ACHN Questions and Answers - Updated 7/9/18

	Issue	Question	Response
1	General	Why is there not a general forum page for community-wide discussions? Why was the video link disabled to disallow comments?	The Agency has established a page on its website where questions and comments may be submitted. A link to subscribe for email updates is also available on this page. All questions and answers received by the Agency will be posted to this page. Additional communmity engagement activities will be announced as the program is developed.
2	Governing Board	How do physicians apply to be on the governing board of the ACHN entity and who decides on the selection of these members?	Each ACHN will be responsible for policies and procedures regarding the development of its governing board.
3	Governing Board	With regard to each ACHN's board, the PPT states that "hospitals can employ no more than one board physician per entity." How does this change the limit of two hospital-employed physicians per board?	The proposed board composition is intended to reflect several key components of the health care system. To have a qualifying board, both hospital positions would need to be filled. A. Hospital Positions: Hospitals can choose who fills the two hospital slots (administrator, physician, etc.) The two slots should represent more than one system if at all possible. B: Primary Care Physician positions: It is not required that hospitals employ any of the primary care physicians filling the primary care slots, but it is allowed for each hospital represented to employ one of the physicians filling a primary care slot. It is certainly allowable for the board to choose to increase their membership above the 12 minimum members; however, the ratios will need to be maintained. For example, doubling the number of hospital-associated slots would require a doubling of all the other slots on the board.
4	Governing Board	If an ACHN entity has three participating hosptals, can the board now have three hospital-employed physicians?	See above question
5	Governing Board	Alternatively, if an ACHN entity has only one participating hospital, is the PCCM entity limited to one hospital-employed physician?	See above question

6	Participation	According to Medicaid's program briefing, PMPs will now have the choice as to if they participate in the Pivot Program instead of being required as a condition of Patient 1st provider enrollment. Accordingly, providers that choose not to participate in the Pivot Program will only receive the current Medicaid FFS. Please provide information including requirements for PMP enrollment with Medicaid since the existing Patient 1st contact will be invalid.	In addition to the regular Medicaid provider enrollment form, Primary Care Physicians will also be required to complete a PCP Enrollment form. This enrollment form is still under development and will be released closer to implementation of the program. A separate agreement will be required between the PCP and the ACHN entity in order to quaify for bonus payments.
7	Participation	If there is no impact on FQHCs and RHCs, can they still participate with ACHN?	Yes, there will be an opportunity for bonus payments to PCPs based on quality, cost effectiveness and Patient Centered Medical Home (PCMH) recognition if they contract with the ACHN Entity in their region.
8	Participation	We currently have two pediatric board-certified specialists (neurology and pulmonology) who are receiving the enhanced bump rate as they meet the requirements. Will they be able to participate in the ACHN Entity and continue to receive the bump rate? If they are participating, what measures would they have to meet to obtain incentive payments as they do not provide check-ups, immunizations or BMI measures?	Yes. All physicians who meet the current requirements to receive "bump" payments AND actively participate with the ACHN Entity will be eligible to receive the ACHN Participation Rate (which replaces the "Bump" rate).
9	Participation	Do you have to be an FQHC to develop a PIVOT?	No. Any organization interested in participating in the ACHN program must comply with the organizational qualification requirements set by the Agency in the ACHN Program RFP to be issued in the near future.
10	Participation	How do you apply to be an ACHN Entity and what is the selection process?	Any interested organizations must respond to the Response for Proposal (RFP) to be issued in the near future.

11	Participation	Will practices operating under RHC status continue under their current status if the ACHN Project is approved or will RHCs be replaced?	The RHC will continue under their current status, but will also be encouraged to participate with the ACHN Entity for care coordination services and to be eligible for bonus payments.
12	Participation	Will PMPs employed by a group practice, outpatient clinic, hospital affiliated outpatient clinic, etc. be allowed to participate in the Pivot Program and be eligible for incentive payments?	Yes, there will be an opportunity for bonus payments to PCPs based on quality, cost effectiveness and Patient Centered Medical Home (PCMH) recognition if they contract with the ACHN Entity in their region.
13	Program Funding	Where is the funding coming from that will fund these care coodination entities. Who will receive the cuts that will be required to cover the cost of the program?	There is no additional funding for the ACHN. The Agency will be combining Patient 1st, Health Homes, Plan First, and the Maternity Program 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.
14	Program Funding	It is great to identify regional factors that affect health in Alabama. Where will the funding come to address regional environmental factors (drug abuse, mental health, water pollution) once identified by regional entities? We are already aware of issues that have negative effects on patient health and areas of shortages of specific services such as mental health, but how will this plan improve this?	Each ACHN will have funded quality improvement projects (QIPs) focusing on population priorities, such as Substance Abuse, Infant Mortaility, Obesity, and Obesity Prevention.
15	Program Structure	Given health centers role as medical homes and the overall aim of population health management to improve the outcomes of patients while improving efficiencies and reducing the total costs, please provide the rationale for excluding health center PMPs from the Pivot Performance Incentive Program.	There will be an opportunity for bonus payments to health center PCPs based on quality, cost effectiveness and Patient Centered Medical Home (PCMH) recognition if they contract with the Network Entity in their region.

16	Program Structure	We currently have some systems in place to identify cost-efficient Medicaid providers (Provider Profiles, reporting available via EHRs, Gold Standard Prescribers, etc.); have we considered utilizing/improving these systems that are already in place to incentivize providers/entities to provide better outcome-based and more cost-efficient care?	The new payment methodology does build on current systems to better recognize and reward outcome-based, cost-efficient care.
17	Program Structure	When will provider-specific meetings be held on this new program. Provider input during the planning phase could be a crucial component of program success.	Several provider-specific (OB/Gyn, Pediatrics, Family Medicine) meetings and presentations have already been conducted. More provider meetings, webinars and other activites are planned in the coming months. The Agency has also established a page on its website where questions and comments may be submitted. A link to subscribe for email updates is also available on this page. All questions and answers received by the Agency will be posted to this page. Additional communmity engagement activities will be announced as the program is developed.
18	Program Structure	Will there be a visit limit? If so, without patient panels, how will a provider know when a patient has used all of their visit? Many providers' billing is often delayed six months or more due to credentialing timeframes.	Today the same concerns about approaching the 14-visit limit for adults exist. Simply having a panel does not prevent recipients from accessing the ER which also counts toward the 14-visit limit for adults. It will be important for physicians to work with the ACHN entities to manage and educate patients regarding the visit limits.
19	Program Structure	Will Pediatric providers be able to dismiss Medicaid patients that choose to go to Urgent Care centers on a regular basis for illness, but use their Pediatric provider for behavior needs and EPSDT's?	The Primary Care Physician will determine dismissal of any recipient.

20	Program Structure	Will Pediatric providers be required to administer EPSDT's or will any "willing Medicaid provider" be able to administer these screenings?	EPSDT screenings may be provided by any EPSDT provider enrolled with Medicaid without regard to their enrollment status with the ACHN entity.
21	Program Structure	Can individual provider practices set up an ACHN Entity?	Any interested organizations must respond to the Response for Proposal (RFP) to be issued in the near future.
22	Program Structure	Will there be more than 1 ACHN in each region.	There will be only one ACHN entity per region.
23	Program Structure	Dr. Moon mentioned three organizations that they were talking with to help in the areas of infant mortality, substance abuse and obesity/obesity prevention. Can you share who those are? We (AL-AAP and ADPH) have an established opioid misuse in women task force – how can we connect with the pivot entities in the area of substance abuse?	Alabama Child Health Improvement Alliance (ACHIA) has agreed to work with ACHN to develop Quality Improvement Plans related to Obesity and Obesity Prevention. The Alabama Perinatal Quality Collaborative has agreed to work with ACHN to develop QIPs related to Infant Mortality. The Medicaid Agency is in discussions with the Alabama Department of Mental Health about working with ACHN to develop QIPs related to substance abuse. Other groups may want to reach out to these lead organizations regarding how they might contribute.
24	Program Structure	Do you see providers being able to provide the same continuity of care when patients will be given a broader freedom to walk in Urgent Care centers for their immediate need?	The ACHN is an outcome-focused effort. Consequently, providers will be incentivized for providing a medical home and for the quality of the care they provide. With the support of care coodinators, more patients will be encouraged to obtain care in an appropriate setting. The Agency does not now and currently has no plan to pay stand alone Urgent Care centers.

25	Program Structure	Dr. Moon reported that the Patient 1st Program will not continue and that patients, except for some maternity cases, will no longer be assigned to PMPs. Please provide information on Medicaid's rationale for discontinuing the process of assigning related Medicaid enrollees to a medical home. It seems that the basis of any Primary Care Case Management Program is patient assignment to a PMP/medical home that is responsible for managing patient needs; additionally, since Medicaid will now be making additional incentive payments to private physicians for "PCMH activities" but has severed the basic tenant of any care coordination system which is the establishment of a consistent medical home relationship. Medicaid's own data seems to demonstrate that the percentage of Medicaid enrollees requesting changes in their PMP assignments is low. What has prompted Medicaid to discontinue the process of assigning PMPs?	Most other payers in our state do not use assigned panels. The largest commercial payer (BCBS) uses an attribution methodology and some Medicare plans use an attribution methodology. Medicaid's move to an attribution methodology is consistent with the approach of other payers in our state.
26	Program Structure	Since patients will no longer be assigned to a Patient 1st PMP and may see any "Medicaid Primary Care Physician" they choose, please define "Medicaid Primary Care Physician."	Primary Care Physician (PCP) – A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) that practices in the specialty designation of family medicine, general internal medicine, pediatrics, and general medicine.
27	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.

28	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.
29	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.
30	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 OB providers will be paid Fee-for-Service. The global fee schedule will remain the same. Medicaid will make separate bonus payments for initial prenatal visits made in the first trimester and for documented post partum visits.

31	Reimbursement	"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?	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 specialities 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.
32	Reimbursement	"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.	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 ***at any level*** will continue to receive the bonus payment.

33	Reimbursement	"Cost Effectiveness": How will this be measured? Similar to Blue Cross?	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.
34	Reimbursement	"Quality Metric Performance": How will this be measured? Similar to Blue Cross?	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.
35	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.
36	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)?	The first year of the program, bonus payments for Quality Measures, Cost Effectiveness, and PCMH recognition will be equally distributed to all participating providers. In subsequent years, the bonus categories will be determined by data generated since the start of the new program.

37	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.
38	Contracting	When will the RFP be released?	Agency Requests for Proposal are released pursuant state rules and regulation. Please continue to monitor the Agency website for RFP releases. Also, potential bidders are encouraged to register with STAARS to recieve RFP release notifications.
39	Contracting	Will there be a separate RFP for each Region?	Agency Requests for Proposal are released pursuant state rules and regulation. Please continue to monitor the Agency website for RFP releases. Also, potential bidders are encouraged to register with STAARS to recieve RFP release notifications.
40	Contracting	What is the time period for bidders to respond?	Agency Requests for Proposal are released pursuant state rules and regulation. Please continue to monitor the Agency website for RFP releases. Also, potential bidders are encouraged to register with STAARS to recieve RFP release notifications.
41	Contracting	What is the time period for Agency review and Award?	Agency Requests for Proposal are released pursuant state rules and regulation. Please continue to monitor the Agency website for RFP releases. Also, potential bidders are encouraged to register with STAARS to recieve RFP release notifications.
42	Program Operation	What is the current status of CMS' review and approval of the Plan?	The Waiver is currently being prepared for submission to CMS.

43	Program Operation	How will CMS' review and approval affect the proposed implementation timeline.	We are working closely with CMS and following their guidance and guidelines. At this point, the Agency is confident our process is consistent with CMS guidelines.
44	Program Operation	Will Readiness Assessment be conducted before CMS' approval of the plan?	The Agency will make every effort to stay within the timeline set forth within the RFP regardless of CMS approval of the waiver.
45	Contracting	Will the Agency award the RFP without CMS' approval of the Plan?	Yes, the Agency will consider awarding the RFP without CMS' final approval.
46	Program Funding	What is the current FY2019 budget allocated for the Pivot Plan?	The Agency will be combining Patient 1st, Health Homes, Plan First , and the Maternity Program 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.
47	Program Funding	What is the expected budget allocation for FY2020 and 2021?	Budgets for FY 2020 and FY 2021 have not yet been submitted.
48	Reimbursement	What is the anticipated reimbursement model for the Pivot vendors?	Specific Information will be included in the RFP.
49	Reimbursement	When will the specific reimbursement rates be determined?	Specific Information will be included in the RFP.

50	Reimbursement	In regards to the maternity program, anesthesiologists are paid a flat rate for epidurals for deliveries. Will this continue?	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. 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.
51	Governing Board	Can one hospital serve on multiple boards in different regions?	No. They may only serve on a board in the region in which they are located.