



State Medicaid Reforms Aimed at Changing Care Delivery at the Provider Level

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PROJECT OBJECTIVES

- To better understand specifics of different state approaches to Medicaid payment and delivery system reform in Arkansas, Connecticut, Maryland, Minnesota, Oklahoma, Oregon, and Pennsylvania
- To monitor state progress in advancing these reforms
- To identify common themes across states

METHODS

- Semi-structured in-person interviews with Medicaid officials and stakeholders
 - Arkansas, Minnesota, Oregon, and Pennsylvania (2013)
 - Connecticut, Maryland, and Oklahoma (2014)
- Telephone interviews
 - Arkansas, Minnesota, and Oregon (2014-2015)
- In-person roundtable with state Medicaid officials from all study states (2015)

ACKNOWLEDGEMENTS

This project was sponsored by the Medicaid and CHIP Payment and Access Commission (MACPAC). We acknowledge the many contributions made by MACPAC staff and state officials and stakeholders from Arkansas, Connecticut, Maryland, Minnesota, Oklahoma, Oregon, and Pennsylvania.

STATE PROGRAM FEATURES

AR	Episode-based payments to Principal Accountable Providers (PAPs) for acute conditions, Patient-Centered Medical Home (PCMH) initiative, multi-payer involvement in both
CT	Administrative Service Organizations (ASOs) to enhance data and intensive care management capabilities, PCMH initiative
MD	All-payer model for hospital payments, PCMH initiative (sunset in 2015), multi-payer elements
MN	Medicaid Accountable Care Organizations (ACOs) – Integrated Health Partnerships (IHP) demonstration
OK	PCMH initiative, intensive care management through state and multiple vendors
OR	Medicaid ACOs – Coordinated Care Organizations (CCOs)
PA	Targeted payment adjustments for Managed Care Organizations (MCOs) and providers

CORE ELEMENTS OF MEDICAID REFORM

CHANGING PAYMENTS AND INCENTIVES		PROVIDER REPORTING – Episodes and ACOs	
Enhanced payments	AR, CT, MD, OK, PA (PCMH)	Report recipients	AR (PAPs); MN (IHPs); OR (CCOs)
Pay-for-performance	CT, OK (PCMH); PA (MCOs)	Cost, utilization, and quality data shared	AR, MN, OR
Shared savings (upside only)	AR, MD, PA (PCMH)	Data tied to payments	AR, MN, OR
Shared savings/risk (upside and downside)	AR (episodes); MN (IHPs)	Comparative data shared	AR, OR
Global budgeting	OR (CCOs); MD (all-payer model/hospital)	Reporting made public	OR
		Relies on clinical data from providers	AR, MN, OR
TARGETING HIGH-NEED POPULATIONS		PRACTICE SUPPORTS	
Predictive modeling and new screening tools	CT (ASO); OK (intensive care management)	Practice facilitation	AR, MD (PCMH); OK (intensive care management)
Embedded care managers	MD (PCMH); OK (intensive care management)	Technical assistance	OR (CCOs)
Actively linking to community resources	CT (ASO); OK (intensive care management)	Learning collaboratives	AR, MD (PCMH); OR (CCOs)

LESSONS LEARNED

- To secure provider willingness to participate in reforms, states must balance flexibility with accountability.
- Data and data analysis are increasingly important to providers participating in reform efforts, but claims-based data sources are insufficient for real-time care management interventions that seek to coordinate care across settings.
- The content of reports disseminated to providers in leading states is similar, underscoring overlap across states in the definition of high priority issues.
- Positive outcomes are beginning to emerge from leading states, but it is difficult to compare results across states. In addition, little is known yet about how these state Medicaid reforms impact care delivery decisions at the provider level.
- Questions exist as to whether Medicaid alone can influence provider behaviors, but from a Medicaid perspective, there are advantages and disadvantages to multi-payer reforms.
- Discussions of the benefits of “care integration” for Medicaid enrollees are pervasive, but integration can mean a variety of things at a variety of different levels depending on the Medicaid reform context.
- Sustaining momentum will require documenting and communicating the value of payment reforms, particularly within the provider community.