



Alabama Medicaid Agency  
Alabama Coordinated Health Network (ACHN)

Thursday, August 29, 2019 --The webinar will begin at 12:00 p.m. CST

ACHN Procedures: BMI, Referrals, Understanding New Rates

## 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)

**ACHN Procedures: BMI Reporting, Referrals, and Understanding New Rates**



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# BMI Reporting in Alabama Medicaid



# BMI Reporting

- Obese individuals are 7 to 12 times more likely than those with normal BMI to develop diabetes.
- Obesity increases a person's risk of developing coronary artery disease by 80%, as compared to normal BMI.
- Obese individuals are 64% more likely than people in the normal BMI range to suffer an ischemic stroke.
- Childhood obesity is a serious problem in the United States putting children and adolescents at risk for poor health. Obesity prevalence among children and adolescents is still too high.

## BMI Reporting

- Actual incidence of obesity among the Medicaid population is difficult to assess since BMI reporting is so poor among Medicaid providers.
- Of Medicaid recipients 18-years and older, obese recipients who are identified by a Medicaid claim with a diagnosis of obesity, are significantly more likely to have a chronic condition.
- Childhood obesity is an area of focus for the ACHN program and a Childhood Obesity initiative is one of three Quality Improvement Projects the Networks are required to implement.

# BMI Reporting

- Beginning October 1, 2019, procedure codes 99201-99205, 99211-99215, and 99241-99245 must include a BMI diagnosis on the claim, or the claim will deny.
  
- This will apply to the following billing groups:
  - Primary Care Physicians (PCPs)
  - Nurse practitioners
  - Physician assistants
  - PCP groups with a PCP Enrollment Agreement on file with Medicaid
  - Federally Qualified Health Centers (FQHCs)
  - Rural Health Centers (RHCs)
  - Public Health Departments
  - Teaching Facilities

The table below provides a description of procedure codes and a description of ICD-10 codes that require a percentile on the CMS 1500 claim form for recipients less than 20 years of age:

Procedure Code Description	ICD-10 Diagnosis Code Description for Ages Less Than 20
99201 Office/Outpatient Visit New	
99202 Office/Outpatient Visit New	Z6851 BMI Pediatric, Less Than 5th Percentile for Age
99203 Office/Outpatient Visit New	Z6852 BMI Pediatric, 5th Percentile to Less Than 85% for Age
99204 Office/Outpatient Visit New	Z6853 BMI Pediatric, 85% To Less Than 95th Percentile for Age
99205 Office/Outpatient Visit New	Z6854 BMI Pediatric, Greater Than or Equal To 95% for Age
99211 Office/Outpatient Visit Est	
99212 Office/Outpatient Visit Est	
99213 Office/Outpatient Visit Est	
99214 Office/Outpatient Visit Est	
99215 Office/Outpatient Visit Est	
99241 Office Consultation	
99242 Office Consultation	
99243 Office Consultation	
99244 Office Consultation	
99245 Office Consultation	

The table below provides a description of procedure codes and ICD-10 diagnosis codes for BMI that is required on the CMS 1500 claim form for recipients age 20 years of age and older:

Procedure Code Description		ICD-10 Diagnosis Code Description for Ages 20 and Older	
99201	Office/Outpatient Visit New	Z681	Body Mass Index (BMI) 19 Or Less, Adult
99202	Office/Outpatient Visit New	Z6820	Body Mass Index (BMI) 20.0-20.9, Adult
99203	Office/Outpatient Visit New	Z6821	Body Mass Index (BMI) 21.0-21.9, Adult
99204	Office/Outpatient Visit New	Z6822	Body Mass Index (BMI) 22.0-22.9, Adult
99205	Office/Outpatient Visit New	Z6823	Body Mass Index (BMI) 23.0-23.9, Adult
		Z6824	Body Mass Index (BMI) 24.0-24.9, Adult
		Z6825	Body Mass Index (BMI) 25.0-25.9, Adult
99211	Office/Outpatient Visit Est	Z6826	Body Mass Index (BMI) 26.0-26.9, Adult
99212	Office/Outpatient Visit Est	Z6827	Body Mass Index (BMI) 27.0-27.9, Adult
99213	Office/Outpatient Visit Est	Z6828	Body Mass Index (BMI) 28.0-28.9, Adult
99214	Office/Outpatient Visit Est	Z6829	Body Mass Index (BMI) 29.0-29.9, Adult
99215	Office/Outpatient Visit Est	Z6830	Body Mass Index (BMI) 30.0-30.9, Adult
		Z6831	Body Mass Index (BMI) 31.0-31.9, Adult
		Z6832	Body Mass Index (BMI) 32.0-32.9, Adult
99241	Office Consultation	Z6833	Body Mass Index (BMI) 33.0-33.9, Adult
99242	Office Consultation	Z6834	Body Mass Index (BMI) 34.0-34.9, Adult
99243	Office Consultation	Z6835	Body Mass Index (BMI) 35.0-35.9, Adult
99244	Office Consultation	Z6836	Body Mass Index (BMI) 36.0-36.9, Adult
99245	Office Consultation	Z6837	Body Mass Index (BMI) 37.0-37.9, Adult
		Z6838	Body Mass Index (BMI) 38.0-38.9, Adult
		Z6839	Body Mass Index (BMI) 39.0-39.9, Adult
		Z6841	Body Mass Index (BMI) 40.0-44.9, Adult
		Z6842	Body Mass Index (BMI) 45.0-49.9, Adult
		Z6843	Body Mass Index (BMI) 50-59.9, Adult
		Z6844	Body Mass Index (BMI) 60.0-69.9, Adult
		Z6845	Body Mass Index (BMI) 70 or Greater, Adult



# Referrals

ALABAMA MEDICAD REFERRAL FORM			Today's Date _____
PHI-CONFIDENTIAL			Date Referral Begins _____
Important NPI Information			(if different from above)
See Instructions			
<b>Referred/Requester Information</b>			
Referred Name _____	Recipient # _____	Assigned DOB _____	
Address _____	Telephone # with Area Code _____	Source of Referral/Referral _____	
Primary Care Provider (PCP) (Alabama Coordinated Health Care Network Information - Screening Provider (if different from PCP/DOB Provider))			
Name _____	Address _____	Telephone # with Area Code _____	Telephone # with Area Code _____
Telephone # with Area Code _____	Face # with Area Code _____	Email _____	NPI # _____
NPI # _____	Medical Provider # _____	Signature _____	
<b>Type of Referral</b>			
<input type="checkbox"/> ACORN	<input type="checkbox"/> Screening Date _____	<input type="checkbox"/> Lock-in	
<input type="checkbox"/> EPIC/IT	<input type="checkbox"/> Case Management / Care Coordination	<input type="checkbox"/> Other	
Length of Referral _____			
(Referral valid for _____ month(s) or _____ week(s) from date referral begins.)			
<b>Referral valid for</b>			
<input type="checkbox"/> Evaluation Only	<input type="checkbox"/> Evaluation and Treatment	<input type="checkbox"/> Treatment Only	<input type="checkbox"/> Hospital Care (Outpatient)
<input type="checkbox"/> Referred by consultant to other provider for identified condition (secondary referral)	<input type="checkbox"/> Referred by consultant to another provider for additional condition(s) diagnosed by consultant (SP/OT Temp)	<input type="checkbox"/> Performance of therapeutic Screening (if necessary)	
Reason for referral by PCP _____		Other condition(s)/diagnoses identified by PCP _____	
<b>Consultant Information</b>			
Consultant Name _____		Consultant Telephone # with Area Code _____	
Address _____			
<b>Note:</b> Please submit written request of Referral including the date of examination/evaluation, diagnosis, and consultant signature to Primary Care Physician (PCP).			
Referral should be submitted to Primary Care Physician (PCP) by _____			
<input type="checkbox"/> Mail	<input type="checkbox"/> E-mail	<input type="checkbox"/> Fax	<input type="checkbox"/> In addition, please telephone _____
Form 302		Alabama Medicaid Agency www.medicad.alabama.gov	

## Referrals

- PCPs no longer have assigned patient panels.
- PCPs / PCP groups will not need a referral to see a recipient.
- Nurse practitioners or physician assistants collaborating within a PCP group will not need referrals.
- EPSDT referral process will not change; correct coding will continue to be essential to ensure coverage beyond the 14-visit limit.

## Referral Process

- PCP referrals to most specialists will be required for specialists to receive payment.
- Referrals to NPs or PAs collaborating with specialty groups will also require a referral.
- When a PCP cannot be identified, the ACHN entity may provide a referral.

# Referrals

## Referral Process for PCP to Specialist/Consultant:

- Some services do not require referral
  - administration of allergy injections
  - ambulance services
  - certified emergencies
  - radiology services
  - laboratory services
  
- Some provider types also do not require a referral
  - county health departments
  - Children's Rehab Services (CRS)
  - hospitals
  - independent radiologists
  - pathologists
  - dermatologists

\*A complete list of services and provider types that will/will not require a referral will be released by the Agency on October 1, 2019, in Chapter 40 of the Provider Billing manual.

# Referrals

## **Referral Process from an ACHN for Billing Purposes only.**

- An “ACHN Billing Referral” to a specialist/consultant may be needed in certain instances. In these instances, the ACHN must be contacted by the specialist for an “ACHN Billing Referral”.
  - When a recipient has been referred by an emergency room physician to a specialist/consultant and the recipient does not have a PCP.
- The ACHN will document on Medicaid’s referral form 362 “For Billing Purposes Only” in the space provided under REFERRAL VALID FOR.
  - The ACHN will encourage the recipient to enroll into active care coordination to ensure the recipient finds a PCP as quickly as possible.

## Referral Reminders

- Process will be similar to Patient 1<sup>st</sup>.
- A referral is no longer required for PCP to PCP visits.
- Referral Form 362 will be updated.
- A referral is still required for most specialties and EPSDT screenings.
- Updated lists of services and provider types that will/will not require a referral will be released by the Agency on October 1, 2019, in Chapter 40 of the Provider Billing Manual.

# Understanding New Rates and Payments



# PCP Payments

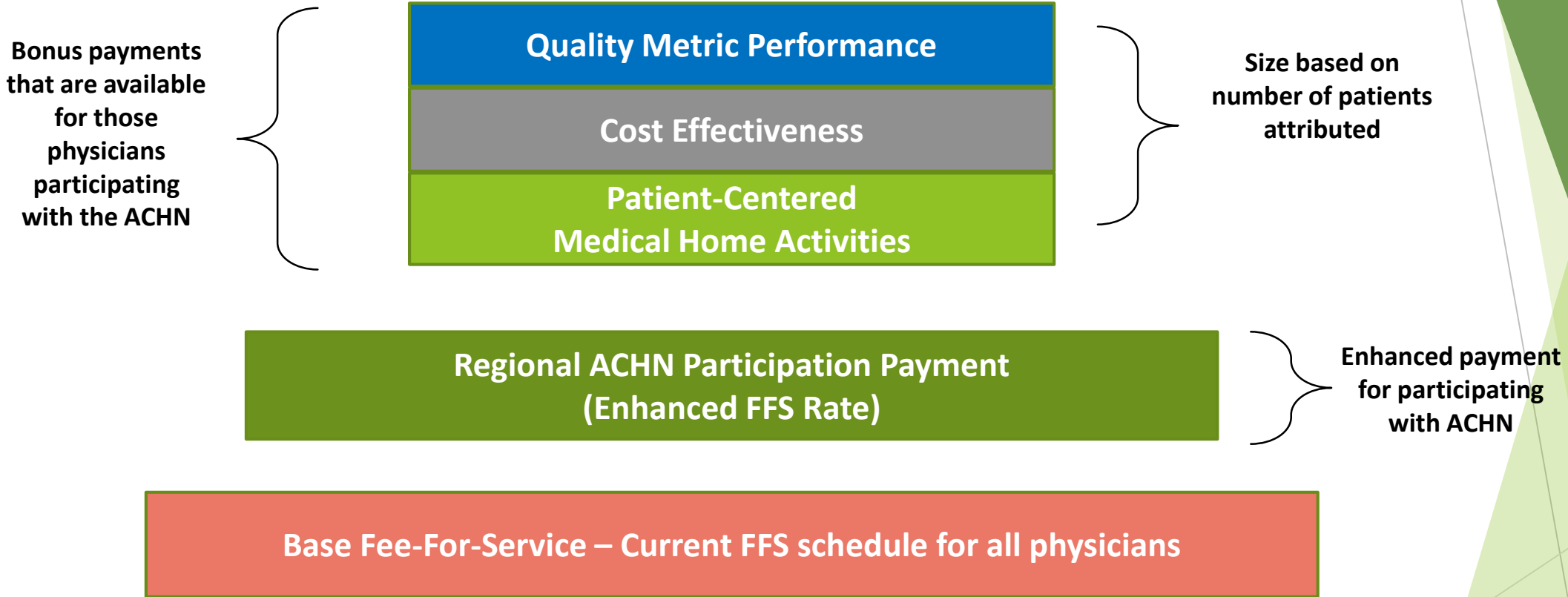
- Goals aligned for physician, ACHN and Medicaid
- Structured to keep PCPs whole during transition
- Medicaid will pay physicians
- Physicians will not receive case management fees--patient assignment will end
- Participation rate payments will be made to PCPs who actively participate in an ACHN network



## ACHN PCP Active Participation Requirements

- Physician groups must meet the following criteria for participation
  - Actively work with the ACHN to review recipient care plans.
  - Participate as needed in ACHN Multi-Disciplinary Care Team (MCT).
  - Participate in ACHN initiatives centered around quality measures.
  - Participate in at least two quarterly Medical Management Meetings and one webinar/facilitation exercise with the regional ACHN medical director over a 12-month period. (NPs and PAs may attend for PCP Groups)
  - Review data provided by the ACHN to help achieve regional and state Medicaid goals.

# ACHN Participation and Bonus Payment Structure



Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN; but will *NOT* be eligible for Participation Rates or Bonus Payments.

# ACHN Payment Scenarios

## ACHN Primary Care Physician Payment Chart

Primary Care Physician Scenarios	Base FFS Rates	Bump Rates	Participation Rates	Bonus Payments
PCP Scenario 1: PCPs not eligible for Bump Rates & not participating with ACHN	✓	✗	✗	✗
PCP Scenario 2: PCPs not eligible for Bump Rates & participating with ACHN	✓	✗	✓	✓
PCP Scenario 3: PCPs eligible for Bump Rates & not participating with ACHN	✗	✓	✗	✗
PCP Scenario 4: PCPs eligible for Bump Rates & participating with ACHN	✗	✓	✓	✓

### \*EXAMPLE\*

Participation Rate (PR) = Enhanced Rates for 15 E & M codes

PCP Scenario 1 Example: Receive only Base FFS Rates for all codes, including the 15 PR codes

PCP Scenario 2 Example: Receive PR for the 15 E & M codes and Basic FFS Rates for all other codes

PCP Scenario 3 Example: Receive Bump Rates for all codes, including the 15 PR codes

PCP Scenario 4 Example: Receive PR for the 15 E & M codes and Bump Rates for all other codes

## BUMP Rates vs. Participation Rates

Procedure	Procedure Description	BUMP Rate	ACHN Participation Rate	Amount Increase
99201	OFFICE/OUTPATIENT VISIT NEW	\$40.04	\$42.00	\$1.96
99202	OFFICE/OUTPATIENT VISIT NEW	\$69.27	\$73.00	\$3.73
99203	OFFICE/OUTPATIENT VISIT NEW	\$100.52	\$107.00	\$6.48
99204	OFFICE/OUTPATIENT VISIT NEW	\$155.25	\$166.00	\$10.75
99205	OFFICE/OUTPATIENT VISIT NEW	\$194.18	\$210.00	\$15.82
99211	OFFICE/OUTPATIENT VISIT EST	\$18.46	\$19.00	\$0.54
99212	OFFICE/OUTPATIENT VISIT EST	\$40.36	\$41.00	\$0.64
99213	OFFICE/OUTPATIENT VISIT EST	\$68.17	\$72.00	\$3.83
99214	OFFICE/OUTPATIENT VISIT EST	\$100.91	\$108.00	\$7.09
99215	OFFICE/OUTPATIENT VISIT EST	\$135.59	\$146.00	\$10.41
99241	OFFICE CONSULTATION	\$45.45	\$46.00	\$0.55
99242	OFFICE CONSULTATION	\$85.87	\$88.00	\$2.13
99243	OFFICE CONSULTATION	\$117.58	\$122.00	\$4.42
99244	OFFICE CONSULTATION	\$175.38	\$184.00	\$8.62
99245	OFFICE CONSULTATION	\$214.62	\$226.00	\$11.38

# Alternate Payments for FQHCs, RHCs, and Teaching Facilities

- Alternate payment methodologies are used for these providers:
  - FQHCs and Rural Health Clinics
  - Physicians who are part of the medical faculty as determined by a state university
  - Physicians in any of these groups are eligible for bonus payments, but not Participation Rates

# Bonus Pool

- The Bonus Pool is \$15 million annually to fund three Bonus Payments:
  - 50% for Quality
  - 45% for Cost Effectiveness
  - 5% for PCMH Recognition

# Patient Attribution

Patient Attribution is used in determining the size of bonus payments:

- Recipients will not be assigned to individual PCPs, but will be attributed at PCP group level.
- Recipients will be attributed to PCP group based on where they received services.
- Score will be calculated for each recipient/provider combination.
- The provider with the highest score for the recipient will be attributed that recipient.
- More recent claims and preventive visits will receive higher values in this calculation.
- Recipients will only be attributed to one PCP group per quarter.
- Attribution will be updated quarterly.

## Patient-Centered Medical Home Activities

- Based on attainment of PCMH recognition by the appropriate national organization *OR* documented progress toward PCMH recognition.
- Examples of Organizations
  - National Committee for Quality Assurance (NCQA)
  - the Joint Commission.
- This will be evaluated annually and paid quarterly.

Quarter 1 Fall 2019	Quarter 2 Winter 2020	Quarter 3 Spring 2020	Quarter 4 Summer 2020	Quarter 5 Fall 2020	Quarter 6 Winter 2021
Full	Full	Full	Full	Calculated	Calculated



## Cost Effectiveness

- The size of the Cost Effectiveness payments will be based on patient attribution to PCP/PCP group.
- Risk-adjusted payments
- For at least 5 quarters, ACHN participating groups will receive a Cost Effectiveness payment based on the number of recipients attributed for the prior quarterly period.

## Cost Effectiveness

Quarter 1 Fall 2019	Quarter 2 Winter 2020	Quarter 3 Spring 2020	Quarter 4 Summer 2020	Quarter 5 Fall 2020	Quarter 6 Winter 2021	Quarter 7 Spring 2021
Full	Full	Full	Full	Full	Calculated	Calculated

## Quality Metric Performance

- For the first seven quarters, all practice groups will automatically receive a full Quality Bonus Payment based on the number of attributed patients.
- Beginning Summer 2021, the group must achieve annual Bonus benchmarks determined by the Agency.
- Payments will be based only on measures relevant to a group's practice and the number of attributed patients.
- Paid Quarterly



## Payment Dates/Times

- Bonus Payments made quarterly; will start in November 2019, then at the beginning of the Quarter beginning January 2020
- Participation Rates will be made every checkwrite

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PCP Scenario 3: PCPs eligible for Bump Rates & not participating with ACHN	✗	✓	✗	✗
PCP Scenario 4: PCPs eligible for Bump Rates & participating with ACHN	✗	✓	✓	✓

### \*EXAMPLE\*

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# ACHN Payment Summary

Patient 1 <sup>st</sup> (ending September 30, 2019)	ACHN
Panels	-----
Case Management Payments	-----
BUMP if eligible	BUMP if eligible and/or Participation Rate
-----	Bonus Payments
FFS (non-BUMP)	FFS (non-BUMP) and/or Participation Rate

# Questions?

[www.Medicaid.Alabama.gov](http://www.Medicaid.Alabama.gov)

- For additional ACHN information and Frequently Asked Questions:



- Submit questions for official response to: [ACHN@medicaid.alabama.gov](mailto:ACHN@medicaid.alabama.gov)
- Be sure to read the September issue of *Provider Insider* for in-depth ACHN details.





- Positively affect our state's future for the next 10 years and beyond
- Say "I Count" by completing your census form
- What is at stake for Alabama in 2020 - Congressional Representation and Federal Funding
- In 2010 - Alabama had a 72% response rate - This is not enough!
- Share the message:
  - ✓ Website - [www.census.alabama.gov](http://www.census.alabama.gov)
  - ✓ Twitter - @AlabamaCounts
  - ✓ Facebook - [www.facebook.com/AlabamaCounts](http://www.facebook.com/AlabamaCounts)
  - ✓ Instagram - alabamacounts
  - ✓ Hashtag for Social Media is #AlabamaCounts