


# Alabama Medicaid “Pivot Program”


*Healthcare in a new direction*

June 13, 2018

---




6/13/2018 1



## A new direction

- Single care coordination delivery system
- Effectively links patients, providers and community resources to achieve optimal health outcomes
- Replaces silos in current care coordination efforts
- Unified structure for care coordination in seven newly defined regions
- Care coordination services provided by Primary Care Case Management Entities (PCCM-Es), or “Pivot Entities”


6/13/2018 2



## “Pivot Entities”

- Provide care coordination services only for:
  - Primary care recipients
  - Maternity care recipients
  - Plan First family planning recipients


6/13/2018 3



## Benefits

- Seamless care coordination services across multiple eligibility categories
- Care coordination services available to more recipients, not just limited to Health Home recipients with chronic conditions
- Reduced barriers impacting health outcomes
- Greater ability to address statewide and regional health outcome goals


6/13/2018 4



## Benefits

- Flexibility to address regional quality issues, such as:
  - Asthma in a region due to environmental issues
  - Substance abuse in an area where there is a high incidence of NAS infants
- Ability to facilitate timeliness of key health activities, such as
  - Flu shots
  - EPSDT screenings
  - Early entry to prenatal care

6/13/2018 5



## Recipients

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

6/13/2018 6

## Recipients

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



6/13/2018

7

## Regions



- Program 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 Pivot Entities



6/13/2018

8

## Pivot Entity Board Structure

- Boards can be as large as the Pivot 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



6/13/2018

9

## Incentives for Quality

- Pivot 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 be incentivized



6/13/2018

10

## Quality Improvement Projects

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



6/13/2018

11

## Primary Care-Focused Metrics

Metrics and benchmarks will focus on items under the control of the Pivot 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



6/13/2018

12

## What Will Change?



### General Population:

- Patient 1<sup>st</sup> 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

6/13/2018

13

## 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 Pivot 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 Pivot Entity will be eligible for enhanced payments when they meet quality goals and report data to the Pivot Entity.

6/13/2018

14

## 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 Pivot Entity under contract with the Agency

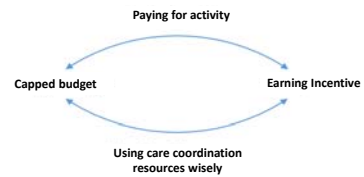
6/13/2018

15

## Reimbursement



### Pivot Program Payment Principles



6/13/2018

16

## Payment to Pivot 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

6/13/2018

17

## Payment to Pivot 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

6/13/2018

18

## Payment to Medical Providers



Primary Care Providers / General Population

- Payments will be tiered and based on service, not participation
- PCP payments:
  - PCPs contracted with a Pivot Entity and meet all requirements will be eligible for an enhanced rate on select Evaluation and Management codes (Pivot Plan 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.
  - Incentive payments are in addition to any FFS payments

6/13/2018

19

## Primary Care Physician Payment



**Base Fee For Service**  
Current Medicaid FFS schedule for those physicians who choose not to participate with the Pivot Entity

6/13/2018

20

## Primary Care Physician Payment



**Pivot Plan Participation Payment**  
Enhanced FFS rate on select E&M procedures

**Base Fee For Service**  
Current Medicaid FFS schedule for those physicians who choose not to participate with the Pivot Plan Organization

6/13/2018

21

## Primary Care Physician Payment



**Patient-Centered Medical Home Activities**

*Above payments are achievable if the physician participates with the Pivot Entity*

**Pivot Plan Participation Payment**  
Enhanced FFS rate on select E&M procedures

**Base Fee For Service**  
Current Medicaid FFS schedule for those physicians who choose not to participate with the Pivot Entity

6/13/2018

22

## Primary Care Physician Payment



**Cost Effectiveness**

**Patient-Centered Medical Home Activities**

*Above payments are achievable if the physician participates with the Pivot Entity*

**Pivot Plan Participation Payment**  
Enhanced FFS rate on select E&M procedures

**Base Fee For Service**  
Current Medicaid FFS schedule for those physicians who choose not to participate with the Pivot Entity

6/13/2018

23

## Primary Care Physician Payment



**Quality Metric Performance**

**Cost Effectiveness**

**Patient-Centered Medical Home Activities**

*Above payments are achievable if the physician participates with the Pivot Entity*

**Pivot Plan Participation Payment**  
Enhanced FFS rate on select E&M procedures

**Base Fee For Service**  
Current Medicaid FFS schedule for those physicians who choose not to participate with the Pivot Entity

6/13/2018

24

## Payment – Medical Providers



- Delivering Health Care Providers (OBs, Nurse Midwives)
  - An additional payment above FFS maternity global payment will be made for additional visits in the first trimester and for documented post-partum visits

6/13/2018

25

## Next Steps



- Submit waiver request to CMS
  - 1915(B) waiver
- Issue Request for Proposal (RFP) in each region

6/13/2018

26

## Connect with us....



- Questions and comments:
  - [PivotProject@medicaid.alabama.gov](mailto:PivotProject@medicaid.alabama.gov)
- Web page:  
[http://www.medicaid.alabama.gov/content/2.0\\_Newsroom/2.7\\_Special\\_Initiatives/2.7.6\\_Pivot\\_Entity.aspx](http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.7_Special_Initiatives/2.7.6_Pivot_Entity.aspx)
- Medicaid News Updates:  
<http://www.medicaid.alabama.gov/Subscribe.aspx>

6/13/2018

27