

Iowa State Innovation Model Design Grant

State Issues Forum

April 27, 2013

Iowa Proposal

1. Multipayer Alignment--ACOs

- Wellmark and Iowa provider systems have worked together to create an Accountable Care Organization methodology
- Medicaid would adopt that SHARED SAVINGS ACO methodology
- Wellmark and Medicaid together cover 70% of Iowans

2. Expand on Wellmark ACO methodology to integrate long-term care and community based services that are high costs for Medicaid

- LTC is over 50% of Medicaid spending
- High cost high risk Medicaid patients often have multiple co-occurring conditions

3. Engage members in their own health

- Governor's Healthiest State Initiative / Blue Zones
- Patient incentives for healthy behaviors

Iowa Proposal

Vision: Transform Iowa's health care economy so that it is affordable and accessible for families, employers, and the state, and achieves higher quality and better outcomes for patients.

- **Economically Sustainable:** Implement integrated care models that lower cost and improve outcomes and patient satisfaction.
- **Accountability:** Develop appropriate incentives to move from volume-based to value-based purchasing, and reward achievement of cost, quality, and patient satisfaction outcomes.
- **Aligned Payment and Quality Strategies:** Align payment methods and quality strategies between Iowa's key health care payers to ensure a unified set of outcomes.
- **Patient-focused:** Improve Iowan's health and wellbeing and allow them to take ownership over their health decisions.
- **Workforce:** Assure the adequacy of Iowa's health care workforce.

Iowa Proposal

- **Goal:** Reduce the rate of growth in health care costs for the state as a whole to the Consumer Price Index within 3 years. The goals for the ACO organizations will be more aggressive, to reduce costs by 5-8% within 3 years.

Timeline

- Design Grant began April 1, 2013
- Governor's office will appoint advisory committee and workgroup members by Mid-May
- Workgroups will meet May-August as public meetings with comment periods
- Listening sessions will occur through August
- State Innovation Plan and a model testing proposal due to CMS by September 30
- No state money invested to date but Governor very supportive of redesign and movement toward ACOs

Stakeholder Process

Advisory Committee

Metrics & Design
Workgroup

LTC Integration
Design
Workgroup

Mental
Health/Substance
Abuse Design
Workgroup

Member Health
Engagement
Workgroup

Workforce
Workgroup

Listening Sessions: In-Person, via webinar,
consumer groups, etc.

Workgroup Charges

- **Metrics & Contracting:** Recommend ACO requirements, strategy for enrollment and roll-out of ACOs, and roles of health homes and MediPASS
- **Long Term Care (LTC) Integration:** Recommend how LTC and waiver members will work into system and determine how Aging and Resource Center will work with ACOs
- **Mental Health & Substance Abuse:** Recommend how these providers and the Medicaid behavioral health carve out work with ACOs

Workgroup Charges

- **Member Health Engagement:** Evaluate and recommend health account and other personal responsibility strategies like health risk assessments and positive incentives
- **Workforce Workgroup:** Analyze workforce needs and options tailored for ACO structure

Activity To-Date

- Entered into contract with Treo Solutions and have begun work on data exchange.
 - Current topic of discussion how Medicaid will generally look at/evaluate data as they serve a lot of distinct populations. (by income, by categorical need, by service package, etc.)
 - Medicaid remains committed to sharing Medicaid claims data with ACO participants to the full extent authorized by law
- Selected Health Management Associates to provide Technical Assistance and Stakeholder Support
 - HMA was involved with Colorado ACO development