ALASKA MEDICAID REDESIGN + EXPANSION

STAKEHOLDER ENGAGEMENT TOOL KIT: A MEETING IN A BOX

GOALS FOR MEDICAID REDESIGN + EXPANSION

IMPROVE HEALTH

OPTIMIZE ACCESS

INCREASE VALUE

CONTAIN COSTS

TABLE OF CONTENTS

1. PUBLICITY + MEETING ANNOUNCEMENT TEXT

Conveners can use this sample text to publicize the stakeholder meetings.

2. PRE-MEETING CHECKLIST

This checklist will assist you in preparing to host the meeting.

3. SIGN IN SHEET

The sign in sheet template provides a way to record who participates in your meeting.

4. AGENDA

The agenda template includes blanks for conveners to use to tailor meeting information for each meeting. It also includes timeframes for conveners to use to tailor length of meeting. The agenda includes a link to a web-based survey for post-meeting stakeholder input and a comment card for any further comment (see below).

5. FACILITATOR'S GUIDE

The guide will assist you in hosting effective meetings with stakeholders and providing input to the Department of Health and Social Services. This guide is a companion to the Agenda; it provides helpful instructions for facilitators who are hosting stakeholder meetings.

6. POWER POINT PRESENTATION

The presentation provides information on the status of Medicaid reform, the various care models and payment mechanisms being considered. This provides the background for the small group discussions.

To download an audio recording of the September 2nd webinar where many of these slides were presented, please go to http://dhss.alaska.gov/healthyalaska.

7. TWO HANDOUTS

7A. The handout titled *Alaska Medicaid Redesign: Approaches to Coordinated Care and Value-based Purchasing* is a 'cheat sheet' for participants and conveners to help remember the differences between the different care models and the other options we have to consider.

7B. The Table of Abbreviations is a reference to de-code common health care system and reform related abbreviations and acronyms.

8. MATRICES FOR RECORDING STAKEHOLDER INPUT (OPTIONS 1, 2 AND 3)

This toolkit provides three different ways to elicit and record stakeholder input. Conveners should choose the option that best suits the interests of their stakeholders, the length of time for the meeting and desired level of detail for stakeholder input.

8A. Option 1 is the short format: it organizes stakeholder input around the four main goals of Medicaid Redesign: Improve Health, Optimize Access, Increase Value, and Contain Costs.

8B. Option 2 is the long format: it organizes stakeholder input around seven guiding questions that help participants explore how the different models could work in Alaska.

8C. Option 3 is the specific population format: it organizes stakeholder input around the barriers to care for various specific populations, and the needed system changes and care models to address those barriers.

These matrices will be used in the meeting to guide discussion and to organize the feedback to submit to DHSS.

9. COMMENT CARD

Please distribute the comment card to participants. It has the email address for further comment to DHSS, the link to the web-based post-meeting survey and room for written comment.

10. WEB-BASED POST-MEETING SURVEY (PROVIDED AS WEB LINK)

The Agenda includes a link to a Survey Monkey hosted survey where participants can submit further comment on Medicaid Expansion and Redesign. This link will collect all participants' feedback in a single set of responses.

https://www.surveymonkey.com/r/akmcdre-stakeholder-feedback-fall2015

INSTRUCTIONS FOR SUBMITTING FEEDBACK

After you convene a meeting to engage with your constituents, we look forward to receiving your feedback! Please provide us with the following items, sent via e-mail to medicaid.redesign@alaska.gov (typed or scanned, handwritten-documents welcome):

- Meeting convener's name and contact information
- One completed matrix that compiles stakeholders' input from the meeting
- A list of participants in the meeting (sign-in sheet or as part of meeting notes)
- Copies of any additional comments submitted via comment cards

PUBLICITY + MEETING ANNOUNCEMENT TEXT

When publicizing your meeting with your organization's members, constituents and other interested stakeholders, use the text below in your e-mail and other announcements for the meeting.

STAKEHOLDER INPUT SESSION

Time	DATE • X:XX a.m. to X:XX p.m.
Location	LOCATION
Online	LINK TO SCREEN SHARE OR VIDEOCONFERENCE, IF AVAILABLE
Phone	TELECONFERENCE NUMBER, IF AVAILABLE

PURPOSE OF THIS MEETING

The Medicaid Redesign and Expansion Project Team is seeking input and feedback from all interested stakeholders about the options available to the state to redesign its Medicaid program.

Our organization [INSERT ORGANIZATION NAME] is bringing the presentation of program design options to our [members/constituents] to share this information, facilitate a discussion of what is most important to us, and to bring our input back to the project team this fall. The results of this meeting, along with a survey we will provide for you to complete after the meeting, will be provided to DHSS leadership.

The project team values all stakeholders' input on what a high-functioning health care system should include and how program design options might work in Alaska. You are also welcome to provide written feedback or ask questions at any time to medicaid.redesign@alaska.gov.

MEETING OBJECTIVES

1. Review goals for Medicaid redesign and expansion.
2. Share information from the draft environmental assessment of Medicaid redesign and expansion in Alaska and other states; specifically, the delivery system reform options for coordinating care and value-based purchasing.
3. Gather input from stakeholders on the goals and priorities for Medicaid redesign and expansion.
4. Gather input from stakeholders on the various options for coordinating care and value-based purchasing and how they might work in Alaska to achieve the goals of Medicaid redesign.

PRE-MEETING CHECKLIST

TWO WEEKS PRIOR TO MEETING

- Confirm meeting venue, room size and any refreshments offered (coffee, snacks, lunch)
- If holding an online or teleconference meeting, confirm technology needed
- Publicize meeting + invite participants
    - If people will join remotely, include call-in or web meeting information, if any
    - Remind participants of how to get to the meeting, if they are not familiar with the venue: directions, parking information, room number
    - If needed, request RSVPs for confirmation or decline from invitees
    - Provide a copy of the agenda and any other preparation materials
- Identify PowerPoint presenter(s), facilitator(s), and small group discussion leaders
- Schedule preparation session(s) with meeting team

ONE WEEK PRIOR TO MEETING

- Send additional meeting reminder(s): one week before and one to two days before; include agenda and preparation materials, if any, that attendees should review
- If RSVPs requested, track confirmations or declines received from invitees
- Confirm venue, refreshments (if any) and technology (if any) are secured for meeting
- Host a preparation meeting or meetings to review agenda and instructions

DAY OF THE MEETING

WELCOME AREA

- Agendas
  Handouts: *Discussion Matrix, Models of Care Graphic, Healthy Alaska Plan, Draft Environmental Assessment*
- Sign-In Sheets
- Pens/Pencils
- Comment Cards
- Return Box for Comment Cards
- Name Tags
- Markers
- Designated Greeters:
  _____

FOOD AREA

- Food (snacks or meal)
- Coffee/Tea, Water, Sugar, Cream
- Cups, Paperware, Utensils, Napkins

GROUP MEETING AREA

- Flip Chart Pads or Posters
- Easels
- Markers
- Tape
- Projector and Computer
- Screen
- Extension Cord
- Power Strip
- Microphone or Audio System

SMALL-GROUP SESSIONS

- # of Sessions: _____
- Facilitators:
  _____
- Directional Signage/Room Labels
- Flip Chart Pads or Posters
- Markers/Pens

ALASKA MEDICAID REDESIGN + EXPANSION STAKEHOLDER MEETING

SIGN-IN SHEET

Host Organization	
Meeting Date	
Location	
Meeting Format	

NAME	ORGANIZATION/GROUP AFFILIATION	EMAIL *optional*

The meeting facilitator will collect this sign-in sheet and share it with DHSS along with feedback collected in the meeting. This will help their team understand who participated in the discussion.

ALASKA MEDICAID REDESIGN + EXPANSION PROJECT

STAKEHOLDER INPUT SESSION AGENDA

Time	DATE • X:XX a.m. to X:XX p.m.
Location	LOCATION
Online	LINK TO SCREEN SHARE OR VIDEOCONFERENCE, IF AVAILABLE
Phone	TELECONFERENCE NUMBER, IF AVAILABLE

OBJECTIVES FOR STAKEHOLDER INPUT SESSION:

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4. Gather input from stakeholders on the various options for coordinating care and value-based purchasing and how they might work in Alaska to achieve the goals of Medicaid redesign.

GOALS FOR MEDICAID REDESIGN + EXPANSION:

1. Improve enrollee health outcomes
2. Optimize access to care
3. Drive increased value (quality, efficiency, and effectiveness) in the delivery of services
4. Provide cost containment in Alaska's Medicaid budget and general fund spending

TIME		ITEM	LED BY
8:00	8:15	Welcome and Introductions • Review the meeting objectives • Review agenda for the meeting	Welcome: XXX Introductions: XXX
8:15	8:45	Power Point Presentation Please refer participants to handout titled *Alaska Medicaid Redesign: Approaches to Coordinated Care and Value-based Purchasing*	Facilitator and Note taker
8:45	9:00	Record Participant Questions + Key Issues	Facilitator and Note taker
9:00	9:45	Small Group Discussion: • Q1: If Alaska had a high functioning health system, what would it look like? What do you hope Medicaid expansion and redesign will do for Alaska's Medicaid system?	Small groups, Facilitators and Note takers

		Spend about 10 minutes on the first question. Start by reviewing the goals Medicaid redesign and expansion. Following this, take the next 30 minutes to discuss Q2 if you are using Option 1: the short format or Option 2: the long format, OR Q3 if you are using Option 3: the specific population format. • Q2: Using what you have learned about the various models to coordinate care and ensure value-based purchasing (see handout), how well would the model that your group has been assigned achieve your vision for health reform in Alaska? OR • Q3: For each priority population, identify the barriers to adequate care, systems changes to address barriers and care model that would improve care for that population. Use the last 5 minutes to identify the most important items from the matrix to report to the full group.	
9:45	10:15	Report Back to Full Group	Facilitator and reporters from each small group
10:15	10:30	Wrap-Up and Review of Next Steps • Upcoming Medicaid Redesign + Expansion Webinars o Webinar #3: October 21 at 12 noon o Webinar #4: November 19 at 12 noon	Facilitator

Thank you for participating in our meeting! Please complete a short survey using the link below. DHSS and their consultants are collecting your feedback on the various options presented, and which other priority populations and/or services should be considered for Medicaid redesign.

https://www.surveymonkey.com/r/akmcdre-stakeholder-feedback-fall2015

FACILITATOR'S GUIDE

HOW TO USE THIS FACILITATOR'S GUIDE

Thank you for convening stakeholders to provide review and input to the process to redesign and expand Medicaid in Alaska. This guide is part of the Stakeholder Engagement Toolkit to assist you in hosting effective meetings with stakeholders and providing input to the Department of Health and Social Services. This guide is a companion to the Agenda; it provides helpful instructions for facilitators who are hosting stakeholder meetings.

The highlighted sections indicate where you should insert specific information for your meeting. You can share this guide with the other facilitators at your meeting. **Participants should receive the agenda that does not include these facilitator's instructions.**

The time slots are provided to help you predict the length of the meeting. You may choose to revise or delete some of these items to adjust the meeting length. The length of the meeting in this template is 2.5 hours.

PREPARE FOR THE MEETING

Included in this tool kit is a Pre-workshop Checklist to help you prepare for the meeting.

In addition to the items in the checklist, please do the following:

- Identify a presenter comfortable delivering the information in the PowerPoint; a facilitator for the overall meeting; small-group facilitators and note takers from your organization to lead each small group; and designate additional location for each breakout group to meet during this session.
- Fill in the agenda template for your meeting: identify the length of time for the total meeting, and for each section.
- Choose which of the three options you will use to structure the meeting and provide input to DHSS.
- Download and listen to the audio recording of the September 2nd webinar where many of these slides were presented, at http://dhss.alaska.gov/healthyalaska. You may choose to use part of this recording in your meeting (the bookmarked section marked "Environmental Assessment"), if you do not feel comfortable presenting the information yourself.

AFTER THE MEETING: HOW TO SUBMIT FEEDBACK TO DHSS

After you convene a meeting to engage with your constituents, we look forward to receiving your feedback! Please provide us with the following items, sent via e-mail to medicaid.redesign@alaska.gov (typed or scanned, handwritten-documents welcome):

- Your (the meeting convener's) name and contact information, for any follow-up questions from the project team about the input presentedS
- One completed matrix that compiles stakeholders' input from the meeting
- A list of participants in the meeting (sign-in sheet or as part of meeting notes)
- Copies of any additional comments submitted via comment cards

Please encourage meeting participants to fill out the web-based survey after the discussion.

STAKEHOLDER INPUT SESSION AGENDA

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OBJECTIVES FOR STAKEHOLDER INPUT SESSION

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GOALS FOR MEDICAID REDESIGN + EXPANSION

1. Improve enrollee health outcomes
2. Optimize access to care
3. Drive increased value (quality, efficiency, and effectiveness) in the delivery of services
4. Provide cost containment in Alaska's Medicaid budget and general fund spending

TIME	ITEM	LED BY
8:00 8:15	Welcome and Introductions • Go around the room and ask everyone to share their name and the organization or constituency they represent. • Thank everyone for coming • Share milestones in the project timeline: o September – October 2015: Gather input on options for care models, payment mechanisms and priorities for Medicaid Redesign. o October – November 2015: Perform two rounds of actuarial analysis on various options. o November 2015: Identify most	Welcome: XXX Introductions: XXX

		promising options for Alaska. o December – January 15, 2016: Consultants draft and finalize report for DHSS. o January – April 2016: Hearings with the legislature; action and evaluation planning with DHSS. • Review the meeting objectives • Review agenda for the meeting	
8:15	8:45	Power Point Presentation Distribute handout to participants titled *Alaska Medicaid Redesign: Approaches to Coordinated Care and Value-based Purchasing* • At the beginning of the presentation, tell the audience that you will take clarifying questions during the presentation but there will be time for more detailed questions at the end of the presentation. • Tell the audience that the handout is a kind of 'cheat sheet' for them to help remember the differences between the different models and the other options we have to consider. They should keep this handout with them when they go to the small groups. • Identify someone other than the facilitator to take notes of questions and comments.	Facilitator and Note taker
8:45	9:00	Record Participant Questions + Key Issues	Facilitator and Note taker
9:00	9:45	Small Group Discussion: **Preparation:** • There are three ways to lead these discussions: Option 1: the Short Format, Option 2: the Long Format, or Option 3: the Specific Population Format of the *Matrix to Record Stakeholder Feedback on Approaches to Coordinated Care and Value-based Purchasing*. • If using the short or long format, break into five small groups and assign one care model to each small group. Note: the 'Current State' or 'Full-risk Managed	Small groups, Facilitators and Note takers

	Care' are not included in the matrices because neither of these are realistic options for redesign at this time. • If using the specific population format, you can divide into groups per population or select specific populations to focus on. • If you have people joining by teleconference, those people can be one small group. Provide a facilitator who can be on the phone with this group. • Ensure participants have the hand out with them titled *Alaska Medicaid Redesign: Approaches to Coordinated Care and Value-based Purchasing.* This is their (and your) 'cheat sheet' for remembering the features of the various models. • You can either take notes on a large easel pad or, more preferably, you can use a computer and screen to project the matrix and make notes in the document. • The facilitator leads the group through the guiding questions and keeps the conversation on track so that you cover the questions during the time allowed. The note taker takes notes that summarize the group's input so that you can report back easily and briefly. • You can break people up into small groups by asking participants to count off, or you can allow participants to self-select which group they join. • Before the discussion begins, identify someone in your group to report back. Preferably, this is a stakeholder, not someone from the convening organization. **Facilitation:** • Q1: If Alaska had a high functioning health system, what would it look like? What do you hope Medicaid expansion and redesign will do for Alaska's Medicaid system? Spend about 10 minutes on the first question. Start by	

		reviewing the goals Medicaid redesign and expansion. Ask the group what their values and vision are for redesign and if they have any additions or changes to the goals. Try to elicit input from all participants in order to get perspectives from different sectors affected by Medicaid redesign. Take note of words and phrases to share back with the large group and spend the last 2 minutes summarizing and prioritizing so you are not sharing all of the discussion but the most important parts. Following this, take the next 30 minutes to discuss Q2 if you are using Option 1: the short format or Option 2: the long format, OR Q3 if you are using Option 3: the specific population format. • Q2: Using what you have learned about the various models to coordinate care and ensure value-based purchasing (see handout), how well would the model that your group has been assigned achieve your vision for health reform in Alaska? OR • Q3: For each priority population, identify the barriers to adequate care, systems changes to address barriers and care model that would improve care for that population. Use the last 5 minutes to identify the most important items from the matrix to report to the full group.	
9:45	10:15	Report Back to Full Group • Each group presents its results. Ask the participants to add any information. • Ask each group to submit their notes to one person at the convening organization. You will need to compile these into one matrix to submit back to DHSS.	Facilitator and reporters from each small group
10:15	10:30	Wrap-Up and Review of Next Steps • Distribute comment cards with link to web-based survey and email address • Upcoming Medicaid Redesign + Expansion Webinars o Webinar #3: October 21 at 12 noon o Webinar #4: November 19 at 12 noon	Facilitator

MEDICAID REDESIGN AND EXPANSION TECHNICAL ASSISTANCE INITIATIVE

Draft Environmental Assessment + Feedback on Medicaid Redesign Options

[INSERT DATE AND LOCATION]

presented by

[INSERT YOUR NAME]

[INSERT YOUR ORGANIZATION]

Today's Agenda

- Project Overview
- Vision for Medicaid Redesign
  - Summary of first stakeholder meeting
  - Vision for project
- Environmental Assessment
  - Review potential system redesign components
  - Models of care, payment mechanisms, and tools
- Provide Feedback: Group Discussion
- Questions + discussion

Project Overview

DHSS Goals for Medicaid Redesign

1. Improve enrollee health **outcomes**
2. Optimize **access** to care
3. Drive **increased value** (quality, efficiency, and effectiveness) in the delivery of services
4. Provide **cost containment** in Alaska's Medicaid budget and general fund spending

DHSS Medicaid Reform Highlights

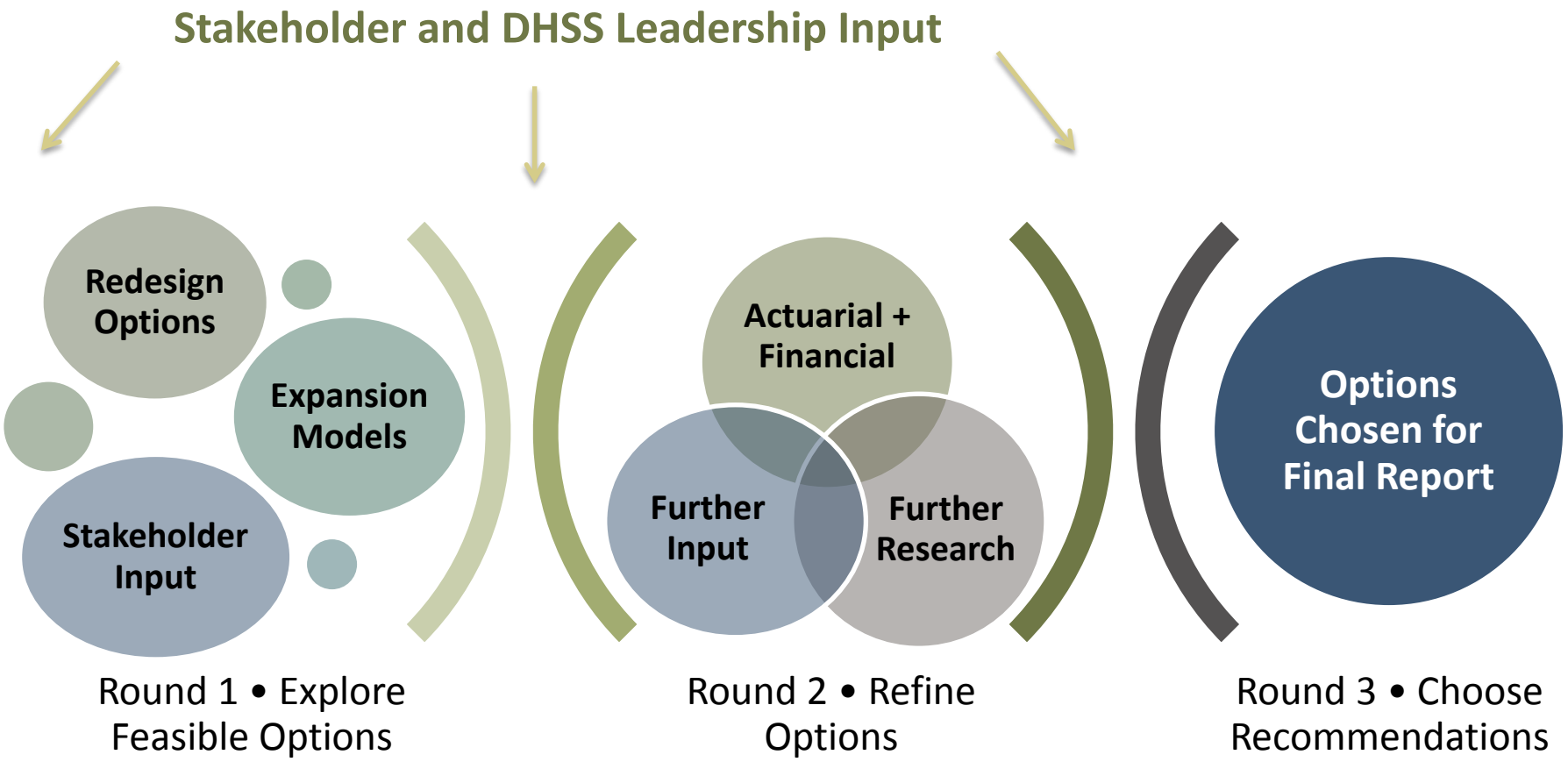
- On-going Reform Projects
  - Fraud & Abuse Control Improvement
  - Care Management Pilot (for ER high-utilizers)
  - Alaska Tribal Health System Coordination
  - Pharmacy Reform Initiatives

- Reform Projects in Planning Phase
  - Home & Community-Based Services
    - Planning for implementing 1915(i) & 1015 (k) July 2017
  - Tribal Health System Partnership
    - Transportation and referrals

Medicaid Redesign + Expansion Technical Assistance Initiative

- This is in addition to the many on-going Medicaid reform projects
- Technical assistance consultants helping DHSS to identify new care and financing models to help meet Medicaid Redesign Goals (*Slide 4*)
  - Agnew::Beck
  - Health Management Associates (HMA)
  - Milliman
- Extensive stakeholder involvement
- Iterative process for selecting recommendations
  - Multiple rounds of exploration and refinement
    - August through November
- Final report on care and financing model recommendations due to DHSS:
  - January 2016

Iterative Process for Selecting Medicaid Redesign Recommendations



Process During September - October 2015

- Release Draft Environmental Assessment
  - Now available on the DHSS Medicaid Redesign website
- Gather and Synthesize Stakeholders' Feedback on Care and Financing Model Options
  - ***What we are here to help with today!***
- Actuarial and Financial Analysis of Options
  - Assess future costs and/or savings for potential redesign options
  - Quantify some of the benefits and trade-offs

Vision for Medicaid Redesign

Summary of input received during August 18, 2015 key partner and DHSS leadership work session

Vision of a high functioning health system for Alaska

- Whole person, coordinated care
- Prioritizes prevention
- Patient education and shared responsibility
- Timely access to appropriate type and level of care
- Care close to home
- Leverages resources to contain costs and drive value
- Information infrastructure for sharing and analyzing health data
- Easier to manage
- Innovation and strategic alignment
- Strong workforce development and retention
- Quality care

Draft Environmental Assessment

Draft Environmental Assessment

- Medicaid redesign and expansion efforts in other states
- Federal financing tools
- Alaska health care context
- Alaska Medicaid reform activities

Key Factors Shaping Alaska's Current Health Care System

- Reliance on a fee-for-service delivery system
- System lacks integration and supports for coordination
- Rising rates of chronic disease + co-occurring conditions
- Socioeconomic determinants of health
- Lack of cost and quality data
- Complex legal + regulatory environment
- Provider shortages in some areas
- Geographic challenges
- Limited private insurance market + rising rates

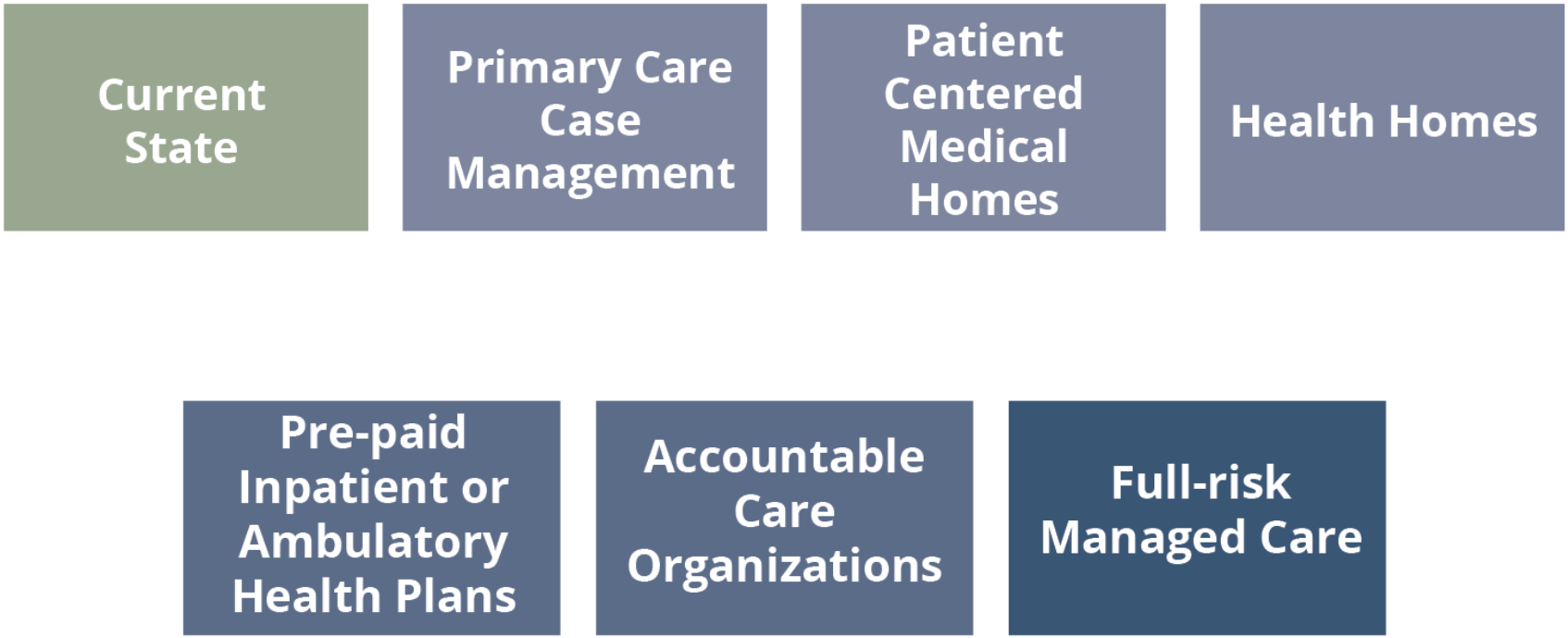
New Care and Financing Models

Coordinated Care + Value-Based Purchasing

Reward value: Align payment with desired outcomes, such as paying providers to improve an individual's overall health

Improve outcomes: Adopt more effective, efficient models of care delivery to improve quality and reduce costs

Models of Care: Options for Consideration



Provider Payment Mechanisms

Fee for Service (FFS)

- Current system
- Provider receives payment for each covered service provided for each enrollee

Care Coordination Fee

- Designated Primary Care Provider (PCP) receives additional fee for coordination services provided
- Per Member, Per Month (PMPM)

Shared Savings ("Upside Risk")

- Providers incentivized to improve care and to reduce cost of members' care
- Savings accrued shared between State and providers, can be re-invested in care

Shared Losses ("Downside Risk")

- Providers assume responsibility for both positive and negative risk: shared savings but also shared losses

Bundled Payment (per Episode)

- Single payment for defined set of services or procedures
- Example: childbirth, angioplasty

Partial or Global Capitated Payment

- Single per-member per month payment to organization for providing all services within contract

Current Alaska Medicaid + Healthcare System

- Fee for service (and encounter rate in Tribal Health Organizations and Federally Qualified Health Centers)
- Lacks incentives and supports for timely and appropriate levels of care
- No care coordination incentives
- No value- or performance-based payments or quality metrics

Payment Mechanisms

- Fee for Service

Primary Care Case Management (PCCM)

- Enrollee works with primary care provider (PCP) who coordinates and monitors patient care
- PCP ensures appropriate access to specialists, high-cost services and hospitalization
- PCP receives per member per month payment for care coordination

Payment Mechanisms

- Fee for Service
- Care Coordination Fee (per member per month)

Patient Centered Medical Home (PCMH)

- Provider team delivers whole person, integrated care
- PCMH team coordinates in-house and with other providers for needed care
- PCMH may receive additional payment for care coordination and support services
- Many Federally Qualified Health Centers (FQHC) use this approach
- Pilot project underway in Alaska

Payment Mechanisms

- Fee for Service
- Care Coordination Fee (per member per month)

Health Home

- Prioritizes enrollees with complex medical and behavioral health needs, chronic conditions (may set eligibility with multiple conditions and threshold utilization of care)
- Integrates medical and behavioral health care for individual
- Provider teams deliver whole person, integrated care
- Provider also coordinates non-medical community services and supports

Payment Mechanisms

- Fee for Service
- Care Coordination Fee (per member per month)

PCMH and Health Home:
Similar Models, Different Scope of Services

Patient Centered Medical Home	Health Home
• May or may not be required to integrate physical and behavioral health care services	• *Must* integrate physical and behavioral health care services
• Provides care to anyone assigned to the program	• Targeted to *specific, high-need* enrollees with chronic conditions
• Not necessarily required to extend coordination beyond medical services to social and community supports	• Required to extend coordination beyond medical services to social and community supports
• Most commonly based in a medical setting, generally primary care providers, but may be based in a behavioral health setting	• Variety of providers, including behavioral health and non-traditional providers such as supportive housing programs; focus on integrating multiple services

Pre-paid Inpatient (PIHP) + Ambulatory (PAHP) Health Plans

- State contracts with providers to provide a specific set of services for enrollees, for a per-member per-month fee
  - Ambulatory: medical services and/or behavioral health services
  - Inpatient: hospitalization and other inpatient procedures
- Full financial risk assumed by providers, but only for services outlined in contract

Payment Mechanisms

- Shared Savings
- Shared Losses
- Bundled Payments (specific episodes)
- Partial or Global Capitated Payments

Accountable Care Organization (ACO)

- Providers share accountability for care, health outcomes and costs for defined group of enrollees
- Providers may form networks with risk-sharing agreement
- ACO may be statewide, serve a region or be a smaller set of providers
- ACO assumes some shared financial risk: upside (savings) and potentially downside (losses)
- May be implemented with bundled and/or capitated payments

Payment Mechanisms

- Shared Savings
- Shared Losses
- Bundled Payments (specific episodes)
- Partial or Global Capitated Payments

Full-Risk Managed Care Organization (MCO)

- State contracts with health plans for the delivery of services to Medicaid enrollees
- Health Plan is accountable for enrollees' care, outcomes, and costs
- MCO may serve statewide or a smaller geographic region
- MCO receives capitated, per-member payments and assumes all shared financial risk: upside (savings) and downside (losses)
- Challenging model in rural areas
- No evidence of decreased cost

Payment Mechanisms

- Shared Savings
- Shared Losses
- Bundled Payments (specific episodes)
- Partial or Global Capitated Payments

Other Tools + Incentives

Private Coverage Option

- State purchases or provides premium assistance for Medicaid enrollees to purchase private insurance through Marketplace

Enrollee Cost-Sharing

- May include contribution to monthly premium and/or co-pays for health services

Alternative Benefit Plan: Waiver of Required Benefits

- Allow states flexibility to alter certain benefits from standard plan for some enrollees

Wellness + Healthy Behavior Incentives

- Provides incentives for individuals to make healthy choices

Other Tools + Incentives

Innovative Technologies

- Tele-health and Tele-medicine
  - Increase remote access to care
  - Behavioral health, chronic disease management
  - Currently used in Alaska
- Provider Communications
  - Physician messaging
  - Text- or phone-based interactions
- Remote Tele-diagnostics
- Smartphone Applications
  - Health data monitoring, education
  - Wellness incentives

Medicaid Program Design Mechanisms

The options below give states flexibility in Medicaid program design, within the guidelines and approval of CMS. DHSS may employ a combination of these to make changes to Alaska's Medicaid program.

- **State Plan Amendment** (SPA): required for many, but not all, changes to state's Medicaid program; must be approved by CMS
- **1915 (i) and/or 1915 (k) options**: for Home and Community Based Services
- **Waivers**: used for alternative program design; must be budget-neutral and provide equivalent level of care to enrollees
  - **1115**: provides flexibility for innovative services or program structure
  - **1915(b)**: implements managed care; savings invested in other programs
  - **1915(c)**: to provide Home and Community Based Services
  - **1916(f)**: allows for some enrollee cost-sharing, as demonstration project
  - **1332** ("Wyden"): can waive some provisions in Affordable Care Act
- **Alternative Benefit Plan** (ABP): offered to enrollee population(s) according to identified needs; must include 10 Essential Benefits

Discussion

We will use the information we learned about the Medicaid redesign options available to our state, and discuss how each of these could work in Alaska.

Ways to Stay Informed about the Project

DHSS Healthy Alaska Plan
http://dhss.alaska.gov/healthyalaska

E-mail medicaid.redesign@alaska.gov

Sign up for the DHSS Medicaid Redesign listserv
https://public.govdelivery.com/accounts/AKDHSS/subscriber/new?topic_id=7

Thank You for Participating!

We will ask you to provide any additional feedback on the comment card provided, and an online survey:

https://www.surveymonkey.com/r/akmcdre-stakeholder-feedback-fall2015

You can also send feedback directly to DHSS at medicaid.redesign@alaska.gov.

More information about the Medicaid Redesign and Expansion project, and other Medicaid related initiatives, is available at http://dhss.alaska.gov/healthyalaska .

Alaska Medicaid Redesign:
Approaches to Coordinated Care and Value-based Purchasing

MODELS OF CARE	Current State	Primary Care Case Management	Patient Centered Medical Homes	Health Homes	Pre-paid Inpatient or Ambulatory Health Plans	Accountable Care Organizations	Full-risk Managed Care
FEATURES	• No performance- or value-based payment or quality metrics	• Primary care provider coordinates and monitors patient care	• Provider teams deliver whole person, integrated care	• Serves patients with complex needs: behavioral health and chronic conditions • Provider teams deliver whole person, integrated care and coordinate community supports	• Risk-based contracts to provide a set of services to enrollees	• Providers share accountability for care, health outcomes and costs for defined group of enrollees	• State contracts with health plans for the delivery of services to Medicaid beneficiaries

PAYMENT MECHANISMS

LOW ——— Level of financial risk assumed by providers + quality monitoring and reporting ———→ HIGH

	Current State	Primary Care Case Management	Patient Centered Medical Homes	Health Homes	Pre-paid Inpatient or Ambulatory Health Plans	Accountable Care Organizations	Full-risk Managed Care
Fee For Service	✓	✓	✓	✓			
Care Coordination (Per Member Per Month Fees)		✓	✓	✓			
Shared Savings					✓	✓	✓
Shared Losses					✓	✓	✓
Bundled Payments (Specific Episodes)					✓	✓	✓
Partial or Global Capitated Payments					✓	✓	✓

ADDITIONAL PROGRAM FEATURES + OPTIONS

- Private Coverage Option
- Enrollee Contributions + Premiums
- Waivers of Required Benefits
- Wellness + Healthy Behavior Incentives

GOALS FOR ALASKA MEDICAID REDESIGN

IMPROVE HEALTH ↑ ♥ | OPTIMIZE ACCESS ↑ | INCREASE VALUE ↑ ✓ | CONTAIN COSTS ↓ $

9-4-15

TABLE OF ACRONYMS AND ABBREVIATIONS

The Medicaid Redesign and Expansion project is one of several initiatives the Department of Health and Social Services has undertaken to improve Alaska's Medicaid program. As with any complex topic, there are a great deal of acronyms, abbreviations, jargon and technical language associated with Medicaid and the health care system. Below is a working list of acronyms and abbreviations stakeholders may encounter throughout the project, ranging from Medicaid and the national health care system to institutions or concepts specific to Alaska.

The project team will be adding to this list regularly, and welcomes your input on which acronyms and abbreviations would be helpful to include!

MEDICAID AND FEDERAL

ABP	Alternative Benefit Package	**IMD**	Institutions for Mental Diseases (exclusion)
ACA / PPACA	Patient Protection and Affordable Care Act ("Affordable Care Act")	**MCO**	Managed Care Organization
ACO	Accountable Care Organization	**MMIS**	Medicaid Management Information System
AHRQ	Agency for Healthcare Research and Quality	**PAHP**	Prepaid Ambulatory Health Plan
BPCI	Bundled Payments for Care Improvement	**PCCM**	Primary Care Case Management
CMS	Centers for Medicare & Medicaid Services	**PCMH**	Patient Centered Medical Home
DHHS	(U.S.) Department of Health and Human Services	**PFP**	Pay for Performance
DSH	Disproportionate Share Hospital	**PIHP**	Prepaid Inpatient Health Plan
DSRIP	Delivery System Reform Incentive Pool	**PMPM**	Per Member, Per Month (payment)
EHB	(10) Essential Health Benefits	**QHP**	Qualified Health Plan
FMAP	Federal Medical Assistance Percentage	**QI**	Quality Improvement
FPL	Federal Poverty Line	**RCCO**	Regional Coordinated Care Organization
GPRA	Government Performance and Results Act	**SAMHSA**	Substance Abuse and Mental Health Services Administration
HCBS	Home and Community Based Services	**SPA**	State Plan Amendment
HRSA	Health Resources and Services Administration	**SSA**	Social Security Act
HSA	Health Savings Account	**UCR**	Usual, Customary and Reasonable charges; the amount paid for a medical service in a geographic area based on what providers in the area usually charge for the service.

MEDICAID REDESIGN + EXPANSION TECHNICAL ASSISTANCE

ACRONYM & ABBREVIATION TABLE

VERSION: SEPTEMBER 3, 2015

HEALTHCARE RELATED

ANP	Advanced Nurse Practitioner	**FQHC**	Federally Qualified Health Center
ASAM	American Society of Addiction Medicine (levels 0.5 to 4)	**HMIS**	Health Management Information System
BH	Behavioral Health, which includes substance use and mental health	**LTC**	Long Term Care
DES/DET	Designated Evaluation and Stabilization/ Designated Evaluation and Treatment (hospitals)	**LTSS**	Long Term Services and Supports
DRG	Diagnosis-Related Group	**SBIRT**	Screening, Brief Intervention, and Referral to Treatment
DSM(-5)	Diagnostic and Statistical Manual of Mental Disorders	**SDS**	Senior and Disability Services
ED	Emergency Department	**SED**	Severe Emotional Disturbance (youth)
EHR	Electronic Health Record	**SMI**	Serious Mental Illness (adult)
EPSDT	Early and Periodic Screening, Diagnosis and Treatment	**SUD**	Substance Use Disorder (adult)
FFS	Fee for Service (payment model)		

ALASKA'S SYSTEM

AEHN	Alaska E-Health Network	**DHAT**	Dental Health Aide Therapist
AMHTA	Alaska Mental Health Trust Authority	**DHSS**	Alaska Department of Health and Social Services
API	Alaska Psychiatric Institute	**DJJ**	Division of Juvenile Justice
ARIES	Alaska's Resource for Integrated Eligibility Services		
ASAP	Alcohol Safety Action Program	**DOC**	Department of Corrections
BHA/P	Behavioral Health Aide/Practitioner	**HCC**	Alaska Health Care Commission
CBHC	Certified Behavioral Health Center	**HIE**	Health Information Exchange
CHA/P	Community Health Aide/Practitioner	**OCS**	Office of Children's Services
CHC	Community Health Center	**SOA**	State of Alaska
DBH	Division of Behavioral Health	**THO**	Tribal Health Organization

OPTION 1: MATRIX TO RECORD STAKEHOLDER FEEDBACK ON APPROACHES TO COORDINATED CARE AND VALUE BASED PURCHASING

SHORT FORMAT

	PRIMARY CARE CASE MANAGEMENT	PATIENT CENTERED MEDICAL HOMES	HEALTH HOMES	PRE-PAID INPATIENT OR AMBULATORY HEALTH PLANS	ACCOUNTABLE CARE ORGANIZATIONS
 1. How well would this model improve health outcomes for enrollees?					
 2. How well would this model optimize access to services for enrollees?					

OPTION 1: MATRIX TO RECORD STAKEHOLDER FEEDBACK ON APPROACHES TO COORDINATED CARE AND VALUE BASED PURCHASING

SHORT FORMAT

	PRIMARY CARE CASE MANAGEMENT	PATIENT CENTERED MEDICAL HOMES	HEALTH HOMES	PRE-PAID INPATIENT OR AMBULATORY HEALTH PLANS	ACCOUNTABLE CARE ORGANIZATIONS
 3. How well would this model increase value (quality, efficiency and effectiveness) from Medicaid services?					
 4. How well would this model contain costs for Medicaid and Alaska general fund spending?					
5. How easily could this model be implemented in Alaska?					

OPTION 1: MATRIX TO RECORD STAKEHOLDER FEEDBACK ON APPROACHES TO COORDINATED CARE AND VALUE BASED PURCHASING

SHORT FORMAT

	PRIMARY CARE CASE MANAGEMENT	PATIENT CENTERED MEDICAL HOMES	HEALTH HOMES	PRE-PAID INPATIENT OR AMBULATORY HEALTH PLANS	ACCOUNTABLE CARE ORGANIZATIONS
• What are the barriers to implementing this model? • What would help overcome these barriers?					

OPTION 2: MATRIX TO RECORD STAKEHOLDER FEEDBACK ON APPROACHES TO COORDINATED CARE AND VALUE BASED PURCHASING

LONG FORMAT

	PRIMARY CARE CASE MANAGEMENT	PATIENT CENTERED MEDICAL HOMES	HEALTH HOMES	PRE-PAID INPATIENT OR AMBULATORY HEALTH PLANS	ACCOUNTABLE CARE ORGANIZATIONS
1. WHICH PROVIDERS AND SETTINGS WOULD NEED TO BE ENGAGED OR COULD LEAD THE DEVELOPMENT OF THIS CARE MODEL?					
2. FOR WHICH SPECIFIC POPULATION GROUPS WOULD THIS BE APPROPRIATE?					
3. WOULD THIS WORK IN URBAN AND RURAL AREAS? WHAT WOULD BE THE ROLE OF AND THE IMPACT TO THE TRIBAL SYSTEM?					
4. WHICH PAYMENT MECHANISMS WOULD					

OPTION 2: MATRIX TO RECORD STAKEHOLDER FEEDBACK ON APPROACHES TO COORDINATED CARE AND VALUE BASED PURCHASING

LONG FORMAT

	PRIMARY CARE CASE MANAGEMENT	PATIENT CENTERED MEDICAL HOMES	HEALTH HOMES	PRE-PAID INPATIENT OR AMBULATORY HEALTH PLANS	ACCOUNTABLE CARE ORGANIZATIONS
INCENTIVIZE PROVIDERS TO PROVIDE VALUE-BASED CARE?					
5. HOW COULD THIS IMPROVE ACCESS TO APPROPRIATE CARE AND INCREASE PREVENTIVE CARE?					
6. HOW COULD THIS CONTAIN MEDICAID COSTS?					
7. HOW COULD THIS INTEGRATE PHYSICAL AND BEHAVIORAL HEALTH CARE?					

OPTION 3: MATRIX TO RECORD STAKEHOLDER FEEDBACK ON APPROACHES TO COORDINATED CARE AND VALUE BASED PURCHASING

SPECIFIC POPULATIONS FORMAT

MEDICAID POPULATIONS	WHAT ARE THE SYSTEMS BARRIERS TO NEEDED SERVICES?	WHAT SYSTEM CHANGES WOULD ADDRESS THE BARRIERS?	HOW COULD THOSE SYSTEM CHANGES BE MADE?
HIGH UTILIZERS OF EMERGENCY DEPARTMENT SERVICES			
INDIVIDUALS WITH CHRONIC HEALTH CONDITIONS			
INDIVIDUALS WITH SERIOUS MENTAL ILLNESS			
INDIVIDUALS USING LONG-TERM SERVICES AND SUPPORTS			
TRANSITION-AGED YOUTH COMING OUT OF FOSTER CARE OR OTHER STATE SERVICES			
FAMILIES INVOLVED WITH OFFICE OF CHILDREN'S SERVICES OR AT RISK FOR CHILDREN GOING INTO OUT OF HOME CARE			
INDIVIDUALS RE-ENTERING COMMUNITIES FROM CORRECTIONAL INSTITUTIONS			
INDIVIDUALS WHO ARE HOMELESS			
OTHER SPECIFIC POPULATIONS (PLEASE DESCRIBE)			

ALASKA MEDICAID REDESIGN + EXPANSION PROJECT

Thank you for participating in our meeting! Please complete a short survey using the link below. We are collecting your feedback on the various options presented, and what other priority populations and/or services should be considered for Medicaid redesign.

https://www.surveymonkey.com/r/akmcdre-stakeholder-feedback-fall2015

ADDITIONAL COMMENTS

NAME: CONTACT PHONE OR EMAIL (OPTIONAL):

You can submit feedback at any time to **medicaid.redesign@alaska.gov**

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