

Alabama Medicaid Alabama Coordinated Health Network

June 28, 2018





A new direction...

- Single care coordination delivery system combining Health Homes, Maternity Program, and Plan 1st
- Replaces silos in current care coordination efforts
- Care coordination services provided by regional Primary Care Case Management Entities (PCCM-Es), or network entities.
- Seven newly defined regions



A new conversation...

- Agency meeting with Association Directors for MASA, Pediatrics (AL-AAP), Family Medicine (AL-AAFP)
- MASA-organized meeting/conference call with family medicine and OB providers
- Annual Pediatric Association (AL-AAP) – May 6
- Annual State ACOG meeting – May 10
- Medicaid Program Overview session – June 11 – Multiple physicians and physician types attended
- Meetings with other state agencies, safety net providers



Recipients

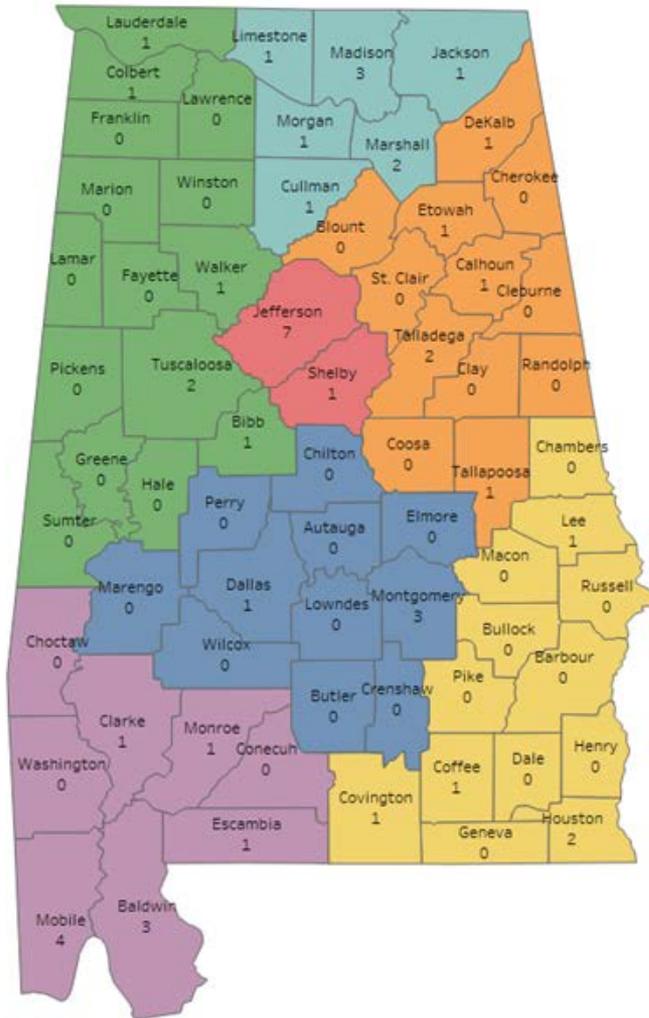
- Approximately 750,000 recipients to be impacted
 - Current Patient 1st recipients
 - Maternity Care recipients
 - Plan First recipients
 - Foster children / Former Foster Children
- Excluded: Dual Eligibles (Medicare recipients) and LTC / Waiver recipients



Recipients

- Care coordination services based on recipient residence
- Medical services not geographically restricted
- Care coordination may be requested by provider, recipient or community source

Regions



- Network will operate statewide
- Agency to contract with one entity in each region
- Regions drawn based on:
 - Existing patterns of care
 - Access to care
 - Ability to ensure financial viability of regional Network Entities



ACHN Entity Board Structure

- Boards can be as large as the Network Entity desires but must include the following:
 - 50% of the board (regardless of size) must be primary care physicians who practice in the region and participate with the Pivot organization. One of the physicians must be an OB-GYN.
 - Hospitals (2 positions)
 - Community Mental Health Center
 - Substance Abuse Treatment facility
 - Federally Qualified Health Center
 - Consumer Representative
- Hospitals can employ no more than one board physician per entity



Quality Improvement Projects

- Network Entities will have quality improvement projects focusing on population priorities such as:
 - Substance Abuse
 - Infant Mortality
 - Obesity and Obesity Prevention



Incentives for Quality

- Network Entities will be incentivized to provide higher quality care
 - To achieve better health outcomes
 - To provide higher volume of care coordination services
- Primary care providers (PCPs), including maternity care providers, will have the opportunity to earn bonus payments.



Primary Care-Focused Metrics

Metrics and benchmarks will focus on items under the control of the Network Entity and Primary Care Physicians such as:

- Well child visits
- Immunization rates
- BMI measurements
- Substance Abuse Care Coordination
- Prenatal and Post Partum Care
- Care Coordination



What Will Change?

General Population:

- Patient 1st panel system to end; primary care patients may see any willing Medicaid provider
- PCPs will be compensated based on new methodology
- PCPs will be required to contractually agree to responsibilities in Medicaid Provider Agreement and the Primary Care Provider Agreement
- PCPs will be required to contract with the Pivot Entity to receive bonus payments in addition to fee-for-service (FFS) payments



What Will Change?

Maternity Care:

- Current Maternity Care Waiver Program will end
- Care Coordination (including home visits) for maternity care recipients will be provided by the Network Entity under contract with the Agency
- Maternity care recipients may receive services from any contracted Delivering Health Care Professional
- Maternity Care services will be reimbursed on a fee-for-service basis
- Delivering Health Care Professionals who contract with the Network Entity will be eligible for enhanced payments when they meet quality goals and report data to the Network Entity.



What Will Change?

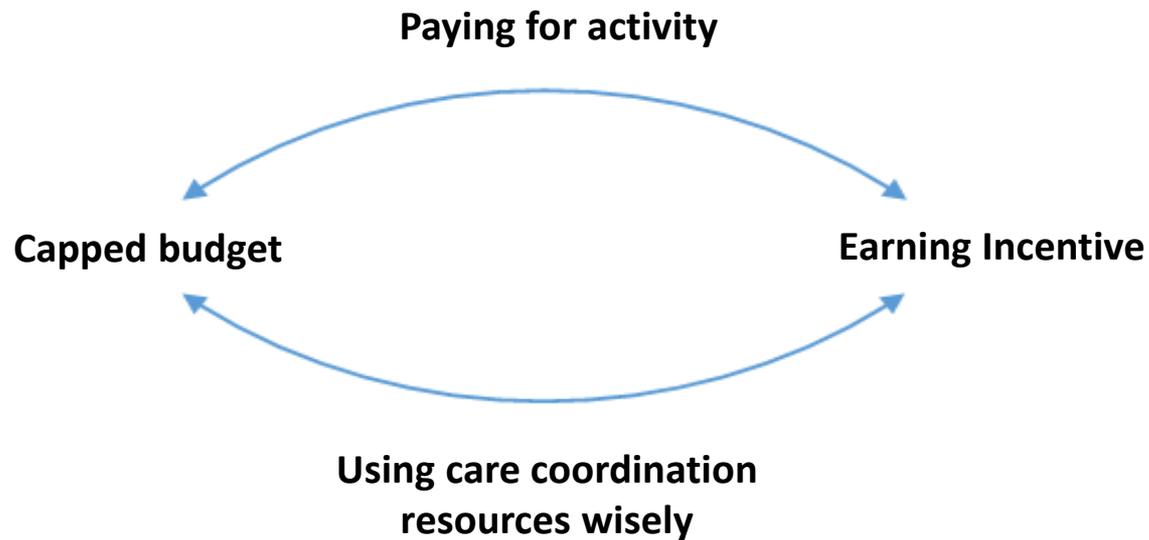
Plan First:

- Scope of current Medicaid Plan First program will not change
- Providers will be paid on a fee-for-service basis
- Care Coordination for Plan First recipients will be provided on a fee-for-service basis by the regional Network Entity under contract with the Agency



Reimbursement

ACHN Payment Principles





Payment to Network Entities

- General Population
 - PMPM for Population Health/Quality Improvement activities
 - Payment for delivery of specific care coordination services
- Maternity Care Recipients
 - Payment for delivery of specific care coordination services (eligibility assistance, care coordination visits at certain prenatal/delivery milestones)
 - Payment for home visits following delivery for high-risk pregnancies



Payment to Network Entities

- Plan First Recipients
 - Screening and limited assessment of participants
 - Separate payment made based on complexity/level of activity provided during a month for recipients receiving care coordination face-to-face or by telephone



Payment to Medical Providers

Primary Care Providers / General Population

- Payments will be tiered and based on service, not participation
- Bonus payments made using an attribution methodology, consistent with the approach of other payers in the state



Payment to Medical Providers

Primary Care Providers / General Population

PCP payments:

- PCPs contracted with a Network Entity and meet all requirements will be eligible for an enhanced rate on select Evaluation and Management codes (ACHN Participation Rate)
- Contracted PCPs will be eligible for additional bonus payments based on achieving quality metric standards, cost effectiveness and patient-centered medical home recognition.
- Bonus payments are in addition to any FFS payments

Primary Care Physician Payment



Quality Metric Performance

Cost Effectiveness

Patient-Centered Medical Home Activities

Above payments are achievable if the physician participates with the Regional Network Entity

Regional Network Participation Payment

Enhanced FFS rate on select E&M procedures

Base Fee For Service

Current Medicaid FFS schedule for all physicians



Payment – Medical Providers

- Delivering Health Care Providers (OBs, Nurse Midwives)
 - FFS maternity global payment
 - Bonus payments will be made when the initial visit occurs during the first trimester
 - Bonus payments will also be made for a documented post-partum visit



Next Steps

- Submit waiver request to CMS
 - 1915(B) waiver
- Issue Request for Proposals (RFP) in each region
- Continue conversation with providers and other key stakeholders



Stay involved...

- Learn more about proposed networks:
- Upcoming articles in AAFP, AAP and Medicaid Provider Insider publications
- Video presentations and handouts on the Agency's website – links in next slide
- Sign up for ongoing communications via email notifications



Connect with us....

- Questions and comments:

- ACHN@medicaid.alabama.gov

- Web page:

- http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.7_Special_Initiatives/2.7.6_ACHN.aspx

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