



**Demonstrating Value Through an  
Integrated Primary Healthcare System:  
*Medicaid Transforming***

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# Medicaid | Medicare | CHIP Services Dental Association National Organization



- *State Administrators and Policy Makers*—Directors, managers and staff of State Medicaid and CHIP Dental Programs
- *State Medicaid Vendors*— Corporations that contract and subcontract with Medicaid programs to administer and deliver health and oral health care services to Medicaid and CHIP beneficiaries
- *Individuals and Groups*— Providers, educators, researchers, and others who have an interest in Medicaid, Medicare and CHIP Dental Programs and their beneficiaries.
- *MISSION:* To improve Medicaid, Medicare, and CHIP oral health programs by collaborating with key stakeholders, sharing resources and disseminating innovative strategies.

# Session Objectives

## **Participants will gain knowledge regarding:**

- **Infrastructure and capacity** necessary to facilitate a value centric integrated healthcare system in Medicaid;
- **Key strategies** necessary to facilitate an effective integrated primary healthcare system; and
- **Opportunities for stakeholders** in advancing a value centric integrated healthcare system

# Change in Landscape

**Public Health Programs are being downsized**

**Medicaid Expanding**

**New Healthcare Delivery System(s) Emerging**

- Administrative changes
- Managed Care / Accountable Care
- FFS diminishing
- Salaried providers
- Quality driven provider performance incentives
- Value based purchasing
- Financial incentives
- Non-traditional integration of healthcare services



# Drivers to Value Based Medicaid Programming: Rising Program Costs

- **2016 Total Costs: \$580.9 billion**
  - 4.9% increase 2015-2016
  - Federal: \$368.2 billion [63% Total Program Costs]
  - State: \$212.7 billion [37% Total Program Costs]
- **72.2 Million Enrollees in 2016**
  - Of them—11.2 million expansion adults
  - Overall increase 3.1 % between 2015-2016
    - Expansion adult enrollment increased by 22.3%
    - All other enrollment increased by 0.3 %

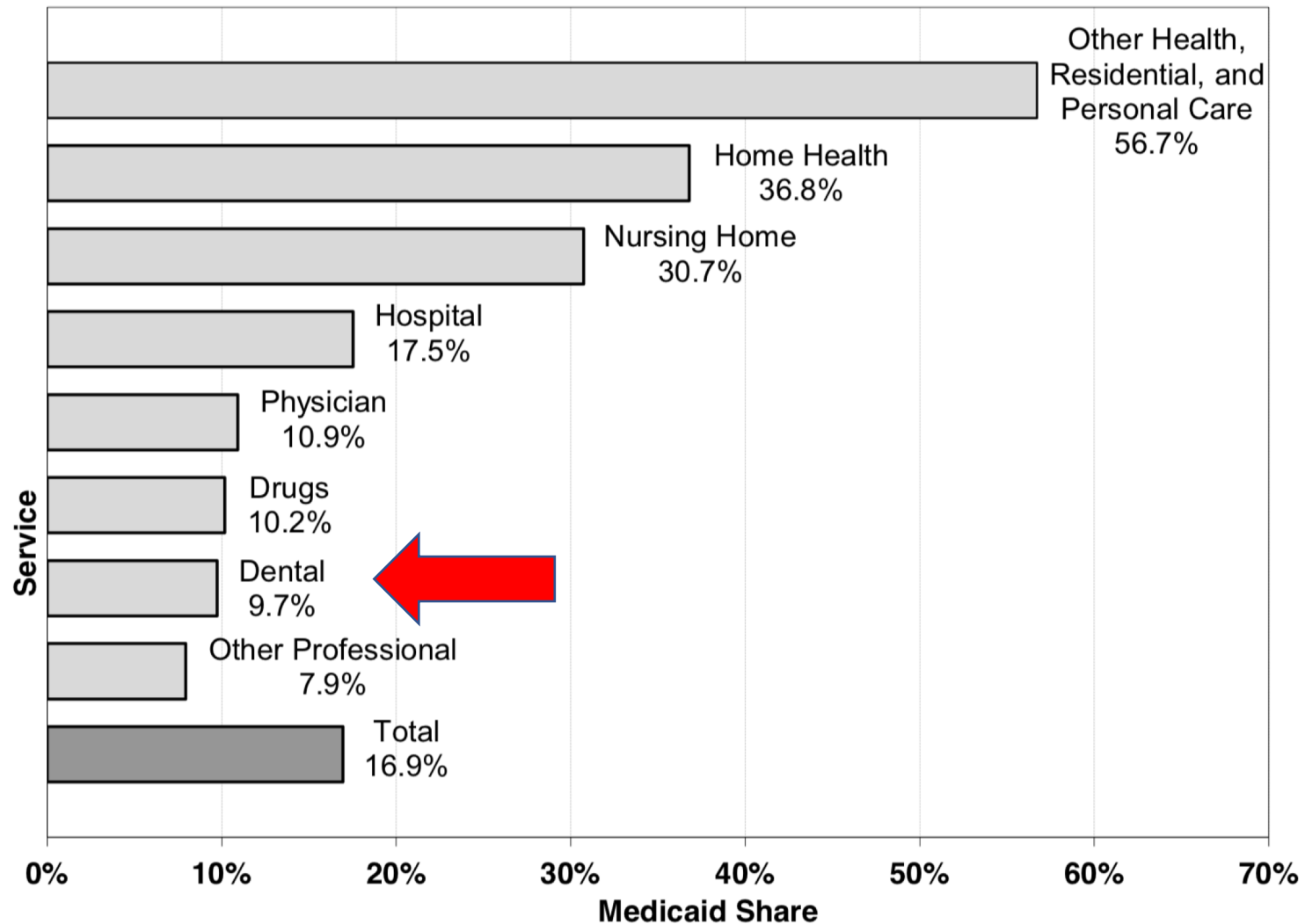
# Medicaid and CHIP Enrollment as a Percentage of the US Population – 2017 (millions)

Population	Ever during FY 2017	Point in time during FY 2017
	Estimates based on administrative data (CMS) <sup>1</sup>	
Medicaid enrollees	85.3 <sup>3</sup>	72.4
CHIP enrollees	9.5	6.9
<b>Totals for Medicaid and CHIP</b>	<b>94.8<sup>3</sup></b>	<b>79.3</b>
	Census Bureau data	
U.S. population	326.2 <sup>4</sup>	325.1 <sup>4</sup>
	Administrative and Census Bureau data	
Medicaid and CHIP enrollment as a percentage of U.S. population	29.1% <sup>1</sup>	24.4%

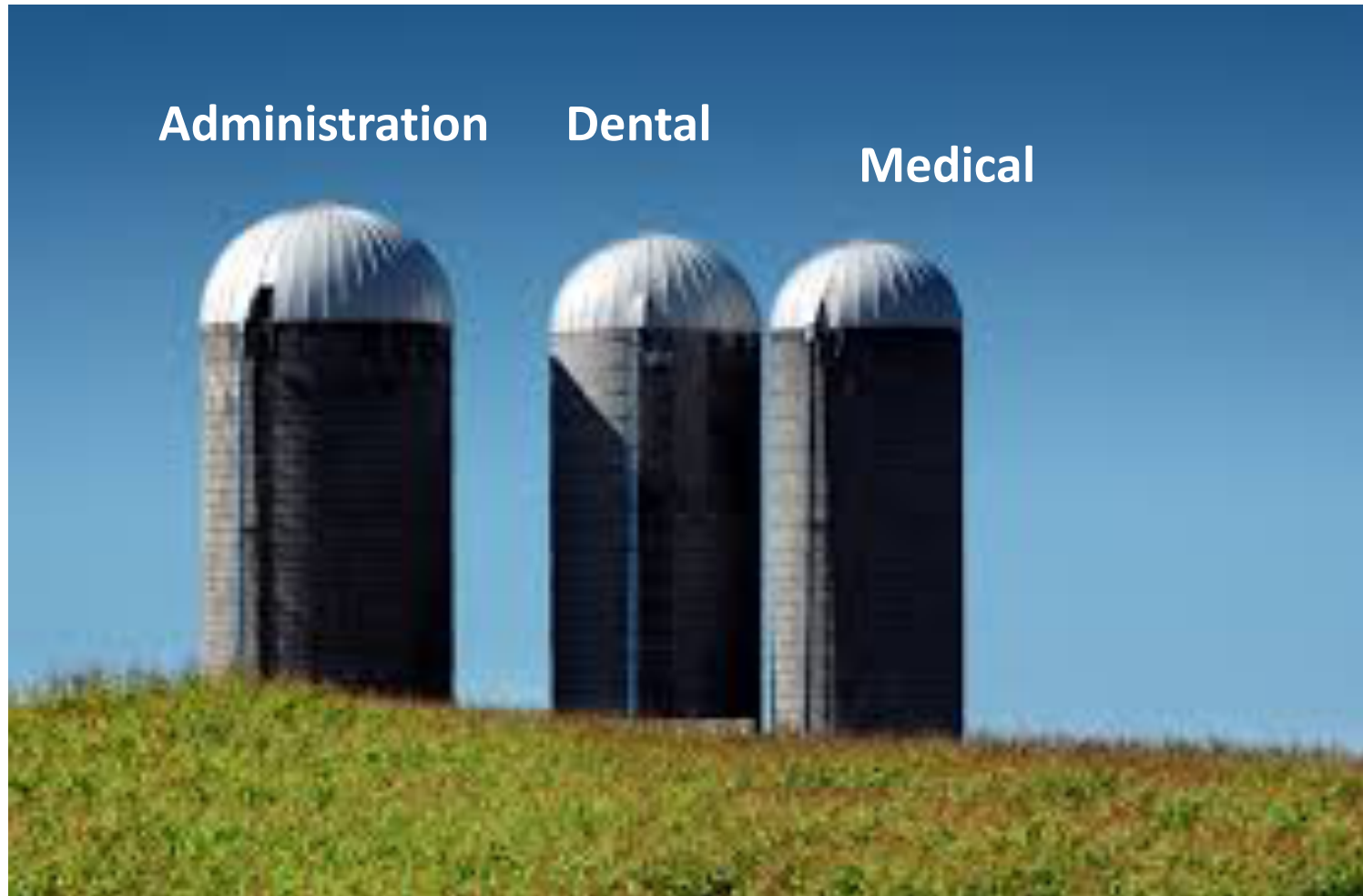
\*36% US Children Covered

\*11 M Expansion adults

**Figure 6—Medicaid Expenditures as Percentage of Total U.S. Health Expenditures,  
by Service Category, Calendar Year 2016**



# Problem: Traditional Siloed Systems of Healthcare Delivery and Administration





# Value Based Purchasing: What States Need and Want

## States Need to...

- Increase **preventive** services
- **Reduce disease** incidence
- **Reduce treatment costs**
- Mechanism: Improve **use of preventive services** in children ages 0-3 and measure using quality indicators as a result.

## States Want...

- Innovative strategies to increase use of services by enrollees **ages 0-3**
- **Metrics and measures** that adequately demonstrate improvements
- **Reduced PM/PM costs** so that more children may be seen by the system

# Value Based Purchasing: What States Need and Want

## States Need to...

- Increase # **adults** receiving preventive services
- **Decrease** dental disease incidence in adults
- **Decrease** non-traumatic Emergency Room dental care
- **Decrease** costs associated with adult non-traumatic dental treatment

## States Want...

- Value-added **preventive strategies** that target **adults** such as annual prophylaxis, exams, and x-rays
- Value-added **treatment services**: such as use of **Silver Diamine Fluoride** to arrest disease and need for ER services
- Valid, reliable and feasible **metrics and measures** that promote and demonstrate improved performance and results

# Value Based Purchasing: What States Need and Want

## States Need to...

- Improve beneficiary outreach
- Improve dental service utilization

## States Want...

- Value-added innovative strategies that address:
  - Social determinants of health
  - Barriers to care
  - Oral health literacy

# Value Based Purchasing: What States Need and Want

## States Need to...

- Implement value based **payment models** that focus on **quality**, not quantity.
- **Systems integration** that **braids medical and dental** service delivery

## States Want...

- **Alternative reimbursement models** for providers
- **Strategies with cost-incentives** that focus on quality and prevention
- Electronic dental/health records that **communicate**
- **Mechanism** to link medical and dental records
- **Valid metrics and measures** that demonstrate process; outcome; and impact improvements

# Value Based Purchasing: What States Need and Want

## **States Need to...**

- Better manage high-cost dental services

## **States Want...**

- Value added programs that focus on:
- Incentivizing delivery of preventive services;
- Incentivizing few specialty referrals
- Reduced use of ER
- Use of Silver Diamine Fluoride
- Risk-based care
- Disease management
- Population management
- Increased adoption of strategies by provider network

# Value Based Purchasing: What States Need and Want

## States Need to...

- Reduced fraud, waste and abuse

## States Want...

- Vendors that will **assure program integrity**
- Enhanced Program Integrity capacity and functionalities
- **Early identification of problems**
- **Assurance** that problems have been resolved

# Merging Silos → Administrative Systems Integration



# Contact Information

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