ACHN Questions and Answers - Updated 7/9/18

	Issue	Question	Response
1	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.
2	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.
3	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.

4	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.
5	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.
6	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.
7	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.
8	Program Structure	Will there be more than 1 ACHN in each region.	There will be only one ACHN entity per region.
9	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.

10	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.
11	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.

12	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.