

Alabama Medicaid Program Changes and Your Practice

Patient 1st & Health Home Deadlines for Providers

February 25, 2015



Agenda



- I. Medicaid Program Updates
- II. Action Steps for Providers
- III. Questions
- IV. Resources

Medicaid Program Updates

Section 1



Health Home Program Overview

- Previously known in Alabama as Patient Care Networks
- Four pilot areas in state have been successful
- Provide quality-driven, cost effective, culturally appropriate, and person- and family-centered health home services for Patient 1st recipients with
 - Asthma
 - Diabetes
 - Cancer
 - COPD
 - HIV
 - Mental Health Conditions
 - Substance Use Disorders
 - Transplants
 - Sickle Cell
 - Heart Disease
 - Hepatitis C
- Enrolled Patient 1st providers receive expanded case management fees for patients with chronic conditions listed above (\$8.50 pm/pm)*

*Excludes FQHCs / RHCs



Medicaid's Health Home Program is Changing

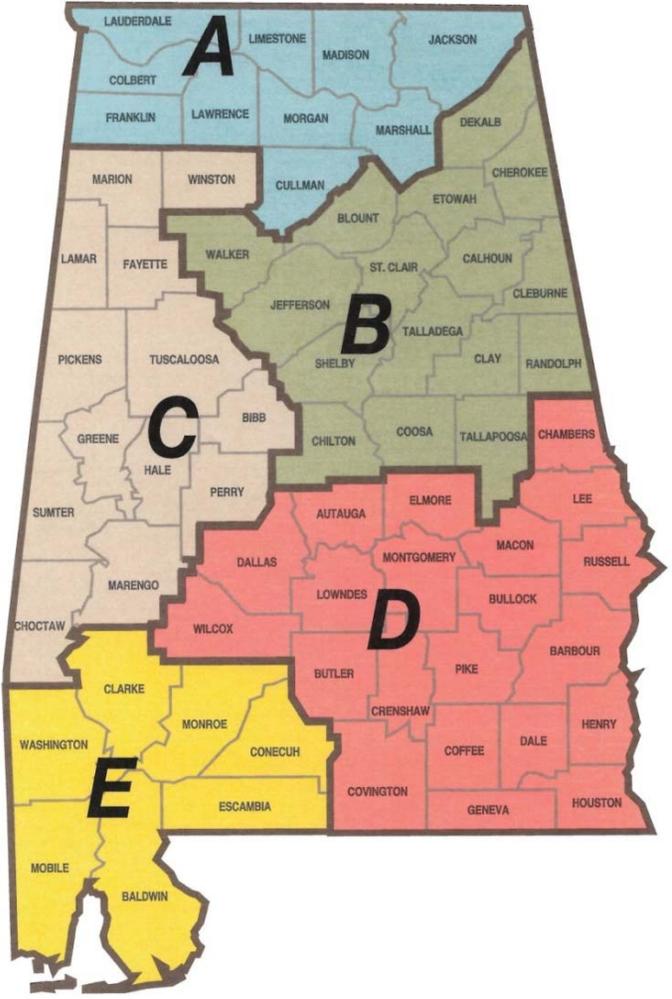
- Alabama Medicaid's Health Home Program will expand statewide on April 1, 2015 as an interim step toward implementation of full-risk RCOs – why?
 - Facilitate Network Development
 - Provide Resources to Probationary RCOs
 - Accelerate Probationary RCOs' Ability to Take Capitation
 - Ensure Probationary RCOs' Ability to Manage Patients

	Health Home Program	RCO Program
Impacted Providers	<ul style="list-style-type: none">• PMPs	<ul style="list-style-type: none">• PMPs• Core Specialists• Facilities
Go-Live	April 1, 2015	October 1, 2016
Organizations to Contract With	Probationary RCOs	RCOs
Program Objective	Build case management capacity statewide	Integrate health home services and expand to managing full-risk

Health Home Program and RCO Regions

- Probationary RCOs will manage the Health Home Programs under Medicaid’s supervision

Region	Probationary RCOs
A	<ul style="list-style-type: none"> • <u>Alabama Community Care – Region A</u> • Alabama Healthcare Advantage North • <u>My Care Alabama</u>
B	<ul style="list-style-type: none"> • <u>Alabama Care Plan</u> • Alabama Healthcare Advantage East
C	<ul style="list-style-type: none"> • <u>Alabama Community Care – Region C</u> • Alabama Healthcare Advantage West
D	<ul style="list-style-type: none"> • Alabama Healthcare Advantage • <u>Care Network of Alabama</u>
E	<ul style="list-style-type: none"> • Alabama Healthcare Advantage South • <u>Gulf Coast Regional Care Organization</u>



*Intent to contract with Medicaid as a Health Home indicated by **Bold-Underlined***

Action Steps for Providers

Section 2



Immediate Actions for Providers

- To participate in the expanded Health Home program, providers must complete the following steps:
 - **Execute Health Home contracts with one or more Probationary RCOs**
 - Specific due date varies by Probationary RCOs
 - Probationary RCOs must submit Health Home contracts to Medicaid by March 1
 - **Submit an Individual Patient 1st Enrollment Agreement to HP**
 - Due by March 1, 2015 to HP Provider Enrollment
 - All providers (including currently enrolled) must submit a new Individual Patient 1st Enrollment Agreement
 - Recipients will be assigned to individual NPI numbers (not group number)
 - If a provider is enrolled as a group, assignments will be made to participating Patient 1st providers within the group

Failure to complete the Patient 1st Enrollment Agreement and Contract by March 1, 2015 can impact patient assignment and delay payment of enhanced case management fees

Immediate Actions for Providers: Individual Patient 1st Enrollment Agreement



Complete and submit to
HP the Individual Patient
1st Enrollment
Agreement form sent to
by mail

OR

Complete and submit to
HP the Individual Patient
1st Enrollment
Agreement form found on
the Agency's website

A screenshot of the Alabama Medicaid Agency website. The header includes the "Alabama Medicaid Agency" logo and the word "Medicaid" in large letters, with the slogan "Together for Quality" and an image of a woman and child. A navigation menu contains links for Home, Newsroom, Apply for Medicaid, Programs, Resources, Providers, Fraud/Abuse Prevention, Contact, Recipients, and Reference. Below the menu is a search bar and two buttons: "For Recipients, Applicants, Sponsors" and "For Providers". A news section features a headline: "Governor: Medicaid transformation making significant progress" and another: "Williamson: Alabama Medicaid is integral to state's health care system". A central banner image shows two healthcare providers looking at a tablet, with a red-bordered box overlaid containing the text "Individual Patient 1st Enrollment Agreement". Below the banner is a "Welcome" section with a paragraph of text and a link: "Click here for information about updating your Patient 1st Enrollment Agreement NEW!". On the right side of the page, there are several logos: "MY MEDICAID", "Patient 1st", "One Health Record", "eHR INCENTIVE PROGRAM", and "Alabama VOTES". At the bottom left, there are logos for "Regional Care Organizations" and "Gateway to Community Living".

Failure to complete the Individual Patient 1st Enrollment Agreement by March 1, 2015 can impact patient assignment and delay payment of enhanced case management fees

Individual Patient 1st Enrollment Agreement: 24/7 Coverage and Admitting Privileges



24/7 Coverage Key Points:

- If using a hospital for 24/7 coverage, a copy of the agreement or letter on hospital letterhead with the hospital **MUST BE** submitted with the Individual Patient 1st Enrollment Agreement
 - See *Brief Description of your Arrangements for 24/7 Coverage* on page 13.
- If using an answering service, the name and phone number **MUST BE** listed on the Individual Patient 1st Enrollment Agreement
 - See *Attachment A* on pages 12-13.

Admitting Privileges Key Points:

- If another physician or group is providing admitting privileges, the physician performing the admitting services must sign the Agreement.
 - See *Physician or Group Agreeing to Cover Hospital Admissions* on page 15.
- The *Ages Admitted* for the provider covering hospital admissions **MUST** cover the PMP's current age criteria listed on file with Medicaid.
 - See *Ages Admitted* on page 15.

Individual Patient 1st Enrollment Agreement: Referrals and Multiple Locations



Referral Process Key Points:

- All Patient 1st providers should use their individual NPI number on all referrals beginning April 1, 2015.
- Referrals made with the Patient 1st group NPI will continue to be honored until the referral expires or through March 31, 2016.
- All cascading referrals should identify the NPI number and the name of the recipient's PMP beginning on April 1, 2015.

PMPs with Multiple Locations Key Points:

- If the PMP has two locations, there is no need to fill out two Individual Patient 1st Enrollment Agreements unless the form is for an FQHC or RHC.
 - Physician Medicaid numbers for satellite locations that are associated with the physician's enrollment need to be listed.
 - See *List MCD Numbers for Satellite Locations* on page 3.
 - FQHCs and RHCs need to submit a separate Individual Patient 1st Enrollment Agreement for each clinic (maximum of 3 locations).

Individual Patient 1st Enrollment Agreement: EPSDT and Submitting the Form



EPSDT Key Points:

- If an EPSDT and CLIA certificate is not on file with Medicaid, a new one needs to be submitted.
 - See *Attachment D* on page 16.
- If a provider is already enrolled in the EPSDT program and has a CLIA certificate on file, note it on the Agreement. No additional information is required.
 - See *EPSDT* on page 3.
- If the Agreement has been submitted without the CLIA certificate, it may be sent separately with a cover letter identifying the group and the individual.

Form Submission Key Points:

- Please submit all Individual Agreements for one office in a single mailing.
- The original form will be required; copies will not be accepted.
- This process will facilitate the transition of the recipient assignment to individual providers.

Individual Patient 1st Enrollment Agreement: Mid-Level Practitioners



Mid-Level Practitioners Key Points:

- Mid-level extenders, including Nurse Practitioners/Physician Assistants must have a collaborating physician.
- Each physician (PMP) is limited to two extenders.

Referrals by Mid-Level Practitioners Key Points:

- All PAs and CRNPs must use the individual PMP's NPI number and name for all referrals in order for the claims to process.
- Referrals outside the practice must use the individual PMP's NPI number, even if the PA or CRNP performed the EPSDT screening.
- A written Patient 1st referral is not needed when an enrolled PMP treats a patient assigned to another provider within the group practice.

Questions

Section 3



Individual Patient 1st Enrollment Agreement Questions Received by the Agency



Our group has four pediatricians that were already enrolled as “individuals”, rather than the group. Do we still need to submit new applications for each physician?

Yes, the new application is needed because of the overall change to the Patient 1st program reimbursement structure and also to participate in the Health Home program.

Will the monthly MCD Roster be organized by individual providers?

Yes. After April 1, 2015, the MCD Roster will transition to being organized by group to individual providers.

How will we know if our application is correct and processed?

HP will send a letter to group practices acknowledging the completion of the enrollment. Individual PMP's must contact provider enrollment to follow-up.

LOI Questions Received by the Agency

Our clinic has an MD and three (3) nurse practitioners. Is a letter of intent required for the MD and the NP?

An LOI would only be required for the MD, not the NP.

We are a large group of Eye and ENT physicians (36) providers. We have five (5) different locations all using the same NPI and Tax ID. Can our providers be listed on one LOI signed by our CEO?

Provider Groups can include all providers on one form with the individual NPI numbers but will also need to include an LOI form for each RCO they elect to participate in.

LOI Questions Received by the Agency

We received a letter of intent from two (2) RCOs in the Region. How would we know which RCO to choose, or would it be better to complete an LOI for each RCO for the time being?

It is up to the Practice to contract with the RCOs. Providers may sign a LOI with any Probationary RCO(s).

Is an LOI required for each specialty?

The LOI under the clinic's name would need to include each individual PMP's NPI number.

Resources

Section 4



How can we help you?

Resources:

HP Provider Enrollment: 1-888-223-3630, Option 1 or
pamela.mitchell@hp.com

HP Provider Assistance Center: 1-800-688-7989

Patient 1st Policy Questions:

Latonda.Cunningham@medicaid.alabama.gov

or

Gloria.Wright@medicaid.alabama.gov

To ask a question:

RCOPortal@Medicaid.Alabama.gov



HP Provider Representatives

Call 1-855-523-9170
and enter a seven digit extension:

HP Provider Representative	Extension
Catherine Jackson	1121067
Jim Allen	1121043
Karita Patillo	1121047
Tori Tillery-Dennis	1121064
Gayle Simpson-Jones	1121065
Misty Nelson	1121077
Melissa Gill	1121058
Aleetra Adair	1121057
Debbie Smith	1121066
Lauryn Morgan	1121048
Whitney Anderson	1121025

Please Remember...

- Our goal is to have a seamless transition to the state wide expansion of the Health Home Program
- Deadlines are important!
 - Submit an original Individual Patient 1st Enrollment Agreement form to HP by March 1
 - Respond to requests from Probationary RCOs
- Failure to complete requests can impact patient assignment and delay payment
- Wednesday webinars are scheduled at noon through March:
 - Provider Health Home Responsibilities: Part I (March 4th)
 - RCO LOI Process (March 11th)
 - Provider Health Home Responsibilities: Part II (March 18th)
 - Meeting information will be emailed and also at:
http://medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3.2_RCO_Meetings_grid.aspx