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Division of Medicaid

01

Strategic Plan
&
Annual Key Initiatives

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Introduction

The Idaho Division of Medicaid, under the Idaho Department of Health and Welfare, pays for services that promote the social, economic, mental, and physical health of Idahoans. The Division works cooperatively with federal and state agencies, community partners, and participants to deliver critical services to Idahoans and help meet the following strategic goals set out by the Department of Health and Welfare:

- Goal #1 – Transform Idaho’s healthcare delivery system to promote healthier Idahoans while increasing healthcare quality and reducing costs.
- Goal #2 – Protect children and vulnerable adults.
- Goal #3 – Promote stable and healthy Idahoans through medical coverage, program access, support services, and policy.

The Division of Medicaid has identified three key objectives to help meet the Department’s goals and increase the self-sufficiency of individuals, improve the overall health of Idahoans, and enhance Idaho’s healthcare delivery system. These objectives are:

- Objective #1 - Shift reimbursement from volume to value.
- Objective #2 - Rationally implement federal and state initiatives.
- Objective #3 - Maintain operational excellence with an eye toward continual improvements.

For each of these objectives, the Division administers several strategic initiatives and process improvement projects aimed to promote an outcome-based and efficient health and human services delivery system. These initiatives will help the Division ensure that participants are given access to the resources they need to succeed; enhance accountability to taxpayers, lawmakers, and participants; improve the administration of services; and develop future plans to assist individuals.

This strategic plan outlines the activities, accomplishments, and upcoming plans for each of these key initiatives.



Downtown Boise, Idaho

Division Objective #1: Shift Reimbursement from Volume to Value

Key Initiative #1 – Value Care Organizations (VCO) and Healthy Connections Value Care - Cost and Quality Performance Measurement

Description: This initiative will help Idaho Medicaid improve the health of Idahoans and move toward shifting healthcare reimbursement from volume to value. It will establish Value Care Organizations (VCOs) in four regions throughout Idaho with a goal of delivering a whole-person model of coordinated care, which is tied to a value-based payment system. Value Care Organizations will be comprised of primary care physicians, hospitals, and other healthcare providers who choose to form a cooperative structure to deliver improved cost and quality. In the future the department will implement an Episode of Care program designed for specialists and other providers who deliver certain discrete clinical episodes such as surgery, oncology and maternity care. Through this program specialists will benefit as they deliver high-quality, cost effective care within predefined episodes.

The program will provide an automated claims data portal for VCOs and Healthy Connections Primary Care physicians to share information on the care they provide to Medicaid patients. Providers will be able to monitor their performance on nationally endorsed, quality measures to improve the overall health of their patients, leading to healthier people and lower healthcare costs. Providers who take risk and meet the program's targets for cost and quality performance may receive financial incentives for achieving higher quality of care, in addition to their usual fee for service reimbursements. The intent is to expand accessibility to the PPA Portal to additional providers in the future, to support their effort to better coordinate patient care, improve health outcomes and control costs.

Accomplishments:

- Initiated: March 2016
- The Division worked with providers to identify nationally endorsed quality measures that align with the service delivery system in Idaho which will be enhanced in future years when clinical data becomes available to Medicaid.
- Drafted the Value Care program's performance measurement model and methodologies.
- VCO regions were defined based on where participants receive care.
- Value Care payment model design development.
- Incorporated stakeholder input to develop VCO model design.
- Establishing roles and responsibilities for Value Care Collaboratives (VCCs), and Community Health Outcome Improvement Coalition (CHOICE) advisory groups.

Upcoming Plans:

- Finalize the performance-based methodologies for calculating shared savings and quality.

Division of Medicaid | SFY19 Strategic Plan
Objective #1 – Shift Reimbursement from Volume to Value

- Enhance financial systems for distribution of shared savings.
- Finalize the operational and system business solutions and requirements to gain federal approval.
- Establish provider agreements for voluntary participation in the program and the initial performance measurement period.
- Develop a VCO contract outlining the requirements to form regional VCOs.
- Establish provider agreements for voluntary participation in the VCO program.
- Determine CHOICE advisory groups organizational structure.

Target program launch date: January 2020

Target end date for full implementation: January 2023

For more information contact Julie.Wall@dhw.idaho.gov.



Craters of the Moon

Key Initiative #2 – Nursing Facility Quality Payment Program

Description: The Nursing Facility Quality Payment Program aims to improve the overall quality of care provided to Idahoans residing in nursing facilities for long term care. The program ties financial incentives to nursing facility performance on ten quality measures. Quality payments are based upon whether the nursing facility’s performance on the quality metrics improved or declined since the previous year’s performance. Depending on performance, nursing facilities may receive all or part of the monies the facility would receive under the traditional Upper Payment Limit model. Nursing facilities providing ventilator and tracheostomy care and nursing facilities designated as Behavioral Care Units received weighted scores on three of the quality measures due to the common issues faced while serving participants with these needs. This encourages each facility to strive for improvement of its own quality of care every year.

Accomplishments:

- Initiated: July 2018
- Amended Idaho Code, Title 56, Chapter 15-16 to support the Nursing Facility Quality Payment Program.
- Initiated shadow period payments in October 2018 and will continue through June 2020. Shadow payments demonstrate to each facility the impact of their quality scores on their payments.
- Formed the Nursing Facility Quality Payment Program Work Group to monitor the impact of the program on providers and participants and to make needed adjustments to the payment program.

Upcoming Plans:

- Completion of the shadow period in June 2020, providing two years of quality measure data and information for nursing facilities to evaluate how their quality measure scores will affect their future payments.
- The first payment cycle based on quality performance will begin at the end of State Fiscal Year 2021. Facilities that improve or maintain a high level of quality will receive a higher percentage of the incentive dollars pool, than providers that don’t improve or maintain high quality of care.
- Medicaid will continue the Nursing Facility Quality Payment Program Work Group to provide nursing facilities with quarterly reports of quality scores and the impact of their scores to their payments, and to monitor the impact of the program on the quality of services.
- Provide information pertaining to the payment program and work group meetings via The Department of Health and Welfare website.

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Key Initiative #3 – Medicaid Primary Care Quality Management Portal

Description: The Division is making improvements to the Medicaid Management Information System (MMIS), Decision Support System (DSS) and Data Warehouse (DW) to improve provider access to information for the Healthy Connections Primary Care Case Management (PCCM) program. This will provide data for providers and the Division to improve care management and to evaluate cost efficiency and clinical effectiveness of care. The Portals will also be used to display provider performance on quality metrics for the Healthy Connections Value Care programs.

Accomplishments:

- Initiated: September 2017
- Completed Business Requirements and Configuration of the Portals.
- Designed State Provisioning Process.
- Set up Pre-Production Test Environment and Developed Portal Demos for User Acceptance Testing (UAT).

Upcoming Plans:

- UAT Testing and System Delivery.
- Provisioning and Portal Go-Live.
- Provider Rollout and Training.

Target end date: January 2020

For more information contact Sara.Spaulding@dhw.idaho.gov.



Sunrise at Camas Prairie Centennial Marsh

Division Objective #2: Rationally Implement Federal and State Initiatives

Key Initiative #1 – Federal Compliance for Home and Community-Based Services

Description: The Division is ensuring that service providers meet federal guidelines issued by the Centers for Medicare and Medicaid Services (CMS) for Home and Community-Based Services (HCBS). The goal of these new regulations is to ensure that individuals accessing these services have full access to the benefits of community living, have the opportunity to live and receive services in the most integrated setting appropriate for their needs, and to enhance the overall quality of services for participants. This will support participants and their family members in driving service planning through a person-centered planning process that addresses health and long-term care support needs and reflects individual preferences and goals.

Accomplishments:

- The state conducted a total of 49 training sessions for providers on the new regulations throughout Idaho. These sessions were provided in multiple medias including: in-person, webinar, and teleconference.
- Completed assessments of 801 HCBS service provider settings to ensure compliance with new regulations. Of the 801 assessments, 97 settings received a Corrective Action Plan (CAP). Of the settings that received a CAP, 92 settings made changes and met compliance requirements. Five settings did not meet the CAP requirements and were found to be non-compliant. These facilities are no longer providing services to Medicaid participants.
- Created an ongoing monitoring process to ensure service delivery systems compliance with new HCBS regulations.
- Received final approval of Idaho’s Statewide Transition Plan from CMS.

Upcoming Plans:

- Implement ongoing monitoring plan.
- Continue assessing service provider settings to ensure continued compliance.

Target end date: March 2022

For more information contact Michael.Case@dhw.idaho.gov.



Sawtooth Mountains near Stanley, Idaho

Key Initiative #2 – Federal Partner Data Reporting – Transformed Medicaid Statistical Information System (TMSIS)

Description: The Division is streamlining its data collection and reporting abilities to support initiatives focusing on improving the quality of care and to align with the data quality Top Priority Issues identified by the Centers for Medicare and Medicaid Services. Access to this information will help Medicaid identify changes to the service delivery system to promote better health for enrollees. Modifications to existing systems will focus on consistency in data structure, accuracy and reporting, non-duplication, and the ability to verify data across multiple federal data reporting systems. System changes will also focus on linking claims data to detailed provider information and consistency between enrollment and capitation claims data for managed care plans. This will enable the Division to collect, analyze, and report service data from the Managed Care Organization vendors who administer claims processing for Medicaid funded services.

Accomplishments:

- Initiated: December 2015
- Successfully met criteria for Transformed Medicaid Statistical Information System (TMSIS) Production Readiness and received approval to begin reporting Medicaid and CHIP data through the TMSIS Federal System.
- Successfully submitted all historic files and are current in submission of data files.
- In August 2018 CMS identified 12 top priority areas also known as TPIs. These priority areas focus on ensuring data quality. As of November 2018, Idaho has closed out 10 TPIs putting the State in the top 25%.

Upcoming Plans:

- Medicaid will continue to work with federal partners, our analytics contractor and Managed Care Organizations to meet the remaining TPIs, ensuring Completeness & Robustness of Eligibility Groups, Consistency of Managed Care Plan Reporting and Cross-file Consistency, monitoring data to ensure complete and accurate data sets for Medicaid Eligibility Groups and tracking established performance metrics. The division will utilize Performance Improvement Plans and Corrective Action Reports to ensure data quality improvement and accuracy, where necessary.

Target end date: December 2019

For more information contact the Sarah.Spaulding@dhw.idaho.gov.



Boise Train Depot

Key Initiative #3 – Federal Compliance for Children’s Developmental Disabilities Services

Description: The Division is redesigning Idaho’s services for individuals with autism to align with recent changes to the Centers for Medicare and Medicaid Services requirements. These changes will move intervention services from waiver services to the Idaho State Plan, making them available to all children with developmental disabilities.

Accomplishments:

- Initiated: July 2016
- Completed visits to each of Idaho’s seven regions to talk with families, providers, and advocates about the project. There were 222 individuals that participated.
- Launched a project specific webpage and established a comprehensive communication inquiry and response system to help families understand how changes will affect their family members.
- Expanded eligibility requirements providing access to services to all eligible participants who have an identified need for these services.

Upcoming Plans:

- Continue engaging stakeholders to finalize a 3-5 year plan to transition to new services and requirements.
- Develop assessment tools and strategies to identify needs.
- Develop a comprehensive quality assurance process.
- Revise the Idaho State Plan, IDAPA Rules, federal waiver plans, and statewide policies to accommodate for the changes in service and delivery.

Target end date: July 2019

For more information visit the Children's DD Enhancement webpage at healthandwelfare.idaho.gov or contact ChildrensDDServices@dhw.idaho.gov.

Objective #3 – Maintain Operational Excellence with an Eye Toward Continual Improvement

**Division Objective #3:
Maintain Operational Excellence with an Eye Toward Continual
Improvement**

Key Initiative #1 – Youth Empowerment Services

Description: Idaho is developing a new system of care for children with Serious Emotional Disturbances called Youth Empowerment Services (YES). It provides access to Medicaid for children with SED whose family income is higher than traditional Medicaid eligibility requirements permit. It expands currently available services to provide facilitated care coordination, and support services that are designed around the child’s specialized needs. The YES System of Care coordinates mental health services for children through the Department of Health and Welfare, the State Department of Education, and the Idaho Department of Juvenile Corrections. The new system of care is strengths-based and family-centered and incorporates a team approach that focuses on providing individualized care. The program includes new and improved behavioral health services, implementation of a standardized assessment and communication tool, and enhancement of the practice standards for behavioral health services provided to children.

Accomplishments:

- Initiated: July 2016
- Engaged family members, state government agencies, advocate groups and service providers to identify gaps in the service delivery system, to provide input in the development of new services and to provide feedback on the family experience in accessing services for children with SED.
- Developed and launched new services to improve existing services and encourage coordination between providers. Developed practice standards that ensure the services are strength based, family-centered, and individualized to the member’s needs, and provided training and education to providers on these standards.

Upcoming Plans:

- Implement new therapeutic programs, support services and quality monitoring.
- Develop Centralized Complaints Standards and System.

Service Development and Implementation Target Date: July 2019

Quality Management Improvement and Accountability Target Date: July 2020

For more information contact Venecia.Andersen@dhw.idaho.gov.

Objective #3 – Maintain Operational Excellence with an Eye Toward Continual Improvement



Sawtooth Mountains near Stanley, Idaho

Key Initiative #2 – Transformation of Services for Adults with Intellectual and Developmental Disabilities

Description: The Division is engaging participants, family members and guardians, advocate groups, and state agencies to identify and implement a transparent way to assess the individual support needs of adults with intellectual and developmental disabilities who are receiving home and community-based services. The group is exploring program changes that promote a truly person-centered program, foster meaningful access to the community, and provides appropriate support in response to the participant’s needs and interests.

Accomplishments:

- Initiated: July 2016
- Engaged stakeholders, through a statewide collaborative workgroup called Community NOW! to gather input from program participants, their guardians, and other community stakeholders to create a new assessment tool, and system of care changes.
- Selected a new assessment tool – Supports Intensity Scale-Adult (SIS-A) – to assess participants’ support needs.
- Completed 800 SIS-A participant assessments needed to build new resource allocation model.
- Launched “My Choice Matters” website (www.mychoicematters.idaho.gov) and newsletter to communicate project status and program changes to participants.

Upcoming Plans:

- Develop and implement new resource allocation model to establish personal supports budgets for program participants.
- Continue to gather input from program participants, their guardians, and other community stakeholders regarding necessary program changes.
- Implement service changes that promote a truly person-centered program, foster meaningful access to the community, and provide appropriate support in response to a participant’s needs and interests.

Target end date: January 2023

For more information contact: ChildrensDDServices@dhw.idaho.gov.

Objective #3 – Maintain Operational Excellence with an Eye Toward Continual Improvement



Sawtooth valley and mountain range as seen from Galena Summit

Key Initiative #4 – Health Information Technology and Health Information Exchange

Description: The Division recognizes the impact that technology has in effectively managing the changing healthcare environment and improving healthcare outcomes of participants. The Health Information Technology and Health Information Exchange initiative is working to increase the state’s ability to share information and to promote coordinated care, through technology. The exchange of health information improves access to clinical data, increases communication among healthcare teams, improves workflow and reduces costs. The Division’s Health Information Technology and Health Information Exchange Program assists providers in accessing the Idaho Health Data Exchange (IHDE) to better track and securely share patients’ medical information. Today, over 200 Idaho Medicaid clinics and 22 hospitals, covering over 160,000 patient lives, are connecting and sharing health information through the IHDE. The IHDE helps facilitate coordinated patient care by giving direct visibility into patient medical history, reducing duplicative treatments and costly mistakes.

Accomplishments:

- Working to assess IHDE against the maturity model and focusing on strategic planning.
- Connected over 100 clinics last year and an additional 60 clinics are currently in progress of connecting.

Upcoming Plans:

- Continue to provide support to connect additional clinics and hospitals.
- Develop a Medicaid claims and clinical database to provide reporting and analytic tools to support shifting healthcare reimbursement from volume to value.

Target end date: September 2021

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