

## States join Medicaid ACO movement

Medicaid ACOs require real-time data to affect change

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With care coordination and payment experimentation on the mind, states are moving forward with Medicaid accountable care organizations (ACO).

Colorado, Minnesota, New Jersey, Oregon and Utah are already engaged in Medicaid ACOs, and another five states could commit within the next six months, Center for Health Care Strategies (CHCS) Senior Program Officer Tricia McGinnis told *Managed Healthcare Executive*. The nonprofit policy center is working with 39 states to improve the Medicaid program.

"It's not a leap of faith," McGinnis said about the alternative care model. "There is a small body of evidence, but it's a hopeful evidence base that hopefully will be borne out in other programs."

As *FierceHealthcare* previously reported, [ACOs carry considerable risk](#), especially those targeted at the vulnerable Medicaid populations of low-income residents and chronically ill--a [financial burden that deters many hospitals](#) from joining in the payment model.

One thing is for sure though: For Medicaid ACOs to succeed, they need data, preferably in real-time.

"Providers often don't have that line of sight into the care they deliver that good data can bring," McGinnis said.

Having that crucial information can mean communication takes place in seconds rather than days. For instance, Beth Israel Deaconess Medical Center, the New England Health Exchange Network and the nonprofit health plan Network Health piloted an e-discharge program.

Network Health automatically receives electronic medical reports, which includes discharge instructions, lab results and a summary report, from the hospital when a plan member is discharged from the emergency department or inpatient setting, according to Network Health CEO Christina Severin.

"In order for ACOs to reach their true potential, all organizations involved must become highly integrated communications machines," Severin said in a *Managed Healthcare Executive* [column](#). "They must begin exchanging not only claims-based information, but also clinical data that can be used to support care coordination, improve patient outcomes and create care efficiencies."