

Transforming Care Delivery

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In sickness and in health®

Hospital Assessment and Transformation Funding

- Reimagine the care delivery system as more payments move into dynamic rates
- Task to create the guardrails for transformation that consider the goals of Medicaid
 - Behavioral health, including substance abuse
 - Integration of physical and behavioral health for Medicaid patients
 - Management of chronic conditions
 - Access to care
- Align the system to provide the right care at the right time to improve patient outcomes and drive down the cost of Medicaid

Criteria for Participation in Transformation

- Community Needs Score
- Claims data
- % of Medicaid or Medicaid volume served
- Ability/willingness to transform and meet milestones/metrics

Community Health Needs Assessment (CHNA)

- IRS code with requirements for charitable hospitals
- Enacted as part of the Affordable Care Act in March 2010 and effective starting tax year 2012
 - Once every three years for each individual hospital
 - Adopt implementation plan (CHIP)
 - Financial assistance policy
- Participatory process requiring input from the community served by the hospital, and all relevant facts and circumstances
- Written report documenting and prioritizing community needs and resources



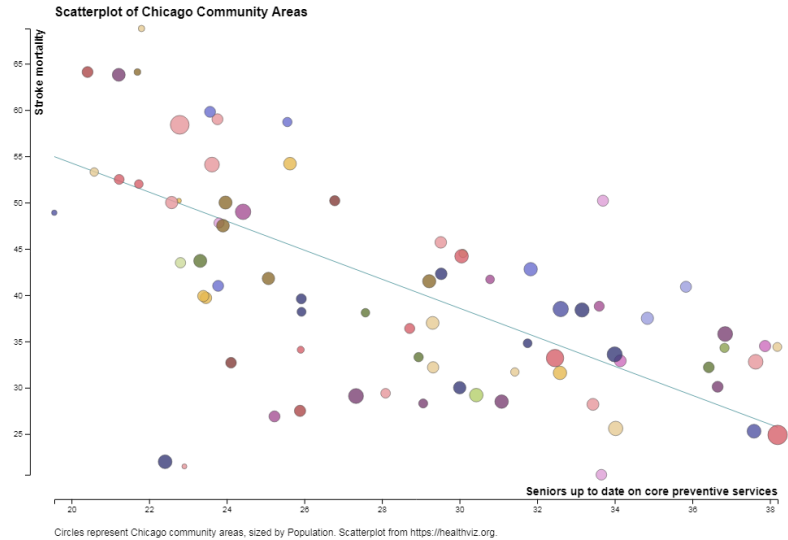
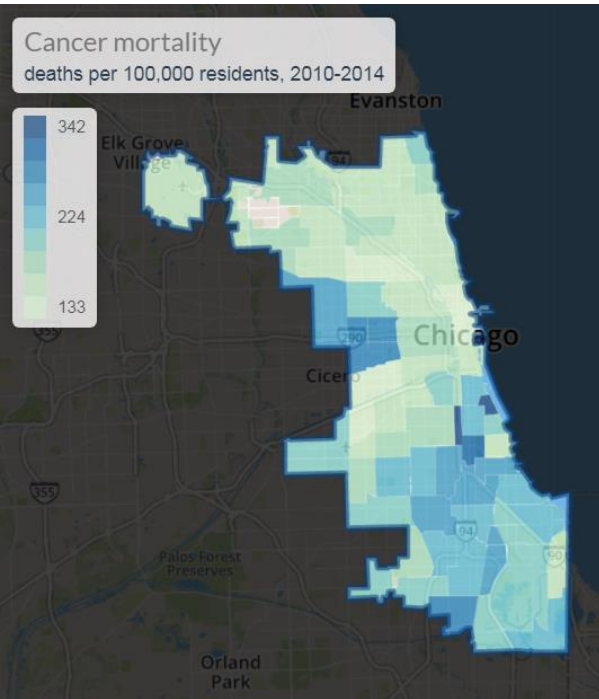
Claims Data Challenges

- Claims data, which is limited to how payments are made, doesn't tell the whole story
- Numerous challenges in the shift to managed care organizations and data reporting
 - Focused on primary diagnosis often not reflecting the complexity care
 - Incomplete data based on settlements or other financial transactions
 - Does not include denial of care provided
 - No one source of truth
- Transformation decisions should take into consideration claims data but not be limited by that data set

Community Data Opportunities

- Tremendous amounts of publicly available data from verified sources – income, environment, economic, housing, etc.
- Community data sets can provide richness that help identify needs in the population
 - Drivers of “symptom” treatment
 - Hurdles to accessing care
 - Root causes of delayed care
- Provides opportunity to cross reference with claims data (utilization, outcomes) to identify overlap that can be eliminated and gaps that need to be addressed

Transforming to Address the Bigger Picture



Data Driven Decisions

- **Factors for participation in transformation**
 - Community Need
 - Claims data
 - % of Medicaid/Medicaid volume
- **Factors for evaluating transformation plans**
 - Aligned with Community Need
 - Support for Planning
 - Address facilities as well as provider retention/recruitment and services provided
- **Factors for measuring success**

QUESTIONS?

THANK YOU