ACHN Questions and Answers - Updated 10/3/18

	Issue	Question	Response
1	Program Operation	What is the current status of CMS' review and approval of the Plan?	The Waiver is currently being prepared for submission to CMS.
2	Program Operation	How will CMS' review and approval affect the proposed implementation timeline.	We are working closely with CMS and following their guidance and guidelines. At this point, the Agency is confident our process is consistent with CMS guidelines.
3	Program Operation	Will Readiness Assessment be conducted before CMS' approval of the plan?	The Agency will make every effort to stay within the timeline set forth within the RFP regardless of CMS approval of the waiver.
4	Program Operation	The patient 1st program is going to be done away with. So they can see whoever without getting a referral except for some Specialist. I work for a OBGYN office. We don't have to get referrals for out patients. But if a patient sees our NP for anything but pregnancy it requires a referral. Is this something is gonna change? Are we still gonna need to get a referral for only NP?	The referral process will not change. There will continue to be a referral requirement for Nurse Practitioners.
5	Program Operation	If the ACHN would like to use the RMEDE software, will there be a charge to use the software?	The ACHNs will fund their case management system from the funds they receive through the provision of services. Unless the ACHN develops its own system, they will need to contract with someone. The terms of that agreement will be between the case management system provider and the ACHN.
6	Program Operation	Will the Medicaid Portal go away? If so, will there be something to replace it?	No. The Medicaid Provider Portal will remain in place.
7	Program Operation	How transparent are we going to be to give data feed back to PCPS?	It will be similar to the current data the Health Homes provide.

8	Program Operation	Are there limited amount of visits annually?	Yes. The Agency will continue to limit visits to 14 annually for adults. However, with correct coding of EPSDT screening and follow-up visits, additional visits for care to treat medical issues may be covered for children.
9	Program Operation	I am understanding that a Medicaid patient may be seen in our office, and then go to another office and then return to our office and during all of this, the patient doesn't have to be assigned to our PCP?	This is correct. The Agency will no longer assign patients, and the patient will be able to visit any PCP they choose.
10	Program Operation	How transparent are we going to be to give data feedback to PCPS?	It will be similar to the current data the Health Homes provide.
11	Program Operation	How will we able to identify if a recipient needs an EPSDT(since we will not have provider panels at the point of care)	The Agency will be sending quarterly a list of recipients attributed to the Group Practice. The EPSDT program will have the same relationship with the attributed Provider as it does today with the Patient 1st Provider.
12	Program Operation	Will that "attribution" list be available on a quarterly basis?	Yes. It will be available on a quarterly basis.
13	Program Operation	At the start of the program, and periodically thereafter, will Medicaid provide providers a list of patients attributed to them using Medicaid's methodology?	Yes. The Agency will be sending quarterly a list of recipients attributed to the Group Practice.
14	Program Operation	How can the visits be tracked if there is no panel. A provider won't know what diagnosis was included on the EPSDT if done at another clinic. If a patient sees provider one week and uses their last visit, then comes to another provider the following week, how will I know that all the visits have been exhausted?	The provider will continue to check eligibility to determine if visits are exhausted. Please refer to Appendix A in the Provider Manual for correct coding of EPSDT.

15	Program Operation	Thank you for your response. My understanding of the "PCP" attribution process is that the patient will be attributed to a PCP retroactively and this will update quarterly. I am unclear on how a PCP can effectively work with a coordinator on a panel of retroactively attributed patients. Under the current system, once we get a patient assigned to our panel, we begin immediately to educate and monitor for appropriate utilization. I look forward to hearing the plan for coverage beyond the 14 visits as this will help us in our preparation for the changes.	Although attribution is calculated based on historic utilization, a provider will still be able to effectively manage his/her patients. By working with the care coordinator for the health of the patient, we anticipate a more lasting bond between the provider and patient which increases the likelihood of a patient staying with that provider. At the current time, there is no plan to change the 14 visit limit.
16	Program Operation	Please advise how the BCBS –Medicaid Contract may affect hospital facility providers.	Under the ACHN program there is no impact on hospital providers, unless they are enrolled as a primary care provider. If a provider is a Maternal Fetal Medicine specialist or OB/GYN employed by a hospital then the following would apply based on information in Chapter 28 (Physicians) of the provider billing manual: "A hospital-based physician who is a physician employed by and paid by a hospital may not bill Medicaid for services performed therein and for which the hospital is reimbursed."