Alabama Medicaid Agency

Alabama Coordinated Health Network (ACHN)

Delivering Healthcare Professionals (DHCP)



Networks and Quality Assurance Division

Objectives



- Providers to understand changes to Medicaid's programs, effective October 1, 2019
- Share information about the Alabama Coordinated Health Network (ACHN) Program
- Review changes to reimbursement that will impact Delivering Healthcare Professionals (DHCP), effective October 1, 2019
- Share information about how to become a 'Participating Provider' under the ACHN Program

Introduction



The Alabama Medicaid Agency (Medicaid) has operated the Health Homes Program, the Maternity Program and the Plan First Program for many years. Each program provides care coordination to Medicaid's recipients in individual silos. Medicaid wanted to improve service provision, replace silos in the current care coordination program, and improve health outcomes for recipients. Therefore, the Agency implemented a plan to have one care coordination system, called Alabama Coordinated Health Network (ACHN).

ACHN...a new direction



- Single care coordination delivery system combining Health Homes Program, Maternity Program and Plan First Program
- Replaces silos in current care coordination efforts
- Development of a quality program to address infant mortality, substance use disorder and childhood obesity
- Seven newly-defined regions; each with a board
- Primary care physicians practicing in the region make up at least 50% of board (one must be an OB/GYN)

ACHN Implementation



- The Alabama Medicaid Agency (Medicaid) released a Request for Proposal on January 9, 2019.
- Medicaid submitted a 1915(b) Waiver to CMS as authority to operate the ACHN Program.
- CMS approved the 1915(b) Waiver on June 14, 2019.
- Seven proposed organizations have been identified to serve as Network Entitles under the ACHN Program and they are currently going through the readiness process.

ACHN Operation



ACHN Regions



Based on:

- Existing patterns of care
- Access to care
- Ability to ensure financial viability of regional ACHN entities



ACHN Proposed Network Entitles



Proposed Operating Alabama Coordinated Health Network by Region



Region	Organization	Contact Name	Phone Number
Northwest	My Care Alabama Northwest	Stacey Copeland	stacy.copeland@MyCareAlabama.org
Northeast	North Alabama Community Care	Dana Garrard Stout	dana.garrard@alabamacommunitycare.org
Jefferson and Shelby	Alabama Care Network Mid-state	Michael Battle	mbattle@uabmc.edu
Central	My Care Alabama Central	Casey Wylie	casey.wylie@MyCareAlabama.org
East	My Care Alabama East	Donna Oliver	donna.oliver@MyCareAlabama.org
Southeast	Alabama Care Network Southeast	Jan Carlock	jcarlock@uabmc.edu
Southwest	Gulf Coast Total Care	Sylvia Brown	sbrown@uabmc.edu

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ACHN Operation



- Each network will be responsible for:
 - Providing care coordination to recipients based on their county of residence
 - Notifying maternity recipients that they are required to participate in the ACHN Program for Medicaid to pay for their maternity services (same function as performed by Maternity Contractors today)
 - Collaborating and creating a network of DHCPs in their Region

ACHN Participants

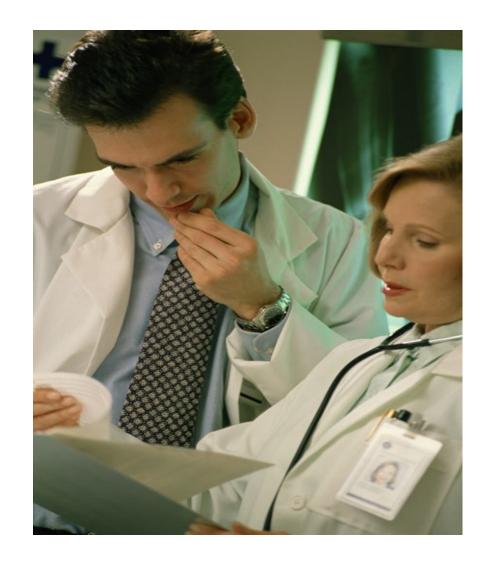


• Medicaid-Eligible maternity care recipients

• Plan First – Women ages 19-55 and men age 21 and over

• General Population – Current Patient 1st recipients, plus current/former foster children

What does this mean for DHCPs?



Reimbursement Under the Current Maternity Care Program...



• DHCPs either bill Medicaid directly for services or bill the Primary Contractor for services

• Medicaid global rates are between \$950 - \$1,300 for urban and between \$1,250 - \$1,700 for rural

• Primary Contractors pay physicians for ultrasounds

• The average global payment made by a Primary Contractor is between \$1,300 - \$2,273

Reimbursement Under the ACHN...



- Claims for maternity services will be reimbursed FFS directly by Medicaid
- DHCPs will have the opportunity to receive two bonus payments in addition to your FFS payment:
 - A bonus payment for an initial prenatal visit made in the first trimester
 - A bonus payment for a postpartum visit (if provided 21-56 days postpartum)

If you are an actively Participating DHCP...



- Medicaid will pay \$100.00 for each bonus payment and the following procedure codes must be submitted on a separate claim:
 - > **Initial Prenatal Visit** H1000 (made during the first trimester)
 - Postpartum visit G9357 (between 21 and 56 days of delivery)

Proc Code	Description	Current Rural	ACHN Rural	Current Urban	ACHN Urban
59400	Global Vaginal	\$1,700	\$1,790	\$1,300	\$1,390
59510	Global Cesarean	\$1,700	\$1,790	\$1,300	\$1,390
59409	Vaginal Delivery-Only	\$1,250	\$1,340	\$950	\$1,040
59514	Cesarean Delivery-Only	\$1,250	\$1,340	\$950	\$1,040
59410	Vaginal Delivery; including Post-Partum Care	\$1,300	\$1,390	\$1,000	\$1,090
59515	Cesarean Delivery: including Post-Partum Care	\$1,300	\$1,390	\$1,000	\$1,090
59610	Global Vaginal; after previous Cesarean Delivery	\$1,700	\$1,790	\$1,300	\$1,390

СРТ	Description	Rates
59320	Cerclage of cervix, during pregnancy	132.00
59325	Cerclage of cervix, during pregnancy; abdominal	166.00
59871	Removal of cerclage suture under anesthesia	101.45
76818	Fetal biophysical profile	66.00
76819	Fetal biophysical profile; without non-stress testing	62.00
76820	Doppler velcocimetry, fetal, umbilical artery	57.23
76821	Doppler velocimetry, fetal, middle cerebral artery	64.35
76825	Echocardiography, fetal	101.00
76826	Echocardiography, fetal, follow-up or repeat study	50.00
76827	Doppler echocardiography, fetal	67.00
76828	Doppler echocardiography, fetal, follow-up or repeat study	47.00

Ultrasounds



• DHCPs may bill Medicaid a limit of two (2) ultrasounds without requiring a prior authorization

- Additional ultrasounds may be approved through:
 - > The submission of a prior authorization request to DXC by following the current prior authorization process as outlined in the Provider Manual (Prior Authorizations, Chapter 4).

СРТ	Description	Rates
76801	Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation	59.21
76802	Ultrasound, pregnant uterus, real time image documentation, with fetal and maternal evaluation	46.44
76805	Ultrasound, pregnant uterus, B-scan and/or real time with imagine documentation; complete	85.00
76810	Ultrasound, complete, multiple gestation, after the first trimester	168.00
76811	Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation	152.31
76812	Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation	92.25
76813	Ultrasound pregnant uterus, real time with image documentation, 1st trimester	78.00
76814	Ultrasound for each additional gestation use in conjunction with 76813	52.00
76815	Ultrasound, limited (fetal size, heartbeat, placental location, fetal position, or emergency in the delivery room)	57.00
76816	Ultrasound, follow-up or repeat	47.00
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	60.45

• Ultrasound rates are global rates that include the professional and technical

Laboratory Services



• Laboratory services can be billed separately from the global as current policy allows

A hematocrit and urinalysis is included in the global delivery code fee as part of antepartum care and may not be billed separately to Medicaid

If you are an Actively Participating DHCP...



- When all of these OB services are added together to include the following:
 - > Global code: \$1,390 for urban, or \$1,790 for rural
 - > Two ultrasounds (based on Procedure Code 76805) \$85 each
 - One initial prenatal visit at \$100
 - > One post partum visit at \$100
- The approximate total reimbursement (urban) would be: \$1,760.00
- The approximate total reimbursement (rural) would be: \$2,160.00
- Remember Procedures that can be billed fee-for-service:
 - Cerclage
 - > Ultrasounds
 - » Biophysical profiles, etc.
 - > Labs

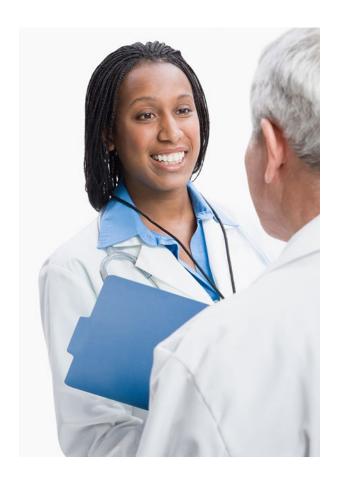
Participation Requirements for DHCPs



• To receive payment for maternity services, DHCPs must actively participate with the ACHN

- Active participation is defined as:
 - » Signing a Participation Agreements with a Network Entity
 - > Participating in the recipient's care planning process
 - > Participating in the DHCP Selection Referral process
 - Providing maternity and recipient data to the Network Entity (same type of data provided today)

Care Coordination Program



ACHN Maternity Care Coordination Requirements



 Manage maternal health care coordination (prenatal, delivery, postpartum and family planning care)

• Engage all pregnant recipients to participate in the Care Coordination Program

Screen and assess recipients

• Help recipient establish Medicaid eligibility

ACHN Maternity Care Coordination Requirements



- Assist in selecting a DHCP
- Assist recipients with prenatal and postpartum appointments and reminders
- Coordinate and make appropriate referrals
- Transition recipients to non-maternal care coordination after postpartum period

DHCP Selection Referral Process



DHCP Selection Referral Process



• All maternity claims must contain a DHCP selection referral number

• The DHCP selection referral number will come from the Network Entity to receive payment

• A DHCP selection referral number is the referring Network Entity's NPI number

• To be part of the referral process, DHCPs will have to be a participating provider

DHCP Referral Form (example)



Alabama Coordinated Health Network

Delivering Healthcare Professional Selection Referral Form

PCCM-E's Name:	PCCM-E's NPI Number:		
Date:			
Type of Referral: □ Initial □ Change of DHCP □ High-Risk/Specialty □ Other			
Medicaid Eligible Individual (EI) Information			
Name:			
Last	First	_MI	
Medicaid Number:	DOB:		
Address:			
Telephone Number (with area code):			

Reminder of Participation Requirements



To receive payment for services, DHCPs (groups) must actively participate with the ACHN. Active participation is defined as:

- Signing a Participation Agreement with at least one Network Entity
- Participating in the development of the care plan with the Network Entity
- Participating in the DHCP selection and referral process
- Providing data to the ACHN (same data as provided today)

ACHN Proposed Network Entities



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Quality Improvement



Quality Improvement



DHCPs can positively impact quality by

- Performing a prenatal visit in the first trimester
- Performing a postpartum visit (21-56 days)
- Participating in quality improvement projects with the ACHN Network Entities

Summary



Maternity Contractors will no longer contract with DHCPs

• Claims for maternity services will be reimbursed FFS from Medicaid directly

 You will have the opportunity to receive two quality bonus payments in addition to your FFS payment

• DXC is available to work with your office staff and provide billing assistance

Training & Technical Assistance



Training and Technical Assistance for DHCPs



 DXC will provide billing assistance and training to DHCPs (onsite, group presentations, etc.)

• Link to DXC's provider representatives:

http://www.medicaid.alabama.gov/content/10.0 Contact/10.3 Provider Contacts/10.3.5 Provider Reps.aspx

Questions



• Website: <u>www.Medicaid.alabama.gov</u>

Newsroom> Quality Innovation and Technology Initiatives> ACHN

Direct Link to Frequently Asked Questions

• Submit questions for official response to: <u>ACHN@medicaid.alabama.gov</u>



Thank you for your time!