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6.1.2 *Medicaid Spoke Staff Payment Process*

Payments are based on the ~~**average**~~ **median** monthly number of unique patients in each Health Service Area (HSA) for whom Medicaid paid a Buprenorphine or Vivitrol pharmacy claim during the most recent ~~**three-month**~~ **12-month** period. This is designed to reflect the active caseload for each provider and for the region. The pharmacy claims include information that identifies the provider, the patient, and the medication prescribed. The total number of unique patients served is rounded to next increment of 25 to arrive at a total count in the region for staffing purposes. For example, a count of 167 patients in active treatment is rounded to 175 for the staffing model. This allows staff to be hired and deployed in increments of .25% Full Time Equivalent (FTE).

The patient counts for each Health Service Area (HSA) are calculated ~~**quarterly**~~ **annually** and the Blueprint provides Medicaid with that calculation based on the staffing cost model below. Medicaid makes the payments to the lead administrative agent in each Blueprint Health Service Area as part of the Medicaid Blueprint Community Health Team payment every quarter. The Blueprint Program Manager in each HSA is responsible for organizing both the Community Health Team staff and the Spoke Staffing on behalf of the practices and programs in the region. The prescribers bill evaluation and management codes for seeing patients and the pharmacy claims are also billed as usual. Spoke staff do not bill for their services as their salaries are supported by the Community Health Team payments.

Spoke Staffing at 100 patients	Total Estimated Annual Costs
1 FTE RN Care Manager	$202,500
1 FTE Clinician Case Manager	