

ACHN Questions and Answers - Updated 7/9/18

	Issue	Question	Response
1	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.
2	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.
3	Reimbursement	How will FQHCs and RHCs 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.
4	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.

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5	Reimbursement	<p>“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?</p>	<p>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 specialties if the doctor can attest that 60% of paid Medicaid procedures billed are for certain E&amp;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.</p>
6	Reimbursement	<p>“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.</p>	<p>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 <b><i>at any level</i></b> will continue to receive the bonus payment.</p>
7	Reimbursement	<p>“Cost Effectiveness”: How will this be measured? Similar to Blue Cross?</p>	<p>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.</p>

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8	Reimbursement	<p>“Quality Metric Performance”: How will this be measured? Similar to Blue Cross?</p>	<p>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.</p>
9	Reimbursement	<p>When will you have more details on the patient attribution process (how a pt will be attributed to that provider)?</p>	<p>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.</p>
10	Reimbursement	<p>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)?</p>	<p>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.</p>

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11	Reimbursement	<p>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.</p>	<p>Other than what is described above, There is no additional detail at this time.</p>
12	Reimbursement	<p>What is the anticipated reimbursement model for the Pivot vendors?</p>	<p>Specific Information will be included in the RFP.</p>
13	Reimbursement	<p>When will the specific reimbursement rates be determined?</p>	<p>Specific Information will be included in the RFP.</p>

14	Reimbursement	In regards to the maternity program, anesthesiologists are paid a flat rate for epidurals for deliveries. Will this continue?	<p>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.</p> <p>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.</p>
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