Alabama Coordinated Health Network: Primary Care Providers

Drew Nelson, MPH
Epidemiologist, Director
Networks and Quality Assurance
A new direction...

- Single care coordination delivery system combining Health Homes, Maternity Program, and Plan First
- 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; primary care physicians practicing in district comprise at least half of board
What does this mean for providers?
If you are a Primary Care Provider…

• New opportunity to earn bonus payments for achieving quality-related goals in addition to FFS payments

• If you earned “bump” payments previously, you can earn increased amounts by participating with Medicaid and a regional ACHN entity

• You will not have a patient panel to manage, but will work in partnership with licensed social workers and nurses who will help manage your complex or non-compliant patients
If you are a Primary Care Provider…

• You can see patients regardless of where they live
• Referrals are not needed for primary care
• Referrals will be required only for certain medical specialties
• EPSDT referrals will continue to be required
Why this approach?
Alabama Medicaid Agency
Expenditures for Medical and Support Services
Fiscal Year 2017
By Age at the Date of Service
The ACHN Approach

• Past care coordination efforts in the areas of family planning, maternity care and primary care have not been in sync

• A system that works holistically with a Medicaid recipient to address issues impacting health can make a positive difference
ACHN Operation
ACHN Operation

- Statewide operation, one entity in each of seven pre-defined regions
- Each network will be responsible for creating a care coordination delivery system within the region
- Care coordination will be provided based on a recipient’s county of residence
- ACHN entities will not make payments to physicians
- Statewide system will manage care coordination services now provided by 12 maternity programs, six health home programs, and ADPH staff in 67 counties
- Regional entities will be incentivized along with primary care providers to achieve better health outcomes and to provide a higher volume of care coordination services
Based on:

• Existing patterns of care
• Access to care
• Ability to ensure financial viability of regional ACHN entities
## Proposed ACHN Entities by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Organization</th>
<th>Contact Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>My Care Alabama Northwest</td>
<td>Stacey Copeland</td>
<td><a href="mailto:stacy.copeland@MyCareAlabama.org">stacy.copeland@MyCareAlabama.org</a></td>
</tr>
<tr>
<td>Northeast</td>
<td>North Alabama Community Care</td>
<td>Dana Garrard Stout</td>
<td><a href="mailto:dana.garrard@alabamacommunitycare.org">dana.garrard@alabamacommunitycare.org</a></td>
</tr>
<tr>
<td>Jefferson and Shelby</td>
<td>Alabama Care Network Mid-state</td>
<td>Michael Battle</td>
<td><a href="mailto:mbattle@uabmc.edu">mbattle@uabmc.edu</a></td>
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<tr>
<td>Central</td>
<td>My Care Alabama Central</td>
<td>Rachel Muro</td>
<td><a href="mailto:rachel.muro@alahealth.com">rachel.muro@alahealth.com</a></td>
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<tr>
<td>East</td>
<td>My Care Alabama East</td>
<td>Rachel Muro</td>
<td><a href="mailto:rachel.muro@alahealth.com">rachel.muro@alahealth.com</a></td>
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<tr>
<td>Southeast</td>
<td>Alabama Care Network Southeast</td>
<td>Jan Carlock</td>
<td><a href="mailto:jcarlock@uabmc.edu">jcarlock@uabmc.edu</a></td>
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<tr>
<td>Southwest</td>
<td>Gulf Coast Total Care</td>
<td>Sylvia Brown</td>
<td><a href="mailto:sbrown@uabmc.edu">sbrown@uabmc.edu</a></td>
</tr>
</tbody>
</table>
ACHN Participants

- General Population – Current Patient 1st recipients, plus current/former foster children
- Medicaid-eligible maternity care recipients
- Plan First – Women ages 19-55 and men age 21 and over
Care Coordination Services
Care Coordination Services

- Care Coordination referrals may be requested by providers, recipients, or community sources.

- Care Coordination services provided in a setting of recipient’s choice, to include provider offices, hospitals, ACHN entity office, public location, or in the recipient’s home.

- Screening and assessment of recipient needs.

- Assist recipients in obtaining transportation or applying for Medicaid.

- Help recipients with appointments or appointment reminders.
Care Coordination Services

• Coordinate and facilitate referrals

• Educate or assist recipients with medication or treatment plans

• Help recipients seek care in the most appropriate setting (e.g. office versus ER)

• Facilitate communication between patient and care providers

• Help recipients locate needed community services
Primary Care Physician (PCP) Referral Process
Referral Process

• PCPs no longer have assigned patient panels

• PCPs / PCP groups will not need a referral to see a recipient

• Nurse practitioners or physician assistants collaborating within a PCP group will not need referrals

• EPSDT referral process will not change; correct coding will continue to be essential to ensure coverage beyond the 14-visit limit
Referral Process

• PCP referrals to most specialists will be required for specialists to receive payment

• Referrals to NPs or PAs collaborating with specialty groups will also require a referral

• When a PCP cannot be identified, the ACHN entity may provide a referral
Reimbursement and Payment
Bonus / Incentive Payments

• Goals aligned for physician, ACHN and Medicaid
• Networks incentivized to meet quality goals
• Payments made quarterly
• Structured to keep PCPs whole during transition
PCP Payment Structure

**Quality Metric Performance**
- Cost Effectiveness
- Patient-Centered Medical Home Activities

**Regional ACHN Participation Payment**
- Enhanced FFS Rate

Above payments are achievable if physician participates with regional ACHN entity

**Base Fee-For-Service – Current FFS schedule for all physicians**

* Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will **NOT** be eligible for Participation Rates or Bonus Payments.
PCP Payment Structure

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ACHN Qualifications for Participation

• Participation rate payments will be made to any PCPs who actively participate in an ACHN network and who have completed a PCP Agreement with the Agency

• BUMP Qualifications:
  • Board-certified MD/DO with a specialty or subspecialty of family medicine, general internal medicine or pediatrics that is recognized by the Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association and must actually practice in their specialty; OR
  • Non board-certified provider who practices in one of the above fields, if he/she can attest that 60 percent of their paid Medicaid procedures billed are for certain specified procedure codes for E&M services and certain VFC vaccine administration codes during the most recently completed CY, or for newly-eligible physicians, the prior month
  • Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will NOT be eligible for Participation Rates or Bonus Payments.
Agreements Required

• Alabama Medicaid Provider Agreement
• Alabama Medicaid Primary Care Physician Group Agreement
• Agreement between ACHN entity and the PCP group
• Only necessary to sign the one ACHN agreement; may participate with any region
Physician groups must also meet the following criteria for participation:

• Actively work with the ACHN entity to review recipient care plans
• Participate as needed in ACHN Multi-Disciplinary Care Team (MCT)
• Participate in ACHN initiatives centered around quality measures
• Participate in at least two quarterly Medical Management Meetings and one webinar/facilitation exercise with the regional ACHN medical director over a 12-month period
  • NPs and PAs may attend for PCP
• Review data provided by the ACHN to help achieve regional and state Medicaid goals
ACHN Participation Requirements

• Alternate payment methodologies are used for these providers:
  • FQHCs and Rural Health Clinics
  • Physicians who are part of the medical faculty as determined by a state university
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Procedure Description</th>
<th>BUMP Rate</th>
<th>ACHN Participation Rate</th>
<th>Amount Increase</th>
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<tr>
<td>99201</td>
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<td>99213</td>
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<td>OFFICE CONSULTATION</td>
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</table>
PCP Payment Structure

Patient-Centered Medical Home Activities

Regional ACHN Participation Payment
Enhanced FFS rate

Above payments are achievable if physician participates with regional ACHN entity

Base Fee-For-Service – Current FFS schedule for all physicians*

* Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will NOT be eligible for Participation Rates or Bonus Payments.
Patient-Centered Medical Home Bonus Payments

Based on:

• Attainment of PCMH recognition by the appropriate national organization; or

• Documented progress toward PCMH recognition; evaluated annually

• Paid quarterly
Patient Attribution for Quality and Cost Effectiveness

• Recipients will not be assigned to individual PCPs, but will be attributed at PCP group level

• Recipients will be attributed to PCP group based on where they received services

• Score will be calculated for each recipient/provider combination
Patient Attribution for Quality and Cost Effectiveness

- The provider with the highest score for the recipient will be attributed that recipient
- More recent claims and preventive visits will receive higher values in this calculation
- Recipients will only be attributed to one PCP group per quarter
- Attribution will be updated quarterly
PCP Payment Structure

**Cost Effectiveness**

**Patient-Centered Medical Home Activities**

**Regional ACHN Participation Payment**
Enhanced FFS rate

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Cost Effectiveness Bonus Payments

• Risk-adjusted payments
• Cost effectiveness payments based on patient attribution to PCP/PCP group
• Cost effectiveness calculated based on:
  • Two year “look back” of medical claims
  • One year “look back” of maintenance medication claims history
  • Will compare peer-to-peer
• Updated quarterly
## Cost Effectiveness Bonus Payments

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>Quarter 5</th>
<th>Quarter 6</th>
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</thead>
<tbody>
<tr>
<td>Fall 2019</td>
<td>Winter 2020</td>
<td>Spring 2020</td>
<td>Summer 2020</td>
<td>Fall 2020</td>
<td>Winter 2021</td>
</tr>
<tr>
<td>Full</td>
<td>Full</td>
<td>Full</td>
<td>Full</td>
<td>Calculated</td>
<td>Calculated</td>
</tr>
</tbody>
</table>
PCP Payment Structure

**Base Fee-For-Service – Current FFS schedule for all physicians**

**Regional ACHN Participation Payment**
Enhanced FFS rate

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**Quality Metric Performance**

- Cost Effectiveness
- Patient-Centered Medical Home Activities

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Quality Bonus Payments

• For at least four quarters, all practice groups will automatically receive a full Quality Bonus Payment at the first of each quarter

• In the future, Medicaid will calculate a Quality Bonus Payment based on performance

• Payments will be based only on measures relevant to a group’s practice
<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>Quarter 5</th>
<th>Quarter 6</th>
<th>Quarter 7</th>
<th>Quarter 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2019</td>
<td>Winter 2020</td>
<td>Spring 2020</td>
<td>Summer 2020</td>
<td>Fall 2020</td>
<td>Winter 2021</td>
<td>Spring 2021</td>
<td>Calculated</td>
</tr>
<tr>
<td>Full</td>
<td>Full</td>
<td>Full</td>
<td>Full</td>
<td>Full</td>
<td>Full</td>
<td>Full</td>
<td>Calculated</td>
</tr>
</tbody>
</table>
Quality Measures

• Well-child visits for children, ages 3-6
• Adolescent well care visits
• Immunization status – Child
• Immunization status – Adolescent
• Antidepressant medication management
• HbA1c test for diabetic patients
• Follow-up after ER visit for alcohol or other drugs
• Chlamydia screening in women
## ACHN Payment Summary

<table>
<thead>
<tr>
<th>Patient 1&lt;sup&gt;st&lt;/sup&gt; (ending September 30, 2019)</th>
<th>ACHN</th>
</tr>
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<tbody>
<tr>
<td>Panels</td>
<td>------</td>
</tr>
<tr>
<td>Case Management Payments</td>
<td>------</td>
</tr>
<tr>
<td>BUMP</td>
<td>Bump and Participation Rate</td>
</tr>
<tr>
<td>-------</td>
<td>Bonus Payments</td>
</tr>
</tbody>
</table>
## ACHN Primary Care Physician Payment Chart

<table>
<thead>
<tr>
<th>Primary Care Physician Scenarios</th>
<th>Base FFS Rates</th>
<th>Bump Rates</th>
<th>Participation Rates</th>
<th>Bonus Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP Scenario 1: PCPs not eligible for Bump Rates &amp; not participating with ACHN</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>PCP Scenario 2: PCPs not eligible for Bump Rates &amp; participating with ACHN</td>
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<tr>
<td>PCP Scenario 3: PCPs eligible for Bump Rates &amp; not participating with ACHN</td>
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<tr>
<td>PCP Scenario 4: PCPs eligible for Bump Rates &amp; participating with ACHN</td>
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</table>

### *EXAMPLE*

**Participation Rate (PR) = Enhanced Rates for fifteen E & M codes**

- **PCP Scenario 1 Example:** Receive only Base FFS Rates for all codes, including the fifteen PR codes
- **PCP Scenario 2 Example:** Receive PR for the fifteen E & M codes and Basic FFS Rates for all other codes
- **PCP Scenario 3 Example:** Receive Bump Rates for all codes, including the fifteen PR codes
- **PCP Scenario 4 Example:** Receive PR for the fifteen E & M codes and Bump Rates for all other codes
# ACHN Summary

<table>
<thead>
<tr>
<th>Current Program</th>
<th>ACHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Maternity Districts</td>
<td>7 Networks/Regions</td>
</tr>
<tr>
<td>6 Health Homes in 5 Regions</td>
<td>7 Networks/Regions</td>
</tr>
<tr>
<td>ADPH Staff serving 67 Counties</td>
<td>7 Networks/Regions</td>
</tr>
<tr>
<td>Care Coordination programs are in silos</td>
<td>Care Coordination is combined into a single delivery system</td>
</tr>
<tr>
<td>Medical Management Meetings require Physician Attendance</td>
<td>Medical Management Meetings will allow a NP or PA to attend for the Physician</td>
</tr>
<tr>
<td>PMP to PMP Referral Required</td>
<td>PCP to PCP referral not required</td>
</tr>
<tr>
<td>PMP Agreement with Health Home is required for each Health Home the PCP is working with</td>
<td>Only <strong>one</strong> agreement will be required, but will cover all 7 Networks</td>
</tr>
</tbody>
</table>
Questions

• Website: www.Medicaid.alabama.gov
  Newsroom> Quality Innovation and Technology Initiatives> ACHN

• Direct Link to Frequently Asked Questions

• Submit questions for official response to: ACHN@medicaid.alabama.gov