



Mission and Approach

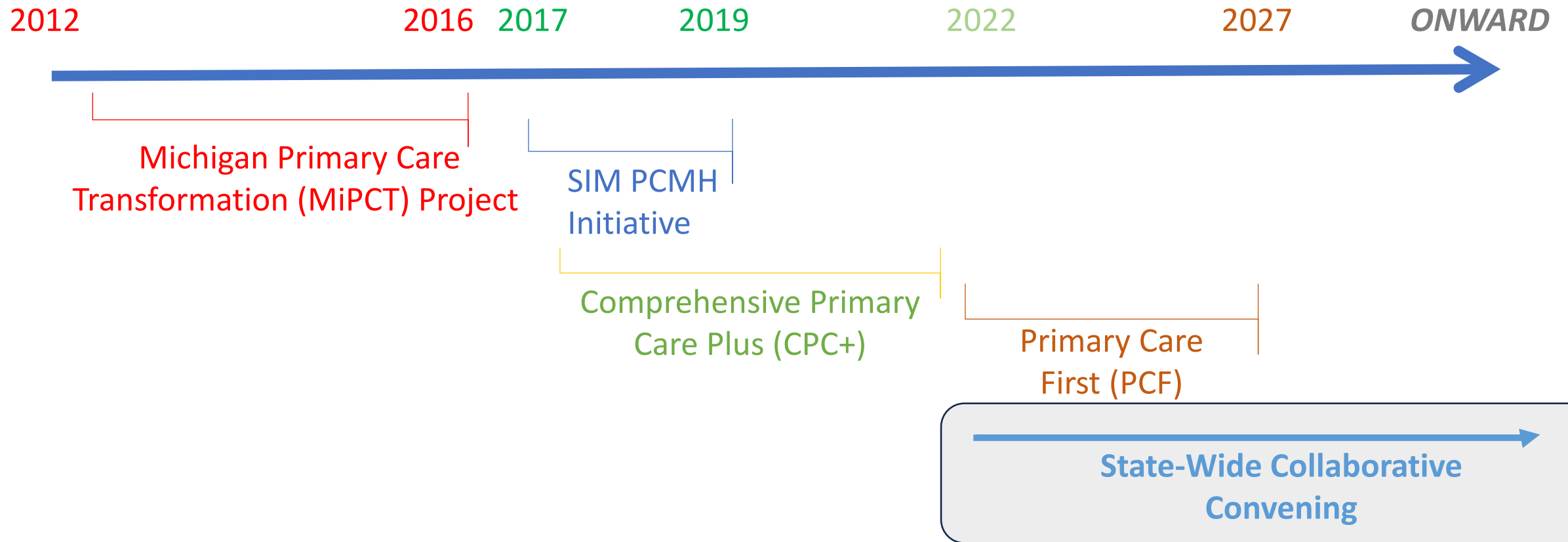
Michigan Multipayer Initiatives' (MMI) mission is to convene payers to lead the transformation of primary care to improve health equity, quality of care, patient experience, affordability of care and the health of the populations we serve.

MMI brings together critical stakeholders to develop, implement, evaluate and spread effective models that deliver, pay for and sustain high quality, comprehensive, accountable primary care.

Based at the University of Michigan and hosted by the Center for Healthcare Research and Transformation, Michigan Multipayer Initiatives (MMI) partners with payers, providers, practices, physician organizations, community-based organizations, national groups and patients to develop informed, evidence-based solutions



Michigan Multipayer Convening History



Michigan's MAPCP Medicare Return on Investment for PCMH and Non-PCMH Comparison Groups (RTI)



State	Eligible beneficiary quarters	Total MAPCP Demonstration fees	Vs. PCMH			Vs. non-PCMH		
			Gross Savings	Net Savings	Return on fees	Gross Savings	Net Savings	Return on fees
Michigan	2,265,099	\$64,938.363	\$294,714,755*	\$229,776,392*	4.54	\$140,492,980	\$75,554,617	2.16

** Statistically significant at the 10 percent level. Only gross and net savings were tested for statistical significance. Statistical testing was done only at the state level. Statistical significance cannot be determined for the total of gross or net savings across all states.*

Source: Evaluation of the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration-Final Report, June 2017, Centers for Medicare & Medicaid Services, Table 3-19, "Estimates of gross savings, MAPCP fees paid, and net savings vs. PCMH and non-PCMH comparison practices" p. 239

Payers Partnering in Voluntary Collaboration



Provider and Community Voice



Ascension St. Mary's
Physician Hospital Organization
Saginaw - Standish - Tawas



The Aims of Partner Collaboration



Lever in healthcare value improvement



Decrease administrative burden on providers and community partners and facilitate panel-wide continuous improvement



Share state-of-the-art and national policy developments and identify opportunities for Michigan



Neutral convening forum to connect stakeholders and leverage the force of change

MMI Governance and Standing Committees

Steering Committee

Payer Leadership
Council

Social Care and
Health Equity
Payer Policy
Alignment
Group

HIE/MiHIN
Prioritization
and Alignment
Round Table

Telehealth
Payer Policy
Alignment
Expert Working
Group



Purpose

Apprise and contribute
to national and state
developments



Membership

Provider, Physician
Organization and
Payer Leaders



Cadence

Monthly

Discuss developing
policy and other
alignment
opportunities; Steward
progress of MMI

Payer Leaders

Biweekly

Advance evidence-
based policy alignment
across payers

Payers, State and
National Experts

Monthly

2023-2025 MMI Priority Focus Areas



Focus Area	2023 Achievements	2024 Goals
1. Support the Implementation of Advanced Payment Models that Better Resource Primary Care	Assessed barriers to primary care APMs in Michigan that align with the NASEM recommendations; Partnered with experts and stakeholders to encourage payer adoption of evidence-based models.	Conduct a national assessment of CMS, CMMI, and private payer primary care innovations. Interview national experts and payers that have implemented primary care payment innovations.
2. Improve Social Determinant of Health Gap Closure and Health Equity improvement	Developed social care shared payer principles; Worked with the State, MiHIN, and CBOs to support an effective social care data and servicing approach in Michigan. Published Multipayer SDoH Incentive 2023 Table. Partnered with MiHIN and MiCHWA on recommendations to 2024 Medicare PFS.	Partner with backbone organizations across the state to create common payer pathways for collaborating with regional hubs. Participate in MDHHS Community Information Exchange Advisory Group. Assess best practice approaches to clinical/community/payer partnerships.

2024-2025 MMI Priority Focus Areas



Focus Area	2023 Achievements	2024 Goals
3. Advance Constructive, Evidence-based Telehealth Policy alignment	Assessed developments in telehealth effectiveness; Compiled payer policy comparative grid among plans and achieved progress on policy alignment.	Continue to support evidence-based telehealth policy development; Compile 2024 payer policy comparative grid among plans.
4. Coordinate health information exchange (HIE) requests among payers to MiHIN and align payer data policies to obtain efficiencies and decrease administrative burden	Chartered multipayer HIE/MiHIN Payer Policy Alignment Round Table; Compiled HIE incentive table as a deliverable to MDHHS and the State HIT Commission. Explored options for storing SDoH screening and interoperable referrals data.	Revise HIE Incentive Table for 2024. Assess alternatives for collection of SOGI/REAL data and ways to increase data robustness. Assess and identify ways to decrease administrative burden on POs and providers by alignment of payer HIE policies.

2024-2025 MMI Priority Focus Areas, cont.



Focus Area	2023 Achievements	2024 Goals
5. Decrease administrative burden on providers and POs	Joint preparation for new prior authorization requirements; Consensus comment recommendations to CMS and MDHHS on draft policies.	Achieve Payer agreement on one joint administrative burden reduction each year (e.g., provider credentialing expediency, provider change process, etc.)
6. Optimize effectiveness of Community Health Workers	Partnered with MiCHWA on best practice lessons for POs preparing to employ or contract with CBOs for CHW servicing.	Adopt Medicare Community Health Integration codes across Michigan payers; Assess opportunities for model agreements and other tools to develop standard approaches for CBO partnering with Payers
7. Advance measure alignment; Ease the transition to digital measurement and interoperability	Established the HIE/MiHIN Payer Prioritization Round Table as a forum for alignment discussion.	Assess opportunity to leverage CMS' Universal Foundation as a first phase toward Payer measure alignment; Encourage movement toward digital measures and FIHR.

Honoring Antitrust While Providing a Forum for Payer-to-Payer Learning and Innovation



The Michigan Multipayer Initiative creates a forum for participating payers, Physician Organization (PO) and Payer leaders to collaborate on program goal achievement and advancement of population health and value.

As such, Michigan Multipayer Initiative participants (e.g., Payer Leadership, Steering Committee, Subcommittees, Initiative meeting attendees, etc.) agree that all activities are in compliance with federal and state antitrust laws. In the course of discussion, no financial information from payer participants will be shared with other payers or the general public.

During meetings and other activities, including all formal and informal discussions, each payer participant will refrain from discussing or exchanging information regarding any competitively sensitive topics. Such information includes, but is not limited to:

- PMPM
- Shared savings or incentive payments
- Information about market share, profits, margins, costs, reimbursement levels or methodologies for reimbursing providers, or terms of coverage

Advocacy for Aligned, Evidence-Based Policy



Submitted online at: <http://www.regulations.gov>

Ms. Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1784-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

September 11, 2023

Dear Administrator Brooks-LaSure,

On the part of Michigan Multipayer Initiatives (MMI) and its Steering Committee, and the Michigan Health Information Network (MiHIN) are grateful for the CMS' leadership and hard work to improve the well-being of Medicare beneficiaries.

MMI works to align payer policy to promote evidence-based approaches that improve outcomes of care in a provider-informed manner. MMI represents both the leading health plan payers and physician organizations in Michigan and has served to convene four state-wide multipayer CMMI demonstrations. Our member health plans are among the first nationally to incent providers and physician organizations to screen and service social care needs and to utilize health information exchange (HIE) for SDoH and referral submission.

MiHIN is the state's designated HIE and a leading force in the national work with Gravity, the Partnership for Aligned Social Care, and others to advance the standardization and interoperability of cross-sector social care. MiHIN also operationalizes use cases for data transmission statewide for more than 13 million patients and MiHIN is evolving to an integrated technology platform that is positioned to take advantage of HL7® FHIR®.

We are thankful for the opportunity to respond to CMS' call for comments on the proposed 2024 Physician Fee Schedule (PFS). We applaud your inclusion of an add-on code for complex primary care patient care, the addition of codes for Community Health Integration services, and

Meghan Groen
Senior Deputy Director
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services
400 S. Pine, 7th Floor
Lansing MI 48913

October 9, 2023

Dear Senior Deputy Director Groen,

On the part of the collective Michigan community, Michigan Multipayer Initiatives (MMI), the Michigan Health Information Network (MiHIN) and the Michigan Alliance of Community Health Workers (MiCHWA) are grateful for your leadership. MDHHS and MSA have done much to improve access, reduce gaps in social determinants of health (SDoH), and improve health equity.

These are issues that are important to us as well. We write because the coming months will be an important time for social care policy in Michigan and in all states. The Medicare 2024 Physician Fee Schedule (PFS) will include new payment codes and requirements for SDoH screening and assessment and Community Health Integration services. The national consensus around the use of validated SDoH screening tools is growing. Broad adoption of the SDoH Use Case has made Michigan a leader in the electronic capture of screening data. Medicaid will begin paying for important Community Health Worker services, and there is good progress in listening to the wisdom and voice of community-based organizations, and codesigning programs with them.

With all of this change, there is also great opportunity. We request that you consider the following recommendations be incorporated in Medicaid to continue and catalyze the progress made.

1) Require all Medicaid Health Plans to offer providers incentives for participation in the SDoH Use Case. Currently, some Medicaid plans do not offer any SDoH incentive to providers.

MMI as Michigan Vehicle for National Academy of Medicine (NASEM) Report Implementation



Over time and with consideration for health equity, we commit to the following NASEM recommendation:

Action 1.2: Payers—Medicaid, Medicare, commercial insurers, and self-insured employers—using a fee-for-service (FFS) *payment model for primary care should shift primary care payment toward hybrid (part FFS, part capitated) models, making them the default method for paying for primary care teams over time.* For risk-bearing contracts with population-based health and cost accountabilities, such as those with accountable care organizations, *payers should ensure that sufficient resources and incentives flow to primary care.* Hybrid reimbursement models should:

- a. Pay prospectively for interprofessional, integrated, team-based care, including incentives for incorporating non-clinician team members and for partnerships with community-based organizations;
- b. Be risk adjusted for medical and social complexity;
- c. Allow for investment in team development, practice transformation, and the infrastructure to design, use, and maintain necessary digital health technology; and
- d. Align with incentives for measuring and improving outcomes for attributed populations.



MMI Healthcare Learning Action Network (HC-LAN) Endorsement



MULTI-STAKEHOLDER ACTIONS



ENGAGE IN
PARTNERSHIPS
TO SUPPORT
TRANSITION TO
EFFECTIVE APMs

SHORT-TERM ACTIONS

1. Forge partnerships between healthcare delivery and public health entities
2. Identify opportunities to enhance access to care for lower-income patients during times of crisis (e.g., transportation support)
3. Create communication channels to regularly disseminate evidence-based information and policy decisions across state and local officials, payers, providers, and systems

MEDIUM- TO LONG-TERM ACTIONS

1. (Within antitrust parameters) Increase efforts on multi-payer, multi-stakeholder governance, including employers, to align on swifter movement to population-based payments
2. Participate in data sharing platforms that support linkages between the healthcare system and social supports
3. Commit to authentic patient and family participation in APM design and implementation to ensure timely access to care and positive patient experience of care
4. Include Black, Indigenous and People of Color (BIPOC) providers and patients in APM governance structures





Listening to the Michigan Provider and PO Community



How Important is it for Plans to use Common Approaches for Payment?

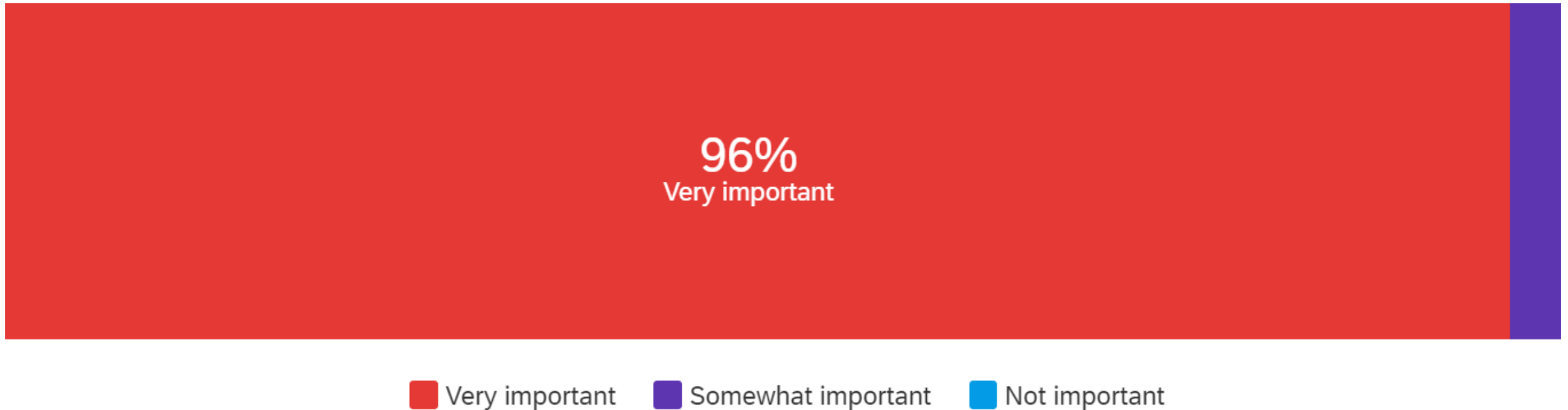


92%
Very important

 Very important  Somewhat important  Not important

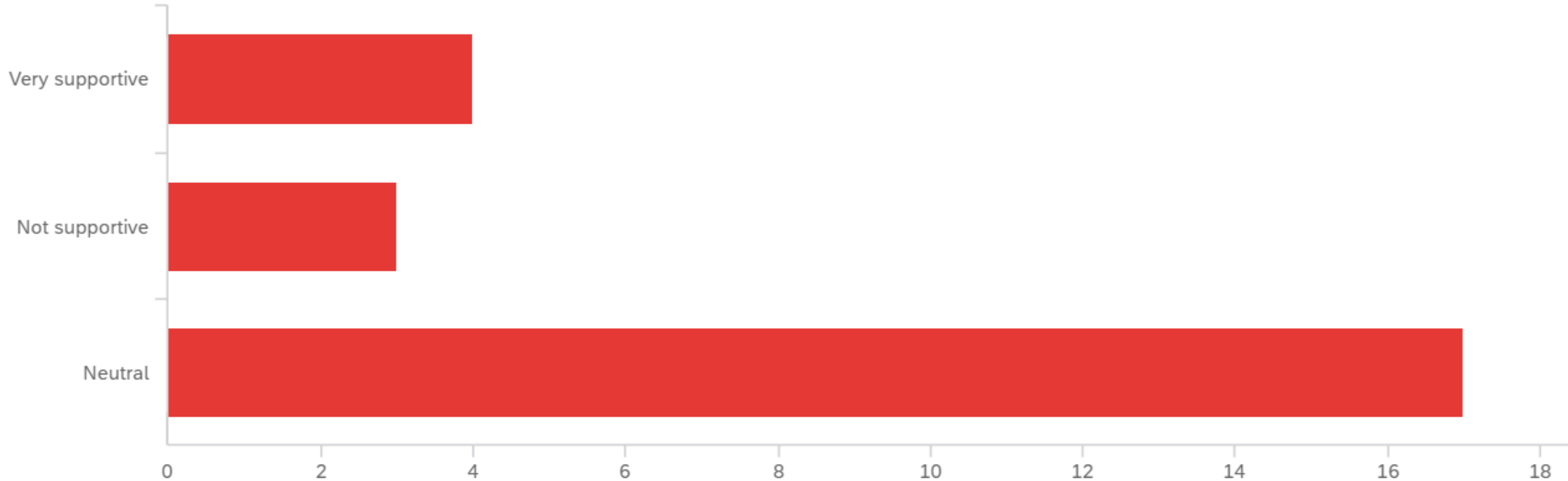
May 2021 Web Survey of MMI PO and Practice Leaders; N=24

How Important is it for Payers to Use Common Approaches to Metrics and Requirements?



May 2021 Web Survey of MMI PO and Practice Leaders; N=24

How Supportive are Physicians in Your Organization of Capitation?



May 2021 Web Survey of MMI PO and Practice Leaders; N=24