



Iowa Medicaid ACO Program Outcomes

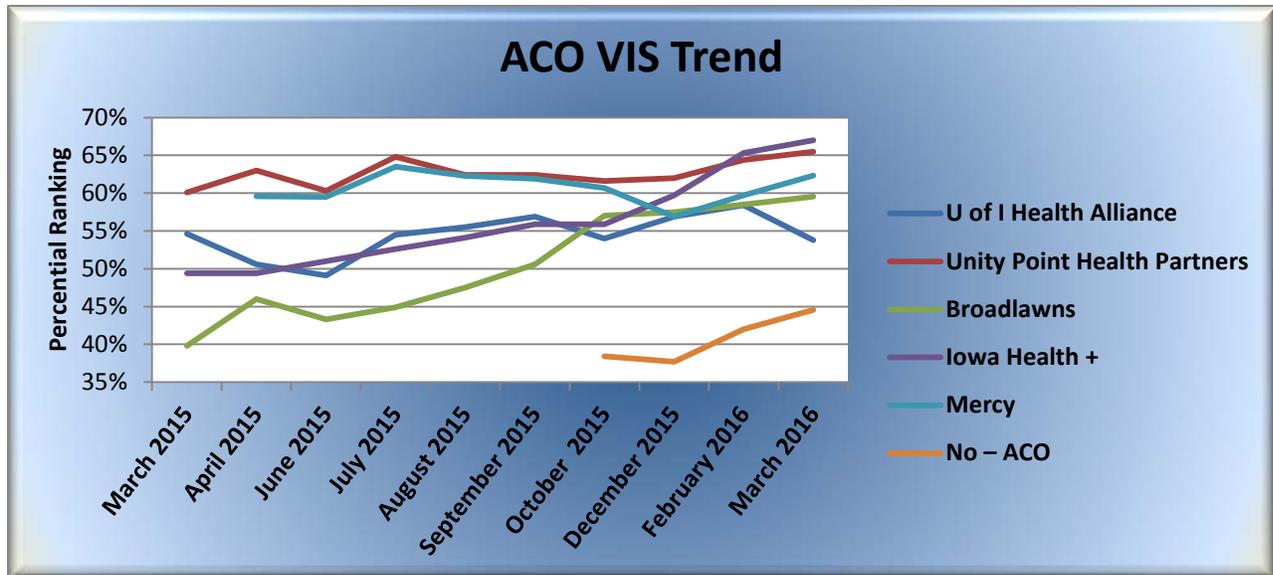
Background:

In January of 2014, Iowa expanded Medicaid as allowed under the ACA; the bi-partisan plan was secured with CMS through two 1115 demonstration waivers that included key policy and design levers aimed at driving accountability and outcomes. The larger of the two waivers was known as the Iowa Wellness Plan (covering members from 0-100% FPL) and engaged value-centric health systems in an ACO program that focused on the expansion population. Under the Wellness Plan, Medicaid issued a set of incentives that aligned providers and members towards the same goals in order to achieve defined Healthy Behaviors and align a healthcare delivery system quality framework consistent with what the state's dominant private payer (Wellmark) had already started in 2012.

VIS Quality Score Outcomes:

In 2014 the IME began utilizing a quality measurement tool to measure provider's quality outcomes. Each year the IME establishes a Value Index Score (VIS) baseline that ranks PCPs in the network based on the previous 12 months of claims data experience. In 2014, IME looked for improvement each quarter based on the *relative* improvements of the entire network. In response to provider feedback and to remain consistent with Wellmark, IME changed its approach in 2015 and began looking at improvement each quarter based on an *absolute* method. In the relative method, a provider had to improve more than their peers improved in order to increase their VIS score. In the absolute method a provider's VIS score improves when compared to the baseline results, which allows providers to be rewarded for improvements, even if their peers are improving at a quicker rate. The charts below outline the quality trends among the ACOs.

	March 2015	April 2015	June 2015	July 2015	August 2015	September 2015	October 2015	December 2015	February 2016	March 2016
U Of I Health Alliance	54.60%	50.60%	49.10%	54.50%	55.50%	56.90%	54.00%	56.90%	58.40%	53.80%
Unity Point Health Partners	60.10%	63.00%	60.30%	64.80%	62.40%	62.40%	61.60%	62.00%	64.40%	65.50%
Broadlawns	39.80%	46.00%	43.30%	44.90%	47.50%	50.60%	57.00%	57.50%	58.50%	59.50%
Iowa Health +	49.40%	49.40%	51.00%	52.60%	54.10%	55.90%	55.90%	59.70%	65.30%	67.00%
Mercy		59.60%	59.50%	63.50%	62.30%	61.60%	60.70%	56.90%	59.70%	62.30%
No-ACO							38.40%	37.70%	42.00%	44.60%



During the ACO program, IME paid a bonus to PCPs (or their ACO, if participating in an ACO) if they reached their quarterly target improvement goal and a PMPM to assist members in achieving their Healthy Behavior requirements under the Wellness Plan. The ACO also received a Per Exam Bonus if their provider performed a wellness exam for at least 50% of their assigned patients.

The tables below summarize all of the incentives earned and the outcomes of the Medicaid program.

2014 Incentive Totals			
	ACO Healthy Behaviors (HB): \$4 PMPM to assist members in accomplishing defined HB	VIS Quality Measure: \$4 Quarterly Bonus paid if a provider achieved their VIS quality target	HB Exam Measure: \$10 per exam bonus paid if a provider performed an exam for least 50% of assigned members
University of Iowa Health Alliance	\$430,108.00	\$148,338.00	\$20,140.00
Unity Point Health Partners	\$232,880.00	\$46,588.00	\$6,340.00
Broadlawns	\$90,208.00	\$26,368.00	\$790.00
Iowa Health +	\$83,704.00	\$101,492.00	\$360.00
Non-ACO Patient Managers	NA for non-ACO	\$114,266.00	\$32,180.00

2015 Incentive Totals

	ACO Healthy Behaviors (HB): \$4 PMPM to assist members in accomplishing defined HB	VIS Quality Measure: \$5 Quarterly Bonus paid if a provider achieved their VIS quality target	HB Exam Measure: \$10 per exam bonus aid if a provider performed an exam for least 50% of assigned members
University of Iowa Health Alliance	\$ 405,032.00	\$ 188,130.00	\$ 12,670.00
Unity Point Health Partners	\$ 455,136.00	\$ 172,517.50	\$ 6,800.00
Broadlawns	\$ 120,168.00	\$ 98,195.00	\$ 2,860.00
Iowa Health +	\$ 314,288.00	\$ 283,022.50	\$ 30,300.00
Mercy ACO	\$ 242,700.00	\$ 172,517.50	\$ 6,090.00
Non-ACO Patient Managers	NA for non-ACO	\$ 318,340.00	\$ 13,280.00

Additional incentives were paid at the individual provider level, not at the ACO level. In 2014 and 2015 the IME paid providers a \$25 fee to incorporate the member's *Assess My Health* (a health risk assessment tool) results into the member's clinical care plan as well as a PMPM to "treat and refer" patients under a Medicaid PCCM structure. In 2014 the treat and refer payments was \$4 and in 2015 it was \$3 PMPM.

	Patient Manager PMPM Payment 2014	Patient Manager PMPM Payment 2015
University of Iowa Health Alliance	\$483,688.00	\$397,632.00
Unity Point Health Partners	\$263,800.00	\$458,732.00
Broadlawns	\$99,428.00	\$188,688.00
Iowa Health +	\$102,392.00	\$322,388.00
Mercy ACO		\$269,344.00
Non-ACO Patient Managers	NA for non-ACO	NA for non-ACO

Outcomes:

- **11%** of Medicaid lives attributed to an ACO agreement (Iowa Wellness plan)
- **51%** of ACO members achieved at least one healthy behavior, and on average 28% achieved both healthy behaviors; by comparison only 5% of the Medicaid population overall completed the wellness exam
- PCPs in an ACO were **5%** more likely score high enough to earn a VIS population health quality bonus than non ACO PCPs
- Compiled VIS score for PCPs in a Value Based Purchasing (VBP) arrangement under the Wellness Plan was **58.7%**, while the score for PCPs NOT in VBP arrangement was only **37.7%**

2014 Healthy Behavior Results by ACO

	(D)	HRA (n)	%	Exam (n)	%	Both (n)	%	Either (n)	%
University of Iowa Health Alliance	18,026	7,642	42%	8,841	49%	6,179	34%	10,677	59%
Unity Point Health Partners	9,488	2,947	31%	4,160	44%	2,374	25%	4,941	52%
Broadlawns	8,060	2,600	32%	3,180	39%	2,296	28%	3,614	45%
Iowa Health+	6,871	2,403	35%	2,722	40%	1,798	26%	3,328	48%
Total	42,445	15,592	37%	18,903	45%	12,647	30%	22,560	53%

2015 Healthy Behavior Results by ACO

	(D)	HRA (n)	%	Exam (n)	%	Both (n)	%	Either (n)	%
University of Iowa Health Alliance	7,220	2,847	39%	4,746	66%	2,381	33%	5,212	72%
Unity Point Health Partners	10,487	1,630	16%	6,262	60%	1,228	12%	6,664	64%
Broadlawns	2,851	664	23%	1,626	57%	538	19%	1,752	61%
Iowa Health+	8,710	2,938	34%	5,899	68%	2,541	29%	6,296	72%
Mercy ACO	7,986	1,672	21%	4,699	59%	1,349	17%	5,022	63%
Total	37,254	9,751	26%	23,232	62%	8,037	22%	24,946	67%

Beginning in 2016 Iowa Medicaid implemented a comprehensive managed care program known as the Iowa Health Link featuring a choice between with 3 statewide Managed Care Organizations (MCO). Under this approach, IME the IME developed a VIS baseline at the PCP and ACO level. This allows our new MCO partners to engage in VBP and establish targets at a PCP level or an ACO level, to participate in an aligned, delivery system transformation strategy consistent with requirements in their contracts. For 2016, the VIS will continue to use the absolute method to compare improvements to the baseline and not peers.

2016 ACO Level Baselines	
	VIS Percentile
University of Iowa Health Alliance	46.8%
Unity Point Health Partners	57.1%
Broadlawns Medical Center	37.3%
Iowa Health+	44.5%
Mercy	54.9%
Non-ACO Providers	31.7%

Moving Forward:

The IME is working with our new MCO partners to establish and use VBP agreements that align with and support the objectives of the State Innovation Model. As contracting levers the MCOs are required to implement VBP agreements that include but are not limited to risk sharing including both shared savings and shared costs between the MCO and the participating provider organizations, and bonus payments to providers for improved quality on a population basis. Bonus payments for improved quality and any risk sharing shall be evaluated using a Total Cost of Care (TCOC) Methodology and the state’s approved set of risk adjusted quality measures, Value Index Score (VIS). Additionally the MCO are tasked with the requirement of ensuring that at least 40% of their covered lives are in a VBP arrangement by 2018. To assist the MCOs in monitoring quality and in identifying strengths and weaknesses within their provider networks, all MCOs will have access to the VIS dashboard.

The utilization of these levers will ensure that the VBP agreements implemented by the MCOs align with Wellmark and Medicare and help providers in Iowa get to enough scale to drive change and focus payment on buying quality outcomes rather than quantity of service.