



MEDICAID REDESIGN AND EXPANSION TECHNICAL ASSISTANCE INITIATIVE

Round 3 Project Update Webinar

November 19, 2015, noon to 1 p.m.

presented by

Department of Health and Social Services

Agnew::Beck Consulting

Health Management Associates

Milliman, Inc.



A Few Reminders for Participants

- There will be time for participants' questions at the end
- Send questions to presenters via the chat box at right →
- Can't hear us through your computer speakers?
Use the listen-only teleconference:
1 (855) 257-8693, code 199 9402 #
- A webinar recording will be available later at
<http://dhss.alaska.gov/healthyalaska>



Today's Agenda

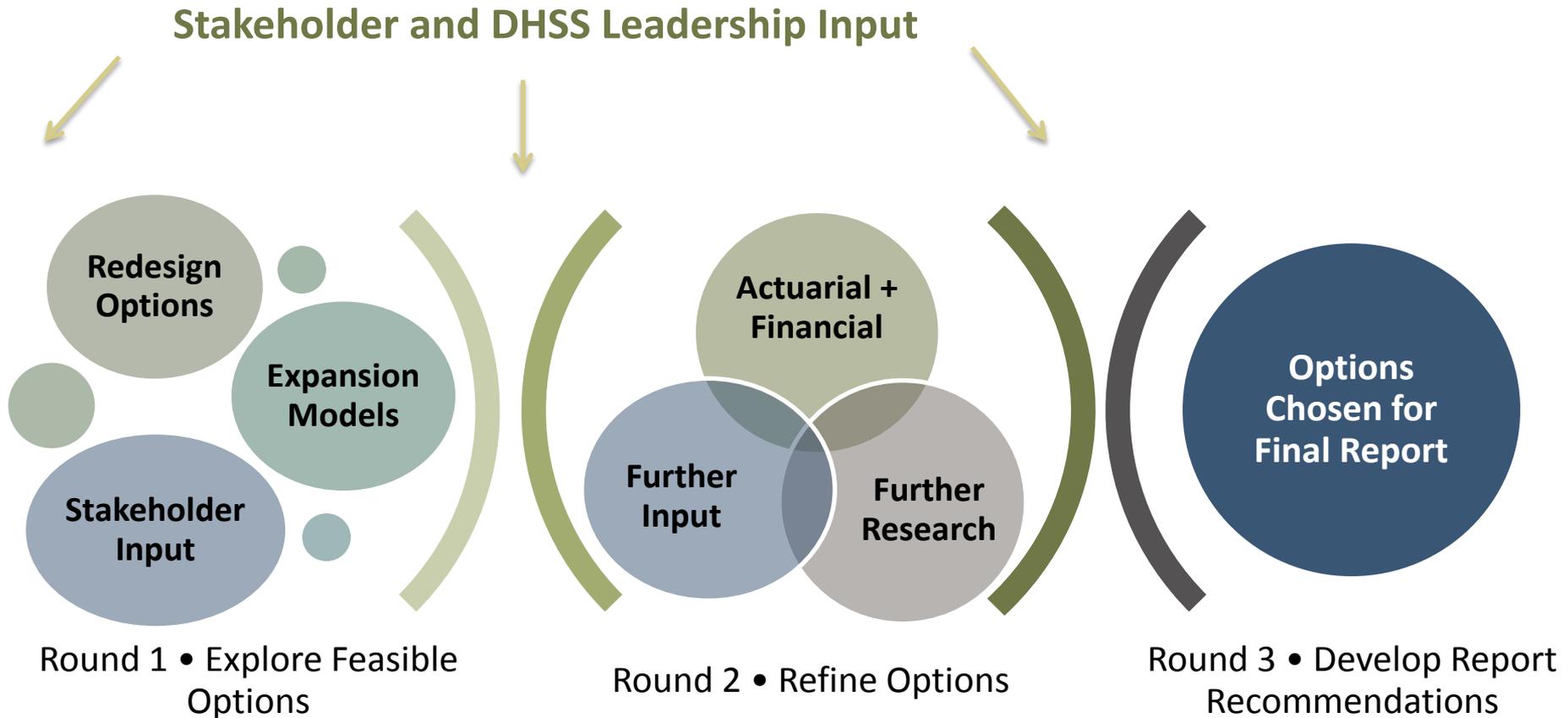
- Project status update
- Review outline of recommendations
 - Roadmap for reform
 - Redesign initiatives
 - Expansion coverage models
- Timeline for project team's report
- Questions from participants

Project Status Update

Project Overview

1. Environmental Assessment
2. 2 to 3 Alternative Models for the Expansion Population
3. 5 to 10 Medicaid Reform Initiative Options
4. Recommended Package of Reforms
5. Action Plan for DHSS
6. Evaluation Plan

Iterative Process for Selecting Medicaid Redesign Recommendations



Roadmap for Reform

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



Key Factors Shaping Alaska's Health Care System Today

- Reliance on a fee-for-service delivery system
- System lacks integration; no supports for coordination
- Rising rates of chronic disease + co-occurring conditions
- Social determinants of health
- Lack of cost and quality data; little data sharing among providers
- Complex legal + regulatory environment
- Provider shortages in some areas
- Geographic challenges (dispersed, rural population)
- Delays in professional licensure
- Transportation delays, lack of standard process, and costs
- Gaps in the continuum of care
- Limited private insurance market + rising rates

Vision of a High Functioning Health System for Alaska: Whole Person Care

- Whole person, coordinated care that prioritizes prevention
 - Primary care as foundation of functioning health system
 - Behavioral health integrated and accessible
 - Comprehensive continuum of care that provides timely access to appropriate care and care setting
 - Leverage telehealth to drive down costs and improve care
 - Promote data infrastructure and sharing to support care coordination
- Allow regions to meet health needs in different ways
- Focus on outcomes, not just process
- Participants, providers, and payers share responsibility for promoting and incentivizing health and well-being
- Robust management of high utilizers and high risk patients

Alaska Medicaid Redesign in Four Phases



Reform Initiatives Options + Alternative Expansion Coverage Models

Environmental Assessment: Models of Care, Options for Consideration

**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**

Environmental Assessment: Provider Payment Mechanisms

Fee for Service (FFS)

- Current system
- Provider receives payment for all covered services provided for each enrollee

Shared Savings (“Upside Risk”)

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

Bundled Payment (per Episode)

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

Care Coordination Fee

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

Shared Losses (“Downside Risk”)

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

Global Payment

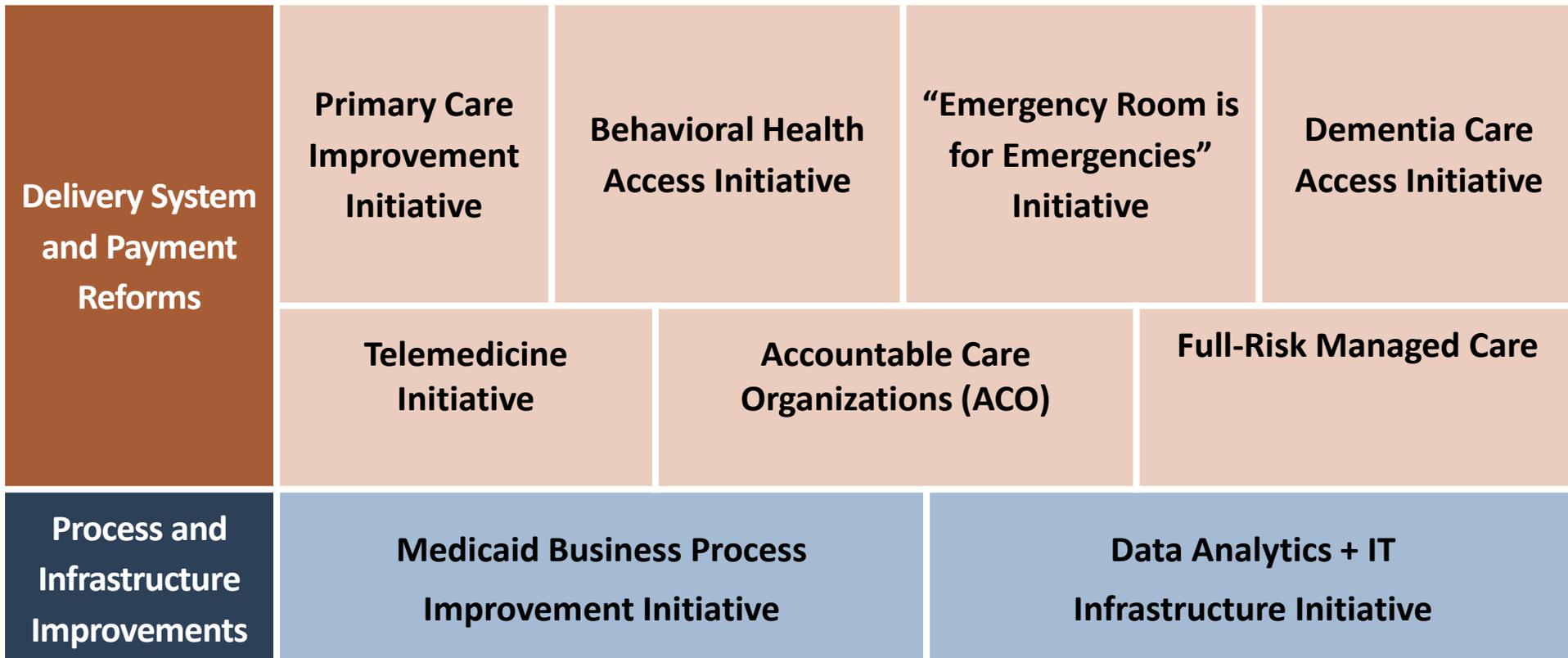
- Single per-member per month payment to organization for providing all services within contract



Round 1: Reform Initiatives Under Consideration

| | | | | | | |
|--|---|---|---------------------------------|--|---|---|
| Delivery System Reforms | Wellness + Prevention Initiative for All Enrollees | Primary Care Improvement Initiative | Behavioral Health Access | Telemedicine Initiative | “ER is for Emergencies” Initiative | Accountable Care Organizations (ACO) |
| Payment Reforms | Bundled Payment Demonstration | Pre-paid Ambulatory Health Plan (PAHP) Demonstration | | Pre-paid Inpatient Health Plan (PIHP) for Critical Access Hospitals | | Full-Risk Managed Care |
| Process and Infrastructure Improvements | Medicaid Business Process Improvement Initiative | | | Data Analytics + IT Infrastructure Initiative | | |

Round 2: Reform Initiatives Under Consideration



Round 3: Preliminary Package of Reforms

Foundational System Reforms

- Primary Care Improvement Initiative
- Behavioral Health Access Initiative
- Data Analytics + IT Infrastructure Initiative

Paying for Value, Pilot Projects

- “ER is for Emergencies” Pilot
- Accountable Care Organizations Pilot

Workgroups to Support Reform Efforts

- Medicaid Redesign Ongoing Dialogue
- Continuous Medicaid Business Process Improvement
- Telemedicine Licensing + Regulations

1) Primary Care Improvement Initiative

Offer primary care case management for all enrollees; Health Homes for people with behavioral health and chronic conditions

Key Features

- Primary Care Improvement, including:
 - Enrollee education and orientation
 - Assignment to Primary Care Provider upon enrollment
 - Early detection of physical and behavioral health needs through a health risk assessment and risk assignment to one of three tiers
 - Referrals for non-emergent specialty and inpatient services
- Health Homes, including:
 - Care coordination for individuals with multiple chronic conditions
 - A team-based approach to clinical care
 - Linkage to community supports and resources
 - Integration of primary and behavioral health care
- Targeted case management for other high risk groups

2) Behavioral Health Access Initiative

Move away from crisis-driven care by developing mild to moderate mental health services, expanding in-state access to substance use disorder services, addressing key gaps in the continuum of care

Key Features

- Remove requirement to be a DBH grantee to bill Medicaid for behavioral health services
- Expand provider types that can bill Medicaid for behavioral health services, regardless of settings (LPC, LMFT, Psychologists, LCSW)
- Pursue waiver of Institute for Mental Diseases exclusion to increase access to residential treatment services
- Establish Behavioral Health Aides as rendering providers of early intervention services to individuals with mild to moderate behavioral health issues
- Establish a value based reimbursement structure with tiered payments
- Address key gaps in the current continuum of care (e.g. mental health screening, assertive community treatment services)

3) Data Analytics + IT Infrastructure

Increase State's capacity to use the data it collects, support providers' patient data and reporting needs and support Alaska's ability to implement the health care payment and delivery reform initiatives

Data Analytics and IT Infrastructure Improvement Initiative Key Features

- Improve capacity of IT systems and architecture to better support access to required and desired data and reduce redundancy in reporting
- Improve ability to produce Federally required and other reports and advanced analytics
- Explore strategies to maintain a productive and sustainable statewide Health Information Exchange to support appropriate use of patient information; interfaces to support exchange of data
- Make data accessible from a warehouse or repository



4) “ER is for Emergencies” Pilot Initiative

Reduce emergency visits, coordinate patient care, promote prescription monitoring, and improve healthcare for homeless and individuals with chronic behavioral health issues who are high utilizers of the Emergency Departments

Key Features

Based on key elements of WA program:

- Tracking frequent Emergency Room users
- Patient education about appropriate care settings
- Designated personnel to receive and share Medicaid client information
- Contact primary care provider for follow-up visits
- Implement narcotics guidelines to direct patients to Primary Care Providers or pain management services
- Physician participation in Prescription Drug Monitoring Program
- Emergency physician provides review and feedback

5) Accountable Care Organizations Pilot: Shared Savings/Shared Losses Model

An ACO is a group of health care providers that agrees to share responsibility for the cost and quality of health care for a defined group of people. In this model, a projection is established for the total cost of care and the ACO is eligible for a portion of the savings or responsible for a portion of the overrun.

Key Features

- State would contract with ACOs as entities accountable for a set of services for a population of enrollees.
- ACOs would provide physical care, behavioral health care, and long-term supports and services.
- ACOs would work across their provider networks to align efforts to improve care and achieve quality goals and cost-saving targets.
- Care management would be shared between the ACO and the providers.
- The model would be regional (all providers and all enrollees), potentially starting with 2-3 pilot regions. If interest, could also consider in urban areas using a subset of interested providers and enrollees.
- Would include shared savings and, after transition period, shared losses

Round 3: Preliminary Package of Reforms

Foundational System Reforms

- Primary Care Improvement Initiative
- Behavioral Health Access Initiative
- Data Analytics + IT Infrastructure Initiative

Paying for Value, Pilot Projects

- “ER is for Emergencies” Pilot
- Accountable Care Organizations Pilot

Workgroups to Support Reform Efforts

- Medicaid Redesign Ongoing Dialogue
- Continuous Medicaid Business Process Improvement
- Telemedicine Licensing + Regulations

Alternative Coverage Models for Expansion Population

| | |
|----------|---|
| 1 | Current Medicaid Benefit Package |
| 2 | Alternative Benefit Package based on Qualified Health Plan <i>Administered by Medicaid</i> |
| 3 | Private Coverage Option based on Qualified Health Plan <i>Administered by private insurer</i> |



Participant Questions

Please type your question in the chat box.

If you'd like a specific person to answer, please indicate their name or organization.

If we are not able to address your question in this session or need to find more information in order to answer it, we will prepare a written response and share it back with the webinar recording.



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

Participate in discussions with our key partners!



Thank You!

Please contact us at medicaid.redesign@alaska.gov with questions, feedback or a request for a presentation to your organization.

Presentations and other materials are available at <http://dhss.alaska.gov/healthyalaska>