Alaska Department of Health and Social Services

Health Information Infrastructure Plan

Workgroup Session #5

February 13, 2018

HealthTech Solutions

AGENDA

- Role Call

- Brief Overview

- Workgroup Discussion
  - Coordinated Care Demonstration (CCD) Project
  - Accountable Services Organization (ASO)
  - Other Medicaid Redesign Initiatives

- Next Steps

PURPOSE

- Development of the DHSS Health Information Infrastructure Plan to transform the health care system in Alaska by providing:
  - The data required by health care providers for care coordination and quality improvement
  - The information support required by DHSS and health care providers to enable development and implementation of Senate Bill 74 – Medicaid Redesign Initiatives
- Development of the Health Information Infrastructure Plan includes **six** stakeholder work group sessions to determine areas of necessary infrastructure improvement and to capture use cases for the implementation

MEASURES OF SUCCESS OF THE PLAN

- Measurable health infrastructure outcomes based on SB 74
- Alignment of state technology standards and identified critical areas where standards are needed
- Leveraging of existing and emerging technologies with a resultant HIPAA compliant framework
- Recommend a streamlined approach to a complex technology environment
- Methods to measure compliance with the plan developed
- The plan is implemented with a phased and scalable approach
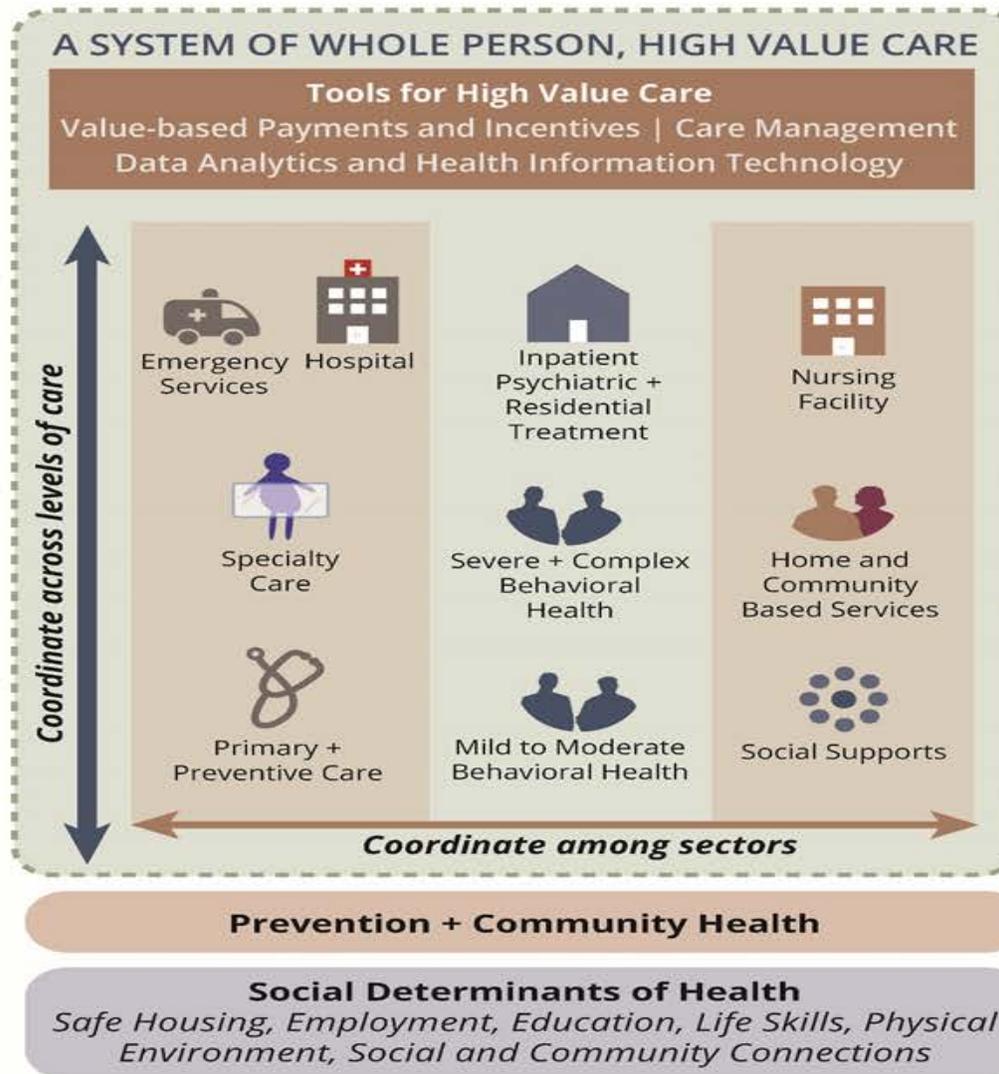
Vision for Medicaid Redesign

The Alaska Medicaid Program improves health and pays for value.

Medicaid Enrollees Access Appropriate Level of Care

PRINCIPLES + VALUES

- ✓ Collaborate for whole person, high quality integrated care
- ✓ Focus on health promotion, prevention, maintenance and recovery
- ✓ Coordinate care across providers and integrate across service types
- ✓ Meet the needs of various life stages
- ✓ Ensure culturally and community appropriate services
- ✓ Reduce administrative burden
- ✓ Increase patient and provider satisfaction
- ✓ Increase access to services with telehealth
- ✓ Provide services in the most appropriate setting
- ✓ Reduce gaps in care
- ✓ Engage enrollees to improve health and social conditions
- ✓ Share responsibility among participants, providers and payers
- ✓ Connect providers and payers through health information infrastructure
- ✓ Use data analytics to drive effective, high-value care
- ✓ Leverage federal dollars

A SYSTEM OF WHOLE PERSON, HIGH VALUE CARE

Tools for High Value Care
Value-based Payments and Incentives | Care Management
Data Analytics and Health Information Technology

Coordinate across levels of care

- Emergency Services
- Hospital
- Inpatient Psychiatric + Residential Treatment
- Nursing Facility
- Specialty Care
- Severe + Complex Behavioral Health
- Home and Community Based Services
- Primary + Preventive Care
- Mild to Moderate Behavioral Health
- Social Supports

Coordinate among sectors

Prevention + Community Health

Social Determinants of Health
Safe Housing, Employment, Education, Life Skills, Physical Environment, Social and Community Connections

OUTCOMES

- IMPROVE HEALTH
- CONTAIN COSTS
- OPTIMIZE ACCESS
- INCREASE VALUE

SESSIONS - TIMELINE

#	Description	Date
1	Claims/Pharmacy/Program Integrity	03/06/2017
2	Member/Provider Eligibility & Management	05/09/2017
3	Care Management/Public Health Registry/TeleHealth	09/19/2017
4	HIE	11/14/2017
5	**Coordinated Care Demonstration/ASO/Other Medicaid Redesign**	**02/13/2018**
6	Data Management & Interfaces	TBD

COMMON ISSUES/OPPORTUNITIES

Data Governance
- Common definitions/terminology
- Data Dictionary and Reporting
- Data Quality and Standardization

Data Availability
- Use of HIE (bi-directional)
- Better integration with Registries
- Interoperability

Lack of Automation
- Siloed Systems
- Too many system issues causing manual interventions

WORKGROUP -1 — HIGH LEVEL

- Too many penny claim adjustments

- Lack of incentive for providers to connect to HIE

- Reduction in # of Medicaid Providers

- Electronic Referrals Improvement

- Duplicative Data Entry

- No/limited Social Determinants of Health Data

- No/limited Presumptive Eligibility Automation

WORKGROUP -2 – HIGH LEVEL

- ARIES/EIS issues

- Provider Credentialing/Enrollment issues (Non-Medicaid)

- Care Coordination

- MMIS post-implementation issues

- Policy/System not in alignment

- Provider tools for eligibility search are lacking in functionality (name search etc)

WORKGROUP -3 — HIGH LEVEL

- Lack of Statewide Telehealth Infrastructure

- Limited automation with registries from EHRs or HIE

- Multiple assessment tools are in place and data is not shared

- No ability to tie household members to an assessment

- Bandwidth, cost, software, HIPAA compliance and technical support issues for Telehealth

- MPI/MCI (Master Client Index) accuracy

WORKGROUP -4 – HIGH LEVEL

- Lack of awareness, adoption of AeHN and understanding the value of an HIE.

- Due to lack of progress, providers have sought other solutions which circumvent HIE and reduce its value proposition.

- Small footprint with limited data.

- Slow pace of work and responsiveness.

- Multiple log-in locations, need single sign on.

- 52 different EHRs, creates challenges for interoperability and data flow.

- Confusion and misunderstand of AeHN goals.

HIE PRIORITIZATION AND FUNCTIONALITY SURVEY RATINGS

Workgroup Consolidated Priority Functionality Findings

- Direct secure messaging

- Result data (lab, radiology, etc.)

- Prescription Drug Monitoring Program

- Analytics capabilities

- HIE incorporation of Tribal Health Information

- HIE incorporation of behavioral health information

*These functions were identified within the top 10 of half the survey respondents

STAKEHOLDER WORKGROUP 5 DISCUSSION

Workgroup 5 Topics

- Coordinated Care Demonstration Project
- Accountable Services Organization
- To-Be Outcomes for Medicaid Redesign Initiatives

COORDINATED CARE DEMONSTRATION PROJECT BACKGROUND

SB 74 requires DHSS to implement a Coordinated Care Demonstration (CCD) Project to assess the efficacy of care models regarding cost, access and quality of care for Medicaid enrollees.

Based on a September 15, 2016 **Request for Information**, DHSS selected 3 Care Models:

- Managed Care Organization (MCO)
- Care Management Entity (CME)
- Provider-Based Reform (PBR)

RFP

- An RFP was released on December 30, 2016.
- DHSS staff reviewed the proposals.
- The DHSS review findings were provided to the proposal review committee for a formal recommendation to the Commissioner.
- DHSS is currently in negotiation with 3 offerors which represent each of the care models.

COORDINATED CARE DEMONSTRATION PROJECT

Proposals for the CCD must include information on how additional cost savings will be achieved, including reduced cost through increased use of telehealth for primary care, urgent care and behavioral health.

After 2 years, the CCD Projects will be reviewed and evaluated by an actuary based on:

- Cost savings
- Health outcomes
- Ability to expand statewide

COORDINATED CARE DEMONSTRATION PROJECT

The CCD care models are required to include at least 3 of the following components:

- Comprehensive primary care
- Care coordination
- Health Promotion
- Comprehensive transitional care
- Referral to community and social support services
- Sustainability and the ability to achieve results in other state regions
- Integration and coordination of benefits, services, and utilization management
- Local accountability for health and resource allocation
- Innovative payment processes

Food for Thought:

1. Is your organization's operations currently impacted by any of these specific components?
2. Any suggestions/ideas for rollout/implementation?

STAKEHOLDER WORKGROUP 5 QUESTIONS

CCD Project

- What factors other then cost, quality and "state-wideness" should be considered for continuation of a CCD project ?
- What information should be evaluated to determine cost savings and health outcomes ?
- What quality measures and health outcomes should be targeted ?
- What are your technology needs ?

ADMINISTRATIVE SERVICES ORGANIZATION BACKGROUND

SB 74 requires DHSS to redesign and reform the State's Behavioral Health (BH) system by:

- Reviewing staff and provider readiness to implement a new system of BH services;
- Developing and applying to CMS for a Medicaid 1115 Behavioral Health Waiver ; and
- Contracting with an ASO to manage the 1115 Behavioral Health Waiver.

The Waiver must include grant-funded CMHCs and DATCs that have provided care to recipients of BH services.

Waiver goals:

- Expansion of treatment capacity and improved access to services;
- Integration of care;
- Cost and outcomes reform;
- Provider payment and accountability reform; and
- Delivery system reform.

ADMINISTRATIVE SERVICES ORGANIZATION REQUIREMENTS

ASO must be a third-party organization with expertise in integrated BH systems management.

ASO Goals:

- Increasing access;
- Improving health outcomes;
- Managing the cost of BH.

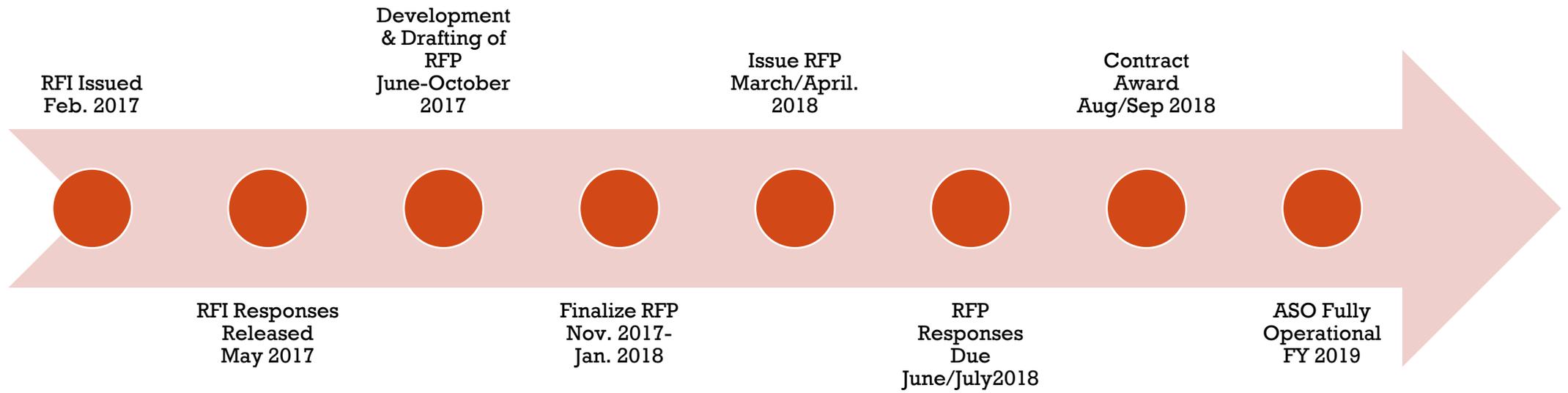# ADMINISTRATIVE SERVICES ORGANIZATION CONSIDERED SERVICES

Services provided by the ASO under the waiver are being finalized. The following administrative support services are being considered:

- Participant eligibility and enrollment;
- Utilization management;
- Provider network capacity development and support;
- Participant outreach, communication, and support;
- Quality and outcomes management;
- Data management;
- Claims processing; and
- IT system requirements

ADMINISTRATIVE SERVICES ORGANIZATION

RFI Issued
Feb. 2017

Development
& Drafting of
RFP
June-October
2017

Issue RFP
March/April.
2018

Contract
Award
Aug/Sep 2018

RFI Responses
Released
May 2017

Finalize RFP
Nov. 2017-
Jan. 2018

RFP
Responses
Due
June/July2018

ASO Fully
Operational
FY 2019

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STAKEHOLDER WORKGROUP 5 QUESTIONS

ASO Key Questions:

- Suggestions for administrative simplification/streamline/reduction of burden
- What potential impact will the ASO have on your organization's current operations ?
- What are your technology needs?
- Business Intelligence data needs?

OTHER MEDICAID INITIATIVES — COMING IN 2018

- **Explanation of Benefits (EOBs)**
  - Electronically distribute EOBs to Medicaid recipients for health care service.

- **Decision Support System**
  - Turn Disconnected Data Into Actionable Information — and a Single Source of Truth. Planning to get a CMS certified solution from another state.

NEXT STEPS AND CONCLUSION

Workgroup 6
Date: TBD

- **Data Management** – including the triple aim, data warehouse, data governance/data management strategy, and technical management strategy

- **Interfaces** – existing and gaps