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Using Data as a Leading Component of Medicaid Reform

Getting to Shore: Using Data for Population Health

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In Brief

- Data analytics, integration, and matching efforts are major strategic components of the Connecticut HUSKY Health (Medicaid and CHIP) health reform agenda
- As a result of the program becoming self-insured, Connecticut now manages a fully integrated, statewide data set that includes medical, behavioral health, dental and pharmacy claims
- First stage efforts to match the claims data set with other data sets has helped to inform use cases and to routinize processes

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Elements of Medicaid Data Work

Elements of our Medicaid data work include:

- use of a Johns Hopkins tool (CareAnalyzer) to perform predictive modeling, risk stratification and population level analytics
- use of a portal to push out claims; Admissions, Discharge and Transfer; and some clinical data to Person-Centered Medical Home practices
- longitudinal analysis and dashboards for Money Follows the Person
- development of Personal Health Records for members receiving long-term services and supports
- data matching in support of various aspects of social determinant needs

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Leading Strategies

HUSKY Health's key means of supporting members, improving outcomes, and addressing cost drivers all emphasize use of data:

Streamlining and optimizing administration of Medicaid through . . .	• **a self-insured, managed fee-for-service structure and contracts with Administrative Services Organizations (ASOs)** • **applied cross-departmental collaborations including administration of the Connecticut Behavioral Health Partnership, Governor-led long-term services and supports (LTSS) rebalancing plan and an Intellectual Disabilities Partnership**

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Improving access to primary, preventative care through . . .	• **extensive new investments in primary care (PCMH payments, primary care rate bump, EHR payments)** • **comprehensive coverage of preventative behavioral health and dental benefits**
Coordinating and integrating care through . . .	• ASO-based Intensive Care Management through expanded care teams that include CHWs • PCMH practice transformation • behavioral health homes • Money Follows the Person "housing + supports" approach and Innovation Accelerator Program • PCMH+ shared savings initiative

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Re-balancing long-term services and supports (LTSS) through . . .	**A multi-faceted Governor-led re-balancing plan that includes:** • **transitioning over 5,000 institutionalized individuals to the community with housing vouchers and Medicaid services** • **prevention of institutionalization** • **nursing home "right sizing" (diversification of services) and closure** • **workforce initiatives** • **consumer education**
Implementing Value-Based Payment approaches through . . .	• Hospital payment modernization • Pay-for-performance initiatives • PCMH+ shared savings initiative

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A Graphic View

On a foundation of



Preventive services and PCMH



ASO-based Intensive Care Management



Pay-for-Performance (PCMH, OB)



Data analytics/ risk stratification

we are building in



Community-based care coordination through expanded care teams (health homes, PCMH+)



Supports for social determinants (transition/tenancy sustaining services, connections with community-based organizations)



Value-based payment approaches (PCMH+)

with the desired structural result of creating



Multi-disciplinary (medical, behavioral health, dental services; social supports) health neighborhoods/health enhancement communities

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Case Study

Applied Example:

Matching of Medicaid Claims with

Homeless Management Information System (HMIS) Data

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The Aims

Improve health and care experience outcomes, and support housing stability, for individuals experiencing homelessness.

Create a sustainable means of supporting Money Follows the Person (MFP) funded "housing plus supports" model and principally grant and state-funded supportive housing.

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The Need

Data with which to appropriately target services, to forecast cost impact of, and make a use case for covering transition and tenancy-sustaining services under the Medicaid State Plan, using a 1915(i) State Plan Amendment.

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Connecticut Policy Context

- Leadership by Governor Malloy and the Connecticut legislature around the Zero: 2016 elimination of homelessness initiative, the Statewide Plan to Rebalance Long-Term Services and Supports, and a justice reform effort called Second Chance Society
- Statutorily mandated Interagency Committee on Supportive Housing, comprised of departments with jurisdiction over human services, housing, housing financing, corrections, and veterans' affairs, as well as leading community stakeholders

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- Extensive experience, and investment of grant and state funds, in the development and implementation of permanent supportive housing models:
  - **Demonstration Program** – 281 units in 9 projects in 6 communities, development, combines Low-Income Housing Tax Credit and HUD funded Rental Assistance
  - **Permanent Supportive Housing** – development and scattered site, approximately 2,500 vouchers statewide to house individuals and families experiencing homelessness who have behavioral health disorders, combines LIHTC, Section 8, Rental Assistance, State-Funded Rental Assistance Program

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Predecessor Data Match Efforts

Two targeted projects showed very promising results in linking supportive housing to improved health outcomes:

- **CT Collaborative on Re-Entry (formerly, FUSE)**
  - targeted individuals with behavioral health conditions who cycle through homeless services and justice settings
  - involved match of Department of Correction and HMIS data
- **Social Innovation Fund (SIF)**
  - targeted individuals who had experienced homelessness and who had greater than $20,000 in annual Medicaid costs
  - involved match of Medicaid claims and HMIS data

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Key Features of Data Match

Key features of the match in support of Medicaid coverage of transition and tenancy-sustaining services included:

- Drafting and execution of Data Use Agreements and Business Associate Agreements, with attention to federal and state data use requirements (see *References* at the end of presentation)
- Development of targeting criteria (e.g. match at any level; minimum stay in shelter in prior year; minimum annualized costs)
- Development of procedures with the Department's Medicaid Management Information System (MMIS) contractor

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Application of Results

Data match results have:

- informed targeting for, and enabled examination of impact of, supportive housing intervention under SIF, yielding:
  - high housing retention rate
  - decreased use of ED as main source of care
  - increased incidence of connections to routine medical and behavioral health preventive care
- supported targeting for 1915(i) State Plan Amendment proposal

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References

Medicaid and Connecticut Law and Regulation Around Data Use

- The federal Medicaid statute provides that the Medicaid State plan must - -

Provide - -

(A) safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with--
(i) the administration of the plan; . . .

42 U.S.C. 1396a(a)(7).

- Medicaid regulations provide that the Medicaid agency must restrict the use or disclosure of information concerning applicants and recipients "to purposes directly connected with the administration of the plan." 42 C.F.R. 431.300. In 42 C.F.R. 431.203, purposes "directly related to plan administration include -(a) establishing eligibility; (b) determining the amount of medical assistance; (c) providing services for recipients; and (d) conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan."
- Stemming from these federal requirements, Connecticut state statute and regulations similarly restrict the use or disclosure of any information about applicants for and recipients of assistance from programs administered by DSS to "purposes directly connected with the administration of programs of [DSS]. Conn. Gen. Stat. 17b-90(b); UPM 1020.10.
- The federal Medicaid law and Connecticut statutes are more stringent than HIPAA, and "prohibit or restrict use or disclosure in circumstances under which such use or disclosure otherwise would be permitted." 45 C.F.R. 160.201.