

ACA Delivery System Reforms

Karen Milgate, Health Policy Consultant
Alliance For Health Reform ACA 101
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Goal: Shift from volume to value

- Higher quality and lower resource use
- In sum: Triple Aim of lower cost growth, better health and better health care

Incentives At Every Level of the Health System

- Fee for Service (FFS)
 - Established program for value-based payment (VBP) for Inpatient (began fy 13) and physicians (phased in beginning fy15). Requires plans for SNFs, home health and ASCs.
 - Re-admission incentives began for fy 2013 (October 2012)
 - Hospital-acquired conditions incentives begin 2015

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Incentives (continued)

- Across FFS
 - Medicare Shared Savings Program (ACOs) (began 2012, now 222 ACOs, up to 4 million benes)
 - Center for Medicare and Medicaid Innovation include:
 - Pioneer ACOs
 - Bundled Payment
 - Comprehensive Primary Care Initiative
 - Community Care Transitions
 - Innovation grants
- Dual Eligible emphasis (expensive and vulnerable)
 - Represent 16% of enrollment for Medicare, but 27 % of costs
 - Represent 15% of enrollment for Medicaid, but 39% of the costs
 - Established new office devoted to duals
 - State innovations to integrate care across Medicare and Medicaid

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Incentives (continued)

- Medicare Advantage – 5 star rating system bonuses up to 5% of payment by 2014 and later. Beginning in 2012 (1.5%), 2013 (3.0%).

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Other infrastructure support

- Greater CMS openness to sharing data
- HIT support through HITECH
- Workforce
- Prevention
- Primary Care

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