

**PRIMARY DRIVER: PAYMENT REFORM
ALIGN PAYERS IN VBP**

GOAL	TARGETS by 12/31/19	SECONDARY DRIVERS	ACTIVITIES: LOCAL (Delivery System)	ACTIVITIES: STATE (DHS, IDPH, IHC)
<p>Healthcare cost are reduced while quality is improved</p>	<p>Increase participation in VBP:</p> <ul style="list-style-type: none"> 50% of PCPs participating in an Wellmark or Medicaid ACO. 50% of covered lives in an ACO. 	<p>Align clinical and claims-based quality measures linked to payment</p>	<p>VBP-Participants (VBP-P):</p> <ul style="list-style-type: none"> Use data to improve Population Health Outcomes (SWAN, VIS, EHR, C3, SDH) Actively participate in: <ul style="list-style-type: none"> Quality Measure Workgroups SIM Learning events VBP Contracting 	<ul style="list-style-type: none"> Identify Quality Measures from the Quality Payment Program that augment the VIS Manage the VIS/TCOC Online Dashboard MCOs use a Medicaid VBP Contract template for alignment.
	<p>Intensify Payment Risk in Iowa:</p> <ul style="list-style-type: none"> Decrease HCP-LAN Category 1 payments to 25% or less. Increase HCP-LAN Category 3 payments to 50% or more. 	<p>Increase ACO models with up and downside risk</p>	<p>MCOs:</p> <ul style="list-style-type: none"> Leverage VIS and TCOC in VBP contracts Participate in Quality Measurement workgroups Utilize VBP Contract Templates as identified by the state. Promote community resources to the delivery system (C3) Adjust VBP Contracting to align with A-APM requirements Use data to improve outcomes (SWAN, VIS, SDH, HRA) 	<ul style="list-style-type: none"> Reinforce a culture of health that aligns with the Healthiest State Initiative Promote the use of quality tools (community scorecards, VIS) and care coordination tools (SWAN, Geo mapping) to improve patient outcomes and lower costs Promote Statewide Strategies and SDH interventions that affect population health Identify Quality Measures that drive Population Health Improvement from QPP Share Claims/Encounter Data with ACOs Implement standard SDH questions statewide
	<p>Establish a clear policy and implementation path for Advanced Alternative Payment Models (a-APMs)</p>	<p>Educate Stakeholders (including non-traditional provider groups) on VBP models</p>		<ul style="list-style-type: none"> Pursue an other payer A-APM designation with CMMI Participate in Roundtable and workgroups that define future quality/payment goals Perform risk adjusted Total Cost of Care (TCOC) analytics
	<p>Reduce Total Cost of Care by 15% below expected Wellmark and Medicaid projected baselines.</p>	<p>Elevate the use of Social Determinant of Health data within VBP programs</p>		<p>Align VIS/Quality Measure collection and reporting strategies statewide – Participate in HIT Planning Activities</p>