University Partnerships to Support Medicaid Policy, Analytics and Health Reform Implementation

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National Association of Medicaid Directors (NAMD) Fall Conference
Panel: Medicaid Data: Systems and Infrastructure
October 29, 2012
Overview/Agora

- Why State/University Partnerships?
- Examples of State/University Research Partnerships
- Massachusetts Case Study
- Challenges and Emerging Opportunities
Why State/University Partnerships?

- Medicaid agencies need a dependable resource for analytic and policy research support.
- University interest and capacity in health policy research, access to meaningful policy issues, data, and populations.
- Successful partnerships are based on mutual benefit for state and university.
Early Examples of State/University Research Partnerships

- Maine: Institute for Health Policy at the Muskie School of Public Service. In partnership with Maine Medicaid for >20 years.

- Maryland: Hilltop Institute at the University of Maryland Baltimore County. Established in 1994.

- Massachusetts: Center for Health Policy and Research at UMass Medical School. Established in 1997.

- Many others in various stages of development.
Massachusetts Case Study

- 1980’s: Initial programs began with UMMS support for public sector psychiatry services.
- 1997: Independent centers established to work with Medicaid (MassHealth) in support of clinical programs, revenue management, and health policy and research.
- 1999: Independent programs formalized as Commonwealth Medicine reporting to the UMMS Chancellor.
- Master agreement between HHS and University addresses governance, finance, project prioritization and data and confidentiality.
EOHHS/UMass Health Policy Partnership
Mission: Improve Quality, Manage Costs

- “To enhance the evaluation and research capability of the Medicaid agency in support of improving consumer service and health outcomes for Medicaid beneficiaries while effectively managing costs for the Commonwealth.”
- Partnership also included specific operating principles and methods for project prioritization.
Case Study: Health Information Technology Policy

- UMMS asked to evaluate potential role of electronic medical records to control costs and improve care as part of 1115 waiver (MassHealth).
- Development of a policy framework and strategies for the state’s role in promotion and implementation of Health Information Technology (EOHHS).
- This lead to national report on *Establishing a Foundation for Medicaid’s Role in the Adoption of Health Information Technology* (AHRQ).
- This lead to publishing opportunities for UMMS and prepared the state to take advantage of funding opportunities under HITECH.
UMMS was invited to partner with MA Connector and MassHealth to upgrade and develop the technology infrastructure needed to meet ACA requirements, including modernization of Medicaid eligibility systems.

As recipient of the Early Innovator Cooperative Agreement from CCIIO, UMMS is coordinating multiple funding streams and providing overall project management and program coordination with all health reform efforts in Massachusetts.
HIX/IES Project Mutual Benefit Example

Support the Commonwealth ACA Implementation

Univ. research opportunities and knowledge generation

Cost savings, innovation and expanded capacity
Challenges and Emerging Opportunities

- **Challenges:**
  - Organizational and cultural differences.
  - Mission alignment and dealing with perceived conflicts of interests.
  - Concerns and limitations related to data access, confidentiality, and publication rights.

- **Emerging opportunities:**
  - Increasing need for evidence-based policy making to guide state programs.
  - Leveraging University research staff and analytic capacity.
  - Enhanced data availability and analytics potential resulting from investments in information technology.
Health Reform Analytic Opportunities

Population Health

APCD
- Link clinical w/ financial
- Send claims, eligibility, non-claim fiscal transactions

HIE
- Link benefits w/ care delivery
- Relationship studies between benefits, care delivery, and outcomes, quality rankings for HBE/HIX; etc.

HIX
- Rate review; MLR review; Medicaid product/benefit design; quality improvement and demonstrations, etc.

Shared Services*
- CER studies; supplement HIE with APCD transactions; etc.

* Future shared services opportunities might include master provider or patient indexes or other services.

Adapted from APCD Counsel, NAHDO, UNH
Discussion

- Key references:

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Interested in learning more?

White Paper Available

- Visit UMMS Booth #42, or
- http://commed.umassmed.edu

The Dynamics of State University Participation in State Medicaid Administration

Executive Summary

It is not uncommon for state university faculty to participate as part-time consultants in the administration of state Medicaid programs. However, rarely do state universities participate institutionally as public agencies in the administration of state Medicaid programs since the propriety, value and parameters of these engagements are usually not recognized.

Even in states where they exist, collaborations between state universities and state Medicaid agencies are not well understood and suggest to some people an uneasy convergence of two worlds. The processes of state universities and state Medicaid programs differ, their institutional cultures differ, and their protocols differ. In all states, state universities are considered apart from other state agencies, sometimes to the point of not being thought of as state agencies at all. Yet, the propositions and benefits of state universities engaging in Medicaid administration have been well established by state universities and the state Medicaid programs that have worked together. In light of the challenges facing state Medicaid programs and what state universities can do for these programs, state institutions contributing to Medicaid administration should be more recognized and more common.

Explanations and examples follow. Readers of this document will be depicted in collaborations in three states: Maryland, Massachusetts, and Ohio. Maryland’s initiatives highlight analysis, program development, and program evaluation services. Massachusetts’ harnesses clinical expertise, while Ohio’s deals on workforce development. In all three states, the state university partner does far more for Medicaid than is covered here, but these examples suggest the breadth of what state universities can do.
Business Intelligence (BI) for Medicaid

NAMD Fall Conference
October 29, 2012

Brent Antony
Chief Information Officer
Health Care Finance and Administration
State of Tennessee
Targeting the Right Data

• Leverage MITA
  – Maturity Model
  – Business Architecture/Business Process Model
  – Information Architecture
  – Technology Architecture

• Focus on High Value
MITA BI Goal: Provide data that is timely, accurate, usable, and easily accessible in order to support analysis and decision making for healthcare management and program administration.

<table>
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<tr>
<th>Level 3</th>
<th>Data standards are adopted nationally. Shared repositories of data improve efficiency of access and accuracy of data used resulting in better business process results.</th>
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</thead>
<tbody>
<tr>
<td>Level 2</td>
<td>Claim and encounter data are accessible. Decision support tools improve analysis. Data standards are mandated by HIPAA but are not widely used in internal processes. Data timeliness improves</td>
</tr>
<tr>
<td>Level 1</td>
<td>The source of data is primarily claims. Data is available via a request/response process. Data is non-standard. Data is primarily used to manage operations. Data timeliness may be subject to delays.</td>
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</table>
Targeting the Right Data

MITA Process Qualities:

- Timeliness of Process
- Data Access
- Data Accuracy
- Effort to Perform; Efficiency
- Cost Effectiveness
- Quality of Process Results
- Utility or Value
BIQuiz: Test your BIQ

1. Define recreational data collection

   ANSWER: *Recreational data collection is the act of collecting data with no plan for how the data will be used.*

2. _________ is the enemy of the good.
   HINT: This should not be the name of a boss, colleague, employee, contractor, or other state or federal department.

   ANSWER: *Perfection is the enemy of the good.*

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TennCare
TennCare Environment

DHS

1115 Waiver Program
1.2 Million Tennesseans
100% Managed Care

MCCs

Other Federal & State Agencies

Providers/ Clearinghouses
TennCare BI Objectives

• Continuously improve data quality
• Transform data to information
• Deliver timely, concise and accurate BI
• Enable informed decisions
• Effective & efficient program management
TennCare BI Framework

BI Functions
- Analytics
- Dashboards
- Reporting

BI Focus
- Clinical
- Financial
- Operational
  - Plan
  - Provider
  - Member

BI Foundation
- People
- Process
- Tools
People

• Organization
  – Healthcare Informatics/Program Integrity
  – Project Management Office
  – Information Services

• Skills/Roles
  – Data Analysts
  – Business Analysts
  – Developers/DBAs

• Sourcing/Staffing
Process

• Data Quality/Governance
  – Focused Quality Initiatives
  – Workgroups
  – Data Validation

• Operations Management
  – Eligibility
  – Claims/Encounter
  – Provider

• Contract Management
  – MCCs
  – Other State Agencies
  – MMIS
Tools

• Current
  – Data Warehouse
  – SAS/SQL
  – Business Objects

• Future
  – Extract, Transform and Load (ETL) Tools
  – More Sophisticated Query/Analysis Tools
  – “Big Data” Technologies
  – Visual and Mobile Presentation
TennCare BI Focus

• Membership Trends and Analysis
• Utilization Trends and Analysis
• Provider Network Analysis
• Budgeting and Modeling
• Plan Performance Metrics
• Process Performance Metrics
• Contract Performance Metrics
Dashboard Example

### Key Figures | As of 07.25.2012

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TENNCARE
Dashboard Example

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What Works

- Evolution vs. Revolution
- Dedicated Staff
- Expert Direction and Review
- Full Service vs. Self Service
- Multi-Disciplinary Collaboration
- EDI Process Redesign
- Manageable BI Tools
Questions?