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Subject: NASHP News: SCOTUS sends back MI case, Payment Reform Map Update

Newsletter

March 8, 2016

### [All Eyes on Michigan: Will Assessments on All Health Plans Survive](#)

On Monday, the United States Supreme Court sent back a Michigan case for a new finding that could forbid state assessments on self funded plans. The [Supreme Court](#) told the Sixth Circuit to reconsider its ruling that a Michigan health insurance tax was not preempted by the Employee

Retirement Income Security Act (ERISA) in light of the Supreme Court's decision last week in [Gobeille v. Liberty Mutual](#) . In *Gobeille*, the Court ruled that a requirement on Vermont's self funded plans to submit claims data for a state All Payer Claims Database is not permissible under ERISA. The Court wrote in [Gobeille](#) that the new reporting requirements enacted by the state were cumbersome and that "preemption is necessary to prevent States from imposing novel, inconsistent and burdensome reporting requirements on plans."

At issue in the Michigan case (*Self-Insurance Institute of America Inc. v. Snyder et al.*) is a one-percent tax on all paid claims by carriers or third party administrations to health care providers for health care services rendered in Michigan for Michigan residents. The revenue from the tax is used to help fund the state's Medicaid obligations. In ruling for Michigan, and in favor of the tax, the 6th Circuit had written that it did not believe Congress meant for ERISA to, "create a state-law free zone around everything that affects an ERISA plan." NASHP will continue to follow this case.

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### [State Delivery System and Payment Reform Map Update: Hawaii and Washington](#)

NASHP has updated the Health Homes segment of its Payment Reform Map, including new programs and up-to-date

information for both Hawaii and Washington.

Hawaii is currently operating one medical home program through its QUEST Integration Managed Care contract. To qualify for enhanced payments providers must meet tier 1 or tier 2 medical home qualifications that include 24 total elements separated into the following six domains: patient-centered; accessible; comprehensive; coordinated; evidence-based; and performance measurement. Depending on the qualifying tier, practices may also attain NCQA PCMH recognition, AAAHC Medical Home Certification, or URAC's Patient Centered Health Care Home Practice Achievement to show completion of medical home qualifications.

In Washington, a January 2016 report released by the Centers for Medicare and Medicaid Services found \$21.6 million (6.1 percent) in Medicare savings, half of which may accrue to the state. Washington's Health Homes program was implemented in July 2013 as part of the state's Medicare-Medicaid Financial Alignment Demonstration and is currently available in all but two counties.

NASHP will continually update this [map](#) to include new PCMH and Health Home initiatives in states. Over time, NASHP will add information on other delivery and payment transformation initiatives underway in states, stay tuned for more information on state DSRIP programs. We are grateful to the Commonwealth Fund for providing support for this [map](#).

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### [Final Opportunity: Register for the Informational Webinar on the RFA for NASHP's Value-Based Payment Reform Academy](#)

NASHP is pleased to announce it is convening a Value-Based Payment Reform Academy to support states in developing and implementing value-based alternative payment methodologies for federally qualified health centers and/or rural health clinics. [Join us](#) on **March 10th, 2-3pm ET** for an informational webinar to learn more about the Academy and the application process, and to have your questions answered. [Register here for the webinar](#) . Selected states will receive both group and individual technical assistance from NASHP staff, as well as state, federal, and national leaders over the course of twelve months. Please contact Rachel Yalowich at [ryalowich@nashp.org](mailto:ryalowich@nashp.org) with any questions.

The RFA is available [here](#). The RFA application questions are available [here](#).

#### **Key Dates :**

- March 10, 2016, 2-3pm ET: Informational webinar. [Register here](#) .
- April 1, 2016: Applications due to NASHP.
- May 2016: Value-Based Payment Reform Academy begins.
- June 2016: In-person meeting (dates and location TBD).

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[Register Now](#)

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### [Webinar: Proposed Changes to the Substance Use Privacy Rules: Overview and Discussion with State Policymakers](#)

In February of this year, the Department of Health and Human Services announced proposed revisions to 42 CFR Part 2 with the goal of facilitating information exchange while addressing privacy concerns of individuals that seek treatment for substance use disorders. This [webinar](#) on **March 17th at 3:00pm** will provide an overview of the proposed rule and thoughts from leading

state policymakers on how these changes may help or hinder state health reform initiatives.

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[Register Now](#)

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### [Call for Ideas: Help Plan NASHP's Annual Conference](#)

What are the most pressing and critical issues facing state health policy makers? Which health policy leaders do you want to hear discuss their ideas to achieve quality, affordable health care and advance a culture of health across states?

NASHP invites you to help construct the agenda for the 29th Annual State Health Policy Conference, taking place October 17-19, 2016 in Pittsburgh, PA. We welcome all ideas for topics and speakers! Your submission should be no more than 65 words and should be submitted electronically [HERE](#).

All submissions are due by **Friday, March 18**. All submissions received by the deadline will be shared with NASHP's conference planning committee. If your idea gets incorporated into the agenda, NASHP staff will follow up with you by June 30, 2016.

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### [Open Position: Senior Program Director for Emerging Policy Issues Team](#)

NASHP is seeking a qualified individual to serve as a new Senior Program Director (SPD) for the Emerging Policy Issues Team. This SPD will be responsible for comprehensive management of all of the grants and contracts falling under the Emerging Policy Issues Team's "umbrella." This includes ensuring that work is carried out in accordance with funder-approved work plans, timelines and budgets. [For more information or to see more health policy jobs](#).

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### **National Academy for State Health Policy**

*The National Academy for State Health Policy (NASHP) is an independent academy of state health policymakers who are dedicated to helping states achieve excellence in health policy and practice. A non-profit and non-partisan organization, NASHP provides a forum for constructive work across branches and agencies of state government on critical health policy issues. For more information visit [www.nashp.org](http://www.nashp.org).*

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