



# Iowa Wellness Plan: Bridge to Transformation

*Delivery System and Member  
Engagement Approach*

Jennifer Vermeer  
Iowa Medicaid Program



## Iowa Wellness Plan

- This presentation focuses on member engagement, provider payment and delivery system strategies for the Iowa Wellness Plan
  - Adults age 19-64
  - Income at/below 100% of the FPL
  - Administered by IME



## Objectives

To describe/explain:

- Proposed member *Healthy Behaviors* program
- Proposed provider payment methodology
- Anticipated provider network
- Alignment to State Innovation Model (SIM)



## Key Goals of Legislation

- Delivery system reform through payment reform by aligning with ACO model
- Encouragement of Member engagement in their own health care
- Access and engagement of primary health care for low-income Iowans



## Key Aspects of DHS Approach to Implementation

- Identify core goals for Year 1, 2 and beyond
- Develop methodologies that are:
  - Realistic and achievable for Year 1
  - Establish a building block consistent with larger reform strategies being developed through State Innovation Model (SIM) design process
  - Create alignment between provider and member incentives



## Year 1 Goals

- Estimate 109,000 new members within 2 years
- **Access** - Ensure all new members have an identified primary care provider willing and able to see them
- **Engagement** – Support and track member engagement with the primary care provider including health assessment & education



## Year 1 Strategies

### Access to Care

- Enhanced PMPM payments for primary care physicians
- MediPASS or HMO choice model (physician PCP)
- Wellness Plan Medical Home Incentives and Accountable Care Organization option

### Member Engagement

- Incentive (premium waived) for demonstrating *Healthy Behaviors*
- Physician incentives for driving improved patient outcomes
- Aligning the member and physician incentives for health engagement



## Special Note

- The term ‘Primary Care Provider’ (PCP) or ‘Physician’ includes the *team* of healthcare professionals working under the direction of a physician to deliver and coordinate care including: nurse practitioners, physician assistants and others





## ***Healthy Behaviors Program for*** **\*Members**

- Iowa Wellness Plan includes incentives for *Healthy Behaviors*:
  - Year 1: Premium waived for everyone
  - Year 2: Premium is waived if defined healthy behaviors were completed in year 1
  - Year 3: Premium is waived if defined healthy behaviors were completed in year 2

\* Applies to members in the Wellness Plan at 50% FPL and greater



## Healthy Behaviors Program for \*Members

Year	Health Behavior Requirements
Year 1 (1/1/2014 – 12/31/2014)	Must complete both requirements: <ul style="list-style-type: none"><li>•Health Risk Assessment</li><li>•Wellness Exam by authorized PCP</li></ul>
Year 2 (1/1/2015 – 12-31-2015)	<i>[DRAFT]</i> Must complete 2 out of 5: <ul style="list-style-type: none"><li>•Health Risk Assessment</li><li>•Wellness Exam by authorized PCP</li><li>•Complete Dental Exam</li><li>•Complete a Smoking Cessation program or are a non-smoker</li><li>•Lower BMI by TBD amount</li><li>•Participate in appropriate health education program or preventive screenings</li></ul>
Year 3 (1/1/2016 – 12/31/2016)	<i>[DRAFT]</i> Same as Year 2



## Wellness Plan Medical Home

- Member selects a primary care physician (PCP)
- Physician is contracted similar to MediPASS
- PCP eligible to earn three additional types of payments above the regular fee for service payment:

**\$4 PMPM**

*Primary Care Case  
Manager Monthly  
Payment*

**\$10 PM annually**

*Wellness Exam  
Incentive*

**up to \$4 PMPM**

*Wellness Plan  
Medical Home VIS  
Bonus*



## \$4 PMPM for the Primary Care Physician

- Provides access to primary care similar to MediPASS
- Member has option to select PCP or is default enrolled
- PCP provides primary care treatment or referral and basic care coordination
- Contracted providers will offer access to primary care and basic care management



## Wellness Exam Incentive

- Incentivize PCP to ensure members are offered and receive preventive exam
- If >85% of assigned members (at least 6 months) receive preventive exam, PCP receives \$10/year per member bonus
- Aligned with member *Healthy Behavior* incentive



## Wellness Plan Medical Home *Value Index Score (VIS) Bonus*

- Incentivize quality improvement based on outcome over baseline
- VIS Measure sets groundwork for ACO development
- Bonus payment of up to \$4 per member per month for demonstrated improvement in VIS measures
- SIM & multi-payer alignment: VIS is basis for SIM ACO plan and same as used for largest commercial plan ACO



## The ACO Option

**Goal:** initiate the ACO structure that will be further developed through SIM work

- Medicaid may contract with ACO's currently contracted with Wellmark (state's largest commercial plan)
- ACO will be paid FFS plus incentives (there is no baseline data for shared savings approach in year 1)
- ACO can earn the wellness exam and medical home bonus for attributed population in aggregate
- By Year 3: the Wellness Plan ACOs would be replaced by Medicaid-wide SIM ACO implementation



# IOWA WELLNESS PLAN (DRAFT)

(Draft Details 08.02.13)

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	Iowa Wellness Plan (WP) Primary Care Physician (PCP)			Accountable Care Organization (ACO)
<b>YEAR 1 (CY 2014)</b>				
	<b>Patient Manager Access and Coordination</b>	<b>Annual Exam Incentive</b>	<b>Wellness Plan Medical Home VIS Performance Bonus</b>	
<b>Annual Amount</b>	\$48 per member	\$10 per member *	\$48 per member **	No risk in 2014, tracking Value Index Score (VIS) only, VIS Performance Bonus to PCP moves to ACO when a contract is in place
<b>Pay Schedule</b>	Monthly (\$4)	Quarterly Calculation	Quarterly Calculation	Quarterly Calculation
<b>Purpose</b>	Access to PCP home for new members	Encourage wellness exams for Wellness Plan members	Incentivize quality improvement and align with ACO model	Prepare for ACO infrastructure in a no-risk setting
<b>Requirements</b>	<p><b>Similar to MediPASS:</b></p> <ul style="list-style-type: none"> <li>• Treat/refer</li> <li>• Agree to slots for new Wellness Plan population</li> <li>• Building EMR</li> <li>• 24/7 access line</li> </ul> <p><b>New Benefit:</b></p> <ul style="list-style-type: none"> <li>• Allow for billing preventive exam with a sick visit</li> </ul>	<p>* May qualify for annual bonus of \$10 for each assigned Wellness Plan member getting a wellness exam when at least 85% of all Wellness Plan members assigned to the PCP for at least 6 months have had a wellness exam</p> <p><b>Member healthy behavior required in Year 1 to waive monthly contribution in Year 2</b></p> <ul style="list-style-type: none"> <li>• Member completes a <u>wellness exam</u></li> <li>• Member completes a <u>Health Risk Assessment (HRA)</u></li> </ul>	<p>** May qualify for a bonus of up to \$48 per member annually for demonstrated improvement in overall VIS on existing Medicaid population. Baseline is set from prior 3 years of performance in Medicaid program (2010-2012)</p>	<p>VIS/Treo</p> <p>Provide minimum of 2,500 PCP Slots for Wellness Plan population within ACO network.</p> <p>Measure quality to VIS</p>
<b>YEAR 2 (CY 2015)</b>				
<b>Changes from YEAR 1</b>	\$36 per member annually	<p><b>Member healthy behavior required in Year 2 to waive monthly contribution in Year 3</b></p> <p><b>Must complete at least 2 items from the below list of options under consideration:</b></p> <ul style="list-style-type: none"> <li>• Smoking Cessation</li> <li>• Dental Exam</li> <li>• Participate in well baby education</li> <li>• Participate in healthy pregnancy program</li> <li>• Participate in healthy eating/cooking</li> <li>• Preventive screening</li> </ul>	\$60 per member annually	<p>Same but ACOs that qualify for Medical Home Bonus can also share in total cost of care savings. (Upside Risk Only)</p> <p>ACO must open 2,500 more PCP slots for Wellness Plan population within the ACO network.</p>
<b>YEAR 3 (CY 2016)</b>				
<b>Changes from YEAR 2</b>	Same as YEAR 2	Not available: Move to State Innovation Model ACO	Not available: Move to State Innovation Model ACO	State-wide ACOs with full Medicaid population go into effect. <b>Details TBD.</b>





## SIM Goal and the Value Index Score (VIS)

- **Goal:** the SIM project seeks a multi-payer ACO model in Iowa to drive reform
  - Combined: Wellmark & Medicaid cover 70% of Iowans
  - Wellmark ACO: uses FFS, shared savings and VIS measures
- Wellness Plan will build toward this goal
  - Provides incentives for primary care and ACOs that implement VIS measures and therefore, align with Wellmark structure



## VIS: Core Attributes

### *Person-Focused (rather than disease-focused)*

- VIS Domain – Member Experience
- VIS Domain – Primary & Secondary Prevention (Well Child Exams, Adult Screening)

### *First contact with health care system*

- VIS Domain – Tertiary Prevention (Ambulatory Care Sensitive Acute and ED Rates)

### *Comprehensive*

- VIS Domain – Disease Progression (Panel Chronic Disease Status and Severity Shifts)
- VIS Domain – Chronic & Follow up (30 day post D/C, Readmission Rates, Chronic Care Visits)

### *Coordinates care and the transfer of information*

- VIS Domain – Continuity of Care (COC, PCP visit, Any MD Visits)
- VIS Domain – Efficiency (Generic Rx, Potentially Preventable Ancillaries)



## Wellness Plan Medical Home VIS Bonus

- Max of \$4 PMPM
- Uses VIS to measure performance vs. baseline
- Can apply to either PCP or ACO (but not paid twice for a given member)
- Baseline is re-established annually
- Each new baseline includes Wellness Plan data

Performance	Payment
Below target	No Medical Home Bonus
Greater than midpoint between baseline and target	50% of Medical Home Bonus
Greater than target	100% of Medical Home Bonus
<b>No Downside Risk</b>	



## VIS Baseline

- A baseline is established for each PCP or ACO in the program
- Uses past three years of claims data
- Current year weighted at 50%, prior years weighted at 25% each:

	FY 2011	FY 2012	FY 2012	Total
VIS	0.850	0.860	0.885	
Weight	25%	25%	50%	
Baseline	0.213	0.215	0.443	<u>0.870</u>



## Establishing a VIS Target

Top performers have a smaller range of improvement to achieve bonus, lower performers have a larger range of improvement required to achieve the bonus



## VIS Performance Target Calculation

- Each PCP will have a prospective VIS target
- Target will be established based on the PCPs own historical performance.
- Target will be driven by PCP performance quintile:
  - Quintile 1 (*top performers*) target is established at 2% above baseline
  - Quintile 2 target is 4% above baseline
  - Quintile 3 target is 6% above baseline
  - Quintile 4 target is 8% above baseline
  - Quintile 5 (*lowest performers*) target is 10% above baseline



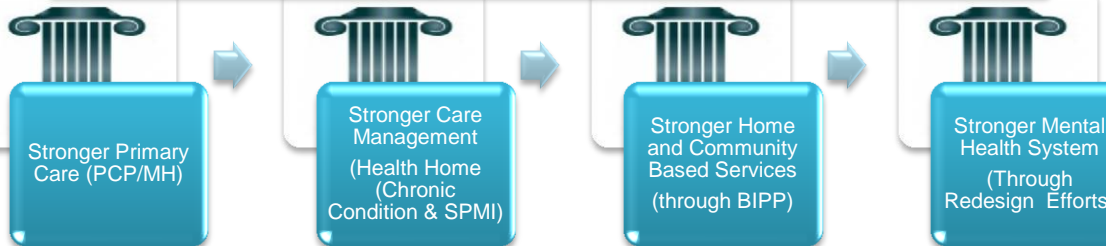
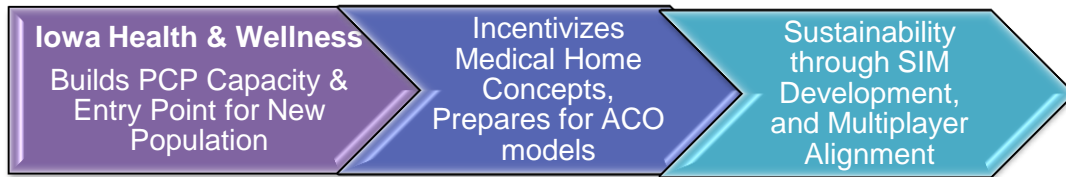
## What are we getting January 1?

- More access to healthcare for Iowans
  - Emphasis on engagement with primary care
- Promotion of preventative screenings
  - HRA & Wellness Exam
  - Healthy behaviors for members
- Building a network of providers within an ACO framework



## Bridge to Transformation

**Current State:** Mostly FFS  
Unmanaged Care  
Silos of Care Delivery  
Limited Access  
Volume Based Purchasing



**Future State:** Value Based Purchasing  
Clear Accountability  
Integrated Care Delivery  
Alignment in Measures and Analytics  
Data are timely and Secure





## Acronym List

ACO = Accountable Care Organization

BIPP = Balancing Incentive Payment Program

BMI = Body Mass Index

FFS = Fee For Service

FPL = Federal Poverty Level

H&W = Health and Wellness

HRA = Health Risk Assessment

IHAWP = Iowa Health & Wellness Plan

IME = Iowa Medicaid Enterprise

PCP = Primary Care Provider

PMPM = Per Member Per Month

SIM = State Innovation Model

SPMI = Serious and Persistent Mental Illness

TBD = To Be Determined

VIS = Value Index Score

WP = Wellness Plan