Alabama Coordinated Health Network (ACHN)

Wednesday, June 17, 2020 -- The webinar will begin at 12:00 p.m. CST

ACHN Provider Updates

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.

ACHN Provider Updates

Today's Objectives

- Body Mass Index (BMI) Requirement Changes
- Patient-Centered Medical Home (PCMH) Recognition Bonus Payment
- Cost Effectiveness and MARA Risk Scoring Methodology
- Modification to Attribution Reports
- Modification to Provider Profiler Member Level Reports

Body Mass Index (BMI) Requirement Changes

Body Mass Index (BMI) Requirement Changes

- Prior to 6/9/2020, a BMI was required to be appended to every claim billed using the 15 E&M procedure codes (99201-99205, 99211-99215, and 99241-99245)
- Effective 6/9/2020, a BMI will only be required one time on an annual basis for claims to pay
- EPSDT procedure codes (99382-99385 and 99392-99395) must also include a BMI one time on an annual basis for claims to pay
- Certain specialists are still exempt from the BMI requirement
  - A list of excluded specialists can be found in Chapter 40 of the Provider Billing Manual
    - https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals.aspx

Body Mass Index (BMI) Requirement Changes, continued

- Providers may verify BMI reporting by accessing the recipient's eligibility benefit panel via Provider Electronic Solutions (PES) Software
  - https://medicaid.alabama.gov/content/7.0_Providers/7.8_PES_Software.aspx
  - The telephone response system will be updated at a later date
- Under the *Benefit Limits* section, a response of "1" (or more) paid BMI visits indicates that the recipient had an annual BMI and a new BMI is not required for the claim to pay
- A response of "0" paid BMI visits indicates that the recipient has not had an annual BMI reported and a BMI will be required for the claim to pay
- The BMI will reset on January 1st every year

Body Mass Index (BMI) Requirement Changes, continued

Coverage Type

County Code	County Name	Aid Code	Aid Description	Effective Date	End Date
[redacted]					

Benefit Limits

Service Description	Paid	Suspended
INPT Days	0	0
Outpat Days	0	0
[redacted]	0	0
BMI Visits	1	1
Home Health Visits	0	0
Ambulatory Surgery	0	0
Dialysis Services	0	0
Eye Frames	0	0
Eye Lens	0	0
Eye Exam	0	0
Eye Fitting	0	0
Eye Frames-Child	0	0
Eye Lens-Child	0	0
Eye Exam-Child	0	0
Eye Fitting-Child	0	0

Managed Care Organization Information

MCO	Name	Primary Phone	Secondary Phone	From Eligibility Date	To Eligibility Date
[redacted]					

Body Mass Index (BMI) Requirement Changes, continued

NOTE: Although the BMI system changes went in to effect on 6/9/2020, the changes will not affect nor replace the current waiver of BMI reporting requirement due to COVID-19

Patient-Centered Medical Home (PCMH) Recognition Bonus Payment

Patient-Centered Medical Home (PCMH) Recognition Bonus Payment

- Beginning fiscal year 2021 (October 1, 2020 – September 30, 2021), PCMH bonus payments will be made to providers who have achieved or working towards achieving PCMH recognition from a nationally recognized certifying agency (NCQA, JCAHO, etc.)

ACHN PCP Bonus Payment Timelines

	Fall 2019			Winter 2020			Spring 2020			Summer 2020			Fall 2020			Winter 2021			Spring 2021			Summer 2021		
Base Timeline Model For Initial Calculated Payment	July-19	August-19	September-19	October-19	November-19	December-19	January-20	February-20	March-20	April-20	May-20	June-20	July-20	August-20	September-20	October-20	November-20	December-20	January-21	February-21	March-21	April-21	May-21	June-21	July-21	August-21	September-21
Patient Attribution	*Rolling 24 Month Lookback*																										
Quality							*Calendar Year w 6 Months Run Out*																				
Cost Effectiveness				*12 Months Data w 3 Months Run Out*																							
PCMH																											
			Data Source Month									*First Calculated Payment Date*															

Payments made quarterly beginning Fall 2019. Payments prior to caclulated payments above are distributed to all participating providers based on Attribution.

Patient-Centered Medical Home (PCMH) Recognition Bonus Payment, continued

- Certification/attestation must be received **annually** by the Agency no later than August 1st
  - Exception: Due to the COVID-19 emergency, the due date to attest for fiscal year 2021 has been extended to September 1, 2020
  - The certification/attestation will be good for one year

- In addition to certification/attestation, providers must:
  - Be enrolled and in an active status with Medicaid,
  - Have an ACHN Agreement with the Agency, **and**
  - Be contracted and actively participating with an ACHN

Patient-Centered Medical Home (PCMH) Recognition Bonus Payment, continued

- Providers who have achieved PCMH recognition through NCQA will be verified by the Agency
- Providers who have achieved PCMH recognition through another nationally recognized certifying agency must submit the attestation form and proof of achievement/progress towards achievement
  - https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.19_ACHN_PCP_Forms.aspx
- A list of all verified and approved PCMH certification and attestations will be posted on the ACHN page of the Medicaid website after the August 1st deadline (after September 1st for fiscal year 2021 attestations)

Patient-Centered Medical Home (PCMH) Recognition Bonus Payment, continued

Send the completed PCMH Attestation Form and attachments (proof) by mail, fax, or email

Mail to:

Alabama Medicaid Agency

Network Provider Assistance Unit

501 Dexter Avenue

P.O. Box 5624

Montgomery, Alabama 36103-5624

Fax to: 334-353-3856

E-mail to Travis.Houser@medicaid.alabama.gov

AND Patricia.Toston@medicaid.alabama.gov

Cost Effectiveness and MARA Risk Scoring Methodology

PCP Bonus Payment Timeline

				Fall 2019			Winter 2020			Spring 2020			Summer 2020			Fall 2020			Winter 2021			Spring 2021			Summer 2021		
Base Timeline Model For Initial Calculated Payment	July-19	August-19	September-19	October-19	November-19	December-19	January-20	February-20	March-20	April-20	May-20	June-20	July-20	August-20	September-20	October-20	November-20	December-20	January-21	February-21	March-21	April-21	May-21	June-21	July-21	August-21	September-21
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Cost Effectiveness Overview

- All participating PCP groups will be eligible for a performance payment if the PCP group meets or exceeds the Cost Effectiveness criteria established by Medicaid
- Medicaid utilizes Milliman Advanced Risk Adjusters (MARA) software to assess the cost risks of the ACHN population and apply a customized algorithm to calculate a Cost Effectiveness score for each participating PCP group
- To qualify for the Cost Effectiveness bonus, PCP groups must have a score less than or equal to the statewide median Cost Effectiveness score
- Cost Effectiveness scores incorporate the following:
  - Overall average risk of a PCP group's attributed recipients;
  - Overall per member per month (PMPM) cost of a PCP group's attributed recipients; and
  - Overall PMPM cost of the statewide attributed ACHN population
- Actual PMPM costs are compared to risk-adjusted, expected PMPM costs to determine a PCP group score

MARA Risk Scoring Methodology

- Risk scores are standardized metrics used to evaluate a member's previous health experience and/or to predict health outcomes
- Medicaid utilizes software developed by MARA for these calculations. Several statistical models are employed for these processes
    - MARA = Milliman Advanced Risk Adjusters
- Medicaid utilizes multiple risk scores for ACHN Processes
    - **Concurrent Risk Scores** – provides a singular, standardized, expected risk score given the past year's claim experience
    - **Prospective Risk Scores** – which predicts *future* risk given the past year's claims experience
- Concurrent risk scores are used in cost effectiveness calculations
- Prospective risk scores are shared with the ACHN to refer patients for care coordination
    - *These two risk scores are different. The risk score used in cost effectiveness describes the past, the risk score used for care coordination predicts the future.*

MARA Risk Scoring Methodology, continued

- Concurrent risk scores assess members' health risks based on a previous year's claims information (including costs and diagnoses codes) and predict member costs for that same period
- Concurrent risk scores are based on the claims information (i.e., 12 months), adjusted for the risk based on the actual experience of the attributed members over the measurement period
  - A concurrent risk score of "1" indicates that the individual had a claims experience that is similar to the average claims experience of the population. Likewise, a risk score of "2" indicates that individual had a claims experience that cost twice that of the average claims experience of the population
- The average concurrent risk scores are calculated for a PCP group's attributed members and are considered the PCP group's risk score

$$\textit{PCP Group's Concurrent Risk Score} = \frac{\textbf{Sum of the Concurrent Risk Scores}}{\textbf{Count of Attributed members}}$$

**All information pertains to the 12 month period with 3 month rollout referenced previously

Member Information

- Member ID
- Date of Birth
- Gender
- Eligibility Months

Claim Information

- Member ID
- Claim ID
- First Date of Service
- Last Date of Service
- Paid Date
- Diagnosis Code
- Diagnosis Sequence
- Diagnosis Version
- Procedure Code
- Revenue Code
- Provider ID
- Provider Type
- Place of Service
- Billed Amount
- Allowed Amount
- Paid Amount

Prescription Information

- Member ID
- NDC Code
- Claim ID
- Fill Date
- Provider ID
- Billed Amount
- Allowed Amount
- Paid Amount
- Days Supplied
- Quantity Dispensed

INPUTS

Milliman **A**dvanced **R**isk **A**djusters Model

OUTPUT

Total Score

Cost Effectiveness Calculations

- Compares a 12-month per member per month (PMPM) to a risk-adjusted expected PMPM
- Groups ranked by a Cost Effectiveness score that is derived from actual PMPM versus the expected PMPM ($^{Acutal\ PMPM}/_{Expected\ PMPM}$)
- Bonus payment is paid for PCP groups at or below the median Cost Effectiveness score
- Cost Effectiveness calculation includes a PMPM calculation for the state-wide attributed ACHN population
  - Cost Effectiveness calculation excludes certain costs (e.g., Network entity case management costs, other bonus payments, waiver costs, drug rebates, etc.)

Cost Effectiveness Provider Scorecard

PROVIDER (NPI:MCD:NAME): 9999999999 : 999999999 : XYZ MEDICAL ASSOCIATES PC

The ACTUAL bonus payments for this quarter are based solely on provider attribution. The CALCULATED Provider Cost Effectiveness bonus payments begin in January 2021. The ESTIMATED bonus payment shown in the scorecard below is projected based on Cost Effectiveness Measures for this quarter and are shared for illustrative purposes only. This dashboard is designed to provide guidance for attainment of future bonus calculations. Cost Effectiveness scores are based on attributed recipients for this quart and calculated using claims data from 10/01/2018 to 09/30/2019 as the measurement period.

TOTAL NUMBER OF ATTRIBUTED ACHN MEMBERS:	501,057
ATTRIBUTED MEMBERS IN GROUPS AT OR BELOW MEDIAN THRESHHOLD:	358,562
MEMBERS ATTRIBUTED TO PCP GROUP IN QUARTER:	23
COST EFFECTIVENESS BONUS:	108.24

PCP Cost Effectiveness Bonus Payment Scorecard - Cost Effectiveness Metrics

Service Type	PMPM	State-wide PMPM		
Inpatient	$112	$69	Practice Risk Score	4.43
Outpatient	$33	$15	Expected PMPM	$1,277
Mental Health	$4	$12	Cost Effectiveness Score	0.61
Pharmacy	$465	$81	Median Threshold	0.74
Physician	$110	$50	Below Median	Yes
Other	$59	$58		
TOTAL	$785	$288		

COST EFFECTIVENESS BONUS PAYMENT CALCULATION METHODOLOGY STEPS

$1,687,500	Quarterly Cost Effectiveness Bonus Payment
0.74	Median Threshold (a)
23	Members Attributed (b)
0.00%	Distribution of Attributed Members (c)
0.01%	Distribution of Attributed Members for Groups below Median Threshold (d)
0.61	Cost Effectiveness Score (e)
0.01%	Bonus Distribution Rate (f)
$108.24	Cost Effectiveness Bonus Distribution (g)

Cost Effectiveness Provider Scorecard, continued

PROVIDER (NPI:MCD:NAME): 9999999999 : 999999999 : XYZ MEDICAL ASSOCIATES PC

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PCP Cost Effectiveness Bonus Payment Scorecard - Cost Effe

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Other	$59	$58
TOTAL	$785	$288

lectiveness Score	0.61
Me Threshold	0.74
Bel edian	Yes

**Reminder, these categories are based on funding, not diagnosis.
(Specifically, Mental Health Services vs Mental Health Costs)

COST EFFECTIVENESS BONUS PAYMENT CALCULATION METHODOLOGY STEPS

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$108.24	Cost Effectiveness Bonus Distribution (g)

References

- Evaluation of Risk Models
  - Accuracy of Claims-Based Risk Scoring Models, Society of Actuaries (2016). Geof Hileman, Spenser Steele
  - Milliman Advanced Risk Adjusters, "A Better Choice for Medicaid Population Health", Milliman, 2019, Shannon Currier, Erica Rode
    - *Alabama Medicaid uses the Claims & Prescription regularized regression*
- MARA Brochure

Attribution Report and Profiler Report Modifications

Modification to Attribution Report (CLM-0700-Q)

- Listing of attributed recipients to providers by each quarter
- New attributions, continuing attributions and terminated attributions
- Termination reason code, TERM has been added to the report

Termination Reason Code	Description
1	RECIPIENT HAS BEEN ATTRIBUTED TO A NEW PROVIDER
2	RECIPIENT NO LONGER ASSIGNED TO AN ACHN NETWORK
3	RECIPIENT NOT MET MONTHS OF ELIGIBILITY REQUIRED
4	RECIPIENT HAD NO CLAIMS IN THE EVALUATION PERIOD
5	RECIPIENT HAS BEEN REKEYED. THIS ID IS NO LONGER ACTIVE

Example of Attribution Report

Report Num	CLM-0700-Q
Report Name	QUARTERLY ATTRIBUTION REPORT -PROVIDER
Provider NPI	1234567890
Provider Name	INTERNAL MEDICINE ASSOCIATES
Provider MCD	1234567890
Report Period	10/01/2019-12/31/2019
Run Date	09/28/2019

PROV NPI	PROV MCD	PROVIDER NAME	TOT MBRS	STATUS	RECIP ID	RECIP NAME	STREET ADDRESS 1
1234567890	1234567890	INTERNAL MEDICINE ASSOCIATES	12	NEW	123450533603	ABCDEF KADEN D	12345 HIGHWAY 15
1234567890	1234567890	INTERNAL MEDICINE ASSOCIATES	12	NEW	123452915059	BCDEFG LAURA L	12345 HIGHWAY 15
1234567890	1234567890	INTERNAL MEDICINE ASSOCIATES	12	NEW	123451296607	CDERFA LAYLA A	12345 HIGHWAY 15
1234567890	1234567890	INTERNAL MEDICINE ASSOCIATES	12	NEW	123451334965	DEFRSL KAY M	12345 HIGHWAY 15
1234567890	1234567890	INTERNAL MEDICINE ASSOCIATES	12	NEW	123451339445	PQRSDT DAVE A	12345 HIGHWAY 15

New column for 'TERM Reason' is present on the report:

STREET ADDRESS 2	CITY	STATE	ZIP	DATE OF BIRTH	DATE OF DEATH	GENDER	AID CAT	AID CAT DESCRIPTION	COUNTY	COUNTY NAME	TERM REASON
	BIRMINGHAM	AL	36300-000	7/25/2011	MM/DD/CCYY	M	52	Full Medicaid Coverage	9	Chambers	X-DESCRIPTION20
LOT B13	HUNTSVILLE	AL	36300-000	5/26/1995	MM/DD/CCYY	F	41	Full Mcaid/pregnancy/postp	10	Cherokee	X-DESCRIPTION20
APT C8	TWO EGG	AL	36300-000	9/17/1975	MM/DD/CCYY	F	36	Plan First /Family Plan Only	11	Chilton	X-DESCRIPTION20
	MONROEVILLE	AL	36300-000	7/30/2007	MM/DD/CCYY	F	52	Plan First /Family Plan Only	34	Henry	X-DESCRIPTION20
	MIDLAND	AL	36300-000	12/18/2013	MM/DD/CCYY	M	52	Full Medicaid Coverage	35	Houston	X-DESCRIPTION20

Modification to Provider Profiler Member Level Reports

- Last name and first name of each recipient added to the member level reports
  - Provider Profiler Supplemental Member Summary File - Quality Measures: MGD-M362-Q Report
  - Provider Profiler Supplemental Member Summary File – Cost Effectiveness: MGD-M364-Q Report

Links to More Detailed Resources

- **Website: www.medicaid.alabama.gov**
  https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx (this link directs you to all previous webinars re: Attribution, Quality Measures, and Cost Effectiveness)

- **Direct Link to Frequently Asked Questions**
  https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.1ACHN_FAQs.aspx

- **Submit questions for official response to: ACHN@medicaid.alabama.gov**