

AHCCCS TURNS TO HEALTHBI TO TIGHTEN CARE COORDINATION

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Contributor

Prior to the Arizona Health Care Cost Containment System's (AHCCCS) Complete Care program launch on Oct. 1, most AHCCCS beneficiaries had two health plans: one for physical health services and another for behavioral. AHCCCS Complete Care (ACC) moves those members to a single plan to better integrate care and facilitate providers working together.

In March 2018, seven managed care organizations (MCOs) won managed care contracts to coordinate physical and behavioral health services under the ACC program.

HealthBI president Scott McFarland says a continuum of care is, "absolutely critical" in his opinion, and is also ultimately what the ACC program is focusing on.

Recently HealthBI, a private subsidiary of Equality Health, has become integral to the ACC program with their CareEmpower platform, selected as the central technology for AHCCCS' new whole-person approach.

The platform will facilitate care coordination for five of the seven Medicaid-managed care plans including Banner-University Family Care Plan, Care1st Health Plan Arizona, Arizona Complete Health, Mercy Care, and UnitedHealthcare Community Plan. CareEmpower is used by Equality Health's network of providers working under each health plan.

McFarland calls the platform a "care coordination solution for health plans," explaining that the technology specializes in interoperability and data sharing in order to identify gaps and act as a middleman to address those discrepancies, whether they are physical, behavioral or social health gaps in care.

"Medicaid is unique in that it runs state-by-state and depending on the incentives available to manage the Medicaid population...the network can respond according to what the contract requires," says McFarland.

One issue platforms like CareEmpower are trying to address is the many organizations that do not have a full roster of the patients assigned to them. They are aware of who they have seen but do not necessarily know they may actually have more members assigned to them.

"A lot of time these gaps in care come from patient populations that organizations haven't seen before," notes Jenn Sommers, Mercy Care Plan director of physician organizations and relations.

McFarland believes a platform of CareEmpower's nature offers an opportunity to deliver better healthcare and outcomes for the patient, while giving the state, as a sponsor of Medicaid, better value.

Sommers adds, the goal of such platforms is to not only address populations with highest complexity and needs but to also address individuals that may not even recognize the services available and offered to them. data can act as a liaison for these gaps.

"You need to have data in order to stream-line your processes, if you're doing outreach to people who have already had those visits done and there's really not a care gap then it's really just wasted time with your staff and personnel," explains Sommers.

The CareEmpower platform ultimately aims to take a more holistic approach to healthcare and get away from the "sick-care model" as McFarland puts it. There is no shortage of market competition in Arizona, which according to McFarland is good because of the state's requirements to get to risk and value-based care for Medicaid populations.

"I've seen even more rapid progress toward getting to dynamic interoperability as opposed to the linear silos in old legacy data repository solutions that we had when I began my career," McFarland says, optimistic that as long as an organization can "continue to foster good data security and management and facilitate interoperability in a responsible way" it can lead to unified care plans and care teams helping an individual access the system in the right way.

The platform essentially prioritizes important gaps by bringing forward relevant data to Medicaid plans and offers workflow solutions for practices interacting with members to close the gap.

If the practice succeeds, it earns an incentive from AHCCCS.