



Digital Health Strategy, Implementation Plan and Technology Roadmap at Center for Medicaid and CHIP Services

Adopting a digital health strategy, implementation plan and technology roadmap that are use-case and business-driven will drive closer alignment between Center for Medicaid and CHIP Services (CMCS) IT and business stakeholders to maximize the value of data and IT assets to support the CMCS goals. Our approach will align business objectives and technology solutions that facilitate an integrated delivery system and achieve the following benefits:

- Business and technology transformation at the Federal and state levels
- Improve quality performance across MCOs and states as directed by CMCS¹
- Accelerate delivery system redesign by leveraging managed care payment reform
- Promote financial sustainability for vital safety net providers
- Create a more cost efficient Medicaid program with payments aligned with quality and outcomes
- Ensure access to quality care for Medicaid beneficiaries
- More timely access to claims data and tools to prevent fraud, duplicate payments and overpayments²

The Path to Value-based Care

To be successful, states and Medicaid Managed Care Organizations (MCOs) require harmonized data and standardized technology solutions that support population health management, value-based payment, and care coordination for Medicaid beneficiaries. Moreover, CMCS must have actionable patient and provider data to manage evolving health care delivery reforms, provide financial and programmatic support, and enable proper monitoring and oversight. In exchange for matching Federal funds, states must meet federal standards that reflect the program's goals for covering a low-

income population with limited resources and often complex health needs. However, to meet their specific needs and priorities, states have significant flexibility in setting requirements for eligibility (who is covered) and wide latitude over many aspects of the program design and delivery system structure (cost sharing arrangements, provider payment, Medicaid expansion and Section 1115 waiver authority). Efforts to reach greater share of at-risk population varies across state, as they continually evolve and transform how they pay for and deliver care to control Medicaid spending.³

State Responses to Program Options in Medicaid

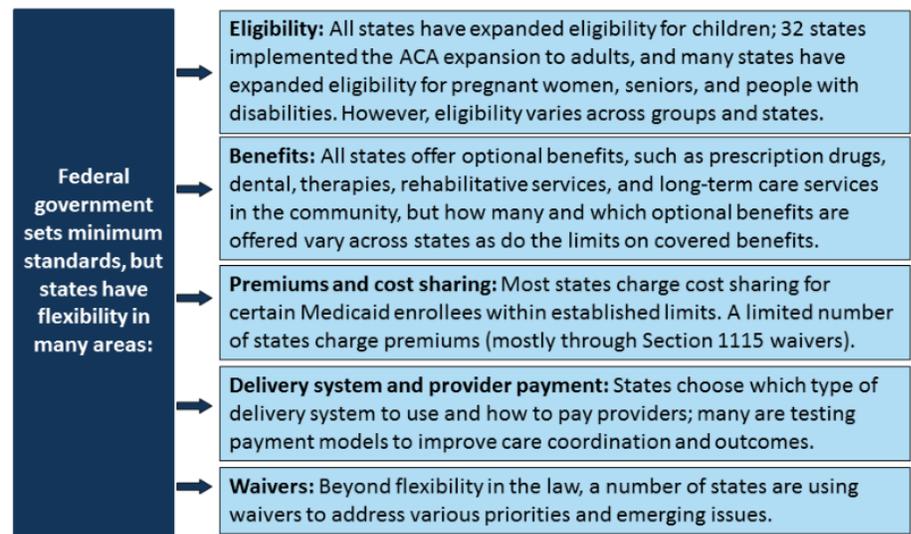


Figure 1: State Responses to Program Options in Medicaid, Kaiser Family Foundation

¹ <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/index.html>

² *Medicaid Managed Care Improvements Needed to Better Oversee Payment Risks*, GAO-18-528 Report, July 2018



To meet these challenges, CMCS has implemented Medicaid and CHIP Business Information Solution (MACBIS) to provide reliable, comprehensive, and timely operational and programmatic data, technology and analytics solutions, currently consisting of four major projects: Medicaid and CHIP Program (MACPro) Portal, Transformed Medicaid Statistical Information System (T-MSIS), Medicaid Analytic eXtract and Medicaid Drug Rebate (MDR) program. MACBIS enables efficient operations of the Medicaid and CHIP Programs by supporting beneficiary and provider business functions and providing access to data for:

- Enhanced information about beneficiary eligibility
- Beneficiary and provider enrollment
- Service utilization
- Claims and managed care data
- Fraud detection and prevention
- Expenditure data for Medicaid and CHIP

Addressing Current Challenges

Despite the investment in MACBIS, GAO⁴ recently identified multiple challenges to program integrity oversight for Medicaid managed care programs, and among these are quality of the data and technology. *“CMS cannot be sure that states are holding MCOs financially accountable for making proper payments, that states are paying accurate capitation payments to MCOs, or that the federal government’s share of Medicaid expenditures is accurate,”* the report reads.

The following specific items were identified:

1. Access to data

- Challenges in getting access to federal data on deceased individuals.
- Inability to access the state’s death records due to lack of agreement within the state over departmental responsibilities.

2. Encounter data accuracy and reliability

- Problems getting accurate and complete encounter data from managed care organizations (MCO).
- Poor quality of data received from MCOs for providers of non-traditional services, such as transportation to medical appointments.
- Non-standard formats and inconsistencies of MCO-reported data to the Medicaid Fraud Control Unit (MFCU)
- Inaccuracy of capitation rates due to missing encounter data in states’ algorithms

3. Information systems

- Determining whether an individual is enrolled in more than one plan.
- Interface between the state eligibility and claims processing systems affected ability to prevent payments for deceased individuals and/or making duplicate payments on claims.

³ Medicaid Enrollment & Spending Growth: FY 2017 & 2018 (<https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-spending-growth-fy-2017-2018>)

⁴ *Medicaid Managed Care Improvements Needed to Better Oversee Payment Risks*, GAO-18-528 Report, July 2018



The Path to Value-based Care

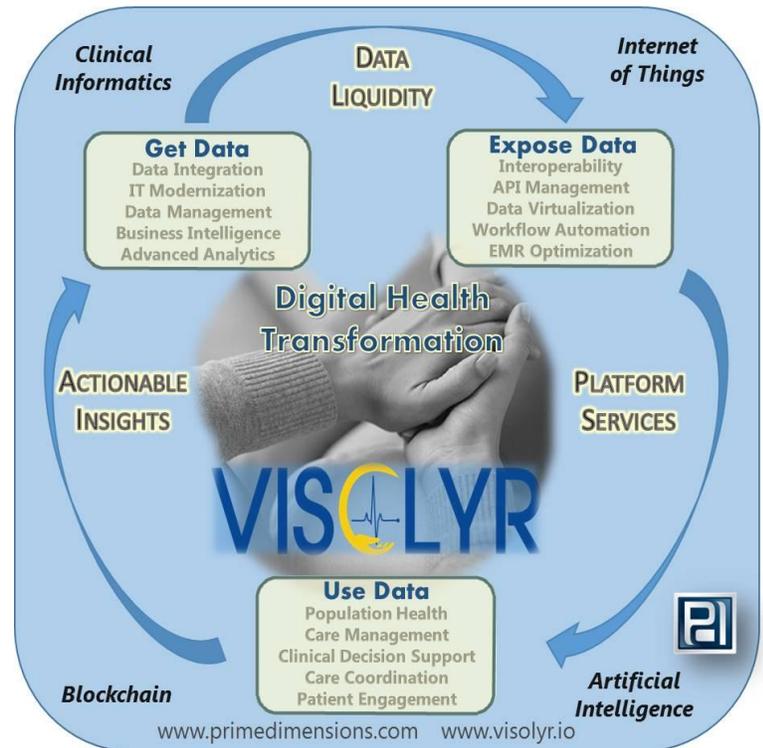
Through Medicaid MCOs, CMCS is seeking to expand value-based payment (VBP) arrangements with providers based on meeting performance targets and benchmarks based on core set of adult and child quality measures. These arrangements include a variety of models across MCOs, including pay-for-performance, bundled payments, shared-savings, and patient-center medical home. Regardless of the type of model, the following data-related activities are essential to achieve higher quality and lower costs:

- Document data elements, sources, collection methods and integration tools for quality measurement, analysis and reporting
- Identify measures that have greatest impact on value-based care initiatives
- Perform cost impact assessment on high priority and outcomes measures for more refined, accurate evaluation of value
- Recommend data and analytics strategy that reveals greater, more timely insights for quality measurement and improvement
- Identify data-related functions that providers need to improve to achieve success in value-based care initiatives
- Integrate quality measurement with quality improvement

Value-added Results

Prime Dimensions offers expertise and solutions for improving patient experience, easing clinician burden and controlling healthcare costs. The healthcare industry is now immersed in digital transformation — connected apps, devices and solutions that allow for the rapid exchange of information among patients, providers, payers and caregivers. As value-based care models become more pervasive, care delivery will become less episodic and more continuous, compounding the unprecedented proliferation of digital health solutions.

*How can CMCS adopt a digital health strategy that leverages IT modernization, next-generation database solutions, advanced analytics, API tools and platform services to extract actionable clinical insights from ever-increasing volumes of health data and move toward systems that scale artificial intelligence and Internet-of-Things, simultaneously running on millions of connected devices? **Our answer is Visolyr.***



Visolyr provides data liquidity and interoperability across disparate systems using DevOps, API tools and microservices to rapidly integrate and enhance EMRs, clinical applications and digital health solutions. Visolyr will help CMCS obtain accurate, complete patient information across the care continuum and offers the following benefits:



- Ensure timely access to care
- Identify irregular clinical and behavioral patterns
- Optimize utilization of community-based health services
- Utilize virtual, continuous care delivery for at-risk patients
- Enrich clinical data with Social Determinants of Health (SDOH) and genomics
- Embed evidence-based clinical guidelines, protocols and care pathways
- Provide actionable clinical insights at the point-of-care
- Improve information sharing and coordination through transitions of care
- Improve clinical workflow and user experience

As the trend for digital tools is moving toward mobile platforms and cloud-based services, the Visolyr platform is designed to accommodate for a “plug-and-play” environment, allowing integrated solutions to be adaptive, scalable, flexible, simple, and convenient. The results are improved patient interactions and care coordination, increased provider productivity and efficiency, and encouraging behavior change for healthy lifestyles. The key to success is knowing how to appropriately engage patients, based on necessity, urgency and personal preferences, i.e. how, when and where to maximize frequency and depth of engagement so that digital health becomes ubiquitous to the patient experience.

Through our strategy for Digital Health Transformation, enabled by Visolyr, Medicaid can rationalize and modernize its technology infrastructure with core components, such as unified analytics platform, virtualized data environment and application programming interfaces (APIs), to connect multiple internal and external IT systems for monitoring, reporting and analysis of key performance metrics. The following activities will streamline information exchange among Medicaid stakeholders:

- Deploying innovative, cost-effective solutions and data harmonization to collect, integrate, and analyze data across disparate sources and systems.
- Resolving the disjointed, fragmented data environment that creates high latency and other inefficiencies.
- Applying cross-boundary, cross-domain data governance to accelerate innovation and improved time-to-value of analytic applications.

Summary

Prime Dimensions offers a proven framework toward digital health transformation, along with vision, passion and expertise to unleash clinical, operational, and business value. Successful implementation of digital health solutions requires a multi-disciplinary approach, strong leadership and active participation from all stakeholders to achieve the Quadruple Aim. Through design-think and journey mapping sessions, we help convey the value proposition of how digital health can support and improve patient experience and outcomes, ease clinician burden, and decrease the cost of care. Through this process, Medicaid organizations will embrace a new paradigm in which healthcare practitioners have the ability not only to measure outcomes but also to influence outcomes. With the effective utilization of people, process, technology and data, Medicaid will usher in a new compute paradigm that promotes financial sustainability of the Medicaid program so that at-risk patients receive access to care where and when it’s needed.

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