



## 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 Health and 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**



# The Aims of Partner Collaboration



Lever in healthcare value improvement



Decrease administrative burden on providers and community



Share state-of-the-art and national policy developments



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

# CMS Can't Do It Alone



Our Programs HEDIS Contract & Professional Services Report Card

JULY 2023

Blog Topics Inside Health Care

Public Policy

## CMMI Prioritizes Multi-Payer Alignment in New Models

October 31, 2023 · Marilena DeGennaro

"It's a marathon, not a sprint," said Liz Fowler, Director at the Center of Medicare and Medicaid Innovation (CMMI), during a recent [Fireside Chat](#) with NCQA Executive Vice President Eric Schneider. They were discussing CMS's mission to have all Medicare members, and the majority of Medicaid beneficiaries, enrolled in accountable care programs by 2030.

Dr. Fowler highlighted the new [AHEAD](#) model, CMMI's multistate cost-of-care model that curbs health care costs, improves population health and health outcomes and addresses health disparities.

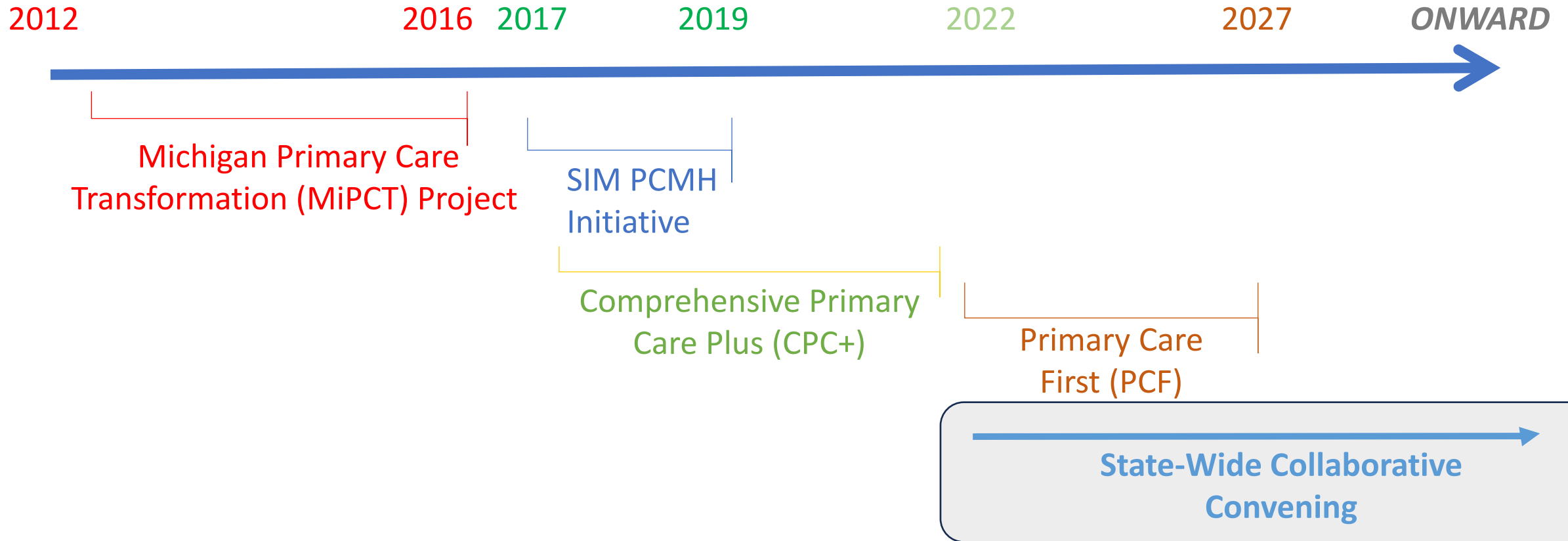
The model is designed to be flexible enough to help support states' ongoing transformation efforts and address their most important priorities—but it will require significant restructuring of health spending across all payers.

HCPLAN  
Health Care Payment Learning & Action Network

## Multi-Payer Alignment Blueprint

A guide for applying engagement strategies to achieve multi-payer alignment

# 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
<b>Michigan</b>	<b>2,265,099</b>	<b>\$64,938.363</b>	<b>\$294,714,755*</b>	<b>\$229,776,392*</b>	<b>4.54</b>	<b>\$140,492,980</b>	<b>\$75,554,617</b>	<b>2.16</b>

*\* 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



# MMI Governance and Standing Committees




**Steering Committee**

**Payer Leadership Council**

Upstream Drivers  
Payer Policy  
Alignment Group

HIE/MiHIN  
Prioritization and  
Alignment Round  
Table

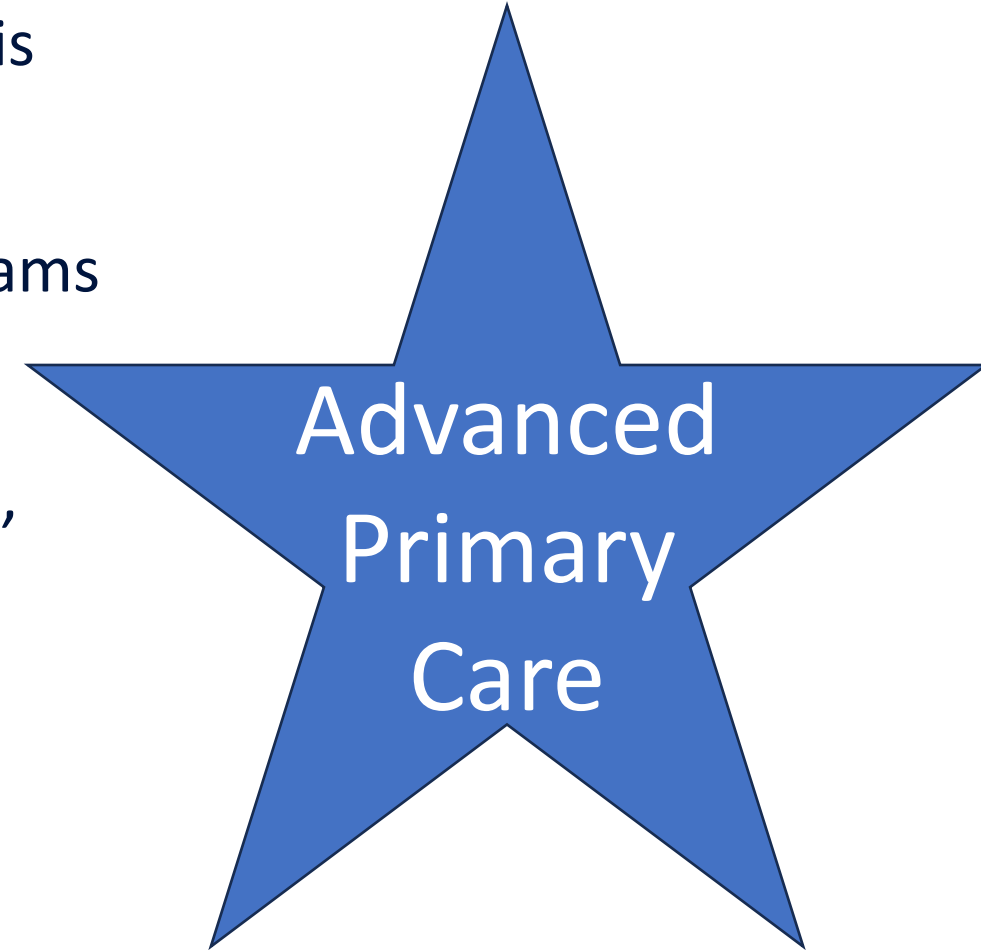
Telehealth Payer  
Policy Alignment  
Expert Working  
Group

 <b>Purpose</b> Apprise and contribute to national and state developments	 <b>Membership</b> Provider, Physician Organization and Payer Leaders	 <b>Cadence</b> 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

# The North Star: What Do We Want?



- Patients to have access to high-quality care that is efficient and effective
- Coordinated and high-value care delivered by teams with joy in practice
- Infrastructure to ease friction and optimize good, timely decisions
- Stable and viable financing
- Shared learning and continuous improvement



# 2026-2028 MMI Priority Focus Areas



1. Increase Investment in Primary Care to Ensure that All Michiganders Have Access to First Contact, Continuous, Comprehensive, and Coordinated Primary Care in the Advanced Primary Care Model
2. Improve Social Determinant of Health Gap Closure and Health Equity through Michigan Hub Synergy

3. Advance Constructive, Evidence-based Telehealth Policy Alignment

4. Coordinate Health Information Exchange (HIE) Requests Among Payers to MiHIN and Align Payer Data Policies to Obtain Efficiencies and Decrease Administrative Burden

5. Decrease Administrative Burden on Providers and POs

6. Advance Measure Alignment; Ease the Transition to Digital Measurement and Interoperability

# 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

SHORT-TERM ACTIONS

ENGAGE IN PARTNERSHIPS TO SUPPORT TRANSITION TO EFFECTIVE APMs

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?

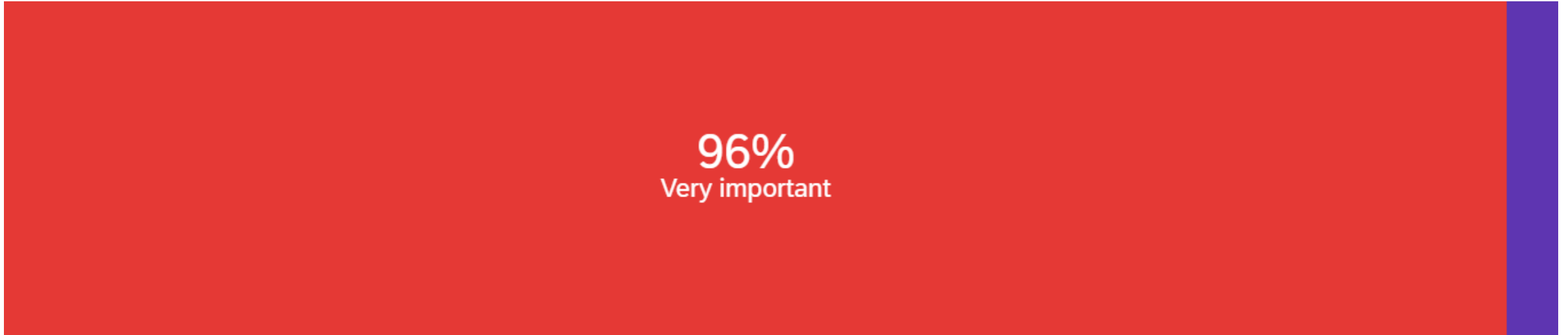


92%  
Very important

Very important   Somewhat important   Not important

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

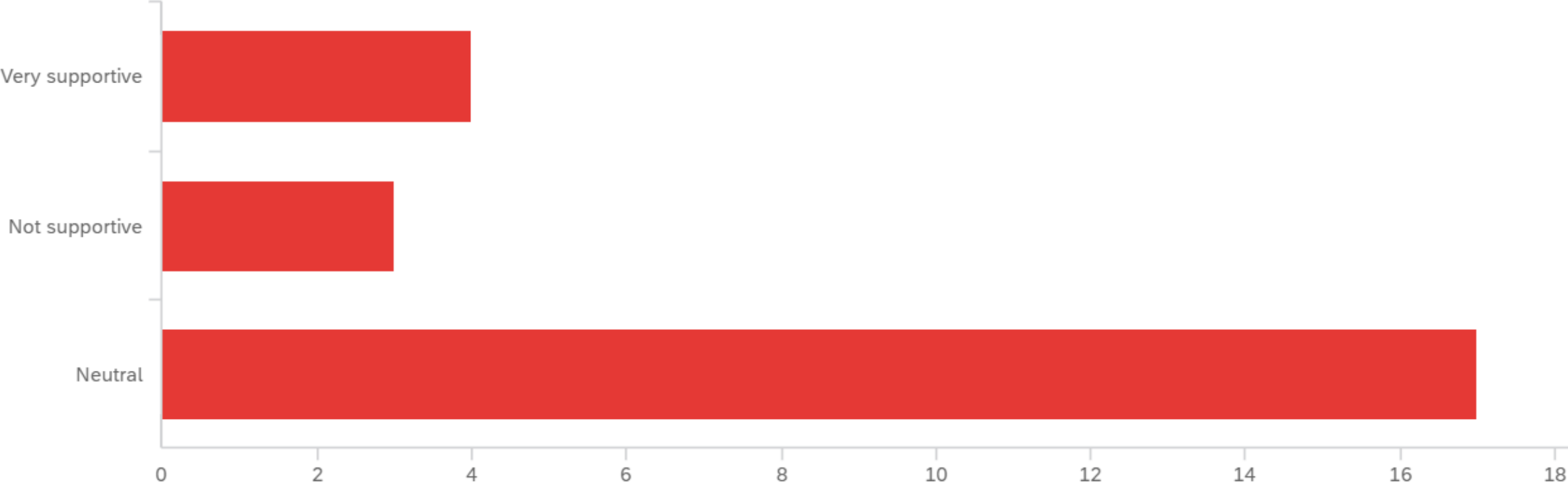
# How Important is it for Payers to Use Common Approaches to Metrics and Requirements?



Very important   Somewhat important   Not important

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

# Questions? Ideas?

Contact Diane Marriott, DrPH at [dbechel@med.umich.edu](mailto:dbechel@med.umich.edu)