

Alabama Coordinated Health Network

Participation Requirements for :

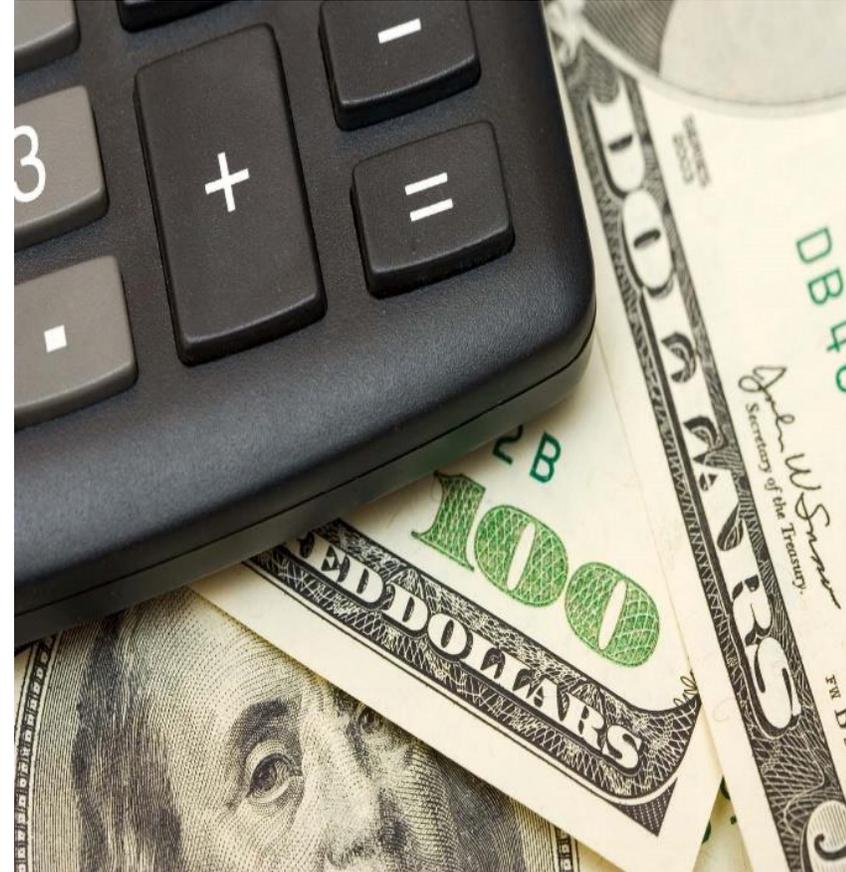
Primary Care Providers
and

Delivering Health Care Professionals



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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

PCP Participation Agreement Example Form



EXAMPLE

PCP Group Participation Agreement

**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 Rate



ACHN Participation Rates vs. BUMP Rates

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



ACHN Payment Summary

ACHN Primary Care Physician Payment Chart

Primary Care Physician Scenarios	Base FFS Rates	Bump Rates	Participation Rates	Bonus Payments
PCP Scenario 1: PCPs not eligible for Bump Rates & not participating with ACHN	✓	✗	✗	✗
PCP Scenario 2: PCPs not eligible for Bump Rates & participating with ACHN	✓	✗	✓	✓
PCP Scenario 3: PCPs eligible for Bump Rates & not participating with ACHN	✗	✓	✗	✗
PCP Scenario 4: PCPs eligible for Bump Rates & participating with ACHN	✗	✓	✓	✓

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

DHCP Participation Agreement Example Form



EXAMPLE

DHCP Participation Agreement

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 to 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)

DHCP Selection Referral Form Example



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 _____	_____	_____	_____
First _____ MI. _____	_____	_____	_____
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): _____

Proc Code	Description	Current Rural	ACHN Rural	Current Urban	ACHN Urban
59400	Global Vaginal	\$1,700	\$1,790	\$1,300	\$1,390
59510	Global Cesarean	\$1,700	\$1,790	\$1,300	\$1,390
59409	Vaginal Delivery-Only	\$1,250	\$1,340	\$950	\$1,040
59514	Cesarean Delivery-Only	\$1,250	\$1,340	\$950	\$1,040
59410	Vaginal Delivery; including Post-Partum Care	\$1,300	\$1,390	\$1,000	\$1,090
59515	Cesarean Delivery: including Post-Partum Care	\$1,300	\$1,390	\$1,000	\$1,090
59610	Global Vaginal; after previous Cesarean Delivery	\$1,700	\$1,790	\$1,300	\$1,390

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



Region	Organization	Contact Name	Email Address
Northwest	My Care Alabama Northwest	Stacey Copeland	stacy.copeland@MyCareAlabama.org
Northeast	North Alabama Community Care	Dana Garrard Stout	dana.garrard@alabamacomcommunitycare.org
Jefferson and Shelby	Alabama Care Network Mid-state	Michael Battle	mbattle@uabmc.edu
Central	My Care Alabama Central	Casey Wylie	casey.wylie@MyCareAlabama.org
East	My Care Alabama East	Donna Oliver	donna.oliver@MyCare.org
Southeast	Alabama Care Network Southeast	Kim Eason	keason@uabmc.edu
Southwest	Gulf Coast Total Care	Sylvia Brown	sbrown@uabmc.edu

Questions



- **Website: www.Medicaid.alabama.gov**
Newsroom> Quality Innovation and Technology Initiatives> ACHN
- **[Direct Link to Frequently Asked Questions](#)**
- **Submit questions for official response to:**
ACHN@medicaid.alabama.gov