



MESOC²⁰₁₆

SHOW ME...THE GATEWAY TO INTEGRATION

Innovation In a Digital Era: Using Data To Pivot to the “New”

August 17, 2016

WELCOME

- ▶ Moderator - Renea Steele, MHA, PMP, CSG Government Solutions
- ▶ Session Title - Innovation in a Digital Era: Using Data to Pivot to “The New”
- ▶ Our session will discuss the unique challenges and inherent opportunities of data and analytics driven reform, highlighting relevant case studies from West Virginia
- ▶ Please remember to silence your cell phones
- ▶ We will manage the session by holding all questions until the last 15 minutes
- ▶ When asking questions please identify yourself and use the microphones to ensure that all attendees and the presenters can hear the question

Speakers

- ▶ SPEAKER 1 - Michael Kovach, Consultant, Health Strategy, Accenture
- ▶ SPEAKER 2 - Zachary Rioux, MCMP-II, PCCMP, Consultant, BerryDunn
- ▶ SPEAKER 3 - Peter Alfrey, Senior Consultant, BerryDunn
- ▶ SPEAKER 4 - Edward L. Dolly, CIO, West Virginia Department of Health and Human Resources



High performance. Delivered.

Medicaid Innovation

Introductions



Michael Kovach

Accenture Strategy

michael.kovach@accenture.com

Medicaid is at a critical juncture...



Social



Economic



Societal

...and the current path is unsustainable.

16M

More 2016 Medicaid/CHIP enrollees than predicted in 2010

20%

Percentage of Medicaid beneficiaries considered "dual eligible"

Social

6.0%

CAGR of Medicaid spend (2016 - 2025)

25%

Percentage of state budgets spent on Medicaid (FY14)

Economic

31+DC

States / territories have expanded Medicaid coverage

62

Number of times Congress has voted to repeal the ACA

Societal

Fortunately, we are entering a new age of innovation.



The Federal government is leading the charge...

\$23B 23

Investment

Reform Initiatives

...testing new ways of accomplishing the Triple Aim.

Accountable Health Communities Model

Strong Start for Mothers and Newborns

Delivery System Reform Incentive Payments

Primary Care Extension Program

Multi-Payer Advanced Primary Care Practice

Medicaid Incentives for Prevention of Chronic Dis.

Medicaid Emergency Psychiatric Demonstration

Comprehensive Primary Care Initiative

Medicaid Innovation Accelerator Program

Transforming Clinical Practices Initiative

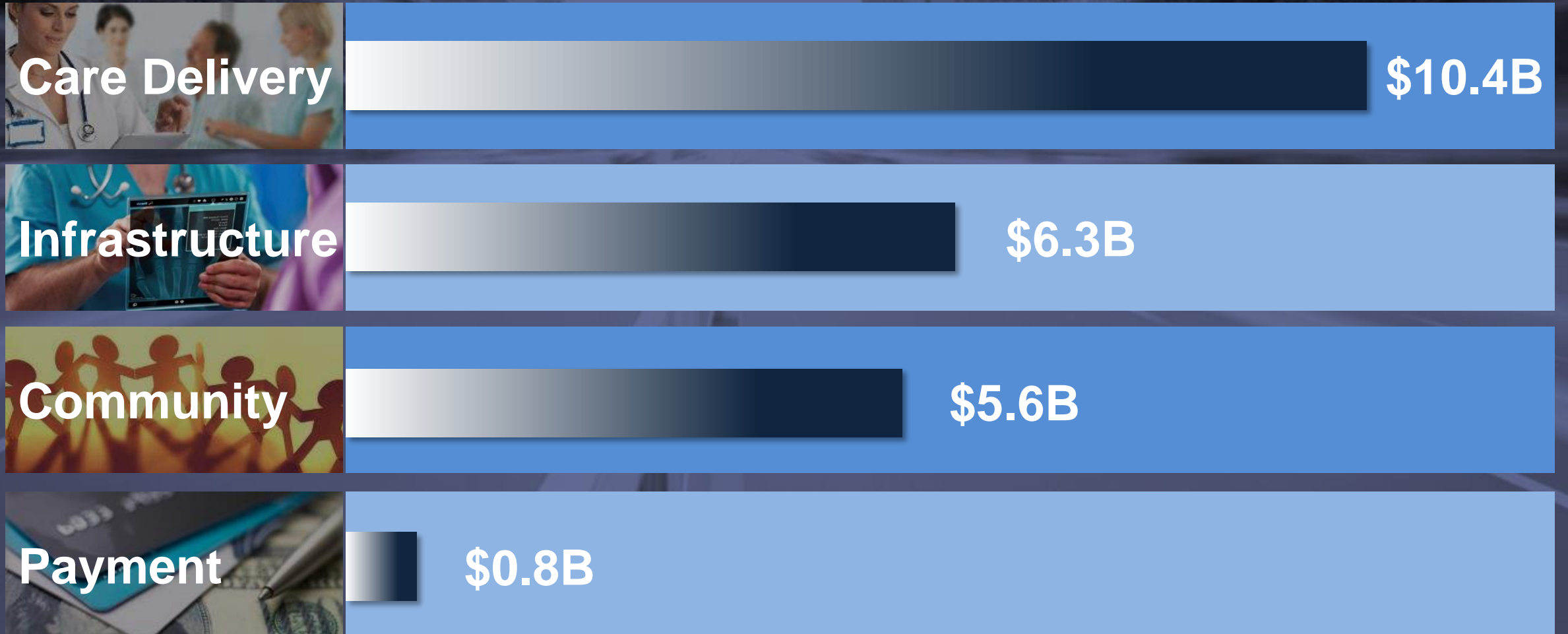
Health Care Innovation Awards

State Innovation Models

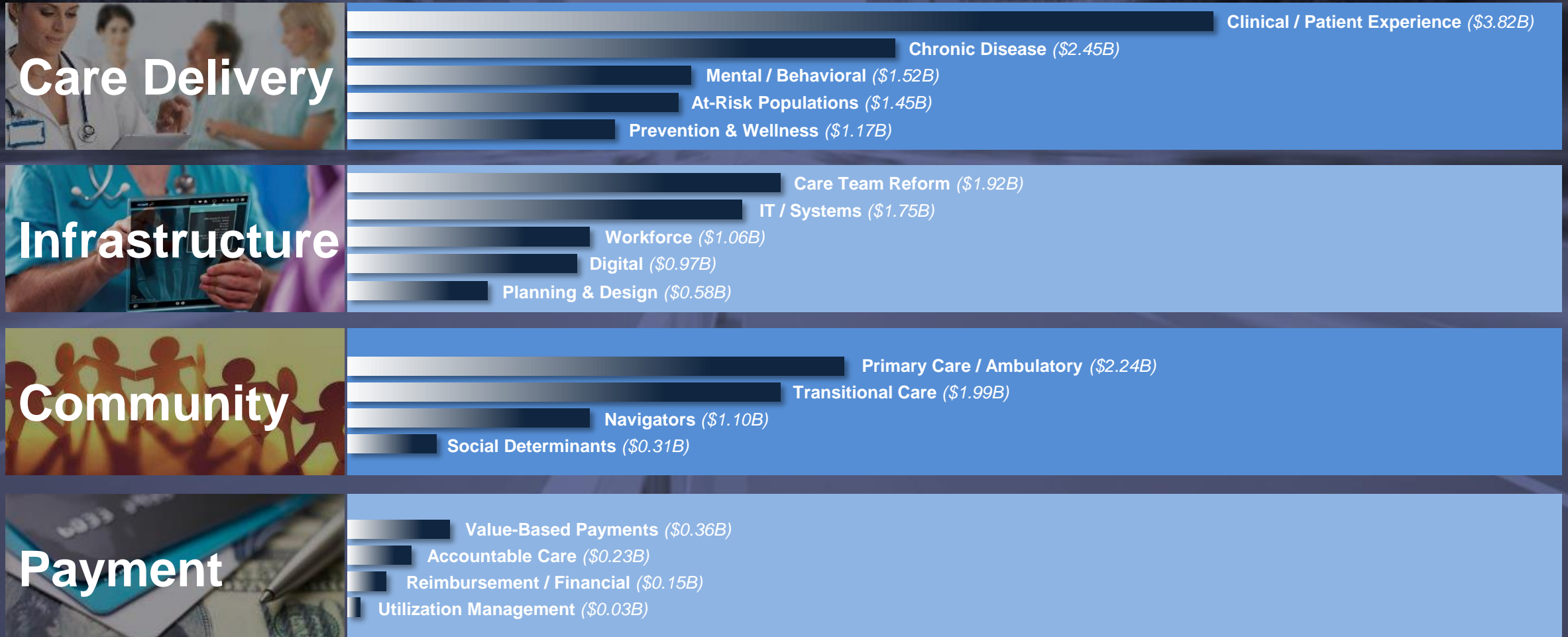
Innovation is occurring in four primary areas...

 <h2>Care Delivery</h2>	 <p>Disease Management (e.g., Asthma, Diabetes, CHF)</p>	 <p>Health Needs / Risk Assessment</p>	 <p>Substance Use Disorder Program</p>	 <p>Maternal & Child Health</p>	 <p>Pharmacy Prescription & Adherence</p>
 <h2>Infrastructure</h2>	 <p>Patient-Centered Medical Homes</p>	 <p>Medicaid-Specific Practitioners</p>	 <p>Physical & Behavioral Health Integration</p>	 <p>Workforce Certification and Licensing</p>	 <p>Patient & Provider / State Registries</p>
 <h2>Community</h2>	 <p>Navigator Programs / CHW Services</p>	 <p>High-Utilizer / "Frequent Flyer" Program</p>	 <p>Transitional Care Services</p>	 <p>Provider Community Collaboration</p>	 <p>Community Services / Directory</p>
 <h2>Payment</h2>	 <p>High-Risk Focused ACO</p>	 <p>P4P & Value-Based Contracting</p>	 <p>Utilization Optimization</p>	 <p>Bundled Payment</p>	 <p>Incentives / Rewards</p>

...focused primarily on care delivery.



Emphasis concentrated in several key categories.



Fundamental truths about Medicaid Innovation.



**Current Path is
Unsustainable**



**Leverage Community
Health Resources**



**Digital is Key; Innovation
Requires Agility**



**Social Determinants
at the Forefront**



**Success Requires New
Means of Engagement**



**Time is Now to Innovate
and Explore**

Win the Future!



Modernize your capabilities



Embrace government funding



Engage in rapid prototyping and piloting



Lean in to government trends

Learn more! Read our POV and reach out to us!

Medicaid Innovation, A Disruptive Reality

How Uncle Sam Became the Country's Hottest Venture Capitalist



Michael Kovach
Accenture Strategy

michael.kovach@accenture.com

Drew Boston
Accenture Strategy

drew.boston@accenture.com

West Virginia Case Studies

Access Monitoring Plan

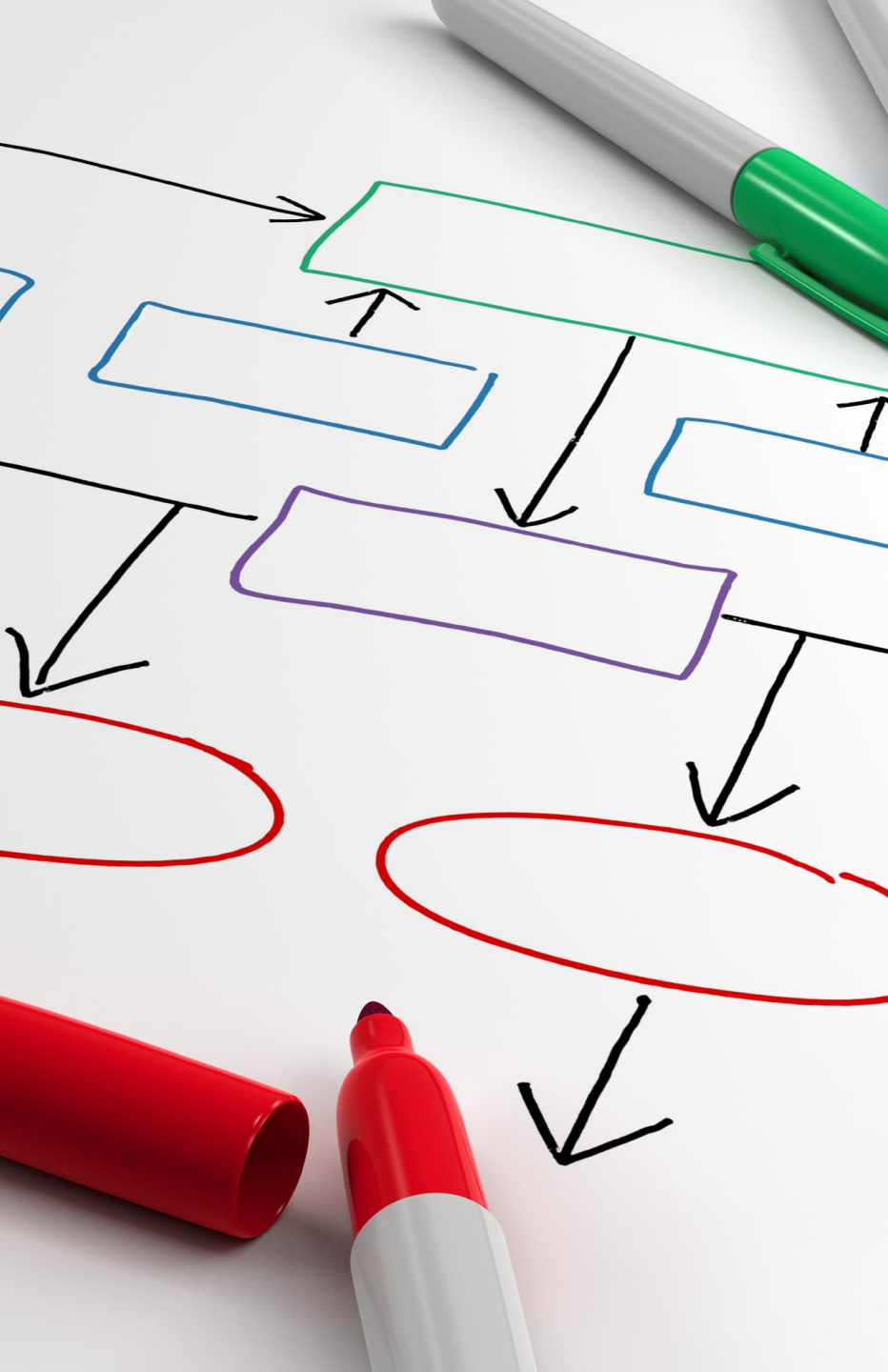
Substance Use Disorders Waiver

Long-Term Support Services



The West Virginia Medicaid Landscape

- Serves more than 560,000 West Virginians (~30% of total population)
- Total Medicaid Costs exceeded \$4 Billion in State Fiscal Year (SFY) 2015
- SFY 2015 Medicaid budget comprises approximately 29% of State's budget
- Maintains both Fee-For-Service and Managed Care Healthcare Delivery Systems
- Participated in Medicaid expansion as a part of the Affordable Care Act



Access Monitoring Plan



Strategy & Approach

OBJECTIVE: Develop an Access Monitoring Review Plan that identifies data and incorporates beneficiary feedback to the extent that is necessary for West Virginia to monitor access to care, implement improvement strategies, and comply with CMS requirements



Strategy & Approach

ANALYZE access monitoring data across specific Medicaid fee-for-service (FFS) service categories

DEVELOP a strategy to monitor access to care (ATC)

- Identify access monitoring baselines, assumptions, and trends
- Develop a schedule of reports to be distributed on a monthly, quarterly, and yearly basis
- Create vehicles for ongoing data collection (mailings, phone, email, etc.)



FOCUS

Strategy & Approach

IDENTIFY focus areas to measure access to care:

- Provider and member enrollment
- Utilization of services
- Requests for assistance
- Perceptions of ATC
- Medicaid, Medicare and other payer rates

Data Analysis

- Member and provider enrollment increases/decreases
- Members per provider counts across the West Virginia Medicaid network
- Member utilization rates
- Geographic representations of member and provider locations
- Average distance travelled per member
- Average distance of available service provider
- Rate comparisons across Medicare and other private payers
- Managed care rates compared to FFS
- Medicare rates compared to managed care and FFS



Results

NEXT STEPS:

- Gather and integrate feedback from the stakeholder community
- Finalize additional analysis
- Submit Access Monitoring Plan to CMS
- Commence monitoring of ATC
- Identify potential areas for improvement
- Identify areas for expanding ATC monitoring



Substance Use Disorders Waiver



Strategy & Approach

STATEMENT OF NEED

- West Virginia #1 in the nation for overdose deaths, increased 65% in six years
- Prevalence of SUDs has broader impact on overall economic health of the state (e.g., lower per capita income, higher unemployment rate)
- Some targeted attempts by State to address the crisis (e.g., shutting down “pill mills”) and Governor has made commitment to address larger issues
- Hope for waiver to enable West Virginia to take a systemic approach to addressing behavioral health issues across State



Strategy & Approach

INTRODUCTION

- Comprehensive set of substance use disorders (SUD) treatment and care coordination services available across Medicaid population with hope of achieving system-wide change
- Expectation to serve ~85% of Medicaid population through managed care delivery system by end of FY2017
- Medicaid managed care plans to receive a financial incentive in form of adjusted capitation rates and quality incentives for facilitating this effort



Data Analysis

- Analysis of prevention and treatment services and service delivery
- Confirm changes made to behavior health services and MCO reimbursement (through 1115 Medicaid Waiver) will be cost neutral for West Virginia Medicaid program
- Understand historical costs— Services spend to treat SUD and Neonatal Abstinence Syndrome (NAS) to calculate cost neutrality

Data Analysis

QUALITY MEASURES:

- SUD measures reported by MCOs
- Initiation and Engagement
- SUD Treatment Provided/Offered at Hospital Discharge
- Follow-up after emergency department (ED) discharge
- Assess the impact of providing SUD services on:
 - Readmission rates to the same level of care or higher
 - ED utilization
 - Inpatient hospital utilization
- Framework for evaluating successful care transitions between SUD levels of care, as well as linkages with primary care upon discharge



Long-Term Support Services



Strategy & Approach

DHHR considering policy options and reforms to reduce Long-Term Services and Supports (LTSS) spending and make quality LTSS accessible to West Virginians

PHASE 1 of LTSS Reform Initiative Planning Project focused on:

- Analyzing the current LTSS environment
- Making future environment forecasts
- Researching potential LTSS reform options to improve quality and contain costs



Strategy & Approach

Analysis of utilization and paid claims data looking at certain procedure codes and different demographics from Truven data warehouse used to assess the feasibility of potential changes to program

Supported by data analysis:

- For PACE (Program of All-inclusive Care for the Elderly), the costs appear to outweigh the benefits to support LTSS
- The Community First Choice (CFC) State Plan option appears to show promise in cost savings.

Data Analysis

Data sources used to produce the estimates and models in LTSS report:

Data Source	Data Provided
Truven Advantage Suite Decision Support System	<ul style="list-style-type: none">• Medicaid enrollment counts• Utilization of Medicaid-covered services• Average Medicaid payments per member for long-term care services
United States Census 2010	<ul style="list-style-type: none">• Historical state-level population counts by age group• Projections of elderly and non-elderly populations at the state level
Centers for Disease Control, Long-Term Care Services in the United States: 2013 Overview	Per capita use of adult daycare, nursing home, residential care, home health care, and hospice services for populations age 65 and older
West Virginia: 2014 State Long-Term Services and Supports Scorecard Results, The Commonwealth Fund	<ul style="list-style-type: none">• Count of low-care needs nursing home residents• Home health care and personal care aides per 1,000 for populations age 65+• Comparison to national benchmarks



Results

- If current service utilization and spending continues, West Virginia LTSS expenditures trending to increase by 21%
- WV 65 and over population projected to continue to increase at faster rate than total population
- Nationally, number of Medicaid nursing home residents decreasing slightly
- If nursing home utilization rates continue to increase at same pace as they have from 2010 and 2015, demand for nursing home beds likely to exceed current inventory of nursing home beds by 2020
- Among 65 and over population, nursing home costs growing at a faster rate than the growth in the nursing home population



Questions to Consider

- What are the key drivers behind the significant growth in the <65 nursing home population?
- What are the characteristics of informal caregivers and the population they care for?
- Are informal caregivers likely to join the formal workforce over the next ten years, which may shift more people toward formal LTSS?
- What other factors might drive more people into formal services in the future?
- Important to consider questions that arose based on this analysis as part of larger LTSS reform planning efforts



Results

Community First Choice (CFC)

Risks:

- Enrollment
- Financial
- Covered services
- Political
- Programmatic

Potential benefits:

- No identified barriers to implementation
- CFC supplemental and would likely not replace existing state Medicaid programs
- Estimate ~11,000 people eligible and likely to enroll in CFC in West Virginia
- Potential savings of ~\$15 million per year in State dollars



Results

Community First Choice (CFC)

If West Virginia intends to continue to pursue CFC, more in-depth analyses required:

- Legal and regulatory analysis to determine need for legislative action to implement CFC
- Actuarial analysis to refine estimated financial impacts presented in report, including eligible populations that are not currently receiving services
- Determine if there are means to fund the planning and implementation, such as through existing State Innovation Model grant dollars and the MITA State Self-Assessment

Other West Virginia Medicaid Innovation Initiatives

- State Innovation Models
- Medicaid Emergency Psychiatric Demonstration
- Health Care Innovation Awards
- Federal Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration
- Transforming Clinical Practices Initiative

Questions...

Thank you!

Presentations will be posted to the conference website within the next few days