

VAYA HEALTH

EVOLVING TO MEET THE FUTURE

Vaya Health Provider Summit
OCTOBER 26, 2016

EVOLUTION: THE ONLY CONSTANT

1963 – 2001:
Went from 43
to 39 Area
Authorities –
service
providers

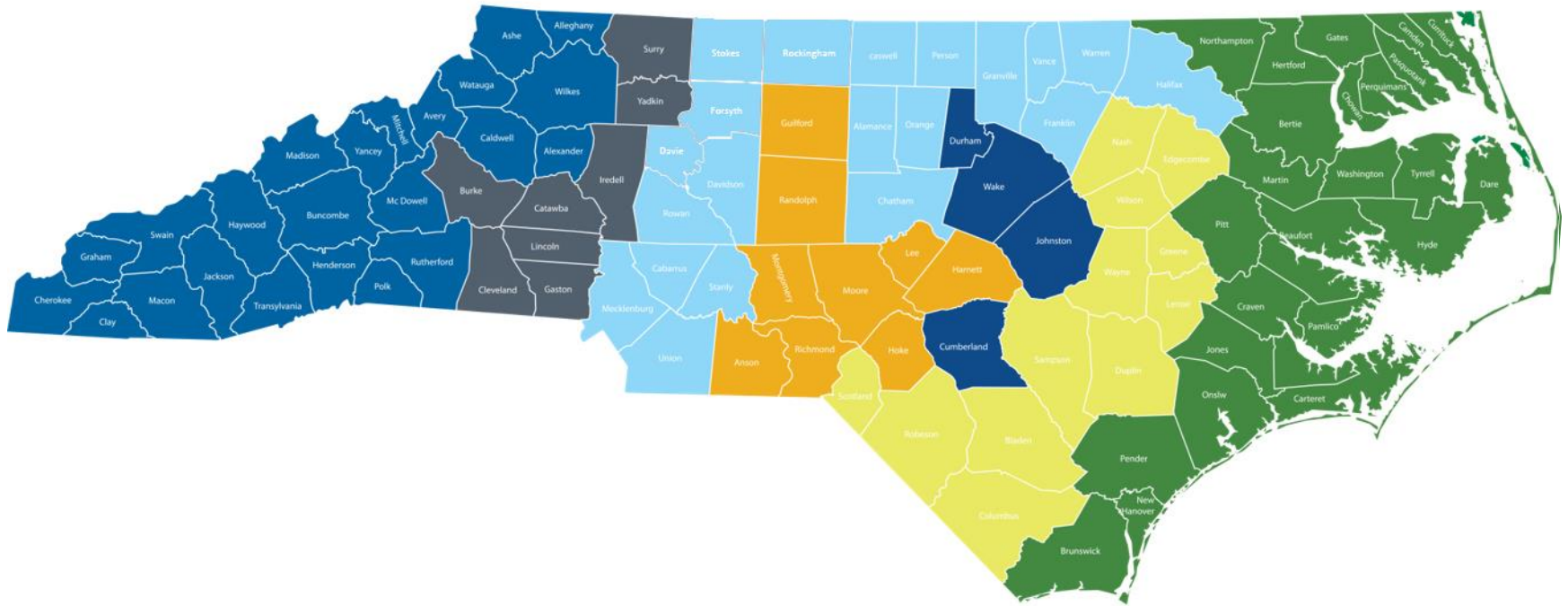
2001:
Mandated to
reduce from 39
to 20 LMEs by
2007 –
managers of
service
providers

April 2013
11 LME/MCOs

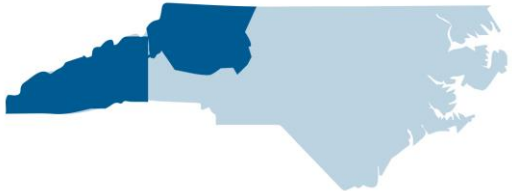
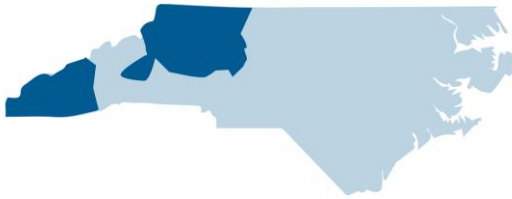
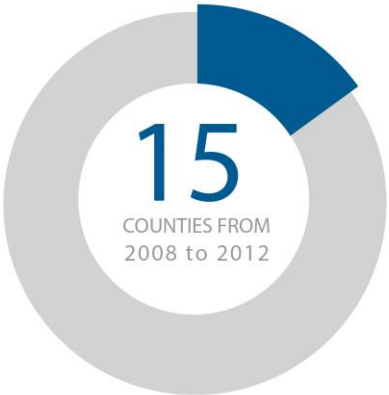
October 2013
10 LME/MCOs

April 2014
9 LME/MCOs

2016
LME/MCOs
are not guaranteed
survival



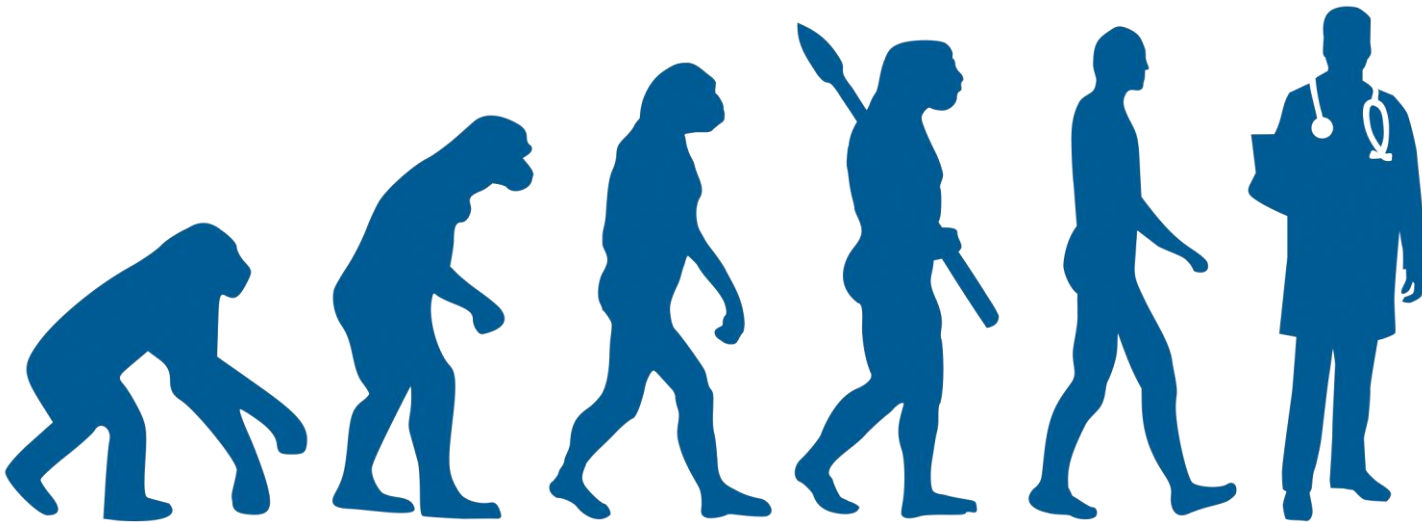
THE GROWTH OF VAYA HEALTH



HOW WE GOT HERE - NOW

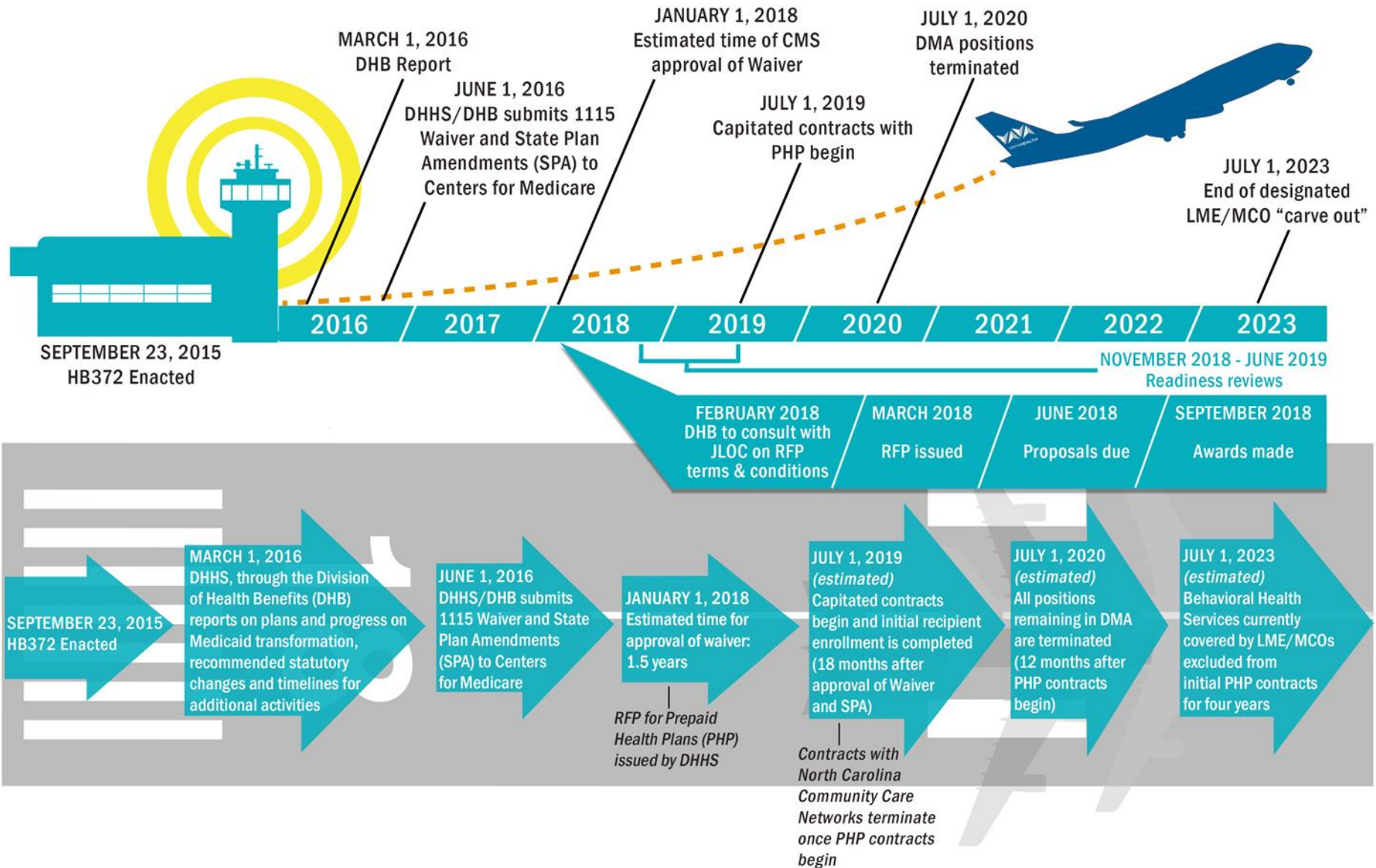
WHAT?

- LME/MCO model created to incubate the waiver without private competition
- We have benefitted from operating as a monopoly as a Medicaid and State funds manager/payer, but limiting ourselves to that role only will reduce our future options
- A time for us to consider our options outside that traditional role and define our future

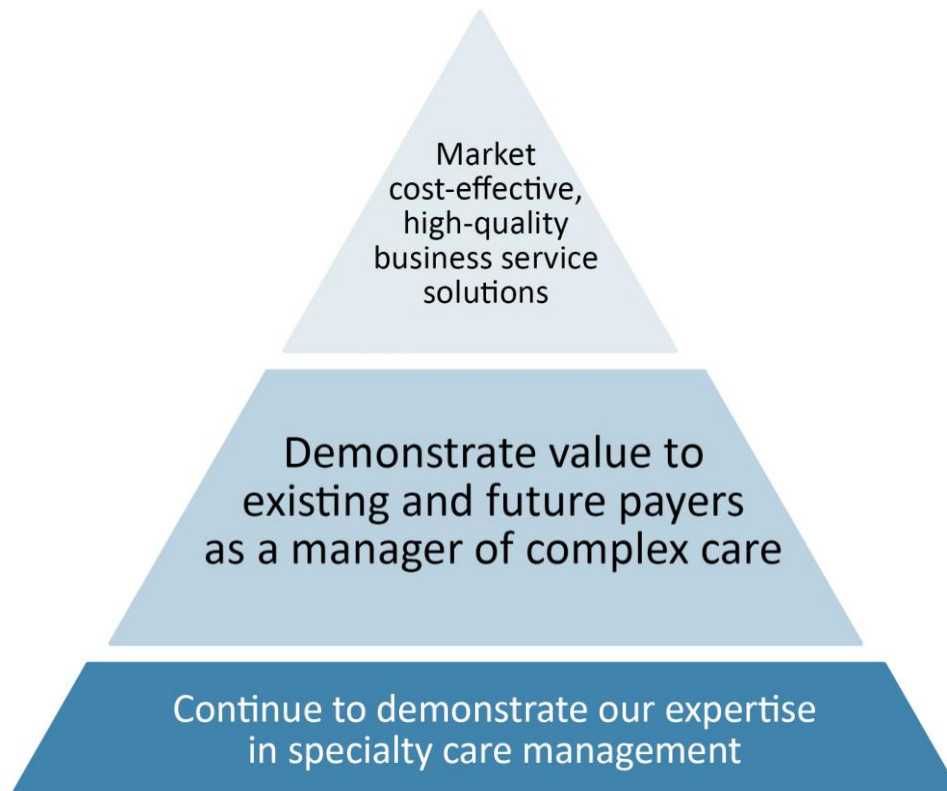


MEDICAID TRANSFORMATION AND REORGANIZATION

ESTIMATED TIMELINE



STRATEGIC PLAN: VISION



But we must also build our organization towards the vision of healthcare and Medicaid reform espoused by the General Assembly.

Continue to excel at the daily operations of the 1915(b)/(c) Waiver and Chapter 12C responsibilities in order to meet the needs of the customers and communities we serve

STRATEGIC PLAN

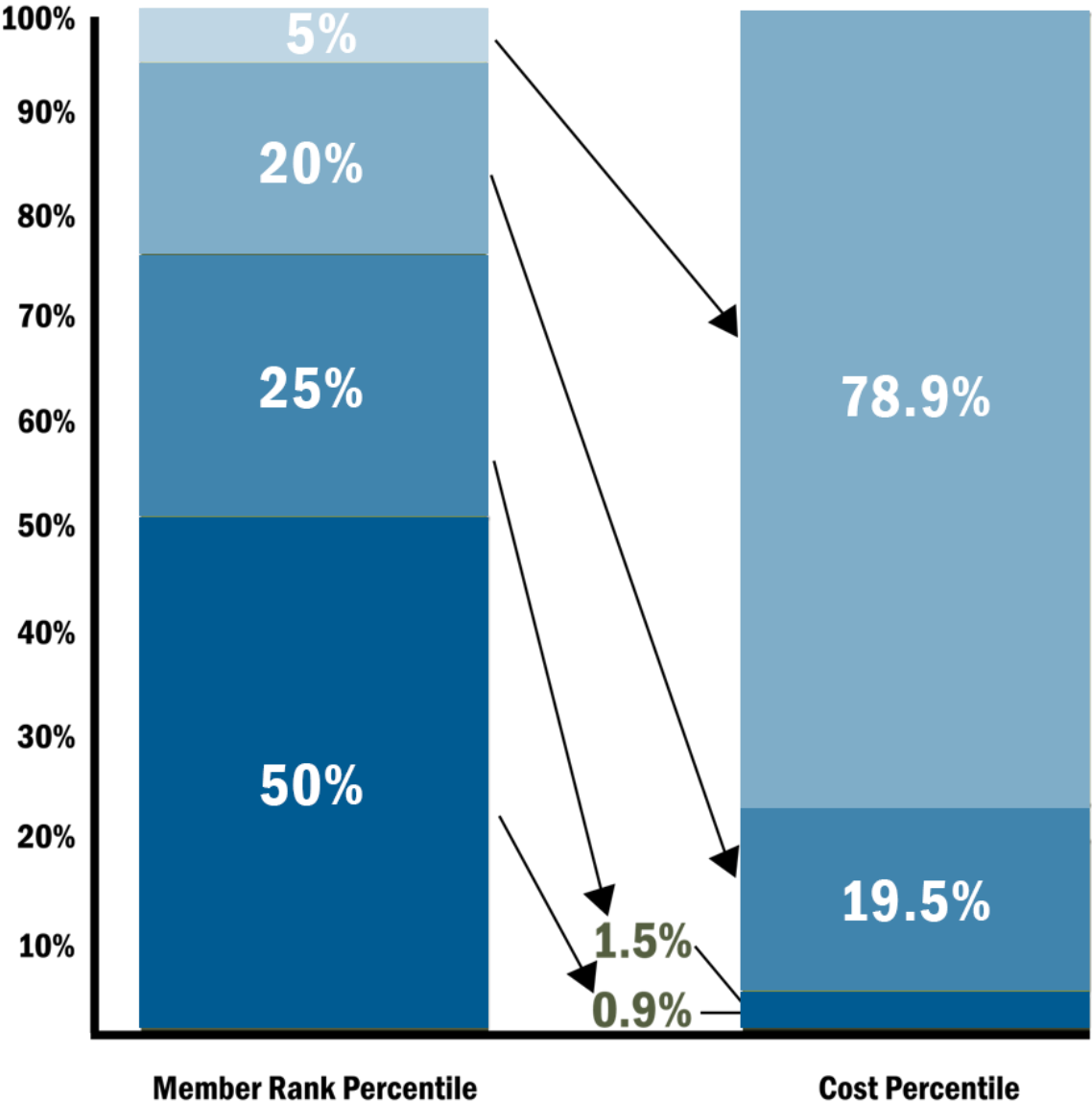


WHAT *IS* COMPLEX CARE MANAGEMENT?

To understand complex care management, it's important to understand the population it is intended to serve: individuals who are “high cost & high need”

The “high-cost, high-need” population refers to a relatively small subset of individuals with complex or chronic needs who use the majority of the services.

DISPROPORTIONATE COST



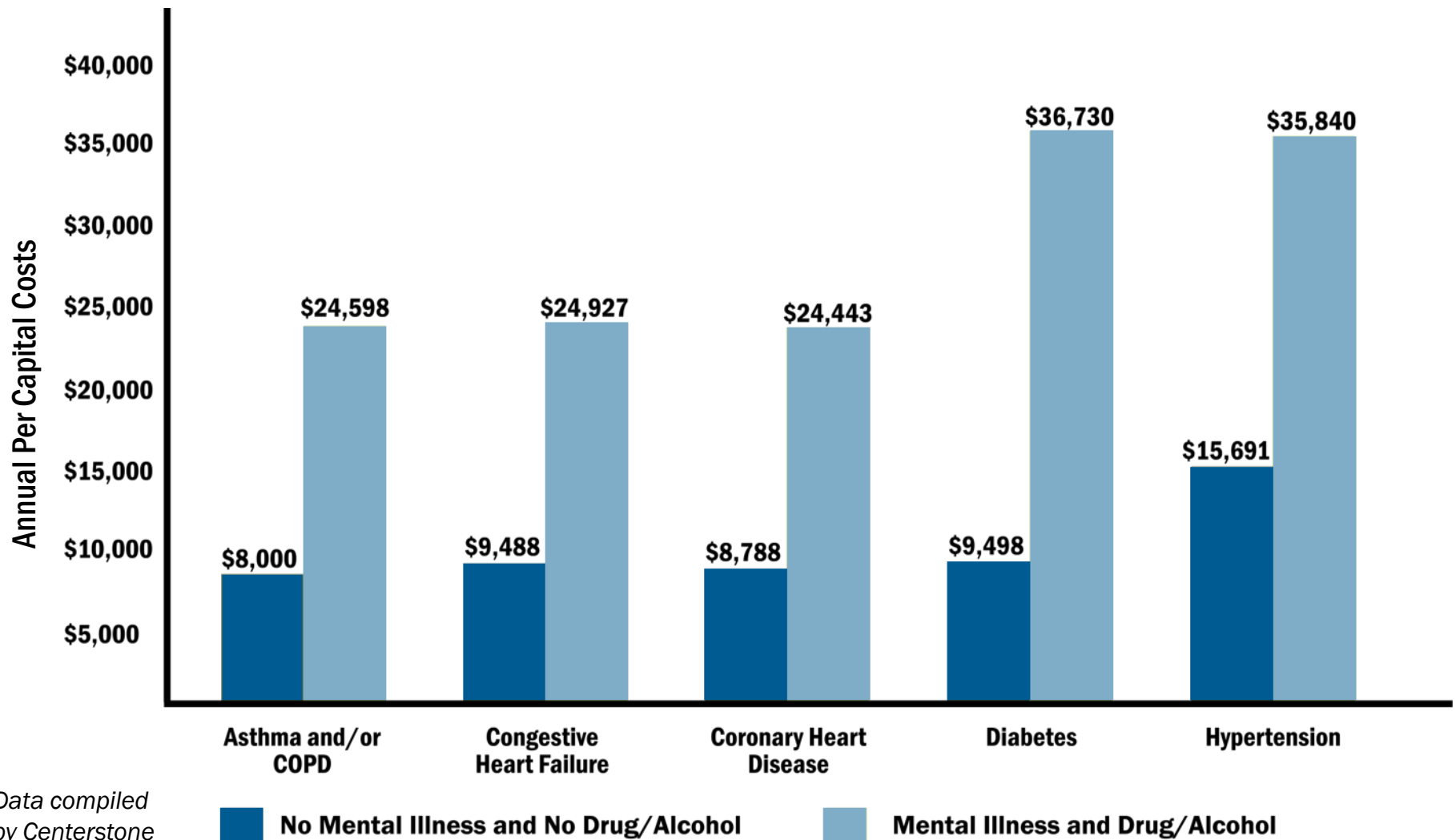
Data compiled by
Centerstone Research
Institute

COMPLEXITY IS DIRECTLY RELATED TO COMORBIDITY

The costs of comorbidity

- Individuals with comorbid conditions often have very complex physical health needs, behavioral health needs, intellectual and developmental disability needs and social needs
- Comorbidity is associated with dramatically higher costs of care

IMPACT OF BEHAVIORAL HEALTH COMORBIDITIES ON MEDICAID COSTS



Data compiled
by Centerstone
Research Institute

THE NEED FOR WHOLE PERSON CARE

Individuals who meet “high-cost, high-need” designation require a whole-person care orientation in order to address the entirety of their challenges

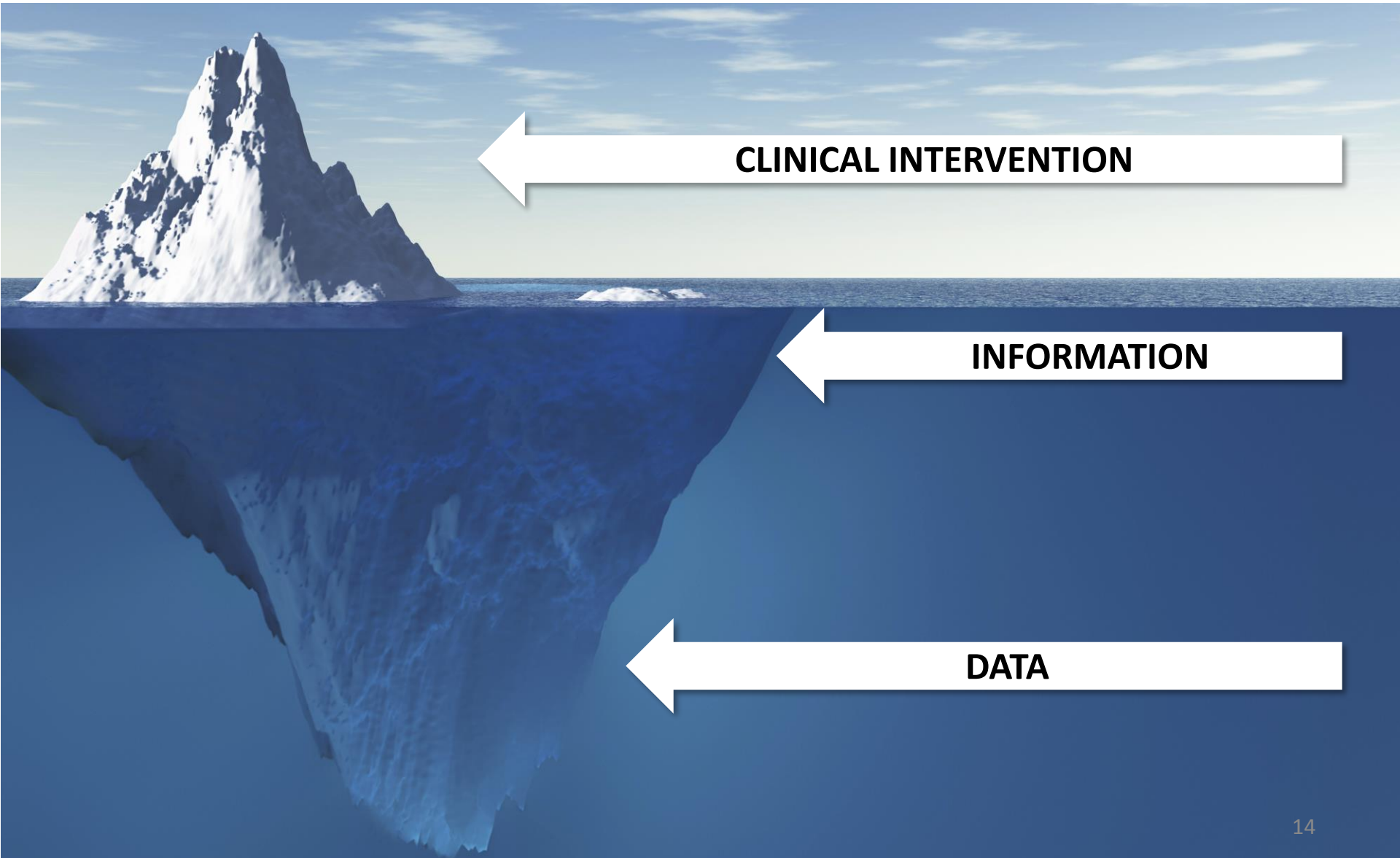
- Medical/health
- Behavioral health or I/DD
- Social

THE SOLUTION: COMPLEX CARE MANAGEMENT

Many of the individuals Vaya serves meet the complex case and super utilizer profile

Vaya's expertise, effectiveness and efficiency in complex care management will be valuable as we move further into Medicaid reform

INTERVENTION IS JUST THE TIP OF THE ICEBERG



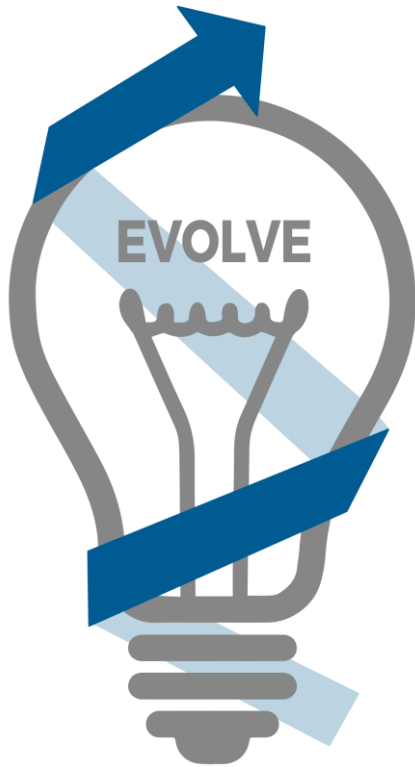
Visions, plans and strategies will be implemented to improve the overall health of our community members...

THE LEARNING LABORATORY

- The partnership possesses the ability to build on the expertise and experiences of the 1915 (b)/(c) waiver implementation and expand from a demonstration site to full implementation.
- The demonstration project is designed to serve individuals with the highest levels of need, “super-utilizers,” across the entire Medicaid space, including dual eligible individuals
- Documenting the tasks necessary for transition from the current FFS environment to a robust, capitated, managed care, person-centered health community will be a valuable benefit of the demonstration, i.e.,
 - Conducting provider and practice readiness reviews
 - Identifying technical assistance needs
 - Identifying solutions for data sharing
 - Implementing clinical pathways and treatment protocols



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Questions?