

Alabama Medicaid Alabama Coordinated Health Network

June 28, 2018



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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

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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 13 – Multiple physicians and physician types attended
- Meetings with other state agencies, safety net providers

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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

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Recipients

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

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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

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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 ACHN 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

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Quality Improvement Projects



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

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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.

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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

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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 Network Entity to receive bonus payments in addition to fee-for-service (FFS) payments

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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.

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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

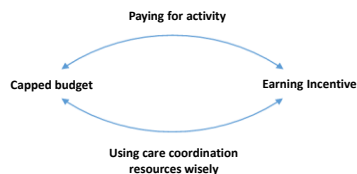
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Reimbursement



ACHN Payment Principles



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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

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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

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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

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Payment to Medical Providers



Primary Care Providers / General Population

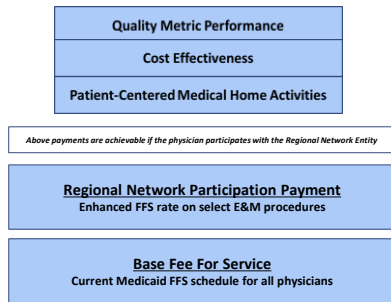
PCP payments:

- 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

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Primary Care Physician Payment



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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

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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

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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

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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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