

# **Alabama Medicaid Agency**

## **Integrated Provider System (IPS) Frequently Asked Questions (FAQs)**

**As of October 13, 2016**

## Alabama Medicaid – IPS FAQs

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4/1/16	<p><b>Q1. If there is more than one Regional Care Organization (RCO) in a region, will they submit LOIs/proposals to Alabama Medicaid Agency (AMA)?</b></p> <p>A1. If multiple RCOs are in the same region, each RCO will need to submit its own LOI(s).</p>
4/1/16	<p><b>Q2. The State’s LOI template asks for a project cost, which is difficult to estimate for projects that are not yet fully developed. Please advise.</b></p> <p>A2. A provider’s work plan may receive consideration for an IPS application that is not specifically articulated in the RCO’s LOI. If the RCO is unable to provide an estimated funding request amount for a proposed IPS plan in the LOI based on available information, the RCO may provide the estimated funding request amount, using the following categories:</p> <ol style="list-style-type: none"> <li>1) &lt;\$1 million</li> <li>2) \$1 to &lt;5 million</li> <li>3) \$5 to &lt;10 million</li> <li>4) \$10 to \$20 million</li> </ol>
4/1/16	<p><b>Q3. What happens if the RCO that I have an LOI/application with does not receive full status or does not “go live?” Does my LOI/Application convert to the other RCO?</b></p> <p>A3. If a provider submits an IPS work plan to an RCO and that RCO does not go live or terminates its contract with AMA prior to AMA making a determination as to whether it will approve and award such IPS application, the application would become transferable to another RCO. Providers will be responsible for submitting their work plan/project to another RCO in the region and requesting that the new RCO sponsor the IPS work plan/project. If sponsored by a new RCO, the new RCO will notify AMA of that decision, and the new RCO will assume all responsibilities, obligations and conditions as the RCO sponsor of the IPS work plan/project. However, under no circumstances will any deadlines established in the application process be allowed to be missed. Providers must be contracted with the new RCO to receive funding related to the IPS work plan/project.</p>
4/1/16	<p><b>Q4. What is the process to develop a Statewide project that encompasses all five regions? Does a provider submit a LOI with every region?</b></p> <p>A4. There is not a separate process for creating Statewide IPS projects. The RCO and IPS programs are intended to be regional, with leading practices and innovations shared throughout the region and State. To develop a Statewide project that encompasses all five regions, provider(s) would need to submit their idea to at least one RCO in each region. If an RCO chooses not to support an application and send the application to AMA, then the provider(s) participating in the proposed IPS application can appeal the decision to the Medicaid Quality Assurance Committee (QAC), which will review the application and</p>

IPS Letter of Intent (LOI) and Application	
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	determine whether it should be sent to AMA.
5/13/16	<p><b>Q5. When we start the applications, will we have support to help with them in the event something is not working correctly in the system?</b></p> <p>A5. The IPS application template is currently posted on the IPS webpage along with additional information about how to fill out the application.</p>
4/8/16	<p><b>Q6. In the LOI should the amount entered in the Estimated IPS Funding Request Amount (column L) be the total budget for the entire project period? Should column L just reflect the costs needed for that one region?</b></p> <p>A6. LOI column L, "Estimated IPS Funding Request Amount (not to exceed \$20 million for any individual plan)," should reflect the total amount of funding being requested for the entire IPS work plan/project period. LOIs submitted by RCOs should only reflect the estimated IPS funding request for a work plan/project in their region.</p>
4/8/16	<p><b>Q7. Is the LOI due by April 15 different than the LOI from last year?</b></p> <p>A7. The IPS letter of intent is different from the letters of intent that providers have submitted to RCOs indicating their interest in contracting with an RCO as a subcontractor for the provision of covered services to Medicaid eligible enrollees. Only RCOs need to submit an IPS letter of intent. If you are interested in participating in an IPS project please contact the RCO(s) in your region. Additional information on the IPS program is found on the AMA website at this address:  <a href="http://www.medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3.9_RCO_IPS.aspx">http://www.medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3.9_RCO_IPS.aspx</a>.</p>
5/27/16	<p><b>Q8. We would like to implement an OB education project across the region meaning we would like to include all OB providers in our network in our IPS program. Do we need to list ALL OB providers in the region individually on table 6.2 of the IPS application, or do we list just the providers who are responsible for the design/development/implementation/analysis of the project?</b></p> <p>A8. In table 6.2 of the IPS application, you should only include participating providers that will receive direct payment from the RCO for implementing and administering the IPS work plan/project. In the example that you provided, only the providers responsible for the “design/development/implementation/analysis” would be expected to complete section 6.2 if they will be receiving payments directly from an RCO. If only one organization will be receiving payment, then that organization would need to be included as the participating provider (see “Example: 2” in table 6.2 as an example).</p>

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5/27/16	<p><b>Q9. The draft application template includes a participating providers letter of commitment. Does this refer only to the providers who submit/administer the project or does it include everyone that provides care to the patients being enrolled in the project. For example, if the entire pediatrics department of our organization could provide care to children with chronic complex conditions, but only a few will be responsible for directing the service (and providing care). Who needs to provide the letter of commitment?</b></p> <p>A9. Only providers that will directly receive payment from the RCO for implementing and administering the proposed IPS work plan/project need to complete the Participating Providers Letter of Commitment. For example, your organization’s CEO or other authorized representative, could sign the Participating Providers Letter of Commitment to attest on behalf of all employees at the organization.</p>

IPS Providers	
Date Added/ Revised	Questions and Answers
4/1/16	<p><b>Q10. Can professional associations work with RCOs on IPS proposal/applications on behalf of and in partnership with their provider networks?</b></p> <p>A10. Professional associations are encouraged to provide support to their provider members during the application development process, which must be disclosed in the IPS application.</p> <p>Please note IPS funding may only be distributed in two ways: 1) from AMA to RCOs; and 2) from RCOs to the contracted providers listed and approved in the IPS application. A professional association may provide services to the RCO as part of the administrative fee retained by the RCO or they may provide services to the contracted provider as part of the budgeted cost of the IPS project.</p>
4/1/16	<p><b>Q11. How will our organization be impacted by the IPS program?</b></p> <p>A11. If your organization contracts with an RCO, your organization can work with the RCO and other providers to develop an IPS application which supports one of the four IPS target improvement areas. If this application is submitted by the RCO and approved by AMA, your organization would be eligible to receive funding to implement the IPS work plan/project described in the application.</p>
4/1/16	<p><b>Q12. What “Other Providers” may be included in the IPS application?</b></p> <p>A12. Any Medicaid provider will be eligible to submit a work plan to RCOs as an “other provider” under STC 82(f). All providers must be contracted RCO providers at the time an IPS award is made. It is AMA’s expectation that providers participating in an IPS work/plan project will be able to show a likely potential to have a significant impact on reducing the average total cost of care for a significant number of Medicaid beneficiaries and have direct ability to improve a region’s overall performance on at least one of the DSHP target measures and at least one of the four RCO target improvement areas.</p>
5/13/16	<p><b>Q13. Are provider(s) required to fund 10 percent of the IPS work plan/project total cost? Do provider(s) need have to have this 10 percent available at the time of the award?</b></p> <p>A13. As described in STC 85, the IPS program will cover a maximum 90 percent of the approved work plan/project's budgeted cost. The work plan/project participants will have to provide 10 percent of the funding if the work plan/project is fully-funded by AMA. The work plan/project participants must have the funds available to implement the IPS work plan/project over the life of the work plan/project. AMA can ask for support to justify that this funding is available from the work plan/project participants included in the IPS application.</p>

IPS Providers	
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	<p>As described in STC 87, for each IPS work plan/project a minimum of 90 percent of the approved IPS program funding amount will be distributed to providers to implement the IPS work plan/project proposed in the application. A maximum of 10 percent of the work plan/project funding amount may be used by the RCO for administrative and monitoring purposes. This administrative amount is included in the total project/work plan budget; so is not reduced from the amount awarded to providers.</p> <p>For illustration purposes, below is a generic example of an IPS project/work plan request submitted by an RCO on behalf of a group of network providers that is awarded by AMA. The variable are as follows:</p> <ul style="list-style-type: none"> <li>• <b>Total project/work plan budget:</b> \$1,000,000 (includes RCO administrative budget and provider budgets listed below) <ul style="list-style-type: none"> <li>○ Provider budget: \$910,000</li> <li>○ RCO Administrative budget: \$90,000</li> </ul> </li> <li>• Total AMA Award (max. 90 percent): \$900,000</li> <li>• RCO/Providers Funding Requirement (10 percent): \$100,000</li> </ul> <p><b>Distribution of Award by RCO:</b></p> <ul style="list-style-type: none"> <li>• Payments to Providers: \$810,000 (89% of requested \$910,000 Provider budget; assumes RCO contributes no amount to 10 percent RCO/Provider Funding Requirement)</li> <li>• Payment amount retained by RCO: \$ 90,000 (Assumes RCO contributes no amount to RCO/Provider Funding Requirement)</li> </ul> <p>Note: This example provides a worse-case scenario for IPS Providers, where an RCO does not contribute any amount to the 10 percent RCO/Provider Funding Requirement. Assuming that an RCO claims the maximum 10 percent of award as an Administration Fee and does not contribute to the 10 percent RCO/Provider Funding Requirement would require providers to fund a maximum 11 percent of an approved IPS project (not 20 percent). As the RCO Administration Fee is lowered, the award to providers moves closer to 90 percent of their requested provider budget (vs. 89 percent). Likewise, a contribution by the RCO to the RCO/Provider Funding Required amount would effectively increase the amount of funding to providers.</p>
5/13/16	<p><b>Q14. Can providers participate in multiple IPS projects and can my organization submit the same IPS proposal to multiple RCOs?</b></p> <p>A14. Providers may participate in multiple IPS work plans/projects if the IPS work plans/projects are not duplicative. In no instance may a provider or RCO receive duplicative State or Federal funding related to an IPS work plan/project. AMA will</p>

IPS Providers	
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	<p>require RCOs and providers to submit attestations regarding the Federal funding they currently receive and anticipate receiving in the future.</p> <p>When developing IPS applications, providers should only select one RCO that will implement their project in a particular region, and work with that RCO to develop the IPS application for that project. If the project has the potential to impact RCO-eligible beneficiaries beyond the beneficiaries enrolled in the selected sponsoring RCO, the applicant may count these beneficiaries as being impacted by the IPS project in the IPS application; however, in order to count Medicaid beneficiaries enrolled in RCOs in the region other than the sponsoring RCO, the participating providers must have a contract with those RCOs.</p>
4/1/16	<p><b>Q15. We have multiple provider numbers for different locations, will these still be required when we complete our applications with the RCOs?</b></p> <p>A15. Every provider will be required to list a Medicaid provider number and Tax Identification Number (TIN) in the IPS application for identification purposes. Providers should include a Medicaid provider number and TIN for each provider location.</p>

IPS Work Plans/Projects	
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4/1/16	<p><b>Q16. Are there any examples of an IPS program that you anticipate being funded?</b></p> <p>A16. AMA suggests looking at Delivery System Reform Incentive Program (DSRIP) projects that have been developed in other states. For example, Texas, New York and New Jersey. These may not fit Alabama requirements exactly, but the concepts may be relevant to consider.</p>
4/1/16	<p><b>Q17. If providers are currently working on a project, how far could this progress and still receive IPS funding?</b></p> <p>A17. IPS funding should be used for new or expanded projects and not to continue those already underway.</p>
4/1/16	<p><b>Q18. Can IPS funds be used for construction projects?</b></p> <p>A18. IPS applications for construction work plans/projects are not excluded from receiving IPS program funding.</p>
4/1/16	<p><b>Q19. Who is responsible for funding of connecting providers to the Health Information Exchange (HIE)? Can IPS funding be used to connect Alabama providers to One Health Record?</b></p> <p>A19. The 1115 waiver approved a Transition Pool to provide federal match for additional payments to providers and RCOs. The Transition Pool consists of two parts: The IPS program and an RCO sub-pool.</p> <ol style="list-style-type: none"> <li>1. The IPS program funding is not intended to connect all Alabama providers to One Health Record. However, there may be aspects of an IPS work plan/project that are related to supporting HIE. If the IPS work plan/project justifies spending IPS funding in this manner, then funding for this may be considered for approval.</li> <li>2. The RCO sub-pool allows AMA to provide payments to RCOs for start-up costs. RCOs may choose to use this RCO sub-pool funding to support RCO connectivity to One Health Record and/or funding to support HIE connectivity for contracted providers. More information about the process for RCOs to obtain RCO sub-pool funds will be provided in April 2016.</li> </ol> <p>Additional sources of funding may be available from Federal or other programs to implement HIE. Because of this, IPS funding and RCO sub-pool funding should not be used as an alternative to HIE funding available from other sources and IPS/RCO sub-pool funding will not duplicate Federal funding that is already available or may become available.</p>
4/8/16	<p><b>Q20. Will IPS funding be repaid if the RCO's contract with the agency is terminated?</b></p> <p>A20. In the event that an RCO's contract with AMA is terminated, no additional funding will be</p>

IPS Work Plans/Projects	
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	<p>paid to the RCO/IPS providers contracted with that RCO. The providers may follow the process described in Q3 to transfer the IPS project/work plan to another RCO. IPS expenditures are subject to recoupment or recovery if it is determined that such funds were misused and/or information relied upon for payment was in error or misreported to AMA or if AMA made an error in determining payment. Further, IPS payments are subject to recoupment or recovery to the extent Centers for Medicare and Medicaid (CMS): (1) withholds or revokes approval for such payment or (2) recoups, recovers or makes a negative payment adjustment of such amount from AMA.</p>
4/8/16	<p><b>Q21. Can you please provide more information about the diagnoses you are targeting with the Ambulatory Care Sensitive Admissions DSHP target measure?</b></p> <p>A21. The conditions that the measure includes and the appropriate ages for each conditions are:</p> <ol style="list-style-type: none"> <li>1) Diabetes Short-Term Complications Admission (ages 18 and older)</li> <li>2) Diabetes Long-Term Complications Admission (ages 18 and older)</li> <li>3) COPD of Asthma in Older Adults Admission (ages 40 and older)</li> <li>4) Hypertension Admission (ages 18 and older)</li> <li>5) Heart Failure Admission (ages 18 and older)</li> <li>6) Angina without Procedure Admission (ages 18 and older)</li> <li>7) Uncontrolled Diabetes Admission (ages 18 and older)</li> <li>8) Asthma in Younger Adults Admission (ages 18 and older and younger than 40)</li> <li>9) Lower-Extremity Amputations Among Patients with Diabetes (ages 18 and older)</li> </ol> <p>For the complete technical specifications please see:  <a href="https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/health-home-core-set-manual.pdf">https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/health-home-core-set-manual.pdf</a></p>
5/13/16	<p><b>Q22. Is there a limitation on the total number of IPS projects that a provider can submit?</b></p> <p>A22. No, there is no limit on the number of IPS work plans/projects that a provider can submit to an RCO for consideration. However, there is a maximum of \$278,125,000 available statewide for IPS work plans/projects, so there will be a limited number of work plans/projects that can be funded. In addition, each RCO Region will have a maximum award amount, based on a proportionate share of beneficiaries in the region as compared to the State overall. Each RCO must prioritize the applications that it submits to AMA so the IPS applications’ maximum project awards do not sum to more than the total maximum available funding in the RCO’s region. For example, an RCO in Region A should not submit IPS applications whose maximum project awards sum to more than \$48,943,000.</p>

IPS Work Plans/Projects															
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	<p>Estimated available funding for each region is as follows:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #1a3d54; color: white;">Region</th> <th style="background-color: #1a3d54; color: white;">Estimated Available Funding</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>\$ 48,943,000</td> </tr> <tr> <td>B</td> <td>\$ 90,045,000</td> </tr> <tr> <td>C</td> <td>\$ 24,948,000</td> </tr> <tr> <td>D</td> <td>\$ 69,971,000</td> </tr> <tr> <td>E</td> <td>\$ 44,218,000</td> </tr> <tr> <td><b>Total</b></td> <td><b>\$ 278,125,000</b></td> </tr> </tbody> </table>	Region	Estimated Available Funding	A	\$ 48,943,000	B	\$ 90,045,000	C	\$ 24,948,000	D	\$ 69,971,000	E	\$ 44,218,000	<b>Total</b>	<b>\$ 278,125,000</b>
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<b>Total</b>	<b>\$ 278,125,000</b>														
7/19/16	<p><b>Q23. What project costs may be included in the IPS application?</b></p> <p>A23. Project costs included in the IPS Application may include: 1) cash expenditures, or 2) cash-equivalent contributions to cover items in the proposed IPS project budget in the form of goods, services, facilities, staff time or discounts, or the use of equipment, special materials or other commodities, for which no cash is exchanged.</p>														
7/19/16	<p><b>Q24. Could IPS funding be used to supplement a provider’s salary at the beginning of the project when billing would not provide adequate revenue to support the provider salary?</b></p> <p>A24. AMA will consider IPS projects that use IPS funding to supplement a provider’s salary at the beginning of the project, however Section 8 of the IPS Application should clearly illustrate a return on investment as well as sustainability post implementation. AMA will want to see a clear path for how funding for the Medicaid provider’s salary will be sustainable over the long-term without any support from the IPS program. In addition, the IPS project cannot be duplicative to other Federal grants and other federal funding received by participating providers and the RCO.</p>														
7/19/16	<p><b>Q25. Would the potential sharing of cost-savings between providers and an RCO meet expectations for sustainability for an IPS project?</b></p> <p>A25. A shared savings arrangement negotiated between the RCO and the providers could be an acceptable form of sustainability for the IPS project. However, the applicant must provide information on how the project will be funded in the event there are no or an insufficient amount of shared savings to assure costs are covered.</p> <p>Section 8 of the IPS application should provide sufficient detail to describe how the shared</p>														

IPS Work Plans/Projects	
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	<p>savings approach would work and how the approach would comply with all state and federal requirements, as well as how the project would be funded if there are no or an insufficient amount of shared savings to assure costs are covered.</p>
7/19/16	<p><b>Q26. Many IPS project ideas submitted during the IPS LOI process are considered duplicative of the RCO’s responsibilities for care coordination. What does Medicaid see as the gaps in care coordination that IPS projects could fill?</b></p> <p>A26. Care coordination, as defined in the RCO Contract, is the responsibility of the RCO. As it relates to IPS projects and care coordination, AMA would consider an IPS project that provided some level of population educational efforts to low-income uninsured patients.</p>
8/16/16	<p><b>Q27. Should providers submit their IPS interim applications to more than one RCO in a region in order to gauge the interest of the RCOs, or should they submit their interim applications to just the one RCO that they hope will sponsor their application and project?</b></p> <p>A27. Providers should only submit the designated IPS application sections to one RCO for the optional October 3 submission.</p> <p>Providers may conduct exploratory discussions with all RCOs in a region to determine which RCO is the best partner prior to submission of the designated IPS application sections to an RCO. If a provider submits its designated IPS application sections to one RCO for the optional October 3 deadline and the RCO indicates that it will not support the IPS application going forward, the provider may submit its IPS application to a different RCO for the mandatory submission deadline.</p>
8/16/16	<p><b>Q28. For the optional October 3rd IPS interim application, how should a provider complete the budget in the application? What should be used as the beginning date for the budget?</b></p> <p>A28. Section 7 of the IPS application template states "costs incurred prior to the approval and award of IPS work plan/project should not be included in your budget submission." For the purposes of the October 3rd optional submission, providers may assume that IPS awards will be made no earlier than April 1, 2017; therefore, the budget in the optional submission should have a beginning date of no earlier than April 1, 2017. The Agency will provide further guidance on the budget period for the mandatory submission at a later date.</p>

IPS Work Plans/Projects	
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9/9/16	<p><b>Q29. Has the Agency restricted providers from working with an RCO to submit an IPS application if the provider did not submit a Letter of Intent to an RCO in April 2016?</b></p> <p>A29. The Agency has not imposed any restrictions on a provider’s ability to approach an RCO about an IPS project or application if that provider did not submit a Letter of Intent to an RCO in April 2016.</p>
10/13/2016	<p><b>Q30. What types of expenses can be included in the “provider administrative expenses” category of the IPS budget?</b></p> <p>A30. The IPS program requires a provider to estimate all necessary expenditures to achieve the work plan/project’s purpose and objectives under the Budget tab of the IPS Application. The Budget Template provides examples of expense categories and allows for additional expense categories to be added. A provider can estimate any expense, including administrative expenses that are essential to achieving the purpose and objectives of the work plan/project. Those costs will vary based on a provider’s individual plan.</p> <p>It is important to remember that a provider’s work plan/project will be scored based on the IPS Application Components and Associated Points, as outlined in the STCs and the IPS Protocols (of which Budget is one factor).</p>
10/13/2016	<p><b>Q31. If awarded IPS funding, would a provider be able to request moving money from one budget category to another mid-project, in case one category had excess money or another category needed additional funding? If so, would this be the RCO’s or Medicaid’s responsibility to review and approve/deny the request?</b></p> <p>A31. It is the sponsoring RCOs responsibility to monitor the progress of the work plan/project, including actual expenditures and report to the Agency to qualify for payments at each milestone listed in the STCs and IPS Protocols. It is anticipated that actual expenditures may differ from those budgeted. All requests to reallocate funds differently than the approved budget or any significant differences incurred should be first approved by the sponsoring RCO and reported by the RCO in its reporting to the Agency. Audits may be performed by the Agency and CMS to validate submissions. RCOs and providers receiving awards are required to maintain timely and accurate financial and administrative records for at least 10 years from the date funds are received.</p>

IPS Work Plans/Projects	
Date Added/ Revised	Questions and Answers
10/13/2016	<p><b>Q32. The IPS Protocols state that “the maximum IPS award will cover no more than 90 percent of the approved IPS budget up to a maximum of \$20 million.” Does this mean that \$20 million is the maximum award amount (90 percent) or that \$20 million is the maximum total budget amount (100 percent)?</b></p> <p>A32. The maximum IPS award is \$20 million. The total IPS budget amount may be greater than \$20 million.</p>

IPS Documents and Other Information	
Date Added/ Revised	Questions and Answers
4/1/16	<p><b>Q33. How can we find out more about the IPS application and previous IPS presentations?</b></p> <p>A33. Information on the IPS application and a recording of previous presentations are found on the AMA website at this address: <a href="http://www.medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3.9_RCO_IPS.aspx">http://www.medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3.9_RCO_IPS.aspx</a></p>
10/13/2016	<p><b>Q34. Can you please tell me what the new effective date for implementation of the RCOs is? I recall reading that the budget was not balanced, and therefore, implementation would be delayed until 2017. Please let me know if a new date has been established. Thank you.</b></p> <p>A34. The Agency plans to move the RCO program start date to July 1, 2017, and has notified the Centers for Medicare and Medicaid Services (CMS) of this request. The request is subject to CMS approval.</p>