

	Issue	Question	Response
1	Reimbursement	Medicaid has determined that for purposes of its Primary Care Case Management Plan, "Pivot Plan", health centers are not "primary care providers" eligible for performance related payments. (Medicaid briefing, March 22, 2018). Health Centers:	Health center physicians will be eligible to participate in the performance-based incentive program to include PCMH activities, cost effectiveness, and quality.
2	Reimbursement	How will ACHN impact designated Rural Health Clinic Reimbursement?	It will not affect the current PPS reimbursement. However, there will be an opportunity for bonus payments based on quality, cost effectiveness and Patient Centered Medical Home (PCMH) recognition if they contract with the ACHN Entity in their region.
3	Reimbursement	How will FQHCs andRHCs be impacted by ACHN? Will the current reimbursement structure change and/or will these provider types be eligible for incentives?	It will not affect the current PPS reimbursement. However, there will be an opportunity for bonus payments based on quality, cost effectiveness and Patient Centered Medical Home (PCMH) recognition if they contract with the ACHN Entity in their region.
4	Reimbursement	What will be the global OB (59400) fee schedule for pivot program recipients? Urban vs. rural fee schedules? Is it based on patient address?	The global fee schedule will change. Medicaid will make separate bonus payments for one prenatal visits made in the first trimester and one post partum visits. There will be an urban and rural rate. The rural rate will be paid based on the address of the billing DHCP.

5	Reimbursement	<p>“ACHN Participation Payment”: I understand that this will take the place of what we now know to be the “bump” increase. How have you determined this to be measured and accounted for?</p>	<p>Only Primary Care Physicians will be eligible for the ACHN Participation Rate. They will need to: 1) qualify for the Bump payment with Medicaid, 2) sign a PCP agreement with Medicaid and a Network Entity, and 3) meet participation requirements with a Network Entity. To qualify for Medicaid "bump" certification, a physician must be 1) Board-certified in family medicine, general internal medicine or pediatrics and must actually practice in their specialty; or 2) if non-board certified, must practice in the field of family medicine, general internal medicine or pediatrics or be a subspecialist under one of these specialties if the doctor can attest that 60% of paid Medicaid procedures billed are for certain E&M codes and Vaccines for Children administration codes during the most recently completed calendar year, or for newly eligible physicians, the prior month. Additionally, they must actively participate with the network entity by working with the entity in the development of individualized and comprehensive care plans, participating in the entity's Multi-Disciplinary Care Team (MCT), participating in program initiatives centered around quality measures, reviewing data provided by the ACHN entity to help achieve Agency and region quality goals and participating in person in at least two (2) quarterly Medical Management Meetings and one webinar/facilitation exercise with the ACHN entity's Medical Director over a twelve (12) month period.</p>
6	Reimbursement	<p>“Patient-Centered Medical Home Activities”: Will there be opportunity for credit given to all recognized levels? If so, will this be increased/decreased depending on the level? We are currently Level 2.</p>	<p>In year one, all Primary Care Physicians working toward PCMH recognition will receive a bonus payment. In year two, all Primary Care Physicians who have achieved PCMH recognition <u>at any level</u> will continue to receive the bonus payment.</p>
7	Reimbursement	<p>“Cost Effectiveness”: How will this be measured? Similar to Blue Cross?</p>	<p>Cost effectiveness bonus rates are calculated to reward providers who control costs. Bonus participation is based on the risk adjusted, average monthly cost of members attributed to the provider group when compared to other similar provider groups. Members who do not receive services are excluded from the calculation.</p>
8	Reimbursement	<p>“Quality Metric Performance”: How will this be measured? Similar to Blue Cross?</p>	<p>The quality component of the provider bonus payment will be earned by a provider based on their previous calendar year's performance on the Agency's set of quality metrics, to be announced later. The Agency will also publish measure specifications, current baselines and regional targets for each year.</p>

9	Reimbursement	When will you have more details on the patient attribution process (how a pt will be attributed to that provider)?	Attribution Process: Review a two year history of primary care utilization for each member; preventative and regular office visits will be identified along with prescriptions for chronic care; a score will be calculated for each member/provider combination; more recent claims and preventative visits will receive higher values; and the provider with the highest score for the member is attributed the member. Attribution will be updated quarterly.
10	Reimbursement	Once the ACHN entities start (whether it is November 1, December 1, or January 1), how will providers be reimbursed at the outset before data has been collected – for the cost effectiveness and quality metric categories? Will it be based on data from the previous year (pre-pivot)?	In the first year of the program, bonus payments for Quality Measures, Cost Effectiveness, and PCMH recognition will be distributed to the practice based on the number of patients attributed to the practice. In subsequent years, the bonus payments will be determined by data generated since the start of the new program.
11	Reimbursement	When we (AL-AAP, AAFP and MASA) met with you all a couple of months when you had the series of stakeholder meetings, did you provide us with any more details on the three “buckets” of enhanced payments? I can’t remember if there was a slide that had more detail than the slide in Dr. Moon’s presentation yesterday. If so, can you share that with me? Just wondered if you all had more details to share RE the three categories.	Other than what is described above, There is no additional detail at this time.
12	Reimbursement	What is the anticipated reimbursement model for the Pivot vendors?	Specific Information will be included in the RFP.
13	Reimbursement	When will the specific reimbursement rates be determined?	Specific Information will be included in the RFP.

14	Reimbursement	In regards to the maternity program, anesthesiologists are paid a flat rate for epidurals for deliveries. Will this continue?	<p>Under the ACHN, anesthesiologists will bill Medicaid fee-for-service on a medical claim form. When regional anesthesia (i.e., nerve block) is administered by the attending physician during a delivery or procedure, the physician's fee for administration of the anesthesia is billed at one-half the established rate for a comparable service when performed by an anesthesiologist.</p> <p>When regional anesthesia is administered by the attending obstetrician during delivery (i.e., saddle block or continuous caudal), the obstetrician's fee for administration of the anesthesia will be billed at one-half the established rate for a comparable service performed by an anesthesiologist. When regional anesthesia is administered by an anesthesiologist during delivery or other procedure, the anesthesiologist's fee will be covered and should be billed separately.</p>
15	Reimbursement	Is Bump/enhanced rate included with claim payment or paid quarterly?	The bump/enhanced rate will be renamed the participation rate and will be included in the claims payment received twice monthly.
16	Reimbursement	Is midlevel activity included when calculating incentive payments?	Yes. Midlevel activity by nurse practitioners and physician assistants working in a participating group is included in the calculation of bonus payments.
17	Reimbursement	If you are not PCMH can you still achieve Quality or Cost incentive payments?	Yes. Providers may receive Quality or Cost Effective bonus payments and not participate in PCMH recognition. Each bonus payment is independent from the other bonus payments.
18	Reimbursement	Will the BUMP payment be in addition to the Capitation payment we are currently receiving?	No. There will not be a capitation payment in the new program. There will be a participation rate, which replaces the current Bump rates, as well as the opportunity for quarterly bonus payments.
19	Reimbursement	Will the quarterly payments for quality and cost effectiveness be paid at the beginning of the quarter or the end of the quarter?	The quarterly payment for bonuses will be paid at the beginning of the quarter.

20	Reimbursement	Do we have a set budget for these payments for quality and cost effectiveness?	There is no additional funding for the ACHN. The Agency will be combining Patient 1st, Health Homes, Plan First, and the Maternity programs into a single care coordination delivery system with the goal of creating a more efficient care coordination system while achieving optimal health outcomes. The primary goal is to spend money differently to achieve better results. The quality and cost effectiveness bonus payments are included in this pool of funds.
21	Reimbursement	Will incentive payments be at risk if the legislative budget is short?	There is no additional funding for the ACHN. The Agency will be combining Patient 1st, Health Homes, Plan First, and the Maternity programs into a single care coordination delivery system with the goal of a more efficient care coordination system while achieving optimal health outcomes. The primary goal is to spend money differently to achieve better results.
22	Reimbursement	If a patient presents and is out of authorized visits, does the provider still get paid?	No. When the patient has exhausted his/her visits, no payment will be made to the physician.
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30	Reimbursement	If a patient presents and is out of authorized visits, does the provider still get paid?	No. When the patient has exhausted his/her visits, no payment will be made to the physician.
31	Reimbursement	If you are part of an alternative payment model (Teaching Physician/FQHC/Etc) are you still eligible to participate in the PCMH and Quality incentives?	Physicians working in FQHCs or RHCs, or physicians who are part of a state university's medical faculty, will have an opportunity to receive bonus payments based on quality, cost effectiveness and Patient Centered Medical Home (PCMH) recognition if they contract with the ACHN Entity in their region.
32	Reimbursement	Do you anticipate the bonus / incentive payments will be equal to / less than or greater than the current capitation payment	By implementing ACHNs, the Agency's primary goal is to spend money differently to achieve better results and keep providers whole. The ACHN effort differs from the Patient 1st program in that payments to PCPs will focus on activity as opposed to panel size. During the transition to the this new system, PCPs will receive full payment for quality and cost-effectiveness based on attribution. After that transition period, bonus payments will be made to participating PCPs based on actual performance.
33	Reimbursement	Will there be an appeals process for attribution and quality/cost scoring?	Details of a reconsideration process regarding attribution or quality scoring will be contained in the provider's contract with the Agency.
34	Reimbursement	When there are multiple providers' services by FQHC medical visits "FQHC service" and private physicians levels same date of service – who receive payment 1st if office visit limit is exceeded?	The first provider to submit a claim will receive the payment.
35	Reimbursement	Will FQHC providers be reimbursed on the same day when and/or if services are also provided by private providers?	The first provider to submit a claim will receive the payment.
36	Reimbursement	After listening to the webinar with Dr. Moon today, I learned that FQHCs, rural clinics and other similar entities will keep their current enhanced rates. Currently Jefferson County Department of Health receives an enhanced public health rate. Will this rate continue with the ACHN?	Medicaid is not aware of any changes to public health rates with the implementation of the ACHN.

37	Reimbursement	<p>My company is researching the upcoming Alabama Coordinated Health Network to consider becoming a Pivot Entity. We have a question about the global fees paid to OBs. I have gone through all of the questions, but that answers are a little contradictory. It says, "The OB providers will be paid Fee-for-Service.", but then it states, "The global fee schedule will remain the same." I need some clarification on that. Will the OB fee for all service still be the same as the current fee schedule, but each doctor will only be paid for the service he or she performs? If memory serves me correctly, currently, the doctor who performs the delivery gets the entire amount of the global fee. I am just trying to get clarification on how this has changed.</p>	<p>OB-GYNs and other delivering healthcare professionals who are contracted with the proposed networks will receive one set rate for prenatal, delivery, and postpartum services. In addition to the set rate, there will be fee-for-service payments available for services, such as ultrasound, laboratory, and anesthesia. OB-GYNs and other delivering healthcare professionals who are contracted with the proposed networks will also be eligible to receive two bonus payments, one for an office visit in the first trimester, and a postpartum office visit.</p>
38	Reimbursement	<p>What is the number of providers participating in the current 4 programs that will be eligible for bonus payments?</p>	<p>Providers eligible to receive bonus payments for patients in the general population include primary care physicians, as well as primary care physicians who are employed in FQHCs, RHCs, and PTFs and choose to actively participate with the PCCM-Es. Maternity care providers are also eligible for certain bonus payments as well.</p>
39	Reimbursement	<p>This section of the waiver does not include an "x", however the information is filled in. Please confirm that this is intended to be the PMPM payments given to the PCCM-E to cover initial administrative costs and Key Personnel.</p>	<p>The PMPM payment is for quality improvement projects; however we recognize that administrative costs and key personnel will be necessary to implement the program. Therefore the PMPM payment is also intended to be used for these expenses.</p>
40	Reimbursement	<p>Is the payment model based on activities completed within a calendar month (ie: 1st – 31st)? Will payments be received the following calendar month (ie: payment for September activity is received in October)?</p>	<p>Specific Information will be included in the RFP.</p>

41	Reimbursement	<p>1. Are the PCP Participation Rates posted on the website for a physician? Is there a separate rate for nurse practitioners?</p> <p>2. What is the anticipated incentive payment for PCHM's?</p>	<p>The PCP participation rates are posted on the AMA website. However, NPs who collaborate with participating PCP groups will be reimbursed at 80% of the PCP participation rate.</p> <p>If the participating group achieves or demonstrates appropriate progress towards achieving PCMH Recognition, then the group will receive a bonus payment. The dollar amount of the bonus will be dependent on the number of groups that achieve recognition and the number of attributed recipients to the group.</p>	
42	Reimbursement	<p>Our Doctor is a specialist and needs a PCP referral with a current EPSDT date for payment of services.</p> <p>Does the ending of this program effect any of the current process of our referrals?</p>	<p>No. The ending of the Patient 1st program will not affect the current process for specialty referrals.</p>	
43	Reimbursement	<p>Two of the quality measures for incentive payments are related to well care visits. Where will this information be obtained? The periodic screening/rescreening lists from the Medicaid Management Information System is horribly inaccurate. Apparently, the system doesn't recognize when a patient had their yearly well visit with a previous Medicaid number. We have numerous patients on our list that should not be there.</p>	<p>The information will continue to be obtained from the MMIS. However, the Agency is working to resolve the current issue with duplicate Medicaid IDs. These corrections to the system will be made prior to go-live on 10/1/2019.</p>	