Health Care Reform/SIM Initiative

Marni Bussell, SIM Program Director
October 2014
Topics

• Update on State Innovation Model (SIM)
ACO Adoption in Iowa

- In 2012, Medicare and Wellmark changed how they purchase health care and started ACO contracts
- Today in Iowa:
  - 12% of Medicare in an ACO
  - 37% of Wellmark in an ACO
  - Eight major health systems have ACO contracts covering an estimated 18% of the total population
Medicaid Health Homes

- Option under 2703 of the Affordable Care Act
- Allows payment for Health Home teams to perform care coordination, peer support, health coaching
- Provides 90% federal match for 8 quarters

- Iowa has two approved programs:
  - 2012: Chronic disease (primary care model)
  - 2013: Integrated Health Homes for adults with Chronic Mental Illness and children with Serious Emotional Disturbance
Population in Health Home September 2014

HH (Primary Care/Chronics)
- 6,123 members
- 66% have 4 or more chronic conditions
- 22% (1350) under age 19

IHH (SMI population)
- 30,133 members
- 48% are in the outreach and engagement rate
- 23% are under age 19
- 490 are previous Children’s Mental Health Waiver members
Providers in IHH Program

- Magellan manages the network of IHH providers
- Consists mostly with facilities that have previously established care with SMI Adults or SED kids
- CHSCs, PMICs, MHCs and CMHCs
- [http://www.magellanofiowa.com/for-providers-ia/integrated-health-home.aspx](http://www.magellanofiowa.com/for-providers-ia/integrated-health-home.aspx)
Iowa’s SIM Initiative
Model Testing Proposals

Awardees must apply policy and regulatory levers to address three focus areas:
1. Transform health care delivery systems
2. Improve population health
3. Decrease per capita total health care spending

Anticipated award announcement in Nov/Dec 2014
State Healthcare Innovation Plan (SHIP)

Key Concepts Learned from SIM Design:

• Align w/other payers in reimbursement, quality measurement, and reporting
• Increased transparency/data sharing
• Develop a care coordination approach and contract requirements for Medicaid ACOs
  o Clearly defined accountability at the community level
  o Provider relationships with other systems important (LTC, BH, Public Health, etc.)
• Member engagement/promote healthy behaviors
Transform Health Care Delivery

Expand ACO Model to Full Medicaid

- Expand PCP Assignment
- Shared Savings with Risk
- Incrementally add LTC/BH Services
- Care Coordination payments for chronics (aligned with HH)

Align with Other Payers

Support ACO Delivery System

- Use VIS
- Develop VIS Star Rating
- Include Medicaid HMO/CHIP Plans
- Develop Community Care Teams
- Develop Admission Discharge Transfer (ADT) system (HIT/IHIN)
- Technical Assistance approach with IDPH
Improve Population Health

Improve Population Health/ Healthiest State Initiatives

- Tobacco Use
- Diabetes
- Obesity/Childhood Obesity
- Hospital Acquired Infections
- Obstetrics Adverse Events

Engage Patients/Improve Health Literacy

- Build from Healthy Behavior Program
- Use HRA to measure Patient activation
- Utilize Public Partnerships for education & outreach
- Measure Member Experience
- Choosing Wisely Campaign

Collect Social Determinants of Health

- Impact Individual patient care
- Implement Community SDH Transformation grants
- Study potential risk adjustment on ACO payment model

Bussell
Decrease Per Capita Health Care Costs

Evaluation and Monitoring

- Conduct Rapid Cycle Evaluations
- Track Total Cost of Care
- Public Reporting of Results

Achieve Scale within an ACO model

- Align and partner with Public Payers (CHIP/M-HMO)
- Align and partner with Private Payers

Track VIS Improvement

- Monitor VIS and TCOC relationship
- Identify sub populations needs improvements
Step 1: Implement Health and Wellness Plan w/ACO Option

Step 2: Expand ACO model for full Medicaid population

Step 3: Add LTC and Behavioral Health Services

Step 4: Full Risk based value based models

Accountability increases as additional systems are brought into the Total Cost of Care budget

Timing determined by Rapid Cycle Evaluations
Iowa Health and Wellness Plan

Iowa Department of Human Services

Improve Health

- Member Healthy Behaviors
- Financial Incentives
- Medical Homes/ACOs
- Quality Measures
- Multipayer Alignment
- Reporting

Increase Members’ engagement in their health and healthy behaviors.

Ensure a delivery system that supports health and preventive action.

Accountability for population health outcomes.

Pay for results and value, rather than volume.

Implement tools that provide population health data and information that medical homes/ACOs need for care coordination.

Provide public transparency for results.

Iowa Health and Wellness Plan
Questions

Marni Bussell
SIM Program Director
Iowa Department of Human Services
mbussel@dhs.state.ia.us
515-256-4659
Iowa Health and Wellness Plan

Lindsay Buechel
IME Communication Manager
The Iowa Health and Wellness Plan was enacted to provide comprehensive health coverage for low-income adults

- Began January 1, 2014
- Iowans age 19 - 64
- Income up to and including 133% of the Federal Poverty Level (FPL)
- New, comprehensive program replaced the IowaCare program, which ended December 31, 2013
One Plan, Two Options

Iowa Wellness Plan
• For adults age 19 - 64
• Income up to and including 100% of the Federal Poverty Level

Marketplace Choice Plan
• For adults age 19 - 64
• Income 101% to no more than 133% of the Federal Poverty Level
Iowa Wellness Plan: 0-100% FPL

- Family of one: $11,670
- Family of two: $15,730
- Individuals up to 100% FPL
Iowa Wellness Plan: 0-100% FPL

Administered by Iowa Medicaid

Provides comprehensive health services

Coverage is equal to the benefits provided to state employees

<table>
<thead>
<tr>
<th>Benefit Categories Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician services, including primary care</td>
</tr>
<tr>
<td>Outpatient services</td>
</tr>
<tr>
<td>Emergency room services and transportation</td>
</tr>
<tr>
<td>Hospitalization</td>
</tr>
<tr>
<td>Mental health and substance use disorder</td>
</tr>
<tr>
<td>Rehabilitative and habilitative services and devices</td>
</tr>
<tr>
<td>Lab services, x-rays, imaging (MRI, CT, etc.)</td>
</tr>
<tr>
<td>Preventive and wellness services</td>
</tr>
<tr>
<td>Home &amp; community-based services</td>
</tr>
<tr>
<td>Prescription drugs</td>
</tr>
<tr>
<td>Dental services</td>
</tr>
</tbody>
</table>
Iowa Wellness Plan: 0-100% FPL

- Access to the same providers currently available with Medicaid
- Ability to choose primary care physician
- Primary care physician coordinates care for member
Marketplace Choice Plan: 101-133% FPL

- Family of one
  - $11,671 - $15,521
- Family of two
  - $15,731 - $20,920
- Individuals
  - 101% FPL up to 133% FPL
Marketplace Choice Plan: 101-133% FPL

Members select a certain commercial health plan available on the Health Insurance Marketplace
- CoOportunity Health
- Coventry Health Care of Iowa

Uses the commercial plan’s statewide provider network – includes primary care, specialists, hospitals
Marketplace Choice Plan: 101-133% FPL

Provides comprehensive health services

Coverage includes the qualified health plan required essential health benefits

<table>
<thead>
<tr>
<th>Benefit Categories Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician services, including primary care</td>
</tr>
<tr>
<td>Outpatient services</td>
</tr>
<tr>
<td>Emergency room services and transportation</td>
</tr>
<tr>
<td>Hospitalization</td>
</tr>
<tr>
<td>Mental health and substance use disorder</td>
</tr>
<tr>
<td>Rehabilitative and habilitative services and devices</td>
</tr>
<tr>
<td>Lab services, x-rays, imaging (MRI, CT, etc.)</td>
</tr>
<tr>
<td>Preventive and wellness services</td>
</tr>
<tr>
<td>Home &amp; community based services</td>
</tr>
<tr>
<td>Prescription drugs</td>
</tr>
<tr>
<td>Dental services</td>
</tr>
</tbody>
</table>
Healthy Behaviors Program
Healthy Behaviors Program

- Helps waive any possible contribution (premium) for the next year of enrollment
Healthy Behaviors Program

• Members have 12 months to complete Healthy Behaviors
  o Enrolled in January 2014, have until January 2015
  o Enrolled in April 2014, have until April 2015

• Contribution amount if activities not completed:
  o Wellness Plan (50-100% FPL): $5 per month
  o Marketplace Choice Plan (101-133% FPL): $10 per month
How To: Wellness Exam

1. Identify the member’s primary care provider

2. If unknown, member can:
   A. Call Iowa Medicaid Member Services at 1-800-338-8366 (8-5, M-F)
   B. Member Services can share provider and phone #

3. Provider can:
   A. Call ELVS or access portal online
Health Risk Assessment

Wellness Plan Members
1. Using tool called Assess My Health
   - AssessMyHealth.com
2. Can be completed online or by phone
   - By phone through IME Member Services

Marketplace Choice Plan Members
- Use health plan assessment or AssessMyHealth
General Medicaid Information: http://dhs.iowa.gov/


New website for Iowa Health and Wellness Plan and Healthy Behaviors members: www.iahealthlink.gov