

Medicaid Reform: Where Do We Go From Here?

COLORADO MEDICAL SOCIETY
BOARD OF DIRECTORS

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Overview

Goal:

- Come to clear consensus on what is meant by “Medicaid reform” so an actionable operational plan can be developed

Key Parameters:

- Timeframe: next 12 months (through fall 2018)
- Focus level: state-level policy, based on facts as we know them today
 - Significant program operational challenges right now
 - Significant federal policy uncertainty right now
- Need to be nimble

Why Focus on Medicaid?

- Challenging & vulnerable clients - includes low income and disabled populations with complex health care needs and newly insured populations with unmet care needs
- Size of program -largest payer in the state
- Ability to influence market - as a public program more opportunity to shape policy, which can push reforms with other payers too
- Change is inevitable - be “at the table or on the menu”

Where We’ve Been / Where We’re Going

- **Growth**
 - From 400,000 to 1.4M clients over 10 years
 - About 20 percent of CO population
- **Change**
 - From fee-for-service to care management model via ACC
 - Delivery system and payment reform efforts
- **State Medicaid**
 - New RAE contracts in 2017
 - ACC 2.0 launch 2018
- **Federal Medicaid**
 - Possibility of legislation still out there - scope and focus unknown
 - Administrative actions & change via state waivers
- **Politics**
 - New Governor & administration Jan 2019

Colorado’s (HCPF’s) Vision for ACC 2.0

- Core delivery system for Medicaid: hybrid model combining elements of an **Accountable Care Organization** with a **Primary Care Case Management** model
- Framework for other health care initiatives - medical homes, health IT, payment reform
- **5 goals for ACC 2.0:**
 - (1) Join physical and behavioral health under one accountable entity
 - (2) Strengthen coordination of services by advancing team-based care and health neighborhoods
 - (3) Promote member / client choice and engagement
 - (4) Pay providers for increased value they deliver
 - (5) Ensure greater accountability and transparency

Models for Medicaid Delivery & Payment

Delivery System Models

- Risk-based Managed Care / Managed Care Organizations
- Prepaid Health Plan
- Primary Care Case Management
- Accountable Care Organization
- Patient Centered Medical Home
- Health Home

Payment Models

- Fee-for-Service
- Capitation
- Care Management Fee
- Pay for Performance
- Shared Savings Arrangements (Gain-Sharing)
- Share Risk Arrangements (Risk-Sharing)
- Global Bundling
- DSRIP

Key Questions?

1. CO Medical Society helped build the Accountable Care Collaborative and has constructively supported that model. Is ACC still the preferred model? If not, what alternative(s) are we advocating for?
2. What are priority focus areas for the next 12 months?

Examples of Focus Areas

Not a complete list, a starting point for discussion:

- Protecting progress: opposing efforts to scale back Medicaid program / scope or proposals to return to unmanaged, FFS environment
- Payment reform innovation, e.g. structuring “value-based payments”
- Agreement on key performance indicators
- With auto-enrollment in RAE, client attribution and / or other “on-boarding activities”