

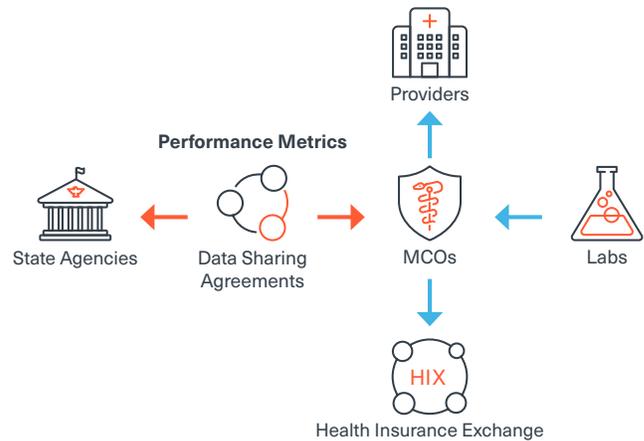
Value-Based Care Solution for State Medicaid Agencies

Introduction

Medicaid-driven healthcare transformation and payment reform is no longer a trend—it is a way of doing business for state Medicaid programs. With the growth in the number of covered lives, sustained pressure to reduce program costs, and the availability of federal funding for initiatives ranging from patient centered health homes to multi-payer State Innovation Models, virtually every state is shifting away from purchasing volume and leaning towards new value-based models of delivering and paying for care. These efforts vary broadly, from bundled payments to value-based purchasing requirements in managed care contracts, regional provider-driven care management organizations, and in a growing number of states, Delivery System Reform Incentive Pools and recent proposals.

States are taking a more active role in shaping the payment terms between managed care companies and healthcare providers. No longer content to capitate their Medicaid payments and stand aside as plans pay providers on a fee-for-service basis, states are increasingly leveraging managed care contracts to ensure that plans are using value-based payment arrangements with their network providers, holding providers accountable and sharing savings (and sometimes losses) with those providers. A growing number of states now contractually require Medicaid managed care plans to transition a significant portion of provider payments from fee-for-service to value-based purchasing.

Figure 1: New performance metrics and data sharing requirements are common to all emerging Medicaid reform models.



Data—more specifically, the capacity to integrate, aggregate, share and analyze data—is the spark that fuels reform efforts across all emerging Medicaid delivery models. The data channel, with integrated information across clinical, financial and administrative sources, is the critical stepping stone towards measuring care delivered to patients and the level of performance to which providers are adhering. Yet, state Medicaid Agencies, MCOs, and providers have struggled to access the comprehensive, integrated claims, financial, demographic and clinical data necessary to support the shift to value-driven care reforms. In addition to the data itself, the tools, methods, and workflow needed to analyze these data are typically multi-year strategic investments in people, training, technology and new business processes.

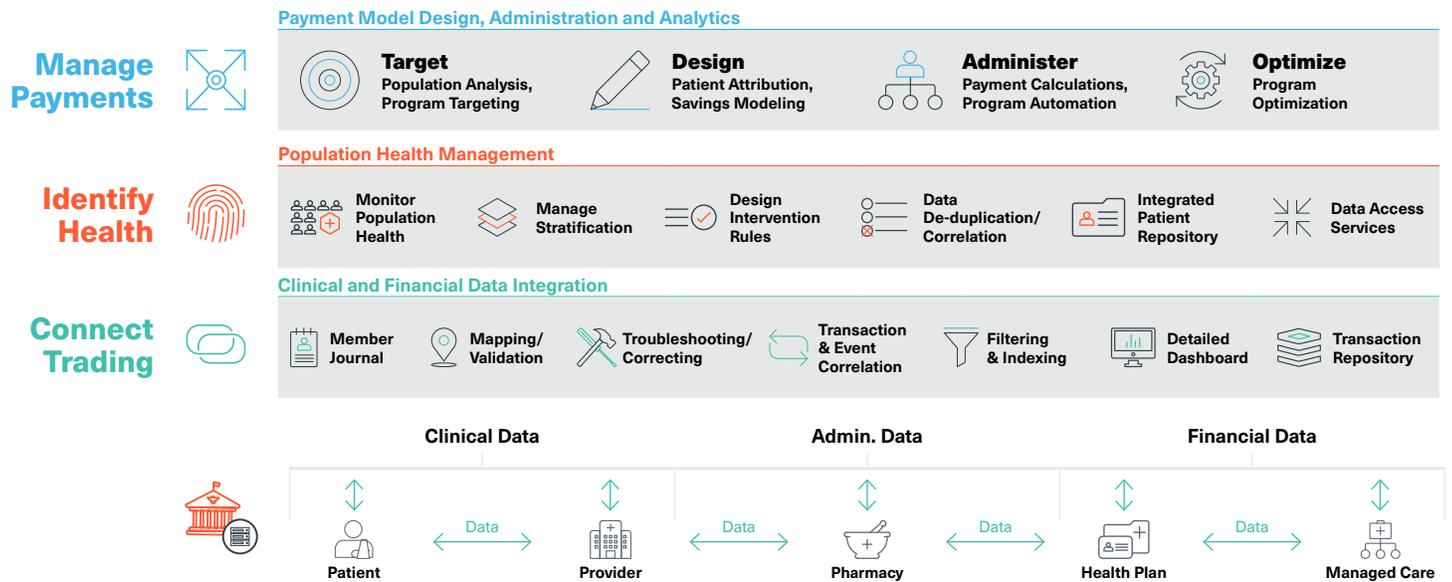
There is a familiar pattern that State Medicaid Agencies follow in designing, authorizing, implementing and overseeing new payment and delivery reform initiatives, marked by the milestones shown in Figure 2:

Figure 2: Milestones mark progress along the Medicaid State Agency's value-based reform implementations.



Modular Payment Reform Solutions

Edifecs offers a comprehensive solution that enables State Medicaid Agencies to scale the implementation of value-based care programs at any juncture or milestone in the journey towards pay for value, deliver for quality:



Capabilities

Features

Capabilities

Data ingestion and integration	Connects disparate clinical, financial and administrative data sources
Data standards and normalization	Harmonizes data to empower population health decision support, workflow, analytics and resource optimization
Program set-up and management	Operationalizes pay-for-value programs and new payment reform models, supporting iteration in design and modeling
Data visualization and dashboard	Creates insights to control costs, identify network leakage and inappropriate resource use
Integrated workflow	Embeds insights and alerts into clinical and care manager workflow within the systems used for everyday work
Gain and risk sharing administration	Supports the full spectrum of gain and risk sharing among MCOs, providers and other accountable care structures
Reporting, monitoring, and audit	Responds to regulatory requirements for data, metric monitoring, milestone reporting and audit
Correlated data vending	Provides correlated health data to other systems and projects, increasing the value of all data assets
Program optimization	Iterative program measurement, refinement, and review supported by near real-time information on program performance against KPIs, metrics, and targets



Edifecs Inc. is a global healthcare software company committed to improving outcomes, reducing costs, and elevating value of healthcare for everyone. Edifecs delivers the industry's premier IT partnership platform to providers, insurers, pharmacy benefit management companies, and other trading partners. By mobilizing its leading solutions at the front end of the healthcare information pipeline, Edifecs provides a unified platform for partners to flexibly pilot and scale new initiatives using their existing enterprise system. Since 1996, hundreds of healthcare customers have relied on Edifecs partnership solutions to future-proof their leading initiatives in the midst of a dynamic healthcare landscape. Edifecs is based in Bellevue, WA, with operations internationally. Learn more about us at edifecs.com.