



Alabama Coordinated Health Network (ACHN)

Alabama Medicaid Agency

www.Medicaid.Alabama.gov

ACHN Guiding Principles

- Pay for activity, not membership
- Focus on care management and health outcomes
- Redirect current expenditures to better achieve desired outcomes

7 ACHN Regions

- Do not take on full financial risk
- Do not pay providers (Medicaid will pay providers directly)
- Are responsible for a care management system in one pre-defined region
- Are incentivized along with Primary Care Providers for better health outcomes
- Are led by key staff including an executive director, quality care director, population health data analyst, care management director, pharmacists and a part-time medical director



ACHN Governing Boards

- Has governing boards based on the following rules:
 - ◇ 50 percent of the board (regardless of size) must be primary care physicians (including at least one maternity care provider) who practice in the region and engage in active participation with the ACHN. Up to two of these primary care physicians can be employed by a hospital.
 - ◇ In-region Hospitals (2 slots)
 - ◇ Community Mental Health Center Representative located in the Region (1 slot)
 - ◇ Substance Use Treatment Facility Representative located in the Region (1 slot)
 - ◇ Consumer Representative (e.g. Recipient, Parent of Recipient or Advocacy Organization Representative) (1 slot) who lives in the region
 - ◇ Federally Qualified Health Center (FQHC) Representative (1 slot)
- Consumer Advisory Committees (CAC) are established for each ACHN. Governing boards are required to hear from CACs at each governing board meeting.

Populations/Regions

- Seven pre-defined regions with one ACHN in each region.
- The ACHN serves the general Medicaid population, maternity care population, and the medically complex population.
 - ◇ Included Populations: children, pregnant women, and medically complex recipients
 - ◇ Excluded groups: Medicare/Medicaid (dual eligible)
 - ◇ Optional Groups: breast and cervical cancer recipients; Native Americans

Quality Improvement/Data

- Quality improvement projects focus on population priorities, such as:
 - ◆ Substance Use Disorder
 - ◆ Infant Mortality
 - ◆ Obesity and Obesity Prevention
- The ACHN and primary care physicians metrics and benchmarks focus on:
 - ◆ Well child visits
 - ◆ Immunization rates
 - ◆ BMI measurements
 - ◆ Substance use care management
 - ◆ Prenatal and post-partum care
 - ◆ Targeted population programs, standardized specialist support, provider supports, and public health initiatives)
- The Agency generates data to guide and support care management activities.

Payment/Reimbursement

- Payment to ACHNs is a combination of A, B, and C:
 - A. PMPM (per member per month) payment for Quality Improvement activities and funds quality improvement projects.
 - B. Payment for specific care management services delivered (This payment is based on the risk stratification/level of activity provided during a month for the recipients).
 - C. Additional bonus payments are possible based on achieving certain quality metrics.
- Payments to physicians are tiered and based on service.
- Primary Care Physician payment methodology is based on achievements. [Refer to Chapter 40 of the Provider Manual](#)

ACHN Information and Contacts

- ACHN contact information for providers is available on the Agency website under **Program Documents**, see (ACHN Contact Information for Providers):
https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx
- Medicaid recipients may call the toll free number for their region listed under the **ACHN Recipients** tab
<https://medicaid.alabama.gov/>
- Visit www.Medicaid.Alabama.gov and select the **ACHN tab**, **ACHN Providers** link to view detailed information and presentations.