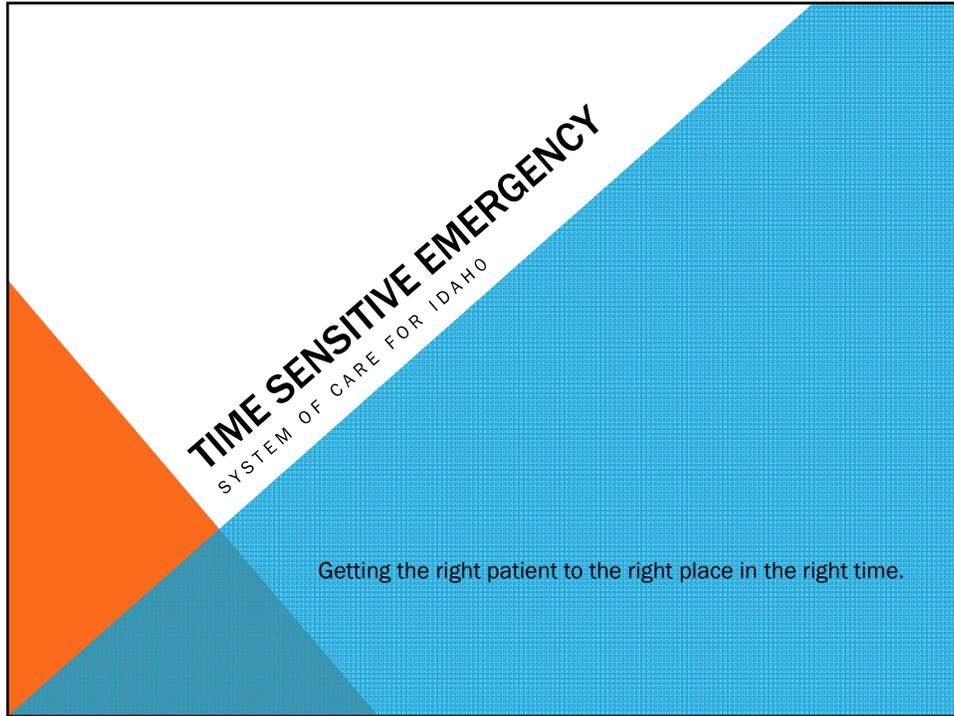


| Agenda Item | Outcome/Action |
|---|--|
| | <p>all new practice sites for existing organizations.</p> <p>Action Items</p> <ol style="list-style-type: none"> 1. Ms. Lawson to continue member recruitment through the Physical Therapy Association and Idaho Leaders in Nursing for vacated rotating provider seat. 2. Rachel to continue contact with the ISPA for nomination to fill vacated provider seat. 3. Rachel to send short description of Medicaid Recipient seat to members for recruitment. 4. Rachel to make contact with Jim Baugh and inquire in further interest in his rotating consumer seat. Completed and confirmed 1/28/14. Mr. Baugh will continue his service on the committee. 5. Teresa Cirelli to inquire within the IMA for other qualified individuals for their permanent provider seat. Ms. Cirelli to contact Rachel prior to the April meeting with nominations. |
| <p>Division of Medicaid Updates</p> <ul style="list-style-type: none"> • Policy/Legislative Status Update <ul style="list-style-type: none"> ○ New and upcoming Rules, SPAs and Waiver activity | <p>Division of Medicaid Updates</p> <p><i>Policy/Legislative Status Update</i></p> <ul style="list-style-type: none"> • Mr. Simmitt reviewed the Policy Product Update Sheet. This document provides updates of new and upcoming policy activity such as Rules, SPAs and Waivers and is updated monthly to the MCAC website. • Statute changes proposed this year are: dual eligible MMCP changes; 1115 demonstration premium assistance funding, and reinstatement of full dental coverage for adults on Enhanced Plan. |
| <p>Personal Assistance Oversight Committee (PAOC) Update</p> | <p>Personal Assistance Oversight Committee (PAOC) Update</p> <ul style="list-style-type: none"> • Ms. Peterson provided an update of the December 11, 2013, PAOC meeting and review of the draft minutes. Draft minutes to be reviewed by the PAOC in their March 2014 meeting. Once approved minutes will be uploaded to the PAOC Website: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/PersonalAssistanceOversightCommittee/tabid/1354/Default.aspx • Tammy Ray provided a review of the Idaho Home Choice report. There have been a total of 154 Transitions for 2013; exceeding the benchmark of 126. The benchmark for 2014 is 206. The committee members agreed the addition of the newly requested data added value and understanding of IHC work. NOTE: 2013 data is for time frame January 1 – October 31, 2013. |
| <p>Program/Project Updates</p> <ul style="list-style-type: none"> • Managed Care Initiative Updates: <ul style="list-style-type: none"> ○ Integrating Care for Dual Eligibles | <p>Updates to ongoing Medicaid Programs/Projects</p> <p><i>Managed Care Initiative Updates</i></p> <ul style="list-style-type: none"> • Integrated Care for Dual Eligibles: Medicaid is working with Blue Cross of Idaho (BCI) to expand services currently offered through the Medicare-Medicaid Coordinated Plan (MMCP) to cover what Idaho was going to offer through the demonstration. Targeted start date of these expanded MMCP services is June 1, 2014. There is a webinar January 23, 2014, to update stakeholders regarding what the BCI contract will look like. BCI will respond to questions related to outreach and lead this conversation with providers. Medicaid has updated the MMCP website. http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicaidParticipants/MedicareMedicaidCoordinatedPlan/tabid/2538/Default.aspx <p>Question and Answer</p> <p>Q: MMCP special needs participants who received PSR are no longer covered under IDAPA since the new Behavioral Health rules went into effect. What happens to those participants?</p> <p>A: Medicaid anticipated those individuals to become members of the duals demonstration. With the expansion of the MMCP coming June 1, 2014, Medicaid will incorporate those individual's needs into that plan. As a stop gap, the Department has contracted directly with the specific providers of services until that time with definitions of services identified in their provider agreements.</p> |

| Agenda Item | Outcome/Action |
|--|--|
| <ul style="list-style-type: none"> ○ Idaho Behavioral Health Plan (IBHP) – Optum update ○ Health Homes/Healthy Connections and the Governor’s Medical Home Collaborative ● Time Sensitive Emergencies (attachment) ● State Healthcare Improvement Plan (SHIP) (attachment) ● MMIS Q&A/Open discussion <ul style="list-style-type: none"> ○ Coding changes ○ ICD-10 | <ul style="list-style-type: none"> ● Idaho Behavioral Health Plan (IBHP) – Optum update: IBHP has moved out of the implementation stage and is into operations. Offices of Mental Health and Substance Abuse (OMHSA) staff are in frequent contact with Optum and are actively engaged in quality assurance and contract monitoring. Optum intends to add three care managers and an operations manager to their staff to help with customer service concerns. OMHSA has numerous staff for contract monitoring and helping stakeholders in the field. This staffing change is a reorganization of the existing Department staff. ● Health Homes/Healthy Connections and the Governor’s Medical Home Collaborative: Governor’s medical home collaborative held their face to face meeting in December 2013. The Health Homes program has been running for one year and Medicaid staff is now shifting focus to evaluation of the last year. The Health Homes national evaluation team will be onsite in Idaho within the next few months. There are currently approximately 9400 individuals participating in 54 locations across the state. <p><u>Time Sensitive Emergencies</u> Ms. Shaw-Tulloch’s presentation is attached. This work group began meeting in May 2013, with a focus on continuity of care in an emergency situation. There were concerns from small critical access hospitals that they would be forced to participate and take on extra costs. These concerns were addressed by bringing in UT & MT to show how small critical access hospitals worked in those state. Enrollment was made voluntary and, to help offset the costs, an activation fee was added.</p> <p>Question and Answer Q: Is there a fiscal impact with the legislation? A: Yes. If this legislation passes, there will be a trailer legislation to address that impact. There will be initial startup fees and then an annual budget will need to be established.</p> <p><u>State Healthcare Improvement Plan (SHIP)</u> Ms. Chuckovich’s presentation is attached. The SHIPs main focuses are primary care, health care system, improvement of quality and health outcomes, and use of electronic health records. Idaho submitted the finalized SHIP to Center for Medicare and Medicaid Innovations (CMMI) 12/26/13. Next step is to complete a grant application for the Model Testing Proposal (MTP). Idaho expects the CMMI to release the grant application this month (January 2014). The MTP is a far more competitive grant. There were 16 planning grants awarded and there will only be five MTP grants awarded.</p> <p><u>Action Items</u> Ms. Chuckovich to provide the finalized SHIP to the committee. The finalized SHIP can also be found on the Department’s website at: http://idahoshipproject.dhw.idaho.gov. Even though the SHIP is finalized, updates will be made to this version later this Spring when Idaho submits the MTP.</p> <p><u>MMIS</u> Currently staff is working on the annual billing code changes for 2014; as well as ongoing systems maintenance and cleanup efforts. ICD-10 coding changes are on track for October 2014 compliance. All the system updates are completed for the ICD-10 conversion and are currently being tested internally. March 2014 is the targeted time frame for external testing to begin.</p> |
| <p>Questions and Answers Adjourn</p> | <p>Agenda Items for April <u>Discussion topic:</u> How the coordination of all the current managed care initiatives, system changes and alike are coming together (SHIP speaks to this).</p> |

Remaining meeting dates for 2014 (all meetings are located at 3232 Elder, Boise Idaho): 4/16/14 –Election for new SFY Chair and Vice Chair; 7/16/14 and 10/15/14



BACKGROUND

- Rural/Frontier State
- Only a Few States With Systems
 - Trauma, Stroke or Heart Attack
- Attempts to Develop Trauma System
 - Only result was a trauma registry
- Local Collaboratives Exist
 - However, no statewide system

Getting the right patient to the right place in the right time.

2

BACKGROUND

- **2012 Health Quality Planning Commission (HQPC)**
 - trauma system discussion
 - modeled after Montana's trauma system
 - stroke and heart attack added
- **House Concurrent Resolution 010 (HCR010)**
 - Time Sensitive Emergencies System of Care

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3

HCR010

Legislature Directed DHW to:

- **Convene Workgroup**
- **Develop:**
 - Elements of System Structure
 - Funding Mechanisms
 - Implementation Plan
- **Create Enabling Legislation**
 - Trauma then Stroke & Heart Attack

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WORK GROUP MEMBERS

- Inclusive Stakeholder List
- 40+ "Regulars"



- Monthly Meetings
- May - November, 2013

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SCHEDULE OF WORK

| Meeting Topic/Milestone | Schedule | Locations |
|---|------------------------------------|--|
| Kickoff Meeting | May 14, 2013 8:00 - 5:00 | Oxford Suites Overland Road, Boise |
| System Design: Part I | June 11, 2013 10:00 - 3:00 | Saint Alphonsus Regional Medical Center, Boise |
| System Design: Part II | July 9, 2013 10:00 - 3:00 | St. Luke's Regional Medical Center, Boise |
| Statewide Registry and Performance Measures | August 6, 2013 10:00 - 3:00 | Qualis Health, Boise |
| System Funding and Other Supports | September 4, 2013 10:00 - 3:00 | Qualis Health, Boise |
| Recommendations, Legislation and Implementation Plan | September 30, 2013 10:00 - 3:00 | Saint Alphonsus Regional Medical Center, Boise |
| Recommendations Finalization & Presentation Development | October 30, 2014 10:00 - 3:00 | Saint Alphonsus Regional Medical Center, Boise |
| Report Finalization | November 19, 2013 10:00 - 3:00 | Ada County Paramedics Boise |
| Presentation of Recommendations | Various | Various |

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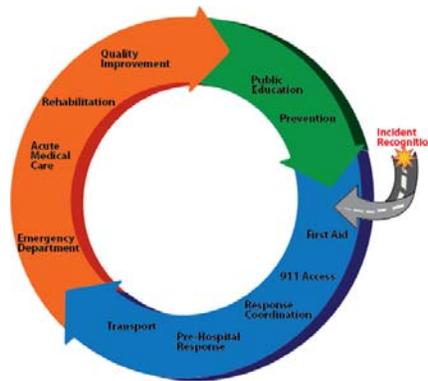
WORK TO DATE

- Monthly Meetings and Ad Hoc Subcommittees
- Engaged & Active Workgroup
- Other State Consultation
 - MT, UT, WA, Other State System Review
- Draft Legislation
- Rule Recommendations
- FAQs
- Website
 - www.tse.idaho.gov
- Mailbox
 - tse@dhw.idaho.gov
- Presentations
- Final Report

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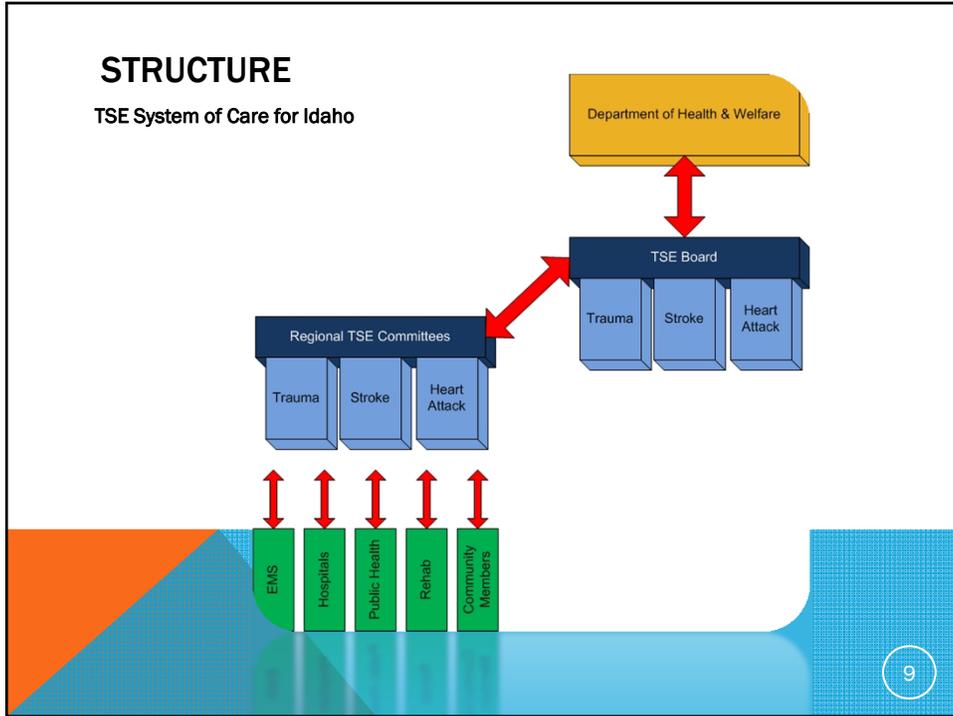
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CONTINUUM OF EVIDENCE-BASED CARE



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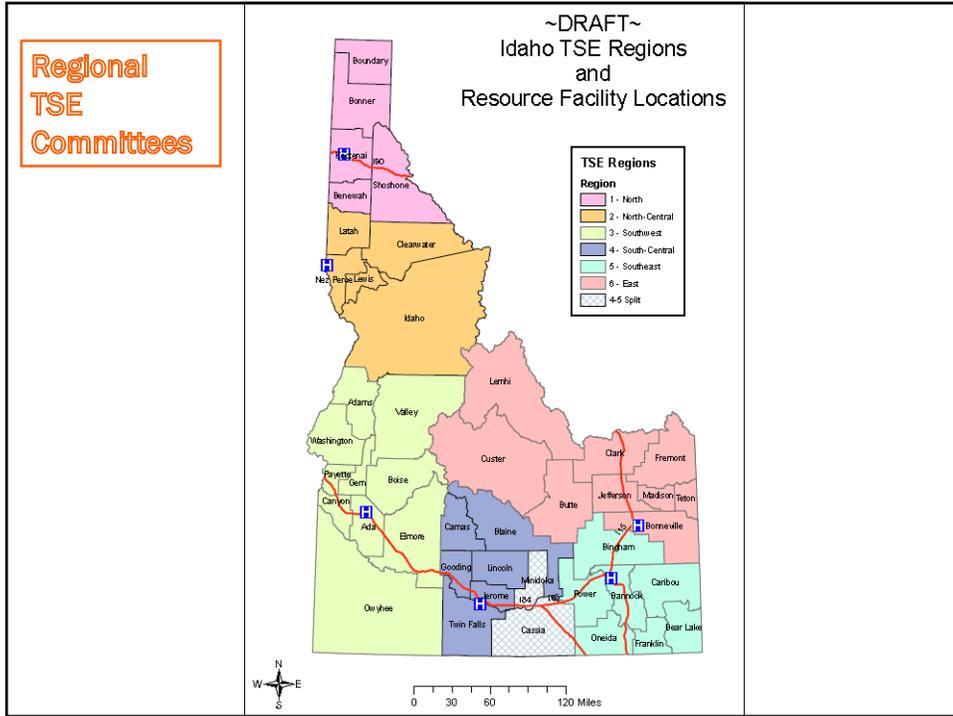


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STATE BOARD
Time Sensitive Emergency System of Care

- 18 Member Board Appointed by Governor
- Hospital, EMS & Public
- Rehabilitation
- Trauma, Stroke, Heart Attack
- Establish Standards
- Designation & Certification

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REGIONAL COMMITTEES

Time Sensitive Emergency System of Care

- **Regional Representation**
- **Education**
- **Quality Improvement**
- **Coordination in the Region**
- **Technical Assistance**

12

DESIGNATION AND CERTIFICATION

Trauma

- National Standards and Best-Practices
- Five Levels of Designation
- State Designation
- Utilization of Billing Code

Stroke/Heart Attack

- National Standards and Best-Practices
- Types of Certification; i.e., receiving and or treatment
- State Certification

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LEGISLATION AND RULES

Legislation

- Establish TSE system at all levels including state board, regional advisory committees, authority to designate/certify
- Include stroke and heart attack data collection in existing trauma registry to and create a registry for time sensitive emergencies

Rules

- Developed in year 1 & year 2
- Define the components or guidelines for trauma, stroke and heart attack; detail level of the system
- Trauma rules to 2015 legislature
- Stroke & heart attack rules to 2016 legislature

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14

QUESTIONS?
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IDAHO Department of Health and Welfare

Idaho State Healthcare Innovation Plan (SHIP) Update

Denise Chuckovich, Deputy Director
Department of Health and Welfare



1

Overview

- What is the SHIP?
- Background
- Where are we today?
- Where are we going?
- SHIP Model Design
- Next steps



2

What is the SHIP?

- The State Healthcare Innovation Plan (SHIP) is a statewide plan to redesign our healthcare delivery system, evolving from a volume-driven, fee for service system to a outcome-based system that achieves the triple aim of improved health, improved healthcare and lower costs for all Idahoans.

Idaho State Healthcare Innovation Plan How did we get here?

- Idaho has been engaged in efforts to redesign our healthcare system for a number of years:
 - 2007 Governor Otter convened Healthcare Summit
 - 2008 Governor Otter tasked Select Committee on Health Care
 - 2008 Idaho Health Data Exchange established
 - 2010 Governor Otter established the Health Care Council
 - 2010 Idaho Multi-Payer Medical Home Collaborative established
 - 2012 a public/private team traveled to North Carolina to study the NC community care model.

Where are we today?

- March 2013 CMMI awarded six month planning grant to Idaho to develop a State Healthcare Innovation Plan (SHIP).
- SHIP planning grant managed by DHW.
- DHW contracted with Mercer Consulting to provide process facilitation.

Where are we today?

- SHIP planning process has involved numerous Idaho healthcare stakeholders
- SHIP Steering Committee received recommendations from four workgroups:
 - State/Regional Design --HIT/Data Analytics
 - Quality Measures --Payment Reform
- 60 focus group and townhall meetings held to collect input on plan design.

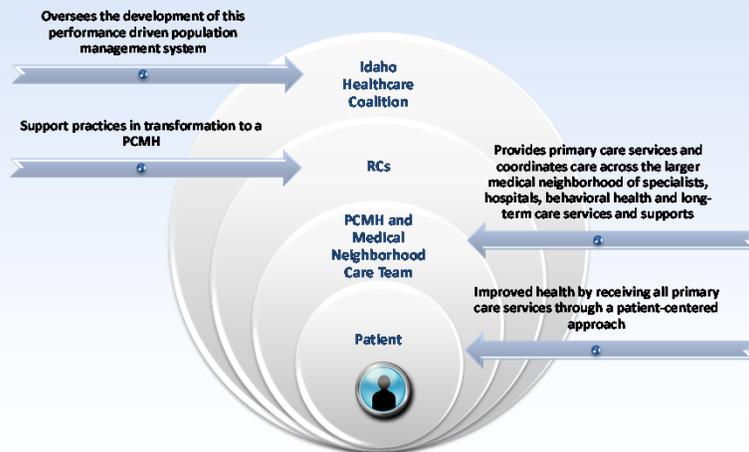
Where are we today?

- SHIP Steering Committee finalized model design.
- Plan due to CMMI December 2013.
- Plan will be basis of design for model testing proposal/grant application to be submitted to CMMI in 2014.
- This model testing funding opportunity could result in significant federal funding to assist Idaho in implementing SHIP.

Idaho SHIP Model Elements

- Strong Primary Care System
- Patient centered Medical Homes (PCMH)-
foundational
- Medical Neighborhood
- Statewide Healthcare Alliance
- Regional Cooperatives (RC) support local primary
care providers and medical neighborhood
- Health information is linked electronically by EHR
and HIT
- Data Analytics
- Payment Systems Aligned
- Patient Engagement and Accountability

SHIP MODEL DESIGN OVERVIEW



MODEL DESIGN

Idaho Healthcare Coalition and Regional Collaboratives

- Idaho Healthcare Coalition (IHC)
 - Governing board includes providers, payers and consumers
 - IHC supports and oversees coordinated system including:
 - Coordinates activities of the regional collaboratives
 - Convenes policy level discussions regarding system improvements
 - Assures consistency and accountability for statewide metrics
 - Collects and distributes quality and population health metrics

MODEL DESIGN

State Healthcare Coalition and Regional Collaboratives

- Regional Collaboratives (RC) are part of IHC with RC representation on IHC board.
- RCs perform advisory and administrative role, providing support for PCMH and integration of extended 'medical neighborhood'.
 - Supports primary care practices in adoption of PCMH model with training, technical assistance, coaching
 - Assists in integrating PCMH with other local health and community services
 - Provides regional and practice-level data gathering and analytic support using protocols created at IHC.

MODEL DESIGN-Quality Improvement

- Core quality measures identified for all PCMHs.
- All participating PCMHs will report on quality measures for all patients in their practice.
- In year 1 three selected quality measures will be tracked statewide to establish a baseline.
 - Tobacco use
 - Comprehensive diabetes care
 - Weight assessment for children

MODEL DESIGN-QUALITY IMPROVEMENT Performance Measure Catalogue

- Tobacco use assessment and intervention
- Weight assessment and counseling for children and adolescents
- Comprehensive Diabetes Care
- Screening for clinical depression
- Adherence to antipsychotics for schizophrenia
- Non-malignant opioid use
- Acute care hospitalization
- Readmission rates within 30 days
- Emergency care without hospitalization
- Elective delivery
- Low birth weight rate
- Asthma emergency department visits
- Childhood immunization status
- Adult body mass index assessment

MODEL DESIGN Data Sharing, Interconnectivity, Analytics and Reporting

- Health Information Technology (HIT) is critical.
- Idaho Health Data Exchange (IDHE) is an important element in Idaho healthcare delivery system.
- Expanded capabilities such as data marts, clinical analysis, and incorporation of claims data should be further explored to develop most appropriate configuration to support PCMH data and reporting requirements, including use of interfacing technologies to leverage existing HIT systems

Model Design

Multi-payer Payment Model for Primary Care

- Payment model recognizes the value of the PCMH model.
- PCMH payment escalates with increasing patient complexity and practice capabilities.
- Phased redesign strategy over 5 years:
 - Phase 1--establish per member/per month payment layered on current fee for service payment for primary care practices transforming to PCMH
 - Phase 2—develop incentive payment based on use of evidence based practices and reporting adherence
 - Phase 3—develop shared savings and/or value based payments for practices meeting cost/quality targets
 - Phase 4-5—begin to expand complex payment models to include more complex patients.

Next Steps in Process

- State submits SHIP 12/30/2013.
- SHIP Steering Committee continues to meet to address development of Idaho Healthcare Coalition.
- Anticipated release of CMMI application for Model Testing Proposal (MTP) in January 2014.
- State and SHIP stakeholders committed to continuing healthcare system transformation regardless of receipt of further CMMI funding.

Questions?

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