

# Welcome



## Innovative Care Delivery Models for Safety Net Populations

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# A Driver of Innovation

**Medicaid is driving innovative healthcare transformation at the state, plan and health system level in several ways:**

- **Adopting a population health management approach**
- **Leveraging enhanced data assets to assess cost, quality, provider networks and enrollee behaviors**
- **Aligning payment, performance and quality in new innovative delivery models**
- **Building stakeholder alliances**

# A Driver of Transformation

**Treo Solutions works with States and Medicaid programs to:**

- **Implement multi-payer initiatives, such as State Innovation Models and Pioneer ACOs**
- **Transform payment and delivery systems by shifting from fee-for-service models to a focus on population-based care**
- **Integrate the dual-eligible population, the highest driver of Medicaid cost**
- **Establish data transparency with those accountable for managing care and controlling costs through All-Payer Claims Databases and other multi-payer databases**
- **Operationalize risk adjustment and payment reform so that health plans meet the complex compliance and data processing requirements of CMS**

# Transformation

Transformation in healthcare through alignment, collaboration and transparency



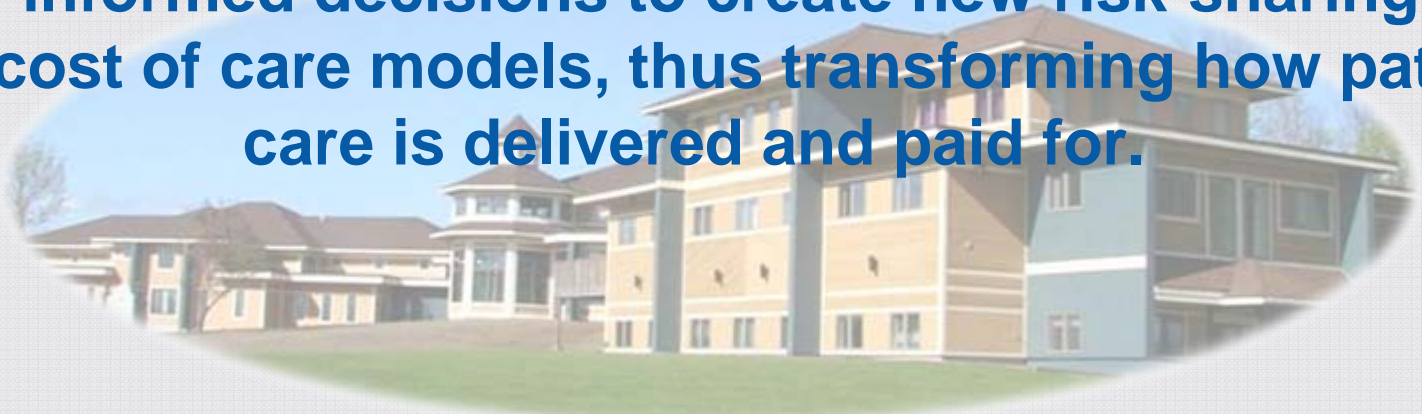
# State Innovation Examples



Colorado	New York	North Carolina
<p>The <b>Colorado Accountable Care Collaborative</b> is a statewide Medicaid initiative working to improve outcomes through coordinated care. The initiative is reducing inappropriate hospital and ER utilization, having an impact on Medicaid's total cost-of-care.</p> <p>The Colorado <b>All-Payer Claims Database</b>, administered by CIVHC, brings together comprehensive healthcare information from multiple sources, providing a holistic view of the care provided throughout the state.</p>	<p>The <b>Adirondack Medical Home Demonstration</b>, one of eight Multi-Payer Advanced Primary Care Practice (MAPCP) demonstration projects sponsored by CMS, has implemented a patient-centered medical home that involves providers, payers and state government collaborating to transform the way they provide and organize care for the chronically ill across a four-county area. It is an example of how multi-payer platforms can drive program evaluation and program management.</p>	<p>One of the oldest Medical homes in the country, <b>Community Care of North Carolina</b> has 14 community care networks that cover the entire state and enroll over one million Medicaid recipients. Between 2007-2010, the program has seen decreased utilization of ER visits and inpatient admissions and increased utilization of primary care visits and pharmacy use.</p>

## **A Proven Partner for Healthcare Transformation**

**Our broad range of highly scalable tools, optimized database of over 45 million covered lives and expertise in collaborative care logistics empowers clients to make value-informed decisions to create new risk-sharing and total cost of care models, thus transforming how patient care is delivered and paid for.**



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