## National Perspective on Valuebased Purchasing

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#### **Overview**

- Background and Context
- State and Federal Landscape of Value-based Purchasing
- Conclusions

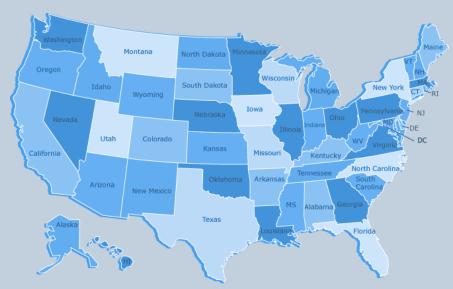
### **Background:** NAMD

- Standalone association
- 56 Medicaid directors, including DC and territories
- Our mission:
  - Represent the consensus voice of state Medicaid to federal policymakers
  - Support sharing of best practices



## Background: Medicaid Landscape

- Federal/state partnership
- States operate their program within broad federal rules
- Responsible for 72 million vulnerable Americans
- State-to-state variation in program and innovations
- Common state objective: improve outcomes and deliver value.



## **Medicaid Value-based Purchasing**

- NAMD/Bailit Health report on Medicaid value-based purchasing (34 states and 5 MCOs)
- Overarching findings:
  - Value-based purchasing generally refers to payment models that hold providers accountable for quality of care and costs
  - How alternative payment models are being implemented varies by state
  - Occurring through MCOs and direct contracting with providers
  - Initial focus typically in acute care; some states beginning to focus on long-term care
  - States with State Innovation Model grants and DSRIPs tend to be further along

#### Role of MCOs in Medicaid VBP

- 72% of Medicaid beneficiaries nationally are enrolled in managed care
- A number of states require or encourage MCOs to increase amount of value-based purchasing without specifying models
- Interviewed MCOs all have a number of different models they support –which mirror what states have
  - All MCOs included P4P as an alternative payment model
  - All stressed importance of meeting providers where they are

## Most Common Medicaid Alternative Payment Models

#### Additional Payments to Providers in Support of Delivery System Reform

- PMPMs on top of fee-for-service payments for care management or to fund practice transformation
- Typically used to support patient-centered medical homes and/or Health Homes

#### Episode-based Payments

- Provider accountability for a defined and discrete set of services over limited time
- Focused on identifying and improving clinical pathways

#### Population-based Payments

 Providers responsible for a comprehensive set of services for a patient population and have potential to share in savings/risk based on actual costs & quality Additional Payment in Support of Delivery System Reform

12

**Currently Implemented** 

We expect many more states to have implemented this model but did not report it in our survey

Episode-Based Payment

3

Currently Implemented

4 more states are in the process of or considering implementation Population-Based Payment

9

Currently Implemented

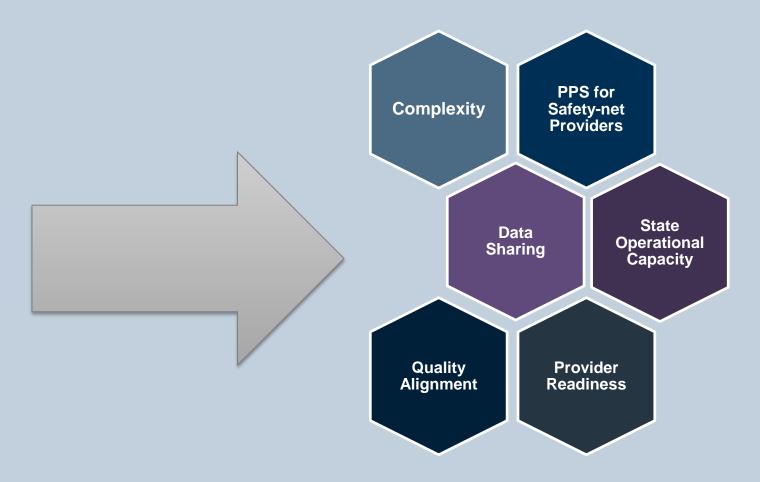
2 states are making significant changes or expanding their population-based payment model

**Source:** NAMD and Bailit Health Purchasing; The Role of State Medicaid Programs in Improving the Value of the Health Care System; <a href="http://medicaiddirectors.org/publications/namd-report-the-role-of-state-medicaid-programs-in-improving-the-value-of-the-health-care-system/">http://medicaiddirectors.org/publications/namd-report-the-role-of-state-medicaid-programs-in-improving-the-value-of-the-health-care-system/</a>

# Path Forward in Medicaid VBP: Opportunities



# Path Forward in Medicaid VBP: Challenges



### **Federally-Led VBP Initiatives**

- MACRA Advanced APM program and MIPS
  - Medicaid models can count & help provider achieve Medicare bonus payment
  - Qualifying other payer models must:
    - Use of Certified EHR Technology
    - Quality measures comparable to MIPS measures
    - Assume more than nominal risk
- > HHS Health Care Payment Learning and Action Network
  - Developing whitepapers & recommendations for multi-payer APMs
  - Interest in testing recommendations with payers
- CMMI models

#### **Conclusions**

- Alternative payment models differ by state but broadly fall into three categories:
  - Additional payments in support of delivery system reform
  - Episode-based payments
  - Population-based payments
- Managed care plans are playing a key role in value-based purchasing efforts
- LTSS is likely to be the next frontier of alternative payment models
- Increasing need for federal policymakers to understand and reflect state experience in national VBP efforts

### **Questions?**

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