Improved health outcomes the goal for RCO incentive measures

Medicaid’s planned Regional Care Organizations will not only assume the financial risk of providing health care, they will also be responsible for improving enrollees’ health outcomes once the new system is underway.

To that end, agency officials announced 10 measures that will be incentivized under the new managed care system at a November 19 meeting of the RCO Quality Assurance Committee. The QA committee was created under a 2013 law establishing Regional Care Organizations and is comprised of healthcare professionals of which 60 percent or more must be physicians. Click here to see a list of committee members.

“When the concept of Regional Care Organizations was developed, state officials were emphatic that the new system of care not only maximize taxpayer dollars, but do so in a way that improves health outcomes for Medicaid recipients,” said Medicaid Medical Director Dr. Robert Moon.

The 10 measures are a subset of 42 measures unanimously approved by the QA Committee earlier this year. All 42 measures will be used for monitoring RCO performance, but the 10 will be used in the incentive program. All but one of the 42 measures are nationally recognized and validated that will allow Alabama to compare its performance to other states and national benchmarks.

The measures not only include nationally-recognized metrics related to diabetes, asthma, maternity care, cervical cancer screening and well-child care, but assessments of care transition and coordination, mental and behavioral health and if care is provided in the most appropriate location. Click here to see a list of measures.

“The inclusion of mental and behavioral health measures is significant and affirms our long-held belief that social and behavioral health issues cannot be separated from physical health,” Dr. Moon said.

The Agency will provide initial baseline analysis and technical assistance to the RCOs as they begin to develop their data collection and reporting systems. The goal is to have all measures in place when RCOs begin October 1, 2016. Click here for more on the measures and the work of the QA Committee.
New technology reduces providers’ connection time to state HIE

Recent changes to the state’s health information exchange (HIE) are now making it possible to connect providers in substantially less time than before, according to Bill Mixon, operations management consultant for One Health Record®.

Mixon’s report was in conjunction with the state’s HIE Commission on meeting on November 13. The commission provides oversight/guidance for the development and operation of One Health Record®.

“Under the previous technology platform, connections to One Health Record® normally took around 90 to 100 days,” he explained. “To overcome this obstacle, we purchased a new interface software engine that allows the HIE to successfully connect a clinic or hospital in less than one day.”

The interface software is provided by eTransX, a Tennessee-based company, Mixon said. He also described the new hybrid cloud solution which hosts the eTransX solution for commission members.

“With the capability of supporting hundreds of servers, the hybrid cloud solution will give the HIE the ability to grow on demand for the Agency’s planned Regional Care Organizations,” he explained, noting that approximately 1600 providers are expected to connect in the RCOs’ first two years of operation. Read more >>

Volunteers gain job experience in Medicaid’s NET program

They’re all moms with associate degrees who have been out of the workforce. They also have something else in common: They are investing in their future by volunteering at the Alabama Medicaid Agency to prepare for a paying position and a better future.

Chassidy Jones, Nukisha Langford and LaKeysa Fuller of Montgomery are currently on a six month assignment with the Agency’s Non-Emergency Transportation program as part of the Working Matters Program. The program is sponsored by the Family Guidance Center of Alabama and funded by the Alabama Department of Human Resources to move participants into self-reliance through employment. Each week, the three women work 25 to 35 hours verifying doctor visits made by Medicaid recipients, pulling claims data and performing other duties associated with the NET program.

Medicaid Administrator Janice O’Neal, along with the assistance of Medicaid Eligibility Manager, Diane Hamilton, supervises these NET workers and says the program benefits both the Agency and the volunteers. “This program has helped Medicaid by providing needed staffing while offering on-the-job training and experience for these workers,” she said. “They’ve done a great job.” Read more >>