



# State Innovation Model (SIM) Round 2 Design Award

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Maryland Medicaid Advisory Committee

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## Background

- CMS awarded Maryland \$2.5 million for new design in December 2014
- Award managed by Medicaid
  - Goal: design Medicaid accountable care organization (ACO) for the dually-eligible Medicaid/Medicare population
- Public Health will help integrate user-friendly dashboard for Chesapeake Regional Information Systems for our Patients (CRISP)

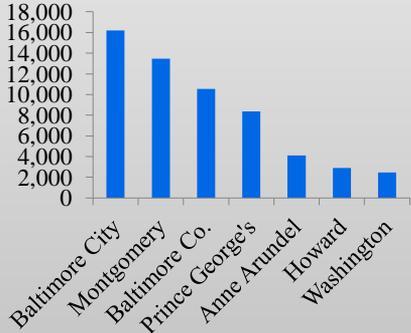
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## Population Focus

- Dually-eligible population accounts for 12% of Maryland Medicaid population but 30% of expenditures<sup>1</sup>
- Pilot program will focus on Baltimore City with potential for statewide scale up

Dually-Eligible Population by County



County	Population
Baltimore City	17,000
Montgomery	13,000
Baltimore Co.	10,000
Prince George's	8,000
Anne Arundel	4,000
Howard	3,000
Washington	2,000

<sup>1</sup>Young K, Garfield R, Musumeci M, Clemans-Cope L, Lawton E. (2013). Medicaid's Role for Dual Eligible Beneficiaries. The Kaiser Commission on Medicaid and the Uninsured. Available: <https://kaiserfamilyfoundation.files.wordpress.com/2013/08/7846-04-medicoids-role-for-dual-eligible-beneficiaries.pdf>.

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## Alignment with HSCRC Goals

- HSCRC has completed its initial payment model changes that place all hospitals on global revenue models with enhanced quality and outcomes requirements
- The Physician Alignment Workgroup recommended the expansion of the alignment models across all payer groups
- ACO will help realize this aim and fit within the statewide care coordination structure being developed for complex patients across payers

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## Care Coordination

- Current care for dually-eligible population is largely unmanaged
- ACO will coordinate primary, acute, and long-term care
- Greater care coordination will lead to:
  - More efficient utilization
  - Decreased costs
- Clinical care management tools, developed with HSCRC Care Coordination workgroup, will foster coordination

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## Health Information Technology

- Care management tool
  - Collaboration between primary care physicians, specialists and long-term services and supports (LTSS) providers
- Electronic health records system
  - Regular reporting of key performance measurements
  - Provide financial incentives to providers not currently eligible for the federal EHR incentive program
- popHealth
  - Interface to connect diverse EHR systems
  - Assists providers on reporting clinical measures

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## Public Health

- ACO success will positively affect public health
  - Improvement in State Health Improvement Process (SHIP) measures, e.g. reduce emergency department visits, increase percentage of adults at health weight, increase life expectancy, etc.
- ACO will facilitate:
  - Population health management approaches, e.g. disease management and care coordination
  - Population health improvement approaches, e.g. addressing risk factors to prevent future morbidity

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## Stakeholder Engagement

- CMMI requires a robust stakeholder engagement plan
- Maryland anticipates:
  - Monthly stakeholder meetings during ACO development period
  - Transparent and accountable communication and sharing of information
  - Project led by expert contractor

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## Contractor Role

- An expert contractor will be procured to develop:
  - Shared savings model
  - Quality alignment and measurement plan
  - Provider engagement strategy
  - Dual eligible enrollment strategy
  - Lead entity and governance structure
- Draft waiver application(s) for necessary Medicare and Medicaid authorities

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## Milestones

- Period of Performance: February 1, 2015 – January 31, 2016

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# Questions?

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