Alabama Coordinated Health Network (ACHN)

Tuesday, August 17, 2021 -- The webinar will begin at 12:00 p.m. CST

Overview of New Provider Profiler Reports

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.

PCP Updates: Quality and Cost Effectiveness Bonuses

Travis Houser

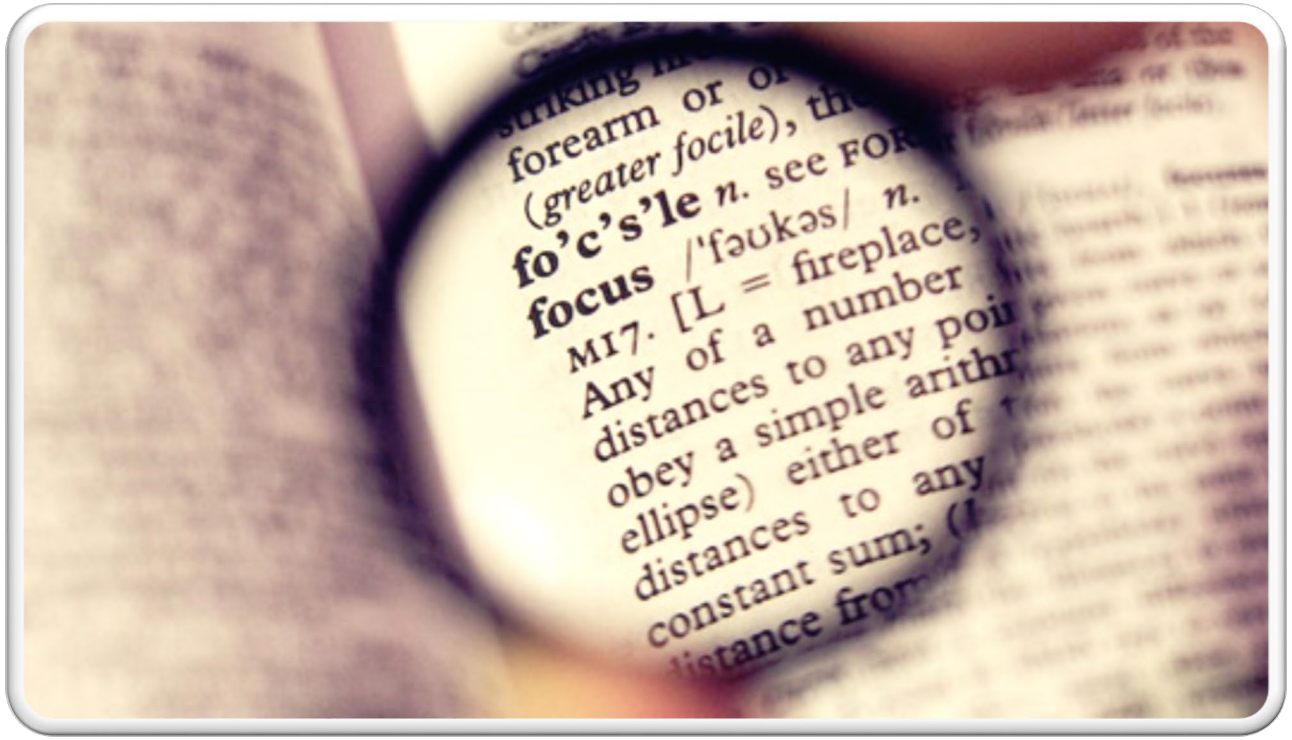
Connie Fails

Courtney Hanson

Managed Care Program Updates

Travis Houser, Associate Director
Network Provider Assistance Unit

Objectives


forearm or
(greater focile), th
fo'c's'le n. see FO
focus /'fəʊkəs/ n.
M17. [L = fireplace,
Any of a number
distances to any poi
obey a simple arithr
ellipse) either of
distances to any
constant sum;
distance fro

General Updates

- Supplement Security Income (SSI) Migration
- Primary Care Physician (PCP) Referrals Update
- Body Mass Index (BMI) Requirement Update
- Bonus Payment Updates – Reserve funds
- FY 2022 Patient-Centered Medical Home (PCMH) Attestation
- Delivering Healthcare Professional (DHCP) Rates

SSI MIGRATION

SSI Migration

- Effective August 1, 2021, new Medicaid IDs for SSI Medicaid recipients became active
- New cards issued beginning with 530
- Begin using new Medicaid IDs immediately
  - Ask during check-in
- Refer to the following ALERT for more information:

https://medicaid.alabama.gov/alert_detail.aspx?ID=15518

PCP Referrals Update

PCP Referrals

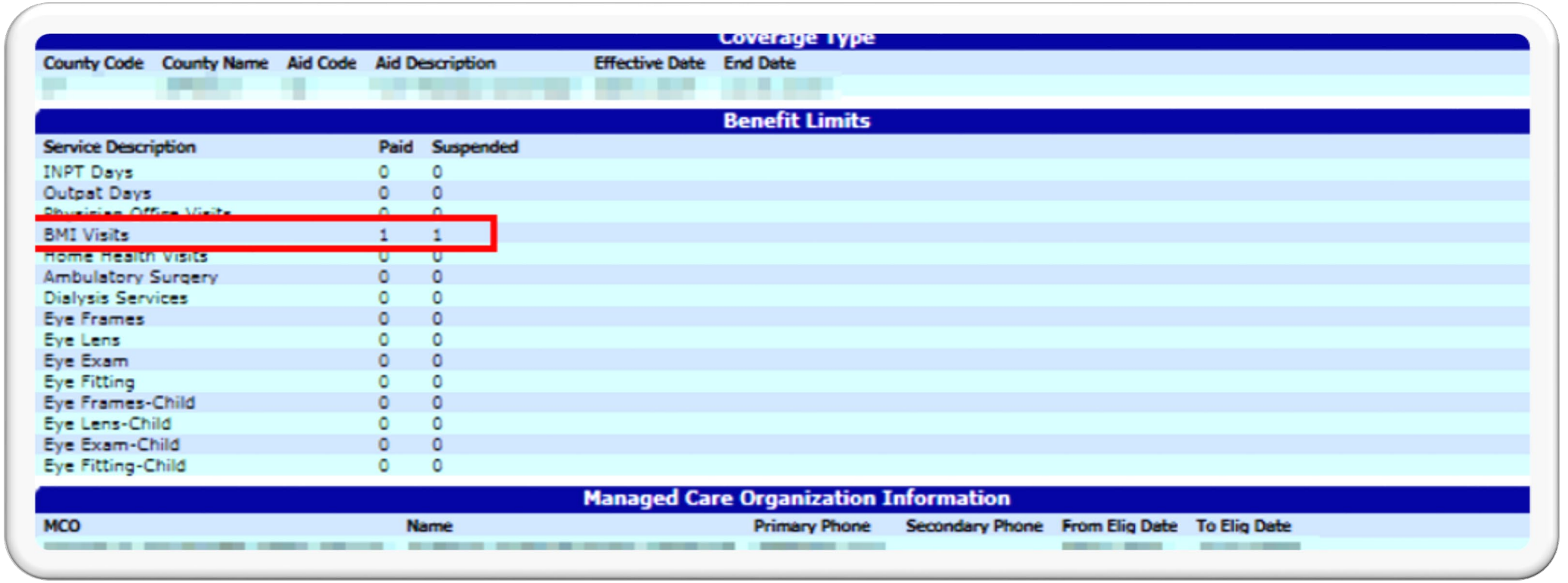
- Effective August 1, 2021, PCP referrals are no longer required
- Lock-in referrals, & prior authorizations are still required, if necessary
- **Some providers may still ask for referrals**

BMI Requirement Update

BMI Requirement

- Effective August 1, 2021, the BMI requirement has been reinstated
- Procedure codes
  - 99201-99205, 99211-99215, and 99241-99245
  - 99382-99385 and 99392-99395 (EPSDT)
- Only required once per calendar year
- BMI status can be confirmed via the recipient's eligibility verification

Verifying BMI Status



Coverage Type

County Code	County Name	Aid Code	Aid Description	Effective Date	End Date

Benefit Limits

Service Description	Paid	Suspended
INPT Days	0	0
Outpat Days	0	0
Physician Office Visits	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 Elig Date	To Elig Date

BMI Requirement

- Override procedures in place for unique situations
  - Refer to Provider Billing Manual, Chapter 40
- Some provider types/specialties are exempt from BMI requirement
- Pregnant women are exempt from BMI requirement
  - Must have a pregnancy diagnosis code on the claim
- Telemedicine/Telehealth Visits:

  "The BMI will be required for all visits including the telemedicine visits. To be eligible for reimbursement for the telemedicine visits during the current PHE, the provider must file the claim with place of service '02' (telemedicine) and a modifier of 'CR' for catastrophic/disaster to assist with claims tracking. Providers should use subjective data to calculate the BMI which can include providers asking the recipient for his or her height and weight during the telemedicine visit. The BMI should be calculated, based on the information provided by the recipient, and appended to the claim for reimbursement. The BMI should also be documented in the recipient's medical record."

Bonus Payment Updates

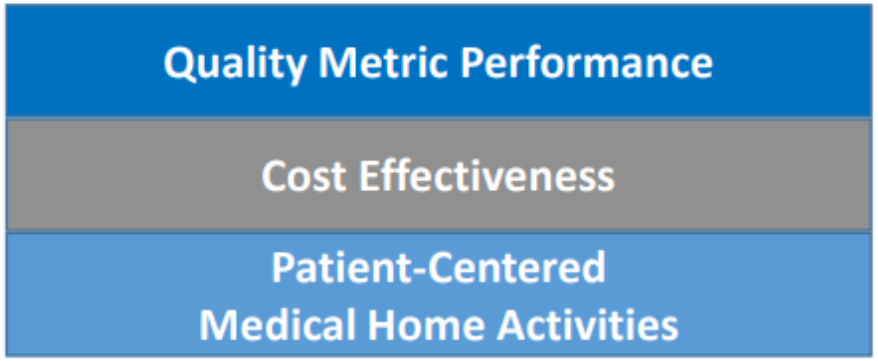
Bonus Payment Opportunities

- Quality Bonus Payment (50%)
  - Will be based on the actual performance effective October 1, 2021
  - Bonus for FY 2022 is calculated based on the CY 2020 services (obtained from the claims data)
  - Must achieve at least half of the annual quality metrics
  - Quality Measures scorecards are available quarterly
- Cost Effectiveness Bonus Payment (45%)
  - Calculated based on the attributed recipient's risk scores and associated costs
  - Must be at or below the median threshold
  - Cost effectiveness scorecards are available quarterly
- PCMH (5%)
  - Based on annual attestation
  - Must be PCMH recognized or achieved adequate progress towards PCMH recognition
  - Attestation is due to the Agency no later than October 1st annually

PCP Payment Structure

BONUS PAYMENTS
This is a Bonus pool in the amount of $15 million annually to fund three Bonus payments for Participating PCP groups.

The Bonus Payment pool is paid quarterly and allotted as follows:
- 50% for Quality
- 45% for Cost Effectiveness
- 5% for PCMH Recognition



Impacted by attribution

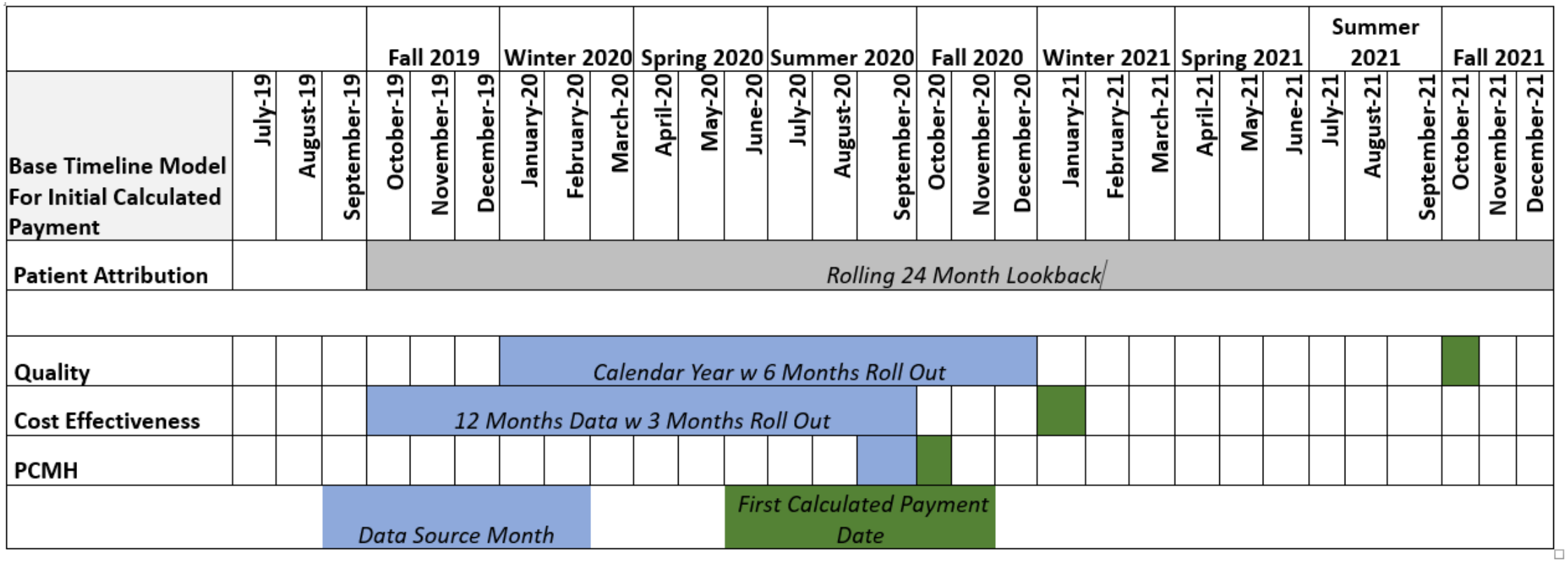
Regional ACHN Participation Payment
Enhanced FFS Rate

Above payments are achievable if physician participates with regional ACHN entity

Base Fee-For-Service – Current FFS schedule for all physicians*

*** 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.**

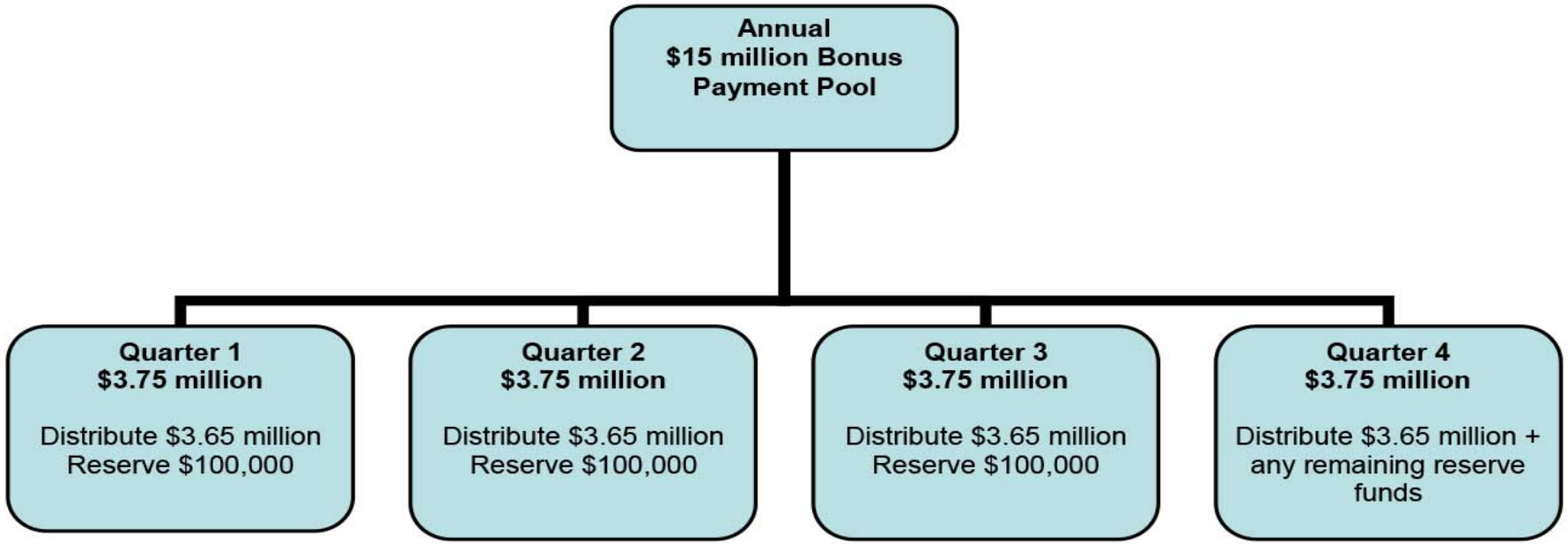
PCP Bonus Payment Timeline



Timeline of Quality Measurement Periods Used for Quality Measure Profiler Reports

Provider Profiler Quality Measure Scorecard (MGD-S362-Q) and Provider Profiler Supplemental Member Summary, Quality Measures Report Card (MGD-M362-Q) Timeline	Q1, FY21 (Oct - Dec 2020)	Q2, FY21 (Jan - Mar 2021)	Q3, FY21 (April - June 2021)	Q4, FY21 (July - Sept 2021)	Q1, FY22 (Oct - Dec 2021)	Q2, FY22 (Jan - Mar 2022)	Q3, FY22 (April - June 2022)	Q4, FY22 (July - Sept 2022)	Q1, FY23 (Oct - Dec 2022)	Q2, FY23 (Jan - Mar 2023)	Q3, FY23 (April - June 2023)	Q4, FY23 (July - Sept 2023)
Timeline of Quality Measures Used for MGD-S362-Q and MGD-M362-Q Reports	CY2019	CY2019	CY2019	CY2019	CY2020	CY2020	CY2020	CY2020	CY2021	CY2021	CY2021	CY2021

Bonus Payment Update



- Reserve Funds Payment
  - Funds were held to help offset bonus payment issues (beginning Quarter 2 of FY2021)
  - FY 2021 Reserve Funds will be distributed to eligible providers on the August 20th checkwrite
  - The Agency will continue to reserve funds each quarter for FY 2022

Patient-Centered Medical Home (PCMH) Attestation

Patient-Centered Medical Home

For interested eligible PCP provider groups:

- PCMH attestation for FY 2022 is due no later than October 1, 2021
- Begin your PCMH recognition now to avoid potential delays

Patient-Centered Medical Home

For interested eligible PCP provider groups:

- Attestation is required to be eligible for the 5% PCMH bonus payment
- Attestation form is available on the Medicaid website: https://medicaid.alabama.gov/content/9.0_resources/9.4_forms_library/9.4.19_achn_pcp_forms.aspx

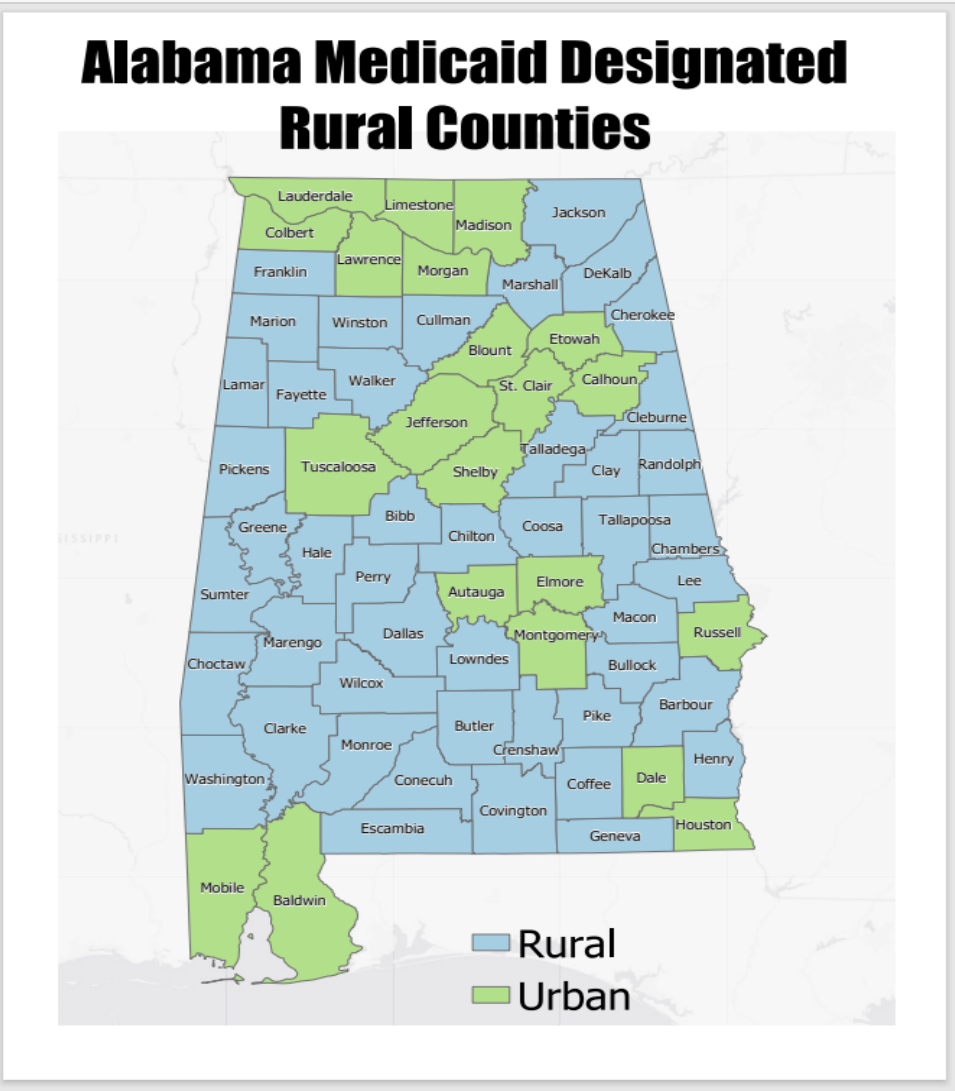
DHCP RATES

DHCP Rates

Effective October 1, 2021:

- Maternity global rates will increase by $300
- DHCP bonus payments will increase by $50
  - H1000 (initial bonus payment)- $150
  - G9357 (post-partum bonus payment)- $150
- Total increase of $400
- Nurse mid-wives will continue to be reimbursed at 80% of the physician's rate
- Contact your Gainwell Provider Representative for billing assistance

Rural and Urban Counties – Medicaid Designation



Quality Measures and Provider Profiler Bonus Calculation Updates

Connie Fails
Alabama Medicaid Agency

Courtney Hanson
University of Alabama

Objectives

- Updates on how agency is calculating Chlamydia Measure Rates
- Quality Measure bonus calculation methodology
- Updates to Cost Effectiveness bonus calculation methodology

Guiding Principles for Quality Measures

- The Centers for Medicare and Medicaid Services (CMS) collects quality measure data from all 50 states in an effort to strengthen quality of care and health outcomes.
- Specifications for adult and child core set measures are released annually by Health & Human Services.
- All measures are nationally validated and have standard specifications.
- The ACHN benchmarks are based on quality performance scores as reported by the various states and are adjusted as necessary.
- Benchmarks are posted at www.Medicaid.Alabama.gov and will be updated on an annual basis
- **The primary focus is measurable attainable improvement in healthcare outcomes.**
- To qualify for quality bonus payments, PCP groups must achieve a quality score of 50% or higher (i.e., meet targets for at least half of applicable quality measures)

Provider Quality Measures - Child

8 Provider Quality Measures

4 Child Quality Measures

W34-CH: Well-Child Visits in the 3rd, 4th, 5th, and 6th years of Life

AWC-CH: Adolescent Well-Care Visits

CIS-CH: Childhood Immunization Status - Combination 3

IMA-CH: Immunization For Adolescents - Combination 2

Provider Quality Measures - Adult

8 Provider Quality Measures

4 Adult Quality Measures

AMM-AD: Antidepressant Medication Management - Continuation Phase

HA1C-AD: Comprehensive Diabetes Care: Hemoglobin A1C (HBA1C) Testing

FUA-AD: Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

CHL-AD: Chlamydia Screening in Women Ages 21–24

Quality Measure (QM) Updates – Chlamydia Screening

- Discrepancy between the agency's policy about the procedure codes allowed for billing vs the procedure codes required to derive the quality measure rates.
- The agency's recommendation is to bill '87801' code (single code) when Chlamydia tests and Gonorrhea tests are performed on the same day. This resulted in lower number of chlamydia tests being reported.
- The agency worked with an independent review organization, IPRO and made a decision to include the procedure code '87801' in calculating the ACHN provider quality measure rates.

Quality Measure (QM) Updates – Immunization Data

- AMA has incorporated IMMPRINT data for the QM calculations.
- Please do note that the IMMPRINT data is matched using demographic information only. Some discrepancies are expected with the matching process.
- Approximately 50% of the states utilize the Immunization Registry data for QM calculations.

Adjustments to Quality Measures Bonus Calculation Methodology

- Beginning October 2021, the process for calculating quality measure bonus payments will be modified.
- For a measure to be counted towards the quality measure bonus calculation, the **denominator should be 10 or more.** Previously there was no denominator limitation.
- Any measure with below 10 denominator will not be taken into consideration for the bonus calculations.
- All these measures are validated by an independent review organization, IPRO.

Guiding Principles for Cost Effectiveness (CE)

- Consistency with ACHN's principles of paying for activity with a focus on preventative care and health outcomes.
- Acknowledgement that risk levels vary across practices.
- Results are risk-adjusted, using validated methodologies.
- Evaluation of activities at the group level.

Adjustments Made to CE Methodology

1. Adjustments to MARA Software Inputs

   a. Increase in diagnosis codes: We previously utilized the top 7 diagnosis codes on each claim into the MARA software. We have since increased the number of diagnoses on each claim to 40. Most providers will be limited to 12 per our claims processing system. The new limit of 40 accommodates certain inpatient claims and preemptively allows for policy adjustments in the future.

   b. Addition of crossover claims: We previously excluded these claims because of the financial relationship with Medicaid. However, in the interest of capturing a patient's acuity, we have added them back in.

   c. Adjustment to inpatient claims: We refined our process for including all information associated with procedures and revenue regarding the stay.

2. Removal of Inpatient Psychiatry Claims

   a. MARA risk scores do not properly account for people with Inpatient Psychiatry stays. Therefore, we are removing these claims from the statewide PMPM and each group provider's actual PMPM.

3. The agency is assessing different models to determine the maximum total amount that could be capped for Cost Effectiveness calculation purposes. Once finalized, the information will be shared with the providers.

Program Contacts

Managed Care Operations Division
Bakeba Raines, Director

Networks & Quality Assurance Division
Drew Nelson, Director

- Network Provider Assistance Unit:
  - Travis Houser, Associate Director- travis.houser@medicaid.alabama.gov
  - Patricia Toston, Program Manager- patricia.toston@medicaid.alabama.gov
  - Jessica Brooks, Program Manager- jessica.brooks@medicaid.alabama.gov

- Provider Billing Manual, Chapter 40: https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.3G_July2021.aspx
- Agency Website: www.medicaid.alabama.gov

Questions

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