

MPATH Solution Overview

Department of Public Health & Human Services

Presentation for: Montana Health Coalition

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MPATH:

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MPATH Population Health:

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- Platform, Tools, and Data Sources
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- Quality Measures
- Consolidated Health Record
- Clinical Data Collection
- Performance-Based Incentive Payment
- Lessons Learned
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What is MPATH?

Montana Program for Automating and Transforming Healthcare

The MPATH Program is a series of projects to implement modules and services to replace the State's aging legacy Medicaid Management Information System (MMIS). DPHHS will obtain discrete modules that support the Department's business needs, project guiding principles, and align with the CMS Final Rule for Mechanized Claims Processing and Information Retrieval Systems as described in 42 CFR 433.111.

The overall goal of the Montana Program for Automating and Transforming Healthcare project is to implement components and services that improve access to healthcare and treatment outcomes for Montanans. The modularity blueprint is founded on a strategy that utilizes a flexible enterprise technology platform which leverages solutions and services that provide the State of Montana the ability to more effectively meet current business objectives and provide a platform to support the evolving complexities of Montana Healthcare Program's. The state intends to utilize commercial off-the-shelf (COTS) products and Software as a Service (SaaS) where possible, to enable an enterprise-wide program management system that utilizes claims and clinical data to measure treatment outcomes, improve the health status of Montanans and reduce healthcare costs.

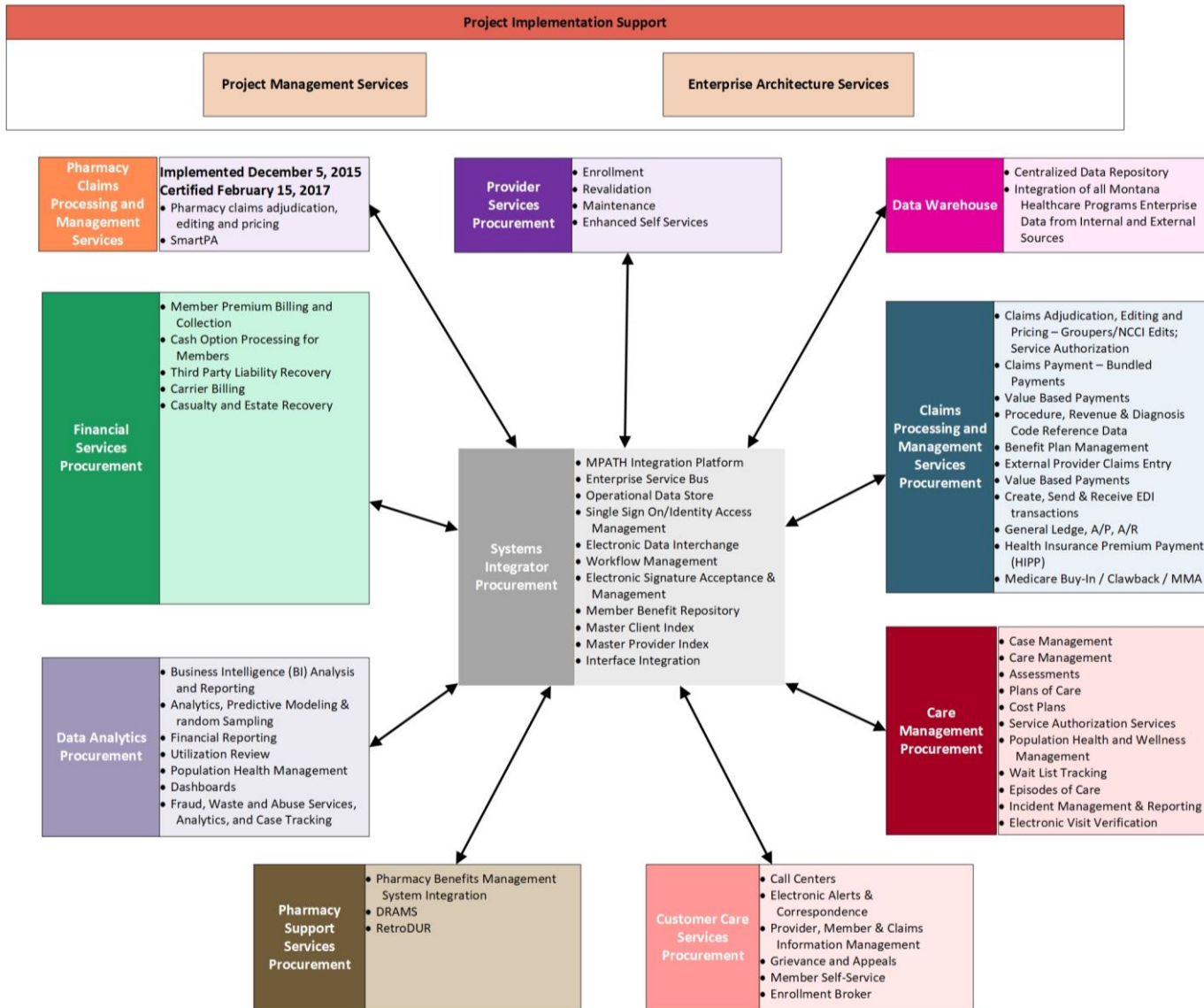
MPATH Guiding Principles

- Implement solutions that provide easy to access and comprehensive portal for providers, members and other stakeholders that promotes self-service functionality. For example, claims status and member eligibility inquiries. The solution would leverage role-based security to make sure stakeholders have access to only the information required for their needs.
- Implement services that will allow the State to take advantage of modern technology (access via mobile devices, mobile apps, instant messenger, etc.) to improve how we interact and communicate with recipients, providers, and contractors.
- Implement a solution that supports future State strategies of paying providers based on the quality of services rather than quantity of services, focus on the member outcomes, and efficiently processing fee-for-service claims.

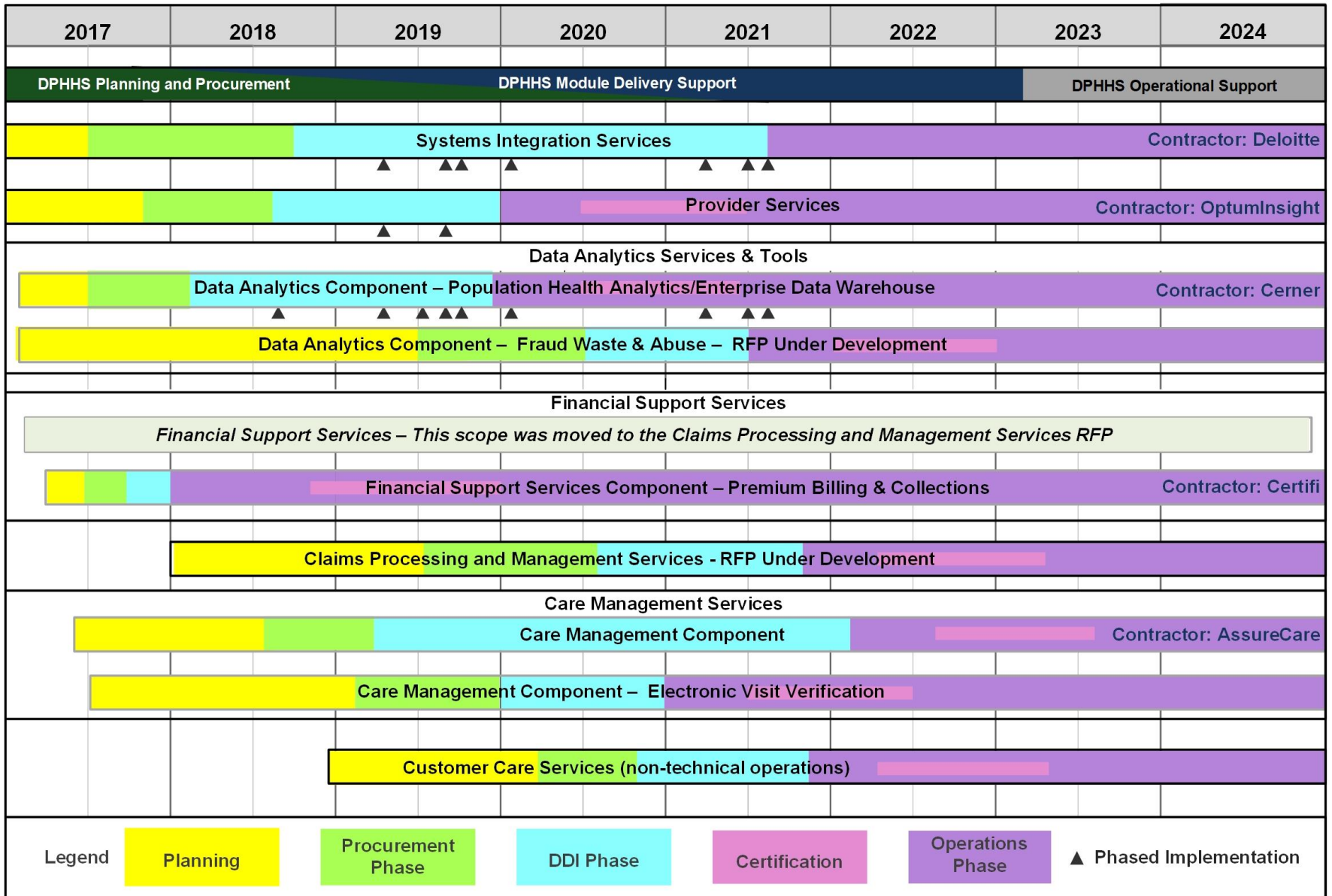
MT Medicaid Modularity Blueprint



Independent Verification and Validation (IV&V) Services



MPATH Modularity Timeline



Accomplishments to Date

- ✓ Successful three month Design, Development, and Implementation (DDI)
- ✓ Implemented January 1, 2018
- ✓ In CY2018 – more than 100,000 transactions processed (\$4+ million in premium collections)

Upcoming Milestones

- Completion of CMS certification tasks
- Receive CMS Certification (~December 2019)

Accomplishments to Date

- ✓ Project Kicked off March 5, 2018
- ✓ Implementation of Release 1 – August 2018 (Registries to support CPC+ and PCMH reporting & Enterprise Data Warehouse)
 - ✓ Collection of MMIS, BCBS-HELP, BCBS-HMK, and Immunization data into a single repository
- ✓ Implementation of Release 2 – April 2019 (Foster Care registry, additional data models)
- ✓ Implementation of Release 3 – June 2019 (additional data sources & additional data models)

Upcoming Milestones

- Release 4 Implementation – November 2019 (federal reporting: TMSIS, 372, 416, 901/301; additional data models; Department-wide rollout of analytics tool)

Accomplishments

- ✓ Multi-state collaborative through NASPO ValuePoint
- ✓ Six master agreements awarded
- ✓ Montana selected Optum
- ✓ Project Kicked off July 12, 2018
- ✓ Claims Direct Entry Portal (Release 2a) – Implemented August 5, 2019

Upcoming

- Provider Enrollment & Maintenance (Release 1) – ~ April 2020
- Enhanced Provider Web Portal (Release 2b) – ~ April 2020

Accomplishments to Date

- ✓ Project Kicked off October 16, 2018
- ✓ Base Integration Services Platform activated November 26, 2018
- ✓ MPATH Integration Services Platform Implemented July 1, 2019

Upcoming

- Care Management Module Integrations – 29 discrete interfaces being developed and configured to support June 2020 implementation
- Population Health Data Analytics Services Module Integrations – 3 discrete interfaces being developed and configured for Fall 2019 implementation
- Provider Services Module Integrations – 2 discrete interfaces being developed and configured for Fall 2020 implementation
- Ongoing Integration with new MPATH modules – July 2019-December 2022

Accomplishments to Date

- ✓ Project Start April 22, 2019
- ✓ Project Kicked off May 14 , 2019

Upcoming Milestones

- Release 1 – June 2020 (Developmental Disabilities Program, Service Authorizations, Part C / FES)
- Release 2 – January 2021 (Passport, Team Care, PCMH, & CPC+)
- Release 3 – July 2021 (SDMI Waiver, Big Sky Waiver, Community First Choice, & SAMS)
- Release 4 – February 2022 (EPSDT, Home Health, & Autism)

Accomplishments To Date

- ✓ NASPO ValuePoint Board approval of multi-state procurement
- ✓ Montana the lead state
- ✓ Claims workgroup sessions completed with contributions from the following states: Georgia, Missouri, Connecticut, Nebraska, Oklahoma

Upcoming Milestones

- Finalize claims requirements and RFP
- Release RFP – October 2019
- Award RFP – June 2020
- Planned Implementation: ~ Late 2022 / Early 2023

Additional RFP Releases (October 2019 - December 2022)

- Fraud, Waste & Abuse Analytics
- TPL Recoveries
- Customer Care
- Pharmacy Benefit Management System
- Drug Rebate Management
- Electronic Visit Verification
 - Cost analysis underway

Acquire a solution that aggregates patient claims and clinical data from multiple health information technology solutions creating a single, actionable patient record, supporting the calculation of patient quality measures, risks scores, and gaps in care to be used by Care Managers and Providers to improve patient outcomes, increase quality, decrease utilization, and make efficient use of financial resources.

Platform, Tools, and Data Sources MPATH

- Platform:
 - Cerner HealtheRegistries
 - Cerner HealtheAnalytics
- Tools:
 - Milliman MARA Risk Stratification
- Data Sources:
 - Medical:
 - Medicaid Claims
 - CHIP Claims
 - Medicaid Expansion Claims
 - Pharmacy
 - Immunization Registry
 - Clinical:
 - Clinic EMR's

- Milliman MARA Comprehensive Adjuster (CxAdjusters)
 - Medical Claims, Drug Claims, Member Demographics
 - Prospective Lag 0
 - The prospective model is a forecasting model that uses 12 months' worth of healthcare claim data to predict healthcare costs in the future year.
 - We compute have the following risk score individual categories for both raw (member centric) and normalized (relative to the entire 270,000 Medicaid Members) for each Medicaid member:
 - Raw & Normalized Procedure Score
 - Raw & Normalized Pharmacy Score
 - Raw & Normalized Inpatient Score
 - Raw & Normalized Outpatient Score
 - Raw & Normalized Physician Score
 - Raw & Normalized ER Score
 - Total Raw Score
 - Total Normalized Score

Risk Stratification

- Risk Categorization

| Risk Group | Percentiles | Risk Score Ranges | % of Population |
|-----------------|-------------|-------------------|-----------------|
| Very High | 0% - 0.5% | >15.89 | ~0.5% |
| High | 0.5% - 2% | 6.51 - 15.89 | ~1.5% |
| Moderately High | 2% - 19% | 1.19 - 6.51 | ~17% |
| Moderate | 19% - 25% | 0.87 - 1.19 | ~6% |
| Low | 25% - 45% | 0.36 - 0.87 | ~20% |
| Very Low | 45% - 100% | < 0.36 | ~55% |

Explanation of the Risk Score Ranges:

*The top 0.5% (most expensive) members are labeled Very High (Risk). When we created these ranges in consultation with Cerner and Milliman (the vendor for the risk score algorithms we use), the normalized risk score of the most expensive 0.5% of people was 15.89 and above, meaning that these folks were expected to cost *at least* just over 15.5 times more than the average/median member in any given population, based on their diagnoses, age, and gender. This means that if the average/median member of the Montana Medicaid population cost \$1,000 per year to insure and treat, the people in the Very High risk category are expected to cost at least \$15,890 in the current year.*

At the other end of the spectrum, our approach defines the “healthiest” folks in a given population as “Very Low” risk, and they make up about 55% of a population. The risk scores for all of these folks are under 0.36, meaning we expect that they will cost about \$360 in the current year (if the average MT Medicaid member costs \$1,000).

- Targeted program specific quality measures.
- Real-time identification of gaps in care
- Provides clinicians an organized summary view of a members health and care record(s), comprised of normalized data from disparate systems.
- Enables care managers to identify, attribute, measure and monitor members at an individual or population level.

- Clinical Data Collection Approach
 - Integration of Targeted Clinic EMR's
 - Cerner Preferred File Format
 - CCDA
 - Direct EMR Integration (crawl) from Cerner EMR or HealtheRegistries
 - Manual Data Entry
- Data Use Agreement
 - Standardized language for all providers
 - Defines:
 - who (needs to submit electronically)
 - what (clinical data needs to be submitted)
 - Why (support for care program)
 - When (frequency – once per week)
 - Type (preferred file format, CCDA, crawl)
 - How (SFTP)

- Approach to selecting clinics for Clinical Data acquisition:
 - Targeted Providers:
 - Providers will large number of CPC+ members
 - Regionally Distributed Providers
 - Clinical Data Acquisition Methods:
 - Cerner Preferred File Format (flat file extracts from EMR)
 - CCDA
 - Direct EMR Integration (crawl) from Cerner EMR or HealthRegistries
 - Manual Data Entry

- Clinical Data Acquisition is critical
- Lack of clinical data impact the use and adoption to the solution
- Clearly define the clinical data elements that are required to satisfy each quality measure
- Provider staff are resistant to use external tools
- Significant frustration around manually providing data

Next Steps

- Implement comprehensive care management solution
- Capture Social Determinants of Health information (SDOH)
- Integrate SDOH data into the population health environment
- Expand clinical data acquisition to include our Top 10-15 clinics
- Expand gaps in care to include gaps in need
- Support the Housing is Healthcare initiative by collecting and analyzing data related to high utilizers with unstable housing