

Alabama Medicaid “Pivot Program”

Healthcare in a new direction

June 13, 2018





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”



“Pivot Entities”

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



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



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



Recipients

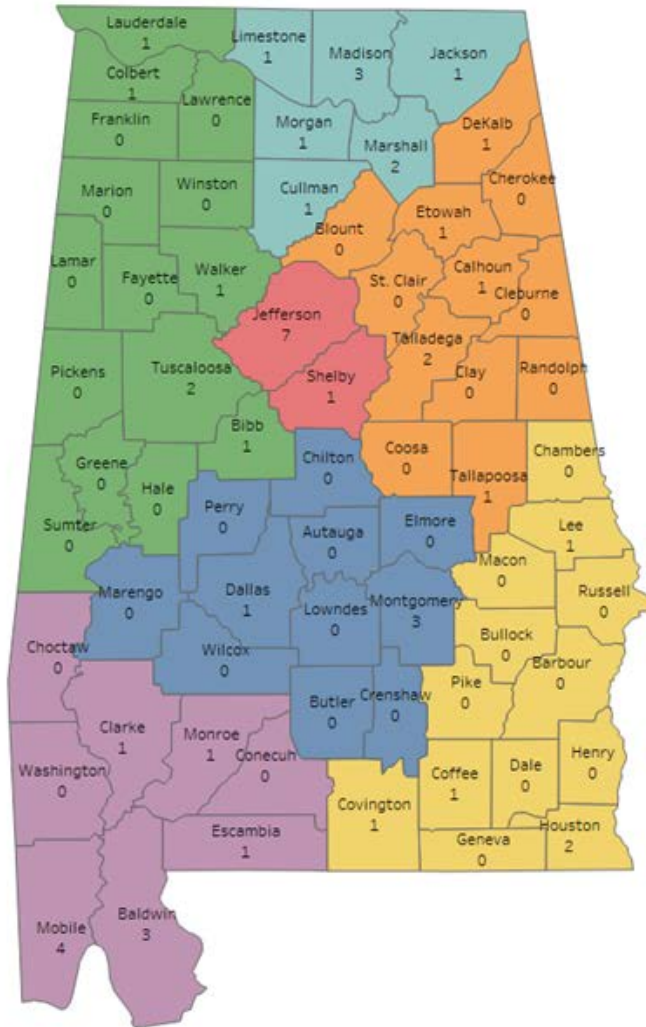
- Approximately 750,000 recipients to be impacted by “Pivot Program”
 - Current Patient 1st recipients
 - Maternity Care recipients
 - Plan First recipients
 - Foster children / Former Foster Children
- Excluded: Dual Eligibles (Medicare recipients) and LTC / Waiver recipients



Recipients

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

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



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



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



Quality Improvement Projects

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



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



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



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.



What Will Change?

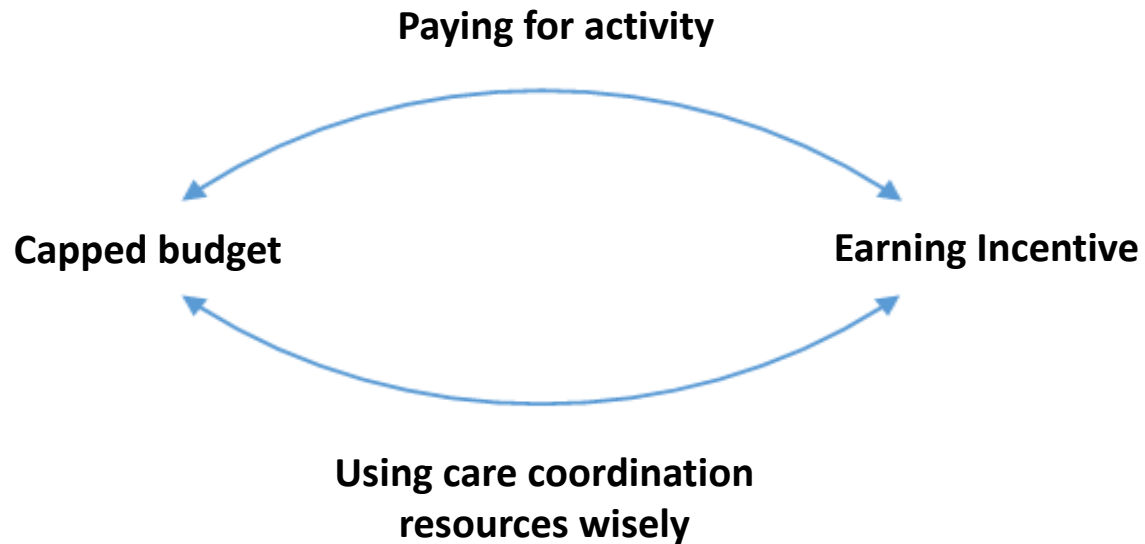
Plan First:

- 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



Reimbursement

Pivot Program Payment Principles





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



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



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

Primary Care Physician Payment



Base Fee For Service

Current Medicaid FFS schedule for those physicians who choose not to participate with the Pivot Entity

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

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

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

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



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



Next Steps

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



Connect with us....

- Questions and comments:
 - 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
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