

Medicaid Innovation Accelerator Program (IAP)

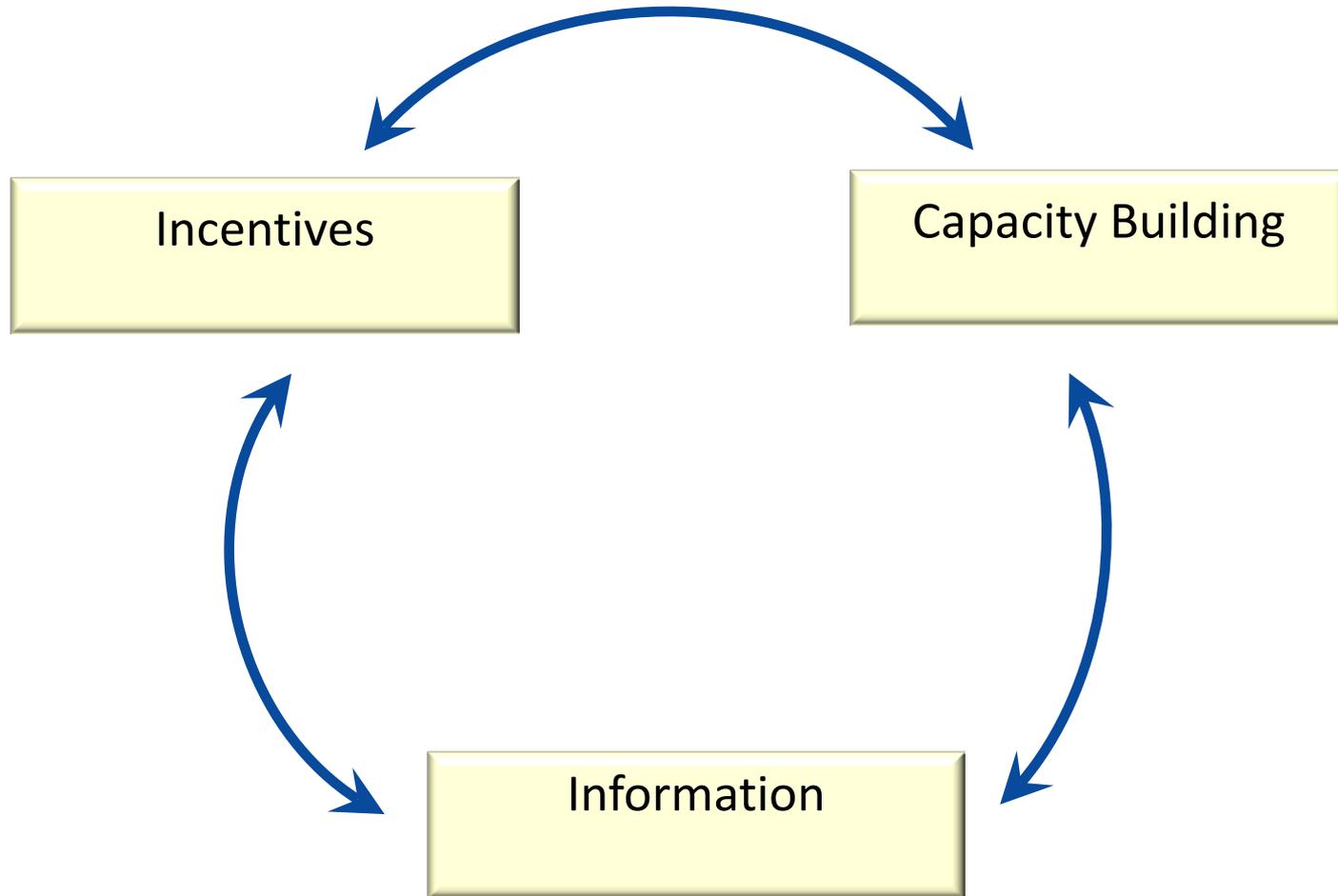
*IAP Listening Sessions
September and October 2014*



Overview of Webinar

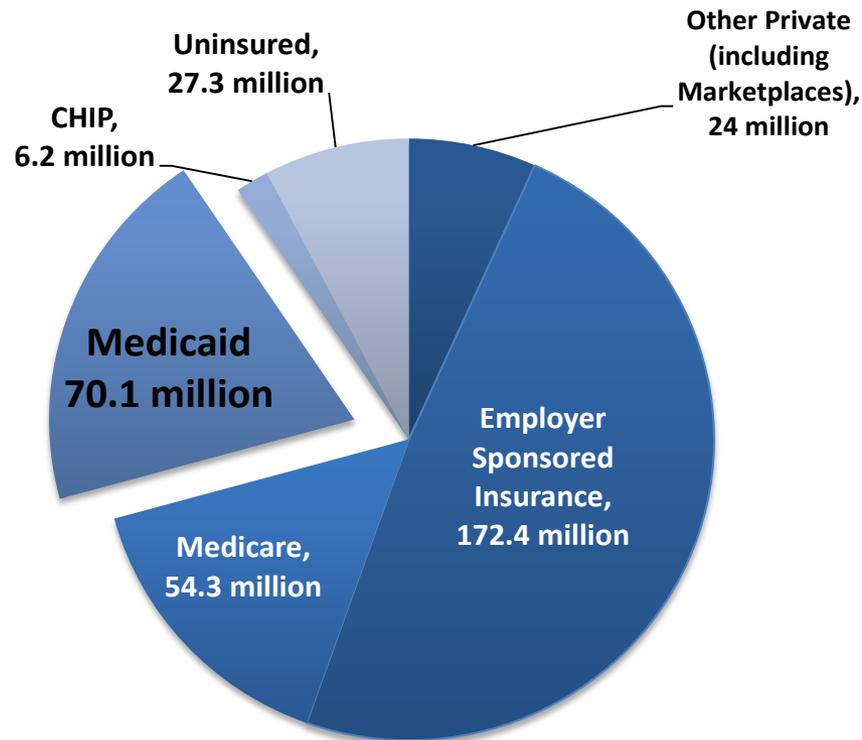
- Introduction and analytic snapshot of Medicaid
- What is the Medicaid Innovation Accelerator Program (IAP)?
 - Substance Use Disorders (SUD) as an IAP program priority
- Other potential program areas for IAP
- Types of technical support offered to states through IAP
- Next steps

Our Vision



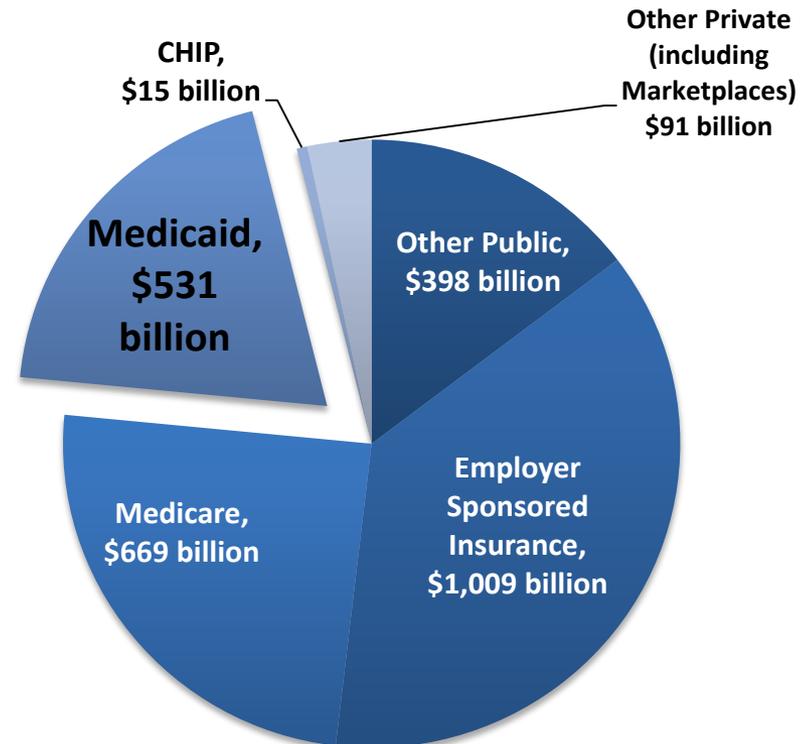
Medicaid is a Major and Growing Part of Health Coverage and Spending

Health Coverage, CY 2015



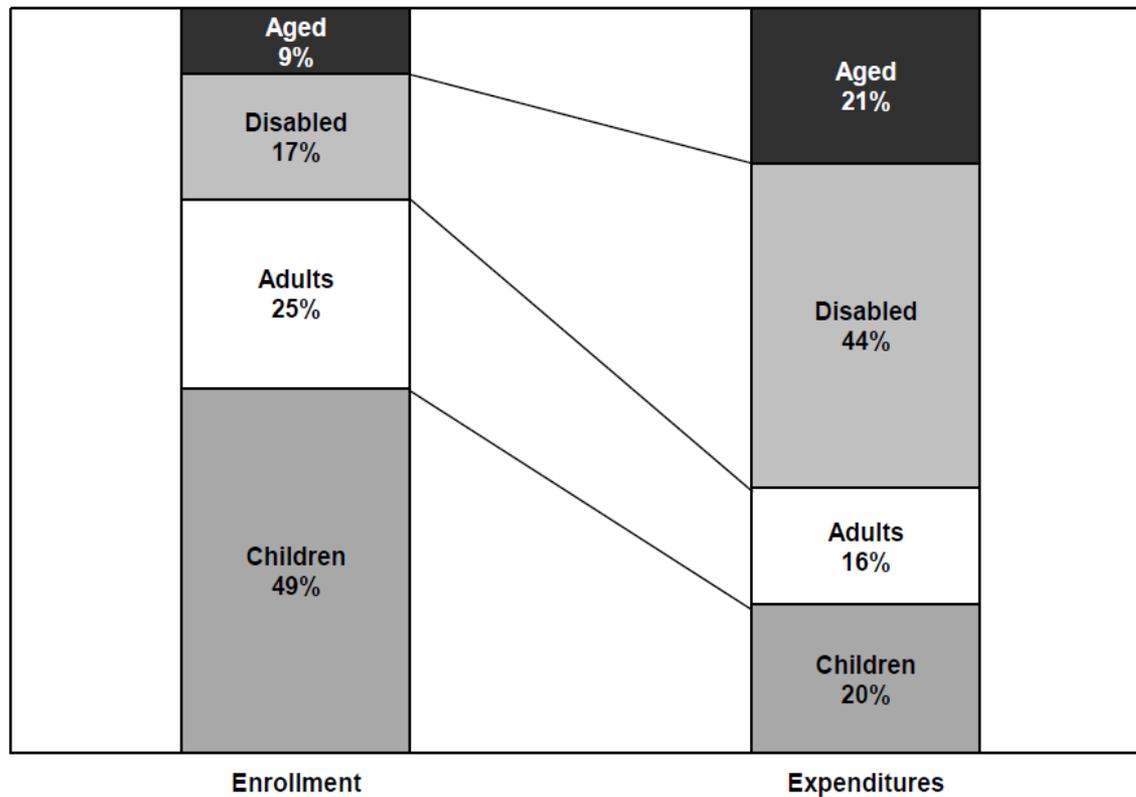
Health Expenditures, CY 2015

Total = \$2.7 trillion



Medicaid Enrollment and Expenditures

Figure 1—Estimated Medicaid Enrollment and Expenditures by Enrollment Group, as Share of Total, Fiscal Year 2012¹



¹ Totals and components exclude DSH expenditures, Territorial enrollees and expenditures, and adjustments. Totals may not add to 100 percent due to rounding.

Top 10 dx for Re-hospitalizations, 2011

<u>Medicare</u>	<u>Medicaid</u>
Congestive Heart Failure*	Mood disorders
Septicemia (except labor)*	Schizophrenia, other psychosis
Pneumonia (except TB or STD)	Diabetes mellitus
Chronic Obstructive Pulmonary Disorder (COPD) and bronchiectasis*	Other complications of pregnancy
Cardiac dysrhythmias	Alcohol-related disorders
Urinary tract infections	Early or threatened labor
Acute renal failure	Congestive Heart Failure*
Acute myocardial infarction	Septicemia (except labor)*
Complications of device/implant/graft	COPD and bronchiectasis*
Acute cerebrovascular disease	Substance-related disorders

* Common across Medicaid and Medicare

Summary of Key Points From Analytics: Bottom Line

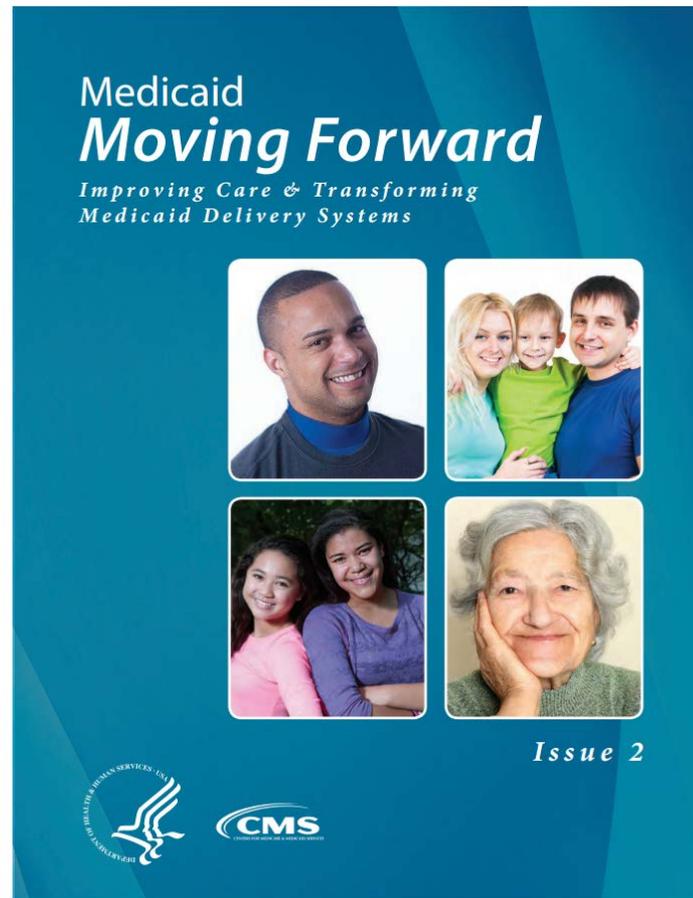
- Medicaid is a major part of health system
- We have populations in common with other systems but also unique beneficiary populations in our system
- Expenditures are highly skewed towards particular populations, settings, and services

Summary of Key Points From Analytics: Bottom Line

- Data on superutilizers and variability on measures across states suggest opportunities for improvement
- There is synergy with other payers, but clinical snapshots suggest our opportunities may differ

Coordinating and Leveraging Innovation Efforts across CMS

Medicaid Moving Forward, Part 2



<http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/medicaid-moving-forward-2014.html>

Medicaid/CHIP Innovation is Underway in States

- Health Homes
 - 24 programs approved in 15 states
- Delivery System Reform Incentive Pools
 - 5 states
- Shared Savings in Fee-for-Service
 - 4 states
- Integrated Care Models outside of shared savings
 - Multiple (primary care case management fees)

Success in Addressing Critical Domains of Care

- Behavioral health and substance abuse
 - Washington state reduced non-emergent Emergency Department use by 14%
- Perinatal, e.g. early elective deliveries
 - Ohio experienced reduction from 10% to 7%

Success in Addressing Critical Domains of Care

- Tobacco
 - Massachusetts: Return on Investment of 3:1
- Superutilizer initiatives
 - North Carolina transitional care decreased readmissions by 20%

State Innovation Models (SIM) Initiative

- Testing the ability of state government to use their regulatory and policy levers to accelerate health transformation
 - Improve population health
 - Transform the healthcare payment & delivery systems
 - Decrease health care spending

State Innovation Models (SIM) Initiative

- Public and private collaboration with multi-payer and multi-stakeholder engagement
- Cooperative agreement between awardee and the Innovation Center
- Provides technical and financial assistance to provide better care and better health at lower cost through quality improvement to the entire state population

SIM Funding

Round 1

Awards February 2013

\$300 million

19 Model Design States

6 Model Test States

Round 2

FOA May 2014

\$ 700 million

Up to 15 Model Design States

Up to 12 Model Test States

Medicare-Medicaid Coordination

- 13 approved demonstrations (across 12 states) for Medicare-Medicaid enrollees
- 7 demonstrations are live and serving beneficiaries
- Emphasis on person-centered planning and integration among primary care, acute care, LTSS, and behavioral health treatment
- Through the demonstrations, 2 states are now directly eligible for shared Medicare savings

Medicare-Medicaid Coordination

- Several other states have begun sharing indirectly in acute care savings through Medicare/Medicaid capitated rate-setting
- Over the last three months, over 100,000 Medicare-Medicaid enrollees joined new fully-integrated, fully-capitated integrated care models
- State Data Resource Center:
 - Providing states with new access to Medicare claims data to support care coordination

Next Steps

- Individual state successes, but variability suggests there is more we can do
- States identify common areas of interest to advance delivery and payment reform
 - National Governor's Association Task Force, National Association of Medicaid Directors

**New opportunities for
collaborations in support of innovation**

What is the Medicaid Innovation Accelerator Program?

Medicaid Innovation Accelerator Program (IAP)

- Joint Innovation Center-CMCS venture with agency and department collaboration
- Technical assistance for all states interested in advancing innovations in Medicaid that will result in improved health, improved health care delivery and lower costs

Medicaid Innovation Accelerator Program (IAP)

- Opportunity to advance on specific areas identified through input from states and stakeholders
- Enhance state capacity and efforts to adopt and disseminate new models
- Complements state efforts for delivery and payment system reform, such as the Innovation Center's SIM initiative

Medicaid Innovation Accelerator Program (IAP)

- Key Functions:
 - Data analytics
 - Quality measures
 - Model development
 - Disseminating best practices
 - Rapid-cycle learning and evaluation

Medicaid Innovation Accelerator Program (IAP)

- We will identify 3-5 priority programmatic areas
 - Must be areas of need, opportunity, and synergy
 - Substance use disorder is first topical domain for IAP
 - Other areas of focus to be identified in partnership with states and stakeholders

**IAP Example:
Substance Use Disorders (SUD)**

SUD and IAP:

What might IAP support? How?

- Best practice benefit designs
 - Medication Assisted Therapy (MAT)
 - Screening for Brief Intervention Referral and Treatment (SBIRT)
 - American Society of Addiction Medicine (ASAM) levels of care
- SUD delivery models such as integrating primary care and SUD and re-entry programs
 - Connect data sources outside Medicaid to other state and federal data sources

SUD and IAP:

What might IAP support? How?

- Medicaid payment innovations to promote improved care and coordination
 - Develop new metrics, re-tool existing metrics, develop consensus lists of metrics to promote alignment
- Identification and support of superutilizers with SUD, identify and support care needs
 - Support states in using claims data to identify hot spots

SUD and IAP:

What might IAP support? How?

- Support point of care usage by providers to identify people with SUD
- Link Drug Utilization Review/Prescription Drug Monitoring Programs to electronic health records

State-to-State Learning and Dissemination

Three options for states to engage:

1. Data-centered learning collaborative for states ready to invest in data systems and to change policies
 - “Deep dive” individual technical assistance
 - Employ data-based tools of CQI and state-to-state learning
2. Targeted learning collaboratives for states wanting to take on specific changes
 - Benefit design, integrate SUD and primary care, etc.

State-to-State Learning and Dissemination

3. Disseminate tools on IAP website and support with webinars
 - “How to” resources on issues like linking Prescription Drug Monitoring Programs and Medicaid claims
 - Data tools (templates for identifying high utilizers, etc.)
 - Quality metrics (metric suites to promote alignment, support state implementation of new measures, etc.)

Potential Program Priority Areas

Potential Program Areas

- Substance Use Disorder (SUD) (selected at kickoff)
- Changes in care delivery
 - Population health strategies
 - Behavioral health
 - Long term services and supports & community integration
 - Superutilizers
 - Perinatal
- Payment strategies
 - Shared savings
 - Bundled payments
 - Managed care
- Suggestions for other discussion areas?

Behavioral Health & IAP: What might IAP support? How?

- Identify/develop new treatment and recovery models in benefit design
- Identify/develop new models of service delivery (e.g., integrating primary care and behavioral health)
- Create and link data from other funding sources with Medicaid data

Behavioral Health & IAP:

What might IAP support? How?

- Develop and modify metrics that capture clinical, experience of care and psycho-social needs of people with behavioral health needs
- Ensure maximal use of workforce resources

Bundled Payments and IAP: What might IAP support? How?

- Support successful bundles and delivery models, design new bundled payments models
 - Identify new care domains for development of bundles
 - Support states in using claims data to analyze episodes of care and developing beneficiary attribution models

Bundled Payments and IAP: What might IAP support? How?

(continued)

- Connecting data sources outside Medicaid to other state and federal data sources
- Develop new metrics, retool existing metrics, develop consensus lists of metrics to promote alignment with recognized episodes of care
- Promote cross payer participation (including Medicare)

Shared Savings and IAP: What might IAP support? How?

- Develop/promote delivery model varieties [e.g., Accountable Care Organizations (ACO) and ACO-like models]
 - Develop or refine metrics, retool existing metrics that promote alignment and capture relevant aspects of care delivery
- Identify successful care models for Medicaid authorities
 - Moving beyond chronic disease management

Shared Savings and IAP: What might IAP support? How?

- Develop and/or promote Medicaid payment methodologies that support improved care and coordination
 - Support states in connecting to data sources outside Medicaid to other state and federal data sources

Shared Savings and IAP: What might IAP support? How?

- Improve understanding of current model designs – approved Medicaid models, Medicare models, private payer models, and demonstration models
 - Utilize actuarial analyses and risk adjustments to evaluate program results

MLTSS as a Tool for Community Integration: What might IAP support? How?

- Identify and support best practices of Managed Long-term Services and Supports (MLTSS) systems that increase community integration and improve outcomes
- Create and link databases to track impact of specific interventions on accelerated rebalancing activities

MLTSS as a Tool for Community Integration: What might IAP support? How?

- Accelerate the development of a core set of Long-Term Services and Supports (LTSS) measures
 - Focus on desired outcomes in community integration, meaningful employment, and positive consumer experience
- Align incentives within MLTSS with best practices
- Ensure maximal use of workforce

Managed Care and IAP: What might IAP support? How?

- Identify and share best practices for value-based contracting and benefit packages
 - Incentives from states to plans
 - Incentives from plans to providers
 - Benefit design for specific populations (behavioral health, LTSS)

Managed Care and IAP: What might IAP support? How?

- Refine data systems to support states in better understanding managed care performance at program, health plan, and provider-levels
- Identify and/or develop measures that focus more on outcomes and the cost-to-quality intersection
- Promote alignment of incentives and metrics at a provider and plan-level

Population Health and IAP: What might IAP support? How?

- Support ways to link with population health data sources outside Medicaid
- Payment strategies and metrics to encourage population health framework
- Benefit design to align services across silos
 - Wraparound services vs pre-tenancy vs primary care case management vs home health case manager, etc.
- Data analytics to identify needs of a population, based on Medicaid data sources

Superutilizers and IAP:

What might IAP support? How?

- Parallel with population health strategies: identify best practices in coordinating case management and beneficiary supports
 - Support real-time data exchanges such as Admit, Discharge, Transfer (ADT) feeds, to promote ability to identify and intervene as soon as beneficiaries are hospitalized
 - Develop algorithms to identify high-need beneficiaries

Superutilizers and IAP: What might IAP support? How?

(continued)

- Connect data sources outside Medicaid to other state and federal data sources
- Identify and support best practices in intensive case management techniques for population

Superutilizers and IAP: What might IAP support? How?

- Develop new metrics, retool existing metrics
- Develop algorithms to profile the needs of the high need beneficiaries and connect to services
- Identify/promote best practices in flexibilities in payment policy for Medicaid

Perinatal Health and IAP: What might IAP support? How?

- Develop better approaches to bundling payment for maternity and postpartum care
 - Connect data sources outside Medicaid to other state and federal data sources such as vital statistics
 - Support public transparency of data to promote change

Perinatal Health and IAP:

What might IAP support? How?

- Support ongoing Medicaid Maternal and Infant Health Initiatives with focus on post-natal visits and contraception
 - Payment policies on Long Acting Reversible contraceptives (LARC)
 - Encourage postpartum care (e.g., bundles, new codes)
 - Public reporting tools

Perinatal Health and IAP: What might IAP support? How?

- Promote better approaches within managed care, including leveraging External Quality Review Organizations' tools to promote quality outcomes
 - New metrics especially with regard to contraception
 - Re-tool existing metrics
 - Develop consensus lists of metrics to promote alignment
- Support best practices in coverage/benefit/payment policies for Medicaid

IAP's Functional Areas

What are the IAP Functional Areas?

- IAP offers technical assistance in the following functional areas:
 - Model development
 - Data analytics
 - Quality measurement
 - State-to-state learning
 - Rapid-cycle improvement and evaluation

Model Identification and Development

- Identify models that support states in rewarding value and improved health outcomes
 - Build on successful models targeted at Medicaid population (e.g, long-term services and supports, superutilizers, etc.)
- Map out connections between proven models and Medicaid authorities

Model Identification and Development

- Develop protocols and models appropriate for Medicaid
 - Financial modeling to design payment strategies that strengthen incentives to achieve greater value
 - Develop total cost of care bundles and methodologies
 - Support refinement of episodes of care around particular high-need, high-cost chronic conditions

Data Analytics

Facilitating Use of Data for Innovation

- Building analytic files from submitted state data (Transformed-MSIS and other individual level data) that can be shared with a state
- Creating analytic files that link a state's Medicaid data with other federal data in a state (e.g. Medicare, vital records)
- Standardizing definitions for analysis (e.g. eligibility groups, service categories, episodes of care, etc.)

Data Analytics

Facilitating Use of Data for Innovation

- Developing tools to assist states to analyze Medicaid populations and patterns of care in a way that can be benchmarked with other states
- Coordinating communication among state data analytic experts to share best practices
- Integrating Medicaid data and other payer source data to support delivery reforms

Applying Data Analytics (Current Use Cases)

•Support use of near real-time admission/discharge/transfer data

- Camden Coalition uses data directly from hospitals to identify superutilizers
- Tennessee is implementing an Admit, Discharge, Transfer (ADT) data feed that incorporates all Medicaid MCO payers

•Data integration

- The Dallas Information Exchange Portal combines real-time data from community -based organizations with hospital data to connect high-risk individuals with social and clinical services
- Washington state is integrating Medicare and Medicaid pharmacy data with diagnosis data, and criminal arrest records to identify people likely to have SUD needs

Quality Measurement

- Support better alignment across existing metrics
 - Family of measures, public/private payer alignment, etc.
- Develop and/or refine metrics
 - Target development efforts in key gap areas, refine existing measures to better reflect Medicaid population
- Develop, test, and work with states to use risk-adjustment tools specific to Medicaid

Rapid-Cycle Improvement & Evaluation

- Support states in applying Continuous Quality Improvement (CQI) tools
 - Use of CQI tools (i.e., Plan-Do-Study-Act cycles, data run charts)
 - Use of data in CQI efforts (collection, interpretation, application)
- Support application of appropriate rigor to state evaluation to understand causal relationships and impacts
- CMS to conduct evaluation of IAP

Coordinated Points of Contact

- Coordinated points of contact leverages CMCS's State Operational and Technical Assistance process to coordinate across components
 - Opportunity for states to identify interest in engaging in IAP
 - Way for other CMS components to identify and refer states to IAP resources, especially State Innovation Models and Medicare-Medicaid Coordination Office
- Opportunity for states to coordinate with multiple components within CMS

For More Information on IAP

- Look for IAP updates to be posted on the IAP page on www.Medicaid.gov
- Submit questions or comments to: MedicaidIAP@cms.hhs.gov
- Follow IAP on Twitter **#MedicaidIAP** through **@CMSgov**