



Medicaid Modernization Transition Factsheet: **Iowa Medicaid Managed Care Transition for ACOs**

- Beginning January 1, 2016, the majority of Medicaid members and services will transition to four managed care organizations. Medicaid anticipates each Managed Care Organization (MCO) will have Value-Based Payment (VBP) contracts with the provider community.
- Regardless of the payment incentives in each of the MCO VBP arrangements, each MCO will use the Value Index Score (VIS) measurement tool as the quality framework, per the requirements in the Iowa High Quality Healthcare Initiative Request for Proposal.
- Medicaid will continue to provide the VIS score for each Primary Care Provider (PCP) across the entire Medicaid population, even after the MCO transition and implementation. The VIS score for each PCP will not be segmented by each of the selected MCOs, but instead will provide an overall Medicaid VIS Quality score.
- Medicaid and Wellmark are committed to providing a VIS quality score that is closely aligned between the two programs.
- To support transparency and analytics to improve quality outcomes, Medicaid will continue to supply claims data to ACOs as it is being done today by establishing data sharing agreements
- Medicaid is planning an all-ACO, in-person, half-day VIS user conference late in 2015. More details will be coming on when and where, and the agenda. ACOs can expect a review of VIS results in 2014 and look into how VIS will exist in Medicaid with MCOs.
- Iowa is committed to continuing investment in the delivery system to support the move to value-based care. Through the State Innovation Model (SIM) grant, here are three specific tools aimed to support providers during this transformation period in our state:
 - Real-time, State-wide Alert Notification (SWAN) system for Emergency Department Discharges, Inpatient Admits, and Inpatient Discharges
 - State-wide community focused technical assistance that promotes VBP, statewide standards for population health strategies, and collecting and leveraging social determinants data to improve health outcomes
 - Development of Community Care Teams (CCTs) statewide that assist the delivery system in more effectively coordinating community services that address social determinants of health