Alabama Coordinated Health Network

Participation Requirements for:
Primary Care Providers
and
Delivering Health Care Professionals

Varonica Wagner
Health Systems Manager
Alabama Medicaid Agency
PCP Participation
ACHN Qualifications for Participation

• Participation rate payments will be made to any PCPs who actively participate in an ACHN network and who have completed a PCP Agreement with the Agency

• BUMP Qualifications:
  • Board-certified MD/DO with a specialty or subspecialty of family medicine, general internal medicine or pediatrics that is recognized by the Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association and must actually practice in their specialty; OR
  • Non board-certified provider who practices in one of the above fields, if he/she can attest that 60 percent of their paid Medicaid procedures billed are for certain specified procedure codes for E&M services and certain VFC vaccine administration codes during the most recently completed CY, or for newly-eligible physicians, the prior month
  • 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
Agreements Required

• Alabama Medicaid Provider Agreement

• Alabama Medicaid Primary Care Physician Group Agreement

• Agreement between ACHN entity and the PCP group

• Only necessary to sign the one ACHN agreement; may participate with any region
Participation Agreement

Between
Alabama Care Network Mid-State
And
Primary Care Physician Group

THIS AGREEMENT is entered into as of ________________ between Alabama Care Network Mid-State, hereinafter referred to as the “Entity”, and __________________, hereinafter referred to as the “Group”, located in the City of __________________, County of _________________, State of Alabama.

WHEREAS, the Entity has been selected to operate as an Alabama Coordinated Health Network Entity pursuant to a CMS 1915(b) Waiver with the Alabama Medicaid Agency, hereinafter referred to as the “Agency”; and

WHEREAS, the Alabama Coordinated Health Network, hereinafter referred to as the “ACHN”, is designed to provide care coordination services to Medicaid recipients through the collaborative efforts of the Agency, the Entity, and the Group; and

WHEREAS, the Agency has contracted with the Entity to administer and manage care coordination services in a designated region to improve health outcomes of recipients; and

WHEREAS, the Group is eligible for participation in the Alabama Medicaid program and has a current and active Alabama Medicaid Provider Agreement; and

WHEREAS, the Group desires to contract and actively participate with Entity and participate in the ACHN by working collaboratively with the Entity and the Agency to help coordinate the health care services for each Medicaid recipient, as defined by the Agency, who elects to receive services from the Group.

NOW, THEREFORE, it is agreed between the Entity and the Group as follows:

Section 1 – General Statement of Purpose and Intent

The ACHN is defined by the federal government and the Agency as a voluntary Medicaid program that provides care coordination for recipients to achieve improved health outcomes and to minimize duplication of health care services and costs. It is designed to add an additional level of support to Group by intensively coordinating the care of recipients.
ACHN Participation Requirements

Physician groups must also meet the following criteria for participation:

• Actively work with the ACHN entity 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
• Review data provided by the ACHN to help achieve regional and state Medicaid goals
ACHN Participation Requirements

• 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
### ACHN Participation Rates vs. BUMP Rates

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

<table>
<thead>
<tr>
<th>Primary Care Physician Scenarios</th>
<th>Base FFS Rates</th>
<th>Bump Rates</th>
<th>Participation Rates</th>
<th>Bonus Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP Scenario 1: PCPs not eligible for Bump Rates &amp; not participating with ACHN</td>
<td>✓</td>
<td>✕</td>
<td>✕</td>
<td>✕</td>
</tr>
<tr>
<td>PCP Scenario 2: PCPs not eligible for Bump Rates &amp; participating with ACHN</td>
<td>✓</td>
<td>✕</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>PCP Scenario 3: PCPs eligible for Bump Rates &amp; not participating with ACHN</td>
<td>✕</td>
<td>✓</td>
<td>✕</td>
<td>✕</td>
</tr>
<tr>
<td>PCP Scenario 4: PCPs eligible for Bump Rates &amp; participating with ACHN</td>
<td>✕</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*EXAMPLE*

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

- **PCP Scenario 1 Example:** Receive only Base FFS Rates for all codes, including the fifteen PR codes
- **PCP Scenario 2 Example:** Receive PR for the fifteen E & M codes and Basic FFS Rates for all other codes
- **PCP Scenario 3 Example:** Receive Bump Rates for all codes, including the fifteen PR codes
- **PCP Scenario 4 Example:** Receive PR for the fifteen E & M codes and Bump Rates for all other codes
DHCP Participation
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 Agreement
Between
Alabama Care Network Mid-State
And
Delivering Health Care Professional

THIS AGREEMENT is entered into as of _________________ between Alabama Care Network Mid-State, hereinafter referred to as the “Entity”, and ______________________, hereinafter referred to as the “Delivering Health Care Professional or DHCP”, located in the City of ______________________, County of ______________________, State of Alabama.

WHEREAS, the Entity has been selected to operate as an Alabama Coordinated Health Network Entity pursuant to a CMS 1915(b) Waiver with the Alabama Medicaid Agency, hereinafter referred to as the “Agency”; and

WHEREAS, the Alabama Coordinated Health Network, hereinafter referred to as the “ACHN”, is designed to provide maternity care coordination services to Medicaid recipients through the collaborative efforts of the Agency, the Entity, and the DHCP; and

WHEREAS, the Agency has contracted with the Entity to administer and manage maternity care coordination services in a designated region to improve maternal and child health outcomes; and

WHEREAS, the DHCP is eligible for participation in the Alabama Medicaid program and has a current and active Alabama Medicaid Provider Agreement; and

WHEREAS, the DHCP desires to contract and actively participate with Entity and participate in the ACHN by working collaboratively with the Entity and the Agency to help coordinate the maternity health care services for each Medicaid recipient, as defined by the Agency, who elects to receive services from the DHCP. Maternity health care services include, but are not limited to, comprehensive health care services for pregnant woman and after delivery services to encourage and educate recipients in the use of family planning and pediatric services.

NOW, THEREFORE, it is agreed between the Entity and the DHCP as follows:

Section 1 – General Statement of Purpose and Intent

The ACHN is defined by the federal government and the Agency as a voluntary Medicaid program that provides care coordination for recipients to achieve improved health outcomes and to minimize duplication of health care services and costs. It is designed to add an additional level of support to DHCP by intensively coordinating the care of maternity recipients.
Participation Requirements for DHCPs

• 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
  - Participating in the development of the care plan with the ACHN
  - Participating in the DHCP selection and referral process
  - Providing data to the ACHN (similar to some of the data as provided today)
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)
Alabama Coordinated Health Network
Delivering Healthcare Professional Selection Referral Form

PCCM-E’s Name: ________________________________ PCCM-E’s NPI Number: ________________________________

Date: ________________________________
Type of Referral: □ Initial □ Change of DHCP □ High-Risk/Specialty □ Other (Free text box) ________________________________

Medicaid Eligible Individual (EI) Information

Name: ________________________________ Medicaid Number: ________________________________ DOB: ________________________________
Last Name: ________________________________
First Name: ________________________________ Mr.: ________________________________
Address: ____________________________________________ Telephone Number (with area code): ________________________________
________________________________________________________________
________________________________________________________________

Selected DHCP Information

DHCP’s Name: ____________________________________________
Address: ____________________________________________
________________________________________________________________
________________________________________________________________
Telephone Number (with the area code): ________________________________
Fax Number (with the area code): ____________________________________________
Email Address: ____________________________________________
NPI Number: ________________________________ Medicaid Provider Number: ________________________________

Name of the person completing the form (print): ________________________________
Signature of the person completing the form: ________________________________
Title of the person completing the form: ________________________________
Telephone Number (with the area code): ________________________________
<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>
DHCP BONUS and Quality Improvement

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
### Proposed ACHN Entities by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Organization</th>
<th>Contact Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>My Care Alabama Northwest</td>
<td>Stacey Copeland</td>
<td><a href="mailto:stacy.copeland@MyCareAlabama.org">stacy.copeland@MyCareAlabama.org</a></td>
</tr>
<tr>
<td>Northeast</td>
<td>North Alabama Community Care</td>
<td>Dana Garrard Stout</td>
<td><a href="mailto:dana.garrard@alabamacommunitycare.org">dana.garrard@alabamacommunitycare.org</a></td>
</tr>
<tr>
<td>Jefferson and Shelby</td>
<td>Alabama Care Network Mid-state</td>
<td>Michael Battle</td>
<td><a href="mailto:mbattle@uabmc.edu">mbattle@uabmc.edu</a></td>
</tr>
<tr>
<td>Central</td>
<td>My Care Alabama Central</td>
<td>Casey Wylie</td>
<td><a href="mailto:caseywylie@MyCareAlabama.org">caseywylie@MyCareAlabama.org</a></td>
</tr>
<tr>
<td>East</td>
<td>My Care Alabama East</td>
<td>Donna Oliver</td>
<td><a href="mailto:donna.oliver@MyCare.org">donna.oliver@MyCare.org</a></td>
</tr>
<tr>
<td>Southeast</td>
<td>Alabama Care Network Southeast</td>
<td>Kim Eason</td>
<td><a href="mailto:keason@uabmc.edu">keason@uabmc.edu</a></td>
</tr>
<tr>
<td>Southwest</td>
<td>Gulf Coast Total Care</td>
<td>Sylvia Brown</td>
<td><a href="mailto:sbrown@uabmc.edu">sbrown@uabmc.edu</a></td>
</tr>
</tbody>
</table>
Questions

  Newsroom> Quality Innovation and Technology Initiatives> ACHN

- **Direct Link to Frequently Asked Questions**

- **Submit questions for official response to**: [ACHN@medicaid.alabama.gov](mailto:ACHN@medicaid.alabama.gov)