

Health Care Cabinet  
Voting Guide  
11-1-16

<b>Delivery System Reform</b>			
#	Brief Description of Strategy	Explanation of Vote	Voting Action
1A	Medicaid and the Office of the State Comptroller pursue an aligned approach to <b>contracting with Consumer Care Organizations</b> , which are organizations integrated across the continuum of care and responsible for: improving population health, the quality of health care, addressing the social determinants of health and managing the total cost of care. Consumer Care Organizations will assume some financial risk for managing the total cost of care through a phased-in shared risk approach.	<p><b>Vote for 1A:</b> The Cabinet would recommend that Medicaid and the Office of the State Comptroller implement CCOs.</p> <p>A vote for 1A would maintain the current SIM strategy, and allow Medicaid to continue to pursue its current reform agenda, in the context of the CCO strategy, which does not begin until completion of the SIM test grant and after experience with PCMH+.</p>	<b>Vote for 1A <u>OR</u> 1B</b>
1B	(1) Continue with the SIM agenda in its focus on care delivery reforms, development of a common quality framework, and cross-payer alignment around use of Medicare ACO shared savings arrangements. (2) (a) Optimize the current Medicaid care delivery reform initiatives; including ASO-based intensive care management, person-centered medical homes, behavioral health homes, and the long-term services and supports re-balancing plan; and (b) implement targeted new interventions that address and improve outcomes for high need, high cost Medicaid members.	<p><b>Vote for 1B:</b> The Cabinet would recommend that Medicaid continue with current and proposed delivery system and payment system improvements, and that SIM continue with its agenda.</p>	
1C	Develop all-payer, multi-disciplinary community health teams that would serve primary care providers and patients within specific geographic communities by offering individual care coordination, health and wellness coaching, and behavioral health counseling. The community health team should connect patients to social and economic support services and perform community outreach to support public health initiatives.	<p><b>Yes vote:</b> The Cabinet would recommend that DSS (and potentially insurers) create and finance community health teams to support: a) support newly developing CCOs and providers that do not form into CCOs, or b) complement the current SIM agenda and Medicaid’s pursuit of delivery system and payment system improvements</p> <p><b>No vote:</b> The Cabinet would recommend no action</p>	<b>Vote YES or NO</b>

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		on community health teams.	
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Directly Reduce Cost Growth			
#	Brief Description of Strategy	Explanation of Vote	Voting Action
2A	Adopt a state-wide health care cost growth target that is based on an external economic indicator and that holds providers and payers responsible for keeping total cost of health care growth at an affordable level, with sanctions for noncompliance phased in over time.	<p><b>Yes vote:</b> The Cabinet would recommend adoption of an annual cost growth target.</p> <p><b>No vote:</b> The Cabinet would not recommend a cost growth target.</p>	Vote YES or NO
2B	Set targets for the adoption of value-based payment models, to be measured in a manner consistent with the Health Care Payment Learning Action Network's Alternative Payment Model framework.	<p><b>Yes vote:</b> The Cabinet would recommend the State set targets for the adoption of value-based payment.</p> <p><b>No vote:</b> The Cabinet would not make a recommendation on value-based payment targets.</p>	Vote YES or NO

Coordinate and Align State Strategies			
#	Brief Description of Strategy	Explanation of Vote	Voting Action
3A	Create a <b>Health Policy Council which would report to the Governor</b> and work to implement health care reform strategies in a coherent and consistent manner across the state agencies and across all payers.	<p><b>Yes vote:</b> The Cabinet would recommend creation of a Health Policy Council.</p> <p><b>No vote:</b> The Cabinet would not make a recommendation to the Legislature on creating a Health Policy Council.</p>	Vote YES or NO
3B	Create an <b>Office of Health Strategy that would effectively develop and implement key components of the State's cost containment strategy.</b>	<p><b>Yes vote:</b> The Cabinet would recommend the legislature create an Office of Health Strategy.</p> <p><b>No vote:</b> The Cabinet would not make a recommendation to create an Office of Health Strategy.</p>	Vote YES or NO

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<b>Support Market Competition by Expanding Attorney General's Powers to Monitor Health Care Market Trends</b>			
#	Brief Description of Strategy	Explanation of Vote	Voting Action
4	<p><b>Give the Attorney General the necessary authority, provided funding is made available,</b> to monitor health care market trends by collecting information from any provider, provider organization, public or private health care payer <b>through document production, answering interrogatories and providing testimony under oath with regard to health care costs and cost trends,</b> the factors that contribute to cost growth within the state's health care system and the relationship between provider costs and payer premium rates. The Attorney General would be required to report publicly and hold public hearings on its findings.</p>	<p><b>Yes vote:</b> The Cabinet would recommend that the Attorney General be granted additional authority to fulfill the duties described in the strategy.</p> <p><b>No vote:</b> The Cabinet would not make a recommendation to grant the Attorney General additional authority.</p>	<p><b>Vote YES or NO</b></p>

<b>Support Provider Transformation</b>			
#	Brief Description of Strategy	Explanation of Vote	Voting Action
5A	<p>Augment existing funds and programs to support Medicaid providers in their transformation efforts by applying for federal Delivery System Reform Incentive Payment (DSRIP) funds.</p>	<p><b>Yes vote:</b> The Cabinet would recommend that DSS apply for a DSRIP program through an 1115 Waiver, while continuing to provide support through existing programs.</p> <p><b>No vote:</b> The Cabinet would not make a recommendation on applying for a DSRIP program.</p>	<p><b>Vote YES or NO</b></p>
5B	<p>If 5A fails, support provider transformation through existing financial support programs only.</p>	<p><b>Yes vote:</b> The Cabinet would convey its support for the past and planned financial support the State has offered and will offer to Medicaid providers.</p> <p><b>No vote:</b> The Cabinet would not convey its support for the past and planned financial support the State has offered and will offer to Medicaid providers, however, the planned financial support would still continue.</p>	<p><b>Vote YES or NO</b></p>

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<b>Data Strategies</b>			
#	Brief Description of Strategy	Explanation of Vote	Voting Action
6	Assuming 3B passes, ensure the Health Information Technology Officer (HITO) equips the Office of Health Strategy with the data necessary to fulfill its requirements.	<p><b>Yes vote:</b> The Cabinet would recommend that the Health Information Technology Officer work closely with the Office of Health Strategy and assist it with accessing the data required to make policy recommendations.</p> <p><b>No vote:</b> The Cabinet would not make a recommendation about the work of the HITO.</p>	<b>Vote YES or NO</b>
7	DSS and the Office of the State Comptroller should access outside resources to review and incorporate comparative effectiveness research into policy making and coverage decisions in an effort to reduce unnecessary services, some of which are costly services.	<p><b>Yes vote:</b> The Cabinet would recommend that DSS and the Office of the State Controller leverage the evidence-based research of well-established medical evidence review organizations to make policy recommendations.</p> <p><b>No vote:</b> The Cabinet would not make a recommendation about comparative effectiveness strategies.</p>	<b>Vote YES or NO</b>

NOTE ON VOTING RIGHTS:

By statute, all Cabinet members have one vote. However, the following agencies do not have voting rights: DCF, DDS, CID and DMHAS. All Cabinet members are encouraged to participate in the discussion of all strategies. The Lieutenant Governor will not participate in voting on strategies, except in the case of a tie vote.