Population: Medicaid beneficiaries of Central MA

Problem: MassHealth costs are high and rapidly growing

Solutions: Delivery system transformation and payment reform

Challenges of reform
- Sustainability and scalability: dependence on DSRIP funds, community health workforce
- Tying quality to compensation: ineffective measures

Delivery System Reform Incentive Plan (DSRIP)
- ACO model incentivizes hospitals to create Accountable Care Organizations (ACOs)
- ACOs will be accountable for both quality and total cost of care for all members, including behavioral health and long-term services and supports
- ACO model incentivizes hospitals to create partnerships with community health organizations to integrate medical and health-related social services
- Delivery System Reform Incentive Plan (DSRIP) federal funding will allow Medicaid to invest $1.8B over 5 years into ACO infrastructure development

UMHSC adapting a value-based payment model
- Transition from fee-for-service (volume-based) to value-based payment model
- Focus on value added care through alignment of evidence-based quality measures with compensation

Service Project: Connecting patients to CHL

Acknowledgements
- Jim Baranier, MD, MIA, and Traci McKee, RN, MPH, Eastern MA Community Health Plan
- Mike Gonzalez, PhD, MassHealth Policy Forum, Brandeis University
- Eric Hedin, Chief of Observatory at UMass Medical School, Worcester
- Mark Beran, PhD, Massachusetts Department of Health
- Tom Hoenig, JD, Center for Community Health Care Reform
- Nicole Gagne and Tuyet Tran, Community Healthlink, Inc.
- John Greenwood and Thomas Scornavacca, Jr, DO, QE HealthLink, Inc.
- Paulette Seymour Route, PhD, RN, Graduate School of Public Health, University of Pittsburgh
- Doug Brown, JD, UMass Memorial Health Care
- Thomas H. Ebert, MD and Michael Nickey, MIA, UMass Memorial Health Care
- Joe Ramirez, MD, MHA, and Toni McGuire, RN, UMass Memorial Health Care

Many more…