

SIM Workgroup and Partner Agency Reports

January 2016

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

Workgroup on Technology Reporting

The Technology Reporting Workgroup held its first meeting on Thursday, January 7, with representation from providers and provider groups, carriers, and state agencies. The group agreed that the problems to be solved include Rhode Island's need to consistently measure performance across providers and practice types using multiple EHRs for payment transformation, and that according to inventories by both RIDOH and RIQI, there is not enough analytics capacity and expertise at healthcare facilities and practices in the state. In addition, providers find it difficult to have timely access to data and there are inadequate financial resources to purchase tools. Therefore, the charge for this workgroup is to explore what functionalities could bring value to providers (especially small and medium-sized providers), payers, consumers, and state agencies – and to bring a recommendation to the Steering Committee on whether to support and invest in developing such a system. The group began to discuss these functionalities and the ideal conceptual models to support them during this first meeting. The workgroup will be meeting again within the next 2 weeks (date TBD).

Update on SIM funded HIT projects: APCD and Provider Directory

- **APCD Update:**

The RI APCD 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. The data from 2011 to 2014 is almost fully validated, and validation of 2015 data begins this month. The APCD now represents over 950,000 unique covered lives. The APCD team is preparing for the first release of APCD data to the public in February 2016. This public launch will include release of public use data, such as state-generated reports, summary data tables, and interactive graphics available on a new APCD data release webpage on the Department of Health website. Interested parties may also access a claims-level public use file through an electronic data request process. As of March 2016, the APCD team will begin accepting requests for restricted data extracts and research requests. The Data Release Review Board will begin meeting in late January or early February.

- **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. Additionally, the provider directory will have a public as well as a provider look-up tool that allows access to appropriate provider data and organizational information, including the relationships between the two.

Reinventing Medicaid

Medicaid is in the midst of a contract renegotiation 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. As a part of Reinventing Medicaid, the agency is in the process of certifying Accountable Entities, which 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. They have certified four Accountable Entities and will announce the names as soon as they have completed final contracts with them. 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.

BHDDH

BHDDH is participating in the SIM project including measure alignment, RFP writing and review and the hiring process. BHDDH has also received a Planning Grant for Certified Community Behavioral Health Clinics that staff are working to align with SIM and reinventing Medicaid. This is an opportunity to bring a full continuum of services including evidence-based practices to our Community Mental Health Centers, should the implementation plan be funded. Another part of Reinventing Medicaid is transforming the adult BH service delivery system as well as the payment methodology.

BHDDH is also working to use regulatory and contracting levers to fulfill the aims of the SIM grant including facilitating the development of alternative settings to deep-end services such as hospitalization, detoxification and more restrictive residential settings.

RI DOH

RI DOH is continuing the work of refining its Strategic Plan by reviewing the metrics associated with the established Population Health goals to ensure that all metrics do have RI specific data and when such data does not exist, to develop a plan for how to get there. Recognizing that the Population Health goals have 5 year targets, and that some of them are measured on an annual or bi-annual basis, RI DOH is also reviewing the existing implementation 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.

RI DOH is also in the process of renewing the Health Equity Zones (HEZ) contracts. There's an opportunity to assure leverage and alignment with SIM funded projects from a clinical-community linkages perspective.

RI DOH is starting the interview process for its SIM staff position.

Finally, RI DOH has received many inquiries about the new CMS Accountable communities funding and it is discussing it internally, from the perspective of how to support its local partners.