

Appendix X

Every state has a different structure for Medicaid and many, like Colorado, have over 20 categories of Medicaid eligibility. Under the Colorado Health Service plan, Medicaid would be eliminated, vastly simplifying the paperwork and the ability to monitor overhead costs. However, the CHS plan will implement many of the recommended practical steps of the Medicaid Transformation Matrix (see below, especially those in yellow) to promote better health and social advancement not only for those most in need, but for every Colorado resident.

Making Medicaid Work - A Practical Guide for Transforming Medicaid (January, 2007)

Center For Health Transformation - Newt Gingrich, Director

SHPS - Rishabh Mehrotra, President & CEO

Page 74: Medicaid Transformation Matrix				
Core Principles ▶	Align structure and Incentives	Promote social advancement	Manage health and financial risks	Provide integrated delivery
Action Steps ▼				
Identify, Quantify & Prioritize Risk	<ul style="list-style-type: none"> Identify overall program goals and critical metrics Quantify the cost impact of achieving target goals 	<ul style="list-style-type: none"> Correlate health scores with social health measures: <ul style="list-style-type: none"> Quality of life Independence Employability Educational performance (children) 	<ul style="list-style-type: none"> Develop risk scorecard Adopt total population approach Develop quantitative risk score linked to healthcare spending: <ul style="list-style-type: none"> Individual Aggregate Take a health snapshot of entire population and sub-segments 	<ul style="list-style-type: none"> Update metrics continuously based on claims, pharmacy and biometric data Use health risk score to prioritize strategies Link interventions and changes to total aggregate health
Align Plan & Program Design with Strategy	<ul style="list-style-type: none"> Leverage incentives to modify and reduce unhealthy behaviors Create provider pay-for performance incentives 	<ul style="list-style-type: none"> Identify social issues that create barriers to care and self management of health: <ul style="list-style-type: none"> Lack of information Transportation access No care coordination Co-morbid mental health 	<ul style="list-style-type: none"> Link risk drivers to overall cost: <ul style="list-style-type: none"> Compliance Quality of care Utilization Access to care 	<ul style="list-style-type: none"> Use risk drivers to target greatest healthcare barriers for a specific group or individual
Design a Person-Centric Delivery Model	<ul style="list-style-type: none"> Consider risk sharing with providers Consider consumer-based incentives Identify high performance specialty networks to manage chronic diseases 	<ul style="list-style-type: none"> Incorporate empowerment into plan design Encourage recipients to graduate from the Medicaid program 	<ul style="list-style-type: none"> Identify population segments with similar risk profiles Design benefit plans and programs based on unique needs of population sub-segments 	<ul style="list-style-type: none"> Identify core services of greatest assistance to each population sub-segment Develop overarching delivery model
Implement Advanced Technology	<ul style="list-style-type: none"> Create platform to manage incentives and complex rule sets Coordinate incentives with health record and case system on one integrated technology platform 	<ul style="list-style-type: none"> Identify allied social programs that can be coordinated and co-delivered via a single technology platform Develop contact / relationship management capabilities to facilitate social / health cases 	<ul style="list-style-type: none"> Establish protocols for electronic personal health record Create health analytics and 360 degree view to manage recipients Ensure seamless exchange of data between sub-systems 	<ul style="list-style-type: none"> Implement personal health records Institute federal standards for health records and health data exchange Leverage 360 degree view of recipient across all services and providers

<p>Coordinate Care</p>	<ul style="list-style-type: none"> • Create small, yet meaningful, incentives for participation in health programs • Fund discretionary health debit cards for ancillary services • Use discretionary funds to assist individuals with care 	<ul style="list-style-type: none"> • Ensure multiple, diverse touch points: <ul style="list-style-type: none"> - Field offices - Enrollment • Create multilingual and culturally-specific programs • Link care coordination with social programs to create personal relevance • Provide training and education to support back to work initiatives 	<ul style="list-style-type: none"> • Develop an integrated plan that prioritizes interventions by risk • Provide care coordination across the continuum: <ul style="list-style-type: none"> - Well - At Risk - Chronic - Catastrophic • Quantify impact of individual interventions 	<ul style="list-style-type: none"> • Adopt person-centric case approach, promoting coordination of state clinicians, providers, pharmacy and social services
<p>Leverage Meaningful Incentives</p>	<ul style="list-style-type: none"> • Reward providers for health outcomes, not procedural volume • Provide discretionary health accounts to recipients • Reward recipients for prevention and compliance • Conduct field trials of controlled health accounts 	<ul style="list-style-type: none"> • Alleviate recipient fears that seeking higher-wage work removes health coverage by: <ul style="list-style-type: none"> - Determining eligibility through a continuous formula - Offering partial eligibility based on income (not “all or nothing”) 	<ul style="list-style-type: none"> • Align financial incentives with prioritized health risks, behaviors driving risk: <ul style="list-style-type: none"> - Preventive care - Provider performance 	<ul style="list-style-type: none"> • Integrate incentives into plan design
<p>Institute Flexible & Accountable Regulation</p>	<ul style="list-style-type: none"> • Reward states for saving money, not spending it 	<ul style="list-style-type: none"> • Invest savings from efficient Medicaid programs into other key social programs 	<ul style="list-style-type: none"> • Redesign oversight around measurable outcomes, not program designs: <ul style="list-style-type: none"> - Total population health - Access to care - Recipient and Provider satisfaction - Case audits 	<ul style="list-style-type: none"> • Provide states greater discretion in pooling money from related social programs into a single delivery model • Establish precise protocols for privacy and access to personal health records.