



Overview of SIM Model Test

- FOA for Round 2 of State Innovation Models (SIM) funding released in May.
 - RI submitted the SHIP in December 2013 under Round 1 Model Design.
 - RI applied for a Model Test Award in July 2014.
 - RI received clarifying questions and submitted answers to CMS early this month.
- “SIM provides financial and technical support to states to test the ability of state governments to use their regulatory and policy levers to accelerate health transformation.”

Model Test Requirements



- Plan to improve population health.
- Health care delivery system transformation plan.
- Payment and/or service delivery model.
- Leveraging regulatory authority.
- Health information technology plan.

RI Value-based Care Paradigm



- Goals:
 - To achieve 80% of payment for health services in fee-for-service alternatives that link payment to value;
 - Care is coordinated across all providers and settings; and,
 - Providers across the state participate in integrated or virtually integrated delivery models.

SIM Governance

- If awarded, the SIM Model Test grant will live with EOHHS.
- The *Healthy Rhode Island Steering Committee* – a stakeholder group – “is charged with setting the strategic direction and policy goals of the grant effort.”

<p>State: Office of Governor Office of Lt. Governor Executive Office of Health and Human Services Department of Health Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals Office of Health Insurance Commissioner Department of Administration – HealthSource RI and State Employee Health Plan</p> <p>Payer Organizations: Blue Cross Blue Shield of RI Neighborhood Health Plan Tufts Health Plan United Healthcare of New England</p> <p>Hospitals: Lifespan Care New England South County Hospital Charter CARE</p>	<p>Physicians and Practice: Coastal Medical Rhode Island Primary Care Physicians Corporation RI Health Center Association Rhode Island Medical Society</p> <p>Behavioral Health: RI Council of Community Mental Health Organizations Drug and Alcohol Treatment Association of Rhode Island</p> <p>Children and Youth: RI Kids Count</p> <p>Long-term Care Carelink</p> <p>Community YMCA of Greater Providence</p>
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Promoting Payment and Delivery System Reform



- Population-based care: provider organizations are accountable for the total cost and quality of care for a defined population
 - Requires a robust primary care infrastructure
- OHIC can help promote transformation:
 - Actively promote PCMH development (e.g. developing shared community-based infrastructure to support small, unaffiliated practices)
 - Maximize natural ACO development
 - Implement purchasing and accountability strategies to move the system towards population-based care

Affordability Standards Revisions: Timeline



- Now: Soliciting comments from insurers after a second round of revisions
- September – October: draft proposed regulations and begin public comment process
- October HIAC Meeting: in-depth presentation on revised Affordability Standards

Primary Care Spend

- In-depth benchmarking study needed
- Hold carriers to aggregate 2014 primary care spend levels
- Define “direct” and “indirect” primary care spend categories



Patient-Centered Medical Home

- Target: 80% of covered lives in delivery system/payment transformation models
- Hold stakeholder convenings to discuss:
 - Year by year expansion targets
 - Approaches to provide assistance to coaches (e.g. Community Health Teams)
 - Alignment on performance measurement

CurrentCare

- Continue support of CurrentCare



Payment Reform

- Set targets for population-based contracting (upside and downside risk)
- Set caps for hospital rate increases and ACO total budget increases with a differential to encourage ACO development