IAP | Medicaid Innovation Accelerator Program

Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCNs)

In July 2014, the Centers for Medicare & Medicaid Services (CMS) launched a collaborative between the Center for Medicaid and CHIP Services and the Center for Medicare & Medicaid Innovation called the Medicaid Innovation Accelerator Program (IAP). The goals of IAP are to improve health and health care for Medicaid beneficiaries and to reduce associated costs by supporting states in their ongoing payment and delivery system reforms through targeted technical support. IAP represents CMS's unique commitment to support state Medicaid agency efforts toward system-wide payment reform and delivery system innovation. The Beneficiaries with Complex Care Needs and High Costs (BCN) program area began in October 2015. IAP is also working with states on other health care delivery system reform efforts in additional program areas: reducing substance use disorders, promoting community integration via long-term services and supports, and integrating physical and mental health.

Medicaid Beneficiaries with Complex Care Needs and High Costs Program Support

As part of the BCN work, IAP worked with five (four of the states are described below) state Medicaid programs in designing, planning and implementing strategies to improve care coordination for Medicaid BCN populations through targeted program support. IAP provided each state with a dedicated coach and access to experts and other support to introduce policy, program and payment reforms that:

- enhance state capacity to use data analytics to better serve the BCN population;
- develop/refine payment reforms to support BCN programs; and
- facilitate the replication/spread of BCN programs demonstrating promising results.

The four states (New Jersey, Oregon, Texas, Virginia) and the District of Columbia had access to a range of resources to assist with meeting them, including, monthly webinars, discussion group calls with other BCN states, an in-person workshop, and tailored technical support. These activities have helped the IAP BCN states begin to launch various reforms and lay the groundwork for future implementation efforts. As each state moves forward on their unique path, their experiences serve to guide others and further the field's understanding of BCN-focused initiatives. In order to share what IAP is learning about payment and delivery system reform efforts targeted to BCNs with a broader set of states and stakeholders, IAP packaged relevant materials, including webinars, lessons learned, and other resources developed for the IAP BCN states into a national webinar series from October 2016–March 2017 and other summary materials. To learn more, please visit the Medicaid IAP BCN webpage.

DISTRICT OF COLUMBIA

The focus of the District of Columbia's IAP BCN work is around the development and implementation of their second health home to serve individuals with chronic conditions. As a first step, the District sought expertise in data analytics to identify the target population to be served by the health home. At the in-person workshop, District staff connected with a Chronic Illness and Disability Payment System (CDPS) expert who provided insights regarding risk analysis and the CDPS tool that enabled the District to risk stratify the health home target population. In addition, IAP has connected the District to other states that shared their experiences and lessons learned implementing health homes and BCN projects. Throughout this project, the IAP BCN coach has facilitated the gathering and synthesizing of information requested by the District to inform policy discussions and decision-making related to funding opportunities and alternative payment mechanisms being used by health home programs nationwide. The District will then shift focus toward implementation efforts, provider education, and alignment with other delivery system reform efforts in the District.

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NEW JERSEY

New Jersey engaged in the IAP to facilitate its efforts around substance use services for young adults with opiate dependency issues using 1115 waiver demonstration authority. New Jersey is focused on ensuring that cross-agency data sources are leveraged to identify service gaps, estimate target population needs, and evaluate its 1115 SUD initiative, while at the same time ensuring data use agreements (DUAs) are in place to protect the privacy and confidentiality interests of beneficiaries. IAP assisted New Jersey by providing guidance on the requirements related to DUAs, templates and examples of existing state DUAs, as well as expert guidance on the federal regulations that govern the confidentiality of alcohol and drug abuse treatment and prevention records.

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OREGON

Through its participation in the IAP, Oregon sought support in the design of a program evaluation of the care being provided to the dually eligible Medicare/Medicaid population under the state's Coordinated Care Organization (CCO) model. Oregon had identified a number of disparate data sets, including its All-Payer, All-Claims database, which contained valuable information for the evaluation. However, a mechanism was needed to link the data across the sets. With the support of the IAP BCN, Oregon developed a means of identifying dual eligibles across the different data sets and created one consolidated data set to evaluate the CCO program's impact on the care of BCN individuals. Oregon's coach helped the team ensure valuable health care quality and service measures had not been left out of the dually eligible analysis. Through presentations from other teams, including Texas and Colorado, and during the in-person workshop, the Oregon team heard more about various BCN projects and definitions being used by other states and health system programs. These insights assisted Oregon in considering what more could be learned during the project time period to inform Oregon's future work with BCN populations (which Oregon refers to as "superutilizers"). Oregon made the formal decision to expand the project scope and add analyses to examine Oregon's Medicaid BCN population. To assist Oregon in developing the expanded look at the Medicaid BCN population including dual eligibles, its coach shared various definitions and literature in use across the country. Using this research, the Oregon team worked with their BCN coach to create the expanded BCN work for a profile specific to Oregon's goals and needs.

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TEXAS

Texas' focus for its IAP project was to identify enhancements to BCN efforts that would leverage the state's robust Medicaid managed care strategy and support the state's intention to move towards a value-based payment arrangement between Managed Care Organizations (MCO) and its contracted providers. Specifically, Texas sought to mobilize data to enhance existing MCOs targeting and predictive methodologies. At the in-person workshop, the Texas team gained exposure to subject matter experts who have incorporated social determinants into data analytics for BCN populations. Following the onsite workshop, Texas was able to connect with these experts to further explore approaches to utilizing social determinants of health data in predictive analyses. Additionally, Texas actively shared and posed questions regarding managed care strategies with other states during IAP BCN webinars and discussion group calls.

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Contact: If your state is interested in learning more about the Medicaid IAP BCN Program, email MedicaidIAP@cms.hhs.gov. Additional information on the IAP BCN program, including materials from national webinars, is available on the Medicaid IAP BCN webpage.