

Alabama Coordinated Health Network (ACHN)

Tuesday, September 24, 2019 -- The webinar will begin at 12:00 p.m. CST

DHCP: A New World of Billing in the ACHN Program

Attention!

Please MUTE your phone and computer microphone!

- You will not hear any sound until the webinar begins
- Use the Chat Box function to type in questions
- Questions will be answered at the end of the webinar

Alabama Medicaid Agency

Alabama Coordinated Health Network (ACHN)

Delivering Healthcare Professionals
(DHCP)



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Managed Care Operations

ACHN Operation



ACHN Operation



Each network will be responsible for

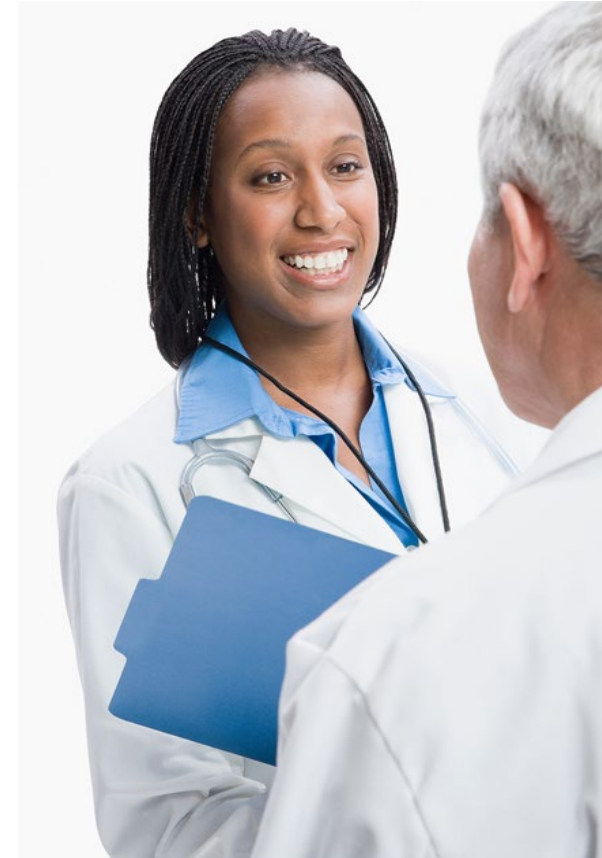
- Providing maternity care coordination based on recipient's county of residence
- Creating a maternity care coordination delivery system within the region
- Notifying maternity recipients that they are **required** to participate in ACHN care coordination for Medicaid to pay for their pregnancy and delivery services
- Creating a network of Delivering Healthcare Providers (DHCPs)



ACHN Maternity Eligibles

- Maternity Care recipients
- Blind/Disabled children and adults
- Aged and related populations
- Children under age 19
- Parents or other caretaker relatives (POCR)
- Foster children
- Former Foster Care
- Breast and Cervical Cancer, and
- American Indians (note: may opt-out at any time)

Care Coordination Program





Program Requirements - Maternity Population

Develop processes to

- Assist recipients with appointments and reminders
- Coordinate and make appropriate referrals
- Track recipients throughout pregnancy and postpartum period
- Transition recipients to non-maternal care coordination after postpartum period
- Provide care coordination in setting of recipient's choice

Care Coordination Program - Maternity Population



Care coordination services provided by the ACHN for the maternity population include

- Face-to-Face eligibility assistance
- First Face-to-Face encounter
- Face-to-Face follow-up encounter
- Inpatient Face-to-Face delivery encounter
- In Home Face-to-Face postpartum encounter

Care Coordination Transition



To ensure a smooth transition from the current maternity program to the ACHN, Medicaid is ensuring the following

- The ACHN will obtain historical information from the maternity contractor about the recipient –this information is for those that delivered in September and those that will transition to the ACHN
- The ACHN will begin accepting phone calls on October 1st and will begin scheduling appointments for November

DHCP Selection Referral Process





DHCP Selection Referral Process

- All maternity claims will require a DHCP selection referral number from the ACHN to receive payment
- A DHCP selection referral number is the referring ACHN's NPI number
- The ACHN will send a list of participating physicians monthly to DXC (Medicaid's Fiscal Agent)

DHCP Selection Referral Form Example



Alabama Coordinated Health Network

Delivering Healthcare Professional Selection Referral Form

ACHN's Name: _____ ACHN'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): _____



DHCP Selection Referral Process

- No DHCP referrals from the Network will be required in the month of October since care coordination does not begin until November
- For deliveries that occur November 1st, before you have had a chance to obtain a DHCP referral, the DHCP should contact the ACHN to obtain a verbal referral and the ACHN will follow-up within 24 hours with a written one



DHCP Referrals to Specialists

Beginning October 1st DHCPs will

- Be able to provide a referral to a specialist without going through a PCP—the DCHP must use Referral Form 362 on the website

[https://medicaid.alabama.gov/documents/9.0 Resources/9.4 Forms Library/9.4.17 Referral Forms/9.4.17 Form 362 Referral 9-9-19.pdf](https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.17_Referral_Forms/9.4.17_Form_362_Referral_9-9-19.pdf)

- No longer have to receive a referral from a PCP to provide services outside of maternity care

Quality Improvement



Quality Improvement



The areas of focus for the Quality Improvement Program are

- Reduction of Infant Mortality
- Substance Use Disorders
- Prevention of Childhood Obesity

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

Payments and Rates for DHCPs contracted with the ACHN





If you are a DHCP

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



If you are a DHCP

- To bill Medicaid for maternity services, you must participate in the ACHN program
- Only one agreement needs to be signed for participation in all ACHNs
- You will be able to collaborate with a care coordinator to ensure early access into care

Participation Requirements for DHCPs



- To receive payment for services, DHCP groups must sign an agreement and actively participate with the ACHN
- Active participation is defined as
 - Participating in the development of the care plan with the ACHN
 - Participating in the DHCP selection and referral process
 - Providing data to the ACHN (same data as provided today)



If you are a DHCP

- Currently, DHCPs either bill Medicaid directly for services or bill the Primary Contractor for services
- Current Medicaid global rates are between \$950 - \$1,300 for urban and between \$1,250 - \$1,700 for rural
- Primary Contractors pay physicians in different ways: Some include ultrasounds in a global rate, some do not include ultrasounds in the global rate
- The average global payment made by a Primary Contractor is between \$1,300 - \$2,273. Some Primary Contractors pay a different rate for urban and rural

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

Urban and Rural



Rural rates apply to the county location of the DHCP's offices. A map showing urban and rural counties for providers may be accessed on the Medicaid website on the following link

[https://medicaid.alabama.gov/documents/5.0 Managed Care/5.1 ACHN/
5.1.3 ACHN Providers/5.1.3 Urban Rural Map.pdf](https://medicaid.alabama.gov/documents/5.0%20Managed%20Care/5.1%20ACHN/5.1.3%20ACHN%20Providers/5.1.3%20Urban%20Rural%20Map.pdf)

CPT	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

CPT	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 image 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

Ultrasounds



Effective October 1st

- Prior authorizations are no longer needed for maternity ultrasounds
- Although a prior authorization is no longer required, maternity ultrasounds are to be medically necessary

Laboratory Services



- 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
- All other laboratory services can be billed separately from the global as current policy allows

If you are a 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)



If you are a 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 (beyond two)
 - Biophysical profiles, etc.
 - Labs

FQHCs and RHCs



Payment to FQHCs and RHCs will be based on the following policy

- Reimbursement to FQHCs and RHCs will be made via PPS rates and FFS rates
- PPS rates will be billed for antepartum visits using E&M codes (E&M codes are included in the 14 visit limit for physicians)
- All other codes will be billed to Medicaid FFS



FQHCs and RHCs

The table below shows the FFS codes that will be billed by FQHCs and RHCs for maternity services

Proc Code	Description
59409	Vaginal Delivery
59430	Post-Delivery Care
59514	Cesarean Delivery
59612	Vaginal Delivery after Cesarean Delivery
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean Delivery Only; following attempted Vaginal Delivery after previous cesarean delivery



DHCP Payments and Overrides

An override may be provided by Medicaid in the following situations

- DHCPs that performed antepartum visits only for procedure codes 59425 (4-6 visits) and 59426 (7 or more visits) prior to October 1st, that will not perform the delivery
- When ultrasounds were done prior to October 1st
- Any other October 1st

Contact Linda White at linda.white@Medicaid.alabama.gov for assistance



Required BMI Reporting Update

- Pregnancy Diagnoses are excluded from the BMI Requirement
- Feedback
- BMI coding will still be required on each claim; however, the same BMI can be re-used until the next well child check (where a BMI is typically determined) or sooner if the physician feels there is a clinical need for a BMI redetermination
- Monitoring the issue

Immunizations



- Medicaid covers immunizations separate and apart from the Global delivery code



Reminder of Participation Requirements

To receive payment for services, DHCP groups must actively participate with the ACHN. Active participation is defined as

- Signing a participation agreement with the ACHN and
- Participating in the development of the care plan with the ACHN and
- Participating in the DHCP selection and referral process and
- Providing data to the ACHN (same data as provided today)

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/10.3ProviderContacts/10.3.5_Provider_Reps.aspx](http://www.medicaid.alabama.gov/content/10.0>Contact/10.3ProviderContacts/10.3.5_Provider_Reps.aspx)

Summary



- Maternity Contractors will no longer contract with DHCPs
- Claims for maternity services will be reimbursed FFS from Medicaid directly
- Referrals to Specialists may be provided by the DHCP
- 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
- Immunizations are covered separate and apart from the global delivery code

Questions



- Website www.Medicaid.alabama.gov
https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx
- [Direct Link to Frequently Asked Questions](https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.1_ACHN_FAQs.aspx)
https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.1_ACHN_FAQs.aspx
- Submit questions for official response to
- ACHN@medicaid.alabama.gov