Health System
Medicaid Transformation Planning

OUR VISION

To build an integrated whole-person approach to care, address physical, behavioral health and oral health needs in one system through an integrated network of providers, offering better coordinated care for patients and more seamless access to the services they need.

Organization name:

- ☐ Rural Health System
- ☐ Hospital/Health System
- ☐ Community Health Center / FQHC
- ☐ County Based Medicaid Behavioral Health Provider
- ☐ Indian Health Services / Tribal Health
- ☐ Other:

Key contacts:

Name	Title	Email

Location of all sites and services in the Better Health Together region:

VISION

Describe your vision for integrated whole person care. Include a vision statement and how the vision addresses community needs and priorities. This could include Physical, Behavioral, Oral, Acute, Specialty, and Pharmacy services.

APPROACH

Bi-directional Integration is a required project for Medicaid Demonstration. Our ACH must implement at least one approach for integrating behavioral health into primary care, and one approach for integrating primary care into behavioral health.

Please check which model(s) you would intend to use, and describe your current and/or intended use of the model.

- [ ] Bree Collaborative Behavioral Health Integration Report and Recommendations
- [ ] Collaborative Care Model
- [ ] Integrating Primary Care into Behavioral Health Settings: What Works for Individuals with Mental Illness?
- [ ] For Tribal Partners: Indian Health Service: Improving Patient Care, or other approved models.

Utilizing the CIHS Framework found here describe your current state and desired future state.

Please identify how you have engaged providers in developing your Health System Transformation Planning.

Please describe your Medicaid beneficiary engagement in developing your Health System Transformation Planning.

CLINICAL PRACTICES

BHT has identified the following key practices as critical to meeting demonstration targets. You can view an overview of these models here. For each of the models listed below, please describe your:

- Current use
- Interest and/or intent to use models in your clinical practice

Pathways Community Hub Model for at risk populations

Current Use	Interest or Intent to Use:

One Key Questio and Long Acting Reversible Contraception

Current Use	Interest or Intent to Use:

Oral Health in Primary Care including screening, assessment, intervention and referral:

Current Use	Interest or Intent to Use:

Chronic Care Model, delivery of or referral to Stanford Chronic Diseases Self-Management Program, National Diabetes Prevention Programs:

Current Use	Interest or Intent to Use:

Telehealth:

Current Use	Interest or Intent to Use:

Bright Futures:

Current Use	Interest or Intent to Use:

Mobile/ Portable Dental Care:

Current Use	Interest or Intent to Use:

Comprehensive Medication Management:

Current Use	Interest or Intent to Use:

Opioids:

Please describe your current/existing treatment resource related to Opioid Use Disorder, i.e. formal treatment programs and practices/providers providing Medication Assisted Treatment {methadone buprenorphine, naltrexone}:

For each of the models listed, please describe your:

- Current use
- Interest and/or intent to use models in your clinical practice

AMDG's Interagency Guidelines on Prescribing Opioids for Pain:

Current Use	Interest or Intent to Use:

CDC Guidelines for Prescribing Opioids for Chronic Pain:

Current Use	Interest or Intent to Use:

Utilization of Prescription Drug Monitoring program and EDIE and Opioid Use Safety:

Current Use	Interest or Intent to Use:

Substance Abuse Screening during pregnancy:

Current Use	Interest or Intent to Use:

POPULATION HEALTH MANAGEMENT

Describe your current EHR and other systems that support relevant bi-direction data sharing, clinical-community linkages, timely communication among care team members, care coordination and management processes to enable population health management and quality improvement processes.

Describe provider level ability to produce and share baseline information on care processes and health outcomes for population of focus.

Please describe additional investment that will be necessary to meet data needs.

FINANCIAL SUSTAINABILITY

Describe your current state and plans for meeting the state's goal of 90% of all Medicaid contracts are value based.

Please identify areas where you need additional training/practice transformation coaching on preparing for Value Based Care.

Please describe the current state of your health system contracts with Managed Care organizations.

By 2020, the state has mandated that all regions have transitioned to a fully integrated managed care system. Our region has the opportunity to move to mid-adopter status by January 2019 and earn an additional $8.7 million dollars. What additional infrastructure investment will you require to be ready to meet the 2020 deadline?

Will you support the region's efforts to move to Fully Integrated Managed Care ◉ YES ○ NO

Comments:

What kind of in-kind investment are you willing to make in the following capacities:

Data:

Clinical:

Financial:

Community:

Program Management:

Strategic Development:

WORKFORCE

Describe your current workforce and future needs. Please describe how you will address provider shortages during the 5-year demonstration period.

PATIENT POPULATION

If you cannot answer, please put N/A. Any zero indicates no patients were served.

Please describe your patients served in calendar year 2016:

Number of Medicaid patients assigned to you for Primary Care or Medical Home:

	Acute Care	Oral Heath	Specialty & Outpatient	Long Term Care	Pharmacy	Primary Care
Number of unduplicated Medicaid Patients served in 2016						
Number of unduplicated Medicare Patients served in 2016						
Number of unduplicated Dual Eligible Patients served in 2016						

DEMOGRAPHICS

Provide the number of patients in each category below:

2016 Unduplicated Patient Demographics	Medicaid	Medicare	Private Pay	Uninsured
AGE				
Number of Patients under 18				
Number of patients 19-64				
Number of patients over 65				
RACE				
American Indian/Alaska Native				
Asian				
Black				
Multiracial				
Native Hawaiian/Pacific Islander				
White				
ETHNICITY				
Hispanic				
Not Hispanic				
GENDER				
Male				
Female				
Other				

HEALTH STATUS

Health status of your Medicaid patient population:

- % with co-occurring behavioral health AND physical health conditions
- % diagnosed with diabetes, asthma, hypertension, and/or obesity
- % women of child bearing age
- % of children in foster care
- % of homeless, living in a home not your own, living in an overcrowded home
- % of individuals who have been incarcerated
- % of patients with ACES score of greater than 4
- % of patients born with addictions

Please list the top ten diagnosis among your patients:

Describe your system and how you are currently serving the Medicaid Population:

CEO/Administrator Signature