate payment level. Quality measurement standards are in place to evaluate outcomes.

BHDDH

In collaboration with EOHHS and Medicaid, BHDDH has implemented a new Integrated Health Home and Assertive Community Treatment program for individuals with serious mental illness. The funding mechanism for this program that went into effect on 1/1/16 is value-based and rewards positive outcomes.

RI DOH

- RI DOH is continuing the work of refining its Strategic Plan by reviewing the metrics associated with the established Population Health goals. Senior and Policy leadership staff have been meeting weekly to review the existing implementation/strategic plans for each programmatic area to identify the key initiatives (and short and intermediate term metrics) that will move the population health goals forward towards achieving the targets. We are prioritizing that review based on both Governor's priorities (e.g. infant Mortality and Drug overdose deaths) and SIM goals (e.g. Diabetes, Obesity, Tobacco); background/foundation documents have been shared with our new SIM vendors who are working on the SIM Population Health Plan.

- RI DOH continues to explore opportunities for leveraging and aligning the work and infrastructure created with the Health Equity Zones (HEZ). We are engaging in discussions with BHDDH and HARI.
- RI DOH has completed the interview process for the SIM position (repost) and we are getting ready to make a recommendation.
- RI DOH has decided to start our own “internal SIM” work group in order to assure communication and increase efficiencies during this period of “intensive” engagement in the development of the PH/BH plan.
- RI DOH has been diligently working with a group of public-private key stakeholders towards creating consensus on the core skills and competencies for Community Health Workers that would lead to certification and assurance of quality for this new workforce. As we continue to discuss the integration of CHWs and Health coaches in the Community Health Teams it is important to also assure we have a trained and certified workforce.