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)

Jerri Jackson
Director
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
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 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
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 DHCP must use Referral Form 362 on the website


• 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
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
<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Description</th>
<th>Current Rural</th>
<th>ACHN Rural</th>
<th>Current Urban</th>
<th>ACHN Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>59400</td>
<td>Global Vaginal</td>
<td>$1,700</td>
<td>$1,790</td>
<td>$1,300</td>
<td>$1,390</td>
</tr>
<tr>
<td>59510</td>
<td>Global Cesarean</td>
<td>$1,700</td>
<td>$1,790</td>
<td>$1,300</td>
<td>$1,390</td>
</tr>
<tr>
<td>59409</td>
<td>Vaginal Delivery-Only</td>
<td>$1,250</td>
<td>$1,340</td>
<td>$950</td>
<td>$1,040</td>
</tr>
<tr>
<td>59514</td>
<td>Cesarean Delivery-Only</td>
<td>$1,250</td>
<td>$1,340</td>
<td>$950</td>
<td>$1,040</td>
</tr>
<tr>
<td>59410</td>
<td>Vaginal Delivery; including Post-Partum Care</td>
<td>$1,300</td>
<td>$1,390</td>
<td>$1,000</td>
<td>$1,090</td>
</tr>
<tr>
<td>59515</td>
<td>Cesarean Delivery; including Post-Partum Care</td>
<td>$1,300</td>
<td>$1,390</td>
<td>$1,000</td>
<td>$1,090</td>
</tr>
<tr>
<td>59610</td>
<td>Global Vaginal; after previous Cesarean Delivery</td>
<td>$1,700</td>
<td>$1,790</td>
<td>$1,300</td>
<td>$1,390</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>59320</td>
<td>Cerclage of cervix, during pregnancy</td>
<td>132.00</td>
</tr>
<tr>
<td>59325</td>
<td>Cerclage of cervix, during pregnancy; abdominal</td>
<td>166.00</td>
</tr>
<tr>
<td>59871</td>
<td>Removal of cerclage suture under anesthesia</td>
<td>101.45</td>
</tr>
<tr>
<td>76818</td>
<td>Fetal biophysical profile</td>
<td>66.00</td>
</tr>
<tr>
<td>76819</td>
<td>Fetal biophysical profile; without non-stress testing</td>
<td>62.00</td>
</tr>
<tr>
<td>76820</td>
<td>Doppler velocimetry, fetal, umbilical artery</td>
<td>57.23</td>
</tr>
<tr>
<td>76821</td>
<td>Doppler velocimetry, fetal, middle cerebral artery</td>
<td>64.35</td>
</tr>
<tr>
<td>76825</td>
<td>Echocardiography, fetal</td>
<td>101.00</td>
</tr>
<tr>
<td>76826</td>
<td>Echocardiography, fetal, follow-up or repeat study</td>
<td>50.00</td>
</tr>
<tr>
<td>76827</td>
<td>Doppler echocardiography, fetal</td>
<td>67.00</td>
</tr>
<tr>
<td>76828</td>
<td>Doppler echocardiography, fetal, follow-up or repeat study</td>
<td>47.00</td>
</tr>
<tr>
<td>CPT</td>
<td>Description</td>
<td>Rates</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>76801</td>
<td>Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation</td>
<td>59.21</td>
</tr>
<tr>
<td>76802</td>
<td>Ultrasound, pregnant uterus, real time image documentation, with fetal and maternal evaluation</td>
<td>46.44</td>
</tr>
<tr>
<td>76805</td>
<td>Ultrasound, pregnant uterus, B-scan and/or real time with imagine documentation; complete</td>
<td>85.00</td>
</tr>
<tr>
<td>76810</td>
<td>Ultrasound, complete, multiple gestation, after the first trimester</td>
<td>168.00</td>
</tr>
<tr>
<td>76811</td>
<td>Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation</td>
<td>152.31</td>
</tr>
<tr>
<td>76812</td>
<td>Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation</td>
<td>92.25</td>
</tr>
<tr>
<td>76813</td>
<td>Ultrasound pregnant uterus, real time with image documentation, 1st trimester</td>
<td>78.00</td>
</tr>
<tr>
<td>76814</td>
<td>Ultrasound for each additional gestation use in conjunction with 76813</td>
<td>52.00</td>
</tr>
<tr>
<td>76815</td>
<td>Ultrasound, limited (fetal size, heartbeat, placental location, fetal position, or emergency in the delivery room)</td>
<td>57.00</td>
</tr>
<tr>
<td>76816</td>
<td>Ultrasound, follow-up or repeat</td>
<td>47.00</td>
</tr>
<tr>
<td>76817</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, transvaginal</td>
<td>60.45</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>59409</td>
<td>Vaginal Delivery</td>
</tr>
<tr>
<td>59430</td>
<td>Post-Delivery Care</td>
</tr>
<tr>
<td>59514</td>
<td>Cesarean Delivery</td>
</tr>
<tr>
<td>59612</td>
<td>Vaginal Delivery after Cesarean Delivery</td>
</tr>
<tr>
<td>59618</td>
<td>Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery</td>
</tr>
<tr>
<td>59620</td>
<td>Cesarean Delivery Only; following attempted Vaginal Delivery after previous cesarean delivery</td>
</tr>
</tbody>
</table>
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
• 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/10.3Provider_Contacts/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](mailto:ACHN@medicaid.alabama.gov)