

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						
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 ↓						