
Accountable Care Collaborative Program

March 18, 2010

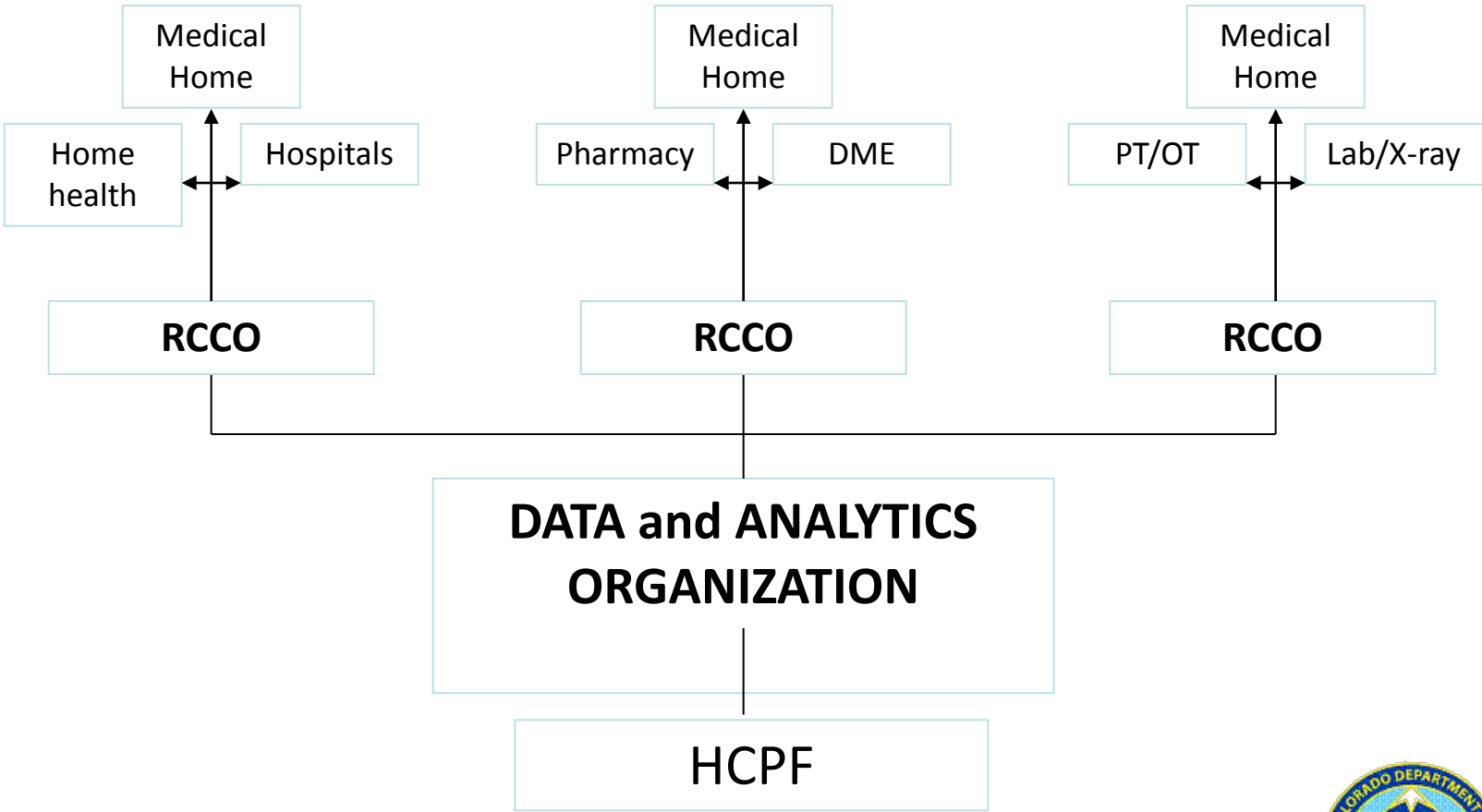


Medicaid Reform

- Redesign the Medicaid program to:
 - Provide a focal point of care/medical home for all clients
 - Facilitate creation of statewide data and analytics function
 - Coordinate care across all programs and providers by using all available community resources
 - Develop regional accountability for clients health status and affordability



Program Structure



Regional Care Coordination Organization

Functions:

Outcomes Management:

Accountable for health and healthcare optimization for region

Provider Support:

Practice redesign, assistance with complex clients, data sharing

Care Coordination and Care Transitions:

Coordination among care providers, between programs, and between phases in life

Medical Home Practice Redesign:

Increase efficiencies within the practice with special attention to the unique issues and needs of Medicaid clients



Statewide Data and Analytics Entity

Functions:

- Create a Web-based provider health information system
- Extraction and analysis of statewide data to identify data-driven opportunities to improve care quality



Financing

- Statewide Data and Analytics Organization
 - fixed price contract
- RCCOs
 - Per Member Per Month \$
 - Eligible for Incentive and gainsharing
- Providers
 - Claims will be paid fee for service
 - eligible for incentive and gainsharing



Program Design

- Pilot program starting in November 2010
- Enrollment = 60,000 for the pilot
 - 40,000 adults and 20,000 children
- Formal program evaluation
- Prove revenue neutral or savings before additional expansion
- Clients assigned to provider through passive enrollment-attribution enrollment



Program Benefits

- **Client Benefits**
 - Focal point of care
 - Assistance with coordination of all services, including social services
 - Emphasis on health and functioning, not service utilization
- **Provider Benefits**
 - Practice redesign support
 - One stop shopping resource at the Regional Entity
 - Access to claims data
 - Allows provider to share in cost savings
- **State Benefits**
 - Outcomes driven – reduce costs and improve population health
 - Allow Regional entities to do what they do best – build on pockets of excellence
 - Pilots initial steps in payment reform



Current Status

- Requests for Proposals being finalized for
 - Statewide Data and Analytics Organization
 - Regional Care Coordination Organization (7)



Evaluation

Desired Outcomes

- Eliminate disparities in health by region, income and ethnicity and maximize health, functioning and self-sufficiency
- Formulate regional strategies to achieve desired outcomes including lowering:
 - Tobacco use and second hand smoke
 - Obesity
 - Caries reduction
 - Depression management
 - Timely pre-natal care



Evaluation

Reductions in:

- avoidable hospitalizations
- preventable emergency room visits
- preventable hospital readmissions
- per capita costs per eligibility category
- variability of care across geographic regions



