CHCS Center for Health Care Strategies, Inc.

Affordable Care Act Opportunities: A Roadmap for Medicaid Delivery System Redesign

The Affordable Care Act (ACA) contains important provisions for Medicaid agencies aimed at improving patient care through delivery system redesign. To help consumer advocates identify which provisions are the most relevant to them, the Center for Health Care Strategies (CHCS) developed this roadmap of key provisions, opportunities for patients, and issues for consumer advocates to explore.

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PROVISION	OPPORTUNITIES	POTENTIAL CONSUMER ISSUES
Health Homes for Enrollees with Chronic Conditions (Section 2703) ***Funds Available***: January 2011 (Federal matching rate of 90/10 provides states with funding for first two years) Designated team of primary care and other providers working together to provide patients with chronic conditions, including substance abuse and mental health issues, with the following services, using HIT: • Comprehensive care management • Care coordination • Health promotion • Transition care • Referrals to community and social services • Patient and family engagement	• Improved care for patients with complex care needs through greater care coordination • Improved care for patients with substance abuse and mental health issues through coordination of clinical and behavioral health care services • Improved patient experience with patient-centered approach, better access to care, and use of preventive services • Requires patient and family engagement • Requires the inclusion of patients dually eligible for Medicare and Medicaid • Reimburses providers for a team-oriented approach and collaboration • Generous federal funding • Potential reductions in overall costs of care • Opt-in provisions for patient choice of health home provider	• Does not require the solicitation of consumer input around program design and requirements • Should there be a defined role for consumers in assessing whether health home goals have been met? • How will patient treatment preferences be protected? • How will patients be informed and educated about enrolling in health homes? • Health home services should be culturally and linguistically appropriate • State ability to fund 10% match is uncertain in an austere budget climate • What happens after federal funding ends?

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Incentives for Prevention of Chronic Diseases in Medicaid (Section 4108) ***Funds available***: January 2011 (Appropriated up to $100 million for five years) Incentive program to assist patients with: • Smoking cessation • Weight loss or maintenance • Lowering cholesterol • Lowering blood pressure • Managing or avoiding the onset of diabetes	• Engages patients in self-management using evidence-based interventions, with strong potential for improved health and patient experience • Financial benefits accrue to patients, not providers or payers • Includes funding for patient outreach and education about the program • Participation will explicitly not impact Medicaid eligibility or benefits	• Does not require the solicitation of consumer input around program design and requirements • Are evidence-based wellness interventions tested and effective for Medicaid patients? • The interventions should be culturally and linguistically inclusive
Increase in Payment to Medicaid Primary Care Providers (HCERA Section 1202) ***Provision effective***: 2013-2014 ***Funding***: Federal matching rate of 100 percent for the increased reimbursement Infuses up to $8.3 billion into Medicaid primary care by increasing Medicaid PCP reimbursement to Medicare levels	• Potential to enhance patient access by expanding the number of primary care providers serving Medicaid beneficiaries, particularly in states with low reimbursement levels • Potential to increase quality, patient satisfaction, and access measurement activities • Opportunity to integrate additional funding within other patient-centered initiatives • Minimal negative impact to state budgets	• Patient access gains could evaporate in 2015 when the provision expires, one year after Medicaid begins accepting newly eligible beneficiaries • Not all providers overseeing primary care are eligible (e.g., ob/gyns, physician assistants, nurse practitioners, pediatric specialists) • Will providers new to Medicaid have the cultural competency to work effectively with Medicaid patients?

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Pediatric Accountable Care Organization Demonstration Project (Section 2706) ***Provision effective:*** 2012 to 2016 ***Funding***: Not appropriated Empowers participating states to allow pediatric medical providers that meet certain requirements to form Accountable Care Organizations (ACOs) and receive incentive payments from Medicaid. ACOs are provider organizations committed to improving quality and patient experience while reducing costs. ACOs provide or manage the full spectrum of a patient's care and assume financial responsibility for the care patients need.	• Potential to effectively align provider financial interests with the appropriate clinical care • Potential to significantly improve patient quality of care and experience through robust coordination of care • Strong evaluation component to assess positive and negative impacts on quality of care, access, and patient experience • HHS provides oversight and approval of ACO standards and incentive program requirements	• Does not require the solicitation of consumer input around program design, requirements, and evaluation • How will regulations monitor patient access to necessary services? • Potentially strengthens provider market share and increases costs • How will the role of families and caregivers in support of the child's health be taken into account?
Community Health Teams (Section 3502) ***Funding***: Not appropriated A spectrum of community providers organized to provide specific services to patients with chronic conditions and their primary care teams, including: • Support to health and medical home teams in the delivery of services to patients	• Improves effectiveness of health homes and medical homes by providing a source of funding and layer of support to physicians • Requires incorporation of patient input into program design and oversight • Potential to improve patient health by more effectively engaging community resources • Community Health Teams can meet patient needs by including a wide variety of providers such as pharmacists, nutritionists, dieticians, social workers, behavioral and mental health providers (including substance use disorder prevention and treatment providers), doctors of	• Community Health Teams need to provide support and resources for culturally and linguistically appropriate care

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PROVISION	**OPPORTUNITIES**	**POTENTIAL CONSUMER ISSUES**
• Promote preventive care and health promotion activities • Provide 24-hour care management and support following hospital discharge • Connect with greater community prevention and treatment programs • Collect and report data about patient outcomes, including patient experience	chiropractic, and licensed complementary and alternative medicine practitioners	

About the Center for Health Care Strategies

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center dedicated to improving health care quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. Its program priorities are: enhancing access to coverage and services; improving quality and reducing racial and ethnic disparities; integrating care for people with complex and special needs; and building Medicaid leadership and capacity.

For more information and additional resources to guide health care reform implementation, visit **www.chcs.org**.