Wednesday, October 9, 2019 -- The webinar will begin at 12:00 p.m. CST

Role of the Specialist in the ACHN

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)

Role of the Specialist in the ACHN

Jerri Jackson
Director of Managed Care Operations
ACHN—
A New Direction
Alabama Coordinated Health Networks (ACHNs)

- Single care coordination delivery system combining Patient 1st, Health Homes, Maternity Program, and Plan First
- Replaces silos in current care coordination efforts
- Care coordination services provided by regional Primary Care Case Management Entities (PCCM-Es), or networks
- Seven defined regions
BMI Reporting from a Specialists Perspective in Alabama Medicaid
BMI Updates

- Specialists will not be required to submit a BMI on the claim

- Pregnancy Diagnoses are excluded from the BMI Requirement
Referrals
Referrals

- The ACHN is a new program that operates in a different way
- PCPs no longer have assigned patient panels
Referral Process

- PCP referrals to most specialists will be required for specialists to receive payment. For a complete list of specialists and procedures that require a referral, see Chapter 40 of the Provider Billing Manual.


- Although hematology and oncology patients have been excluded from Patient 1st in the past, and thereby did not require referrals, that is no longer the case. Hematology/Oncology practices need to work with PCPs to get the kind of ongoing referrals they might need.

- Referrals to NPs or PAs collaborating with specialty groups will also require a referral.

- When a PCP cannot be identified, the ACHN entity may provide a billing referral.
Determining Who Should Write the Referral

- In the past, a provider/specialist looked up the patient’s assignment

- Today, providers can view who the patient is attributed to in the Provider Portal

- Attribution does not equal assignment
Attribution

- Attribution is the process that will be used to associate a Medicaid recipient to the source of the majority of their care

- Attribution does not equal assignment
Key Steps in the Attribution Process

- Medicaid recipients who meet criteria for the ACHN Program for three out of the previous 24 months will be attributed; This does not have to be a continuous period

- The previous two-year history of face-to-face provider visits:
  - Both preventive visits and regular office visits are scored
  - Preventive visits receive a higher point value
  - Recent visits are scored higher than older visits
  - PCP visits receive a higher point value than specialist visits

- The previous 12-month history of filled prescriptions for chronic care conditions are scored
Referral, Attribution, and the Web Portal

- Attribution does not equal assignment

- The specialist’s referral may come from any PCP which may not equal the attributed provider

- Determine the PCP as you would with most other insurers:
  - Ask the patient who their PCP is
  - Determine who made the contact with your office to set up the appointment
  - If this does not yield a PCP, then contact the ACHN for a billing referral
  - The ACHN will work with the patient to establish a PCP
Referral Process (continued)

- Referrals dated prior to 10/1/2019 continue to be valid until the expiration date of the referral

- The recipient’s PCP should be contacted for a referral, if one is needed for dates of service 10/1/2019 and after

- Specialists should not request PCP referrals from health departments (other than Jefferson and Mobile county), other specialists, or Children’s Rehabilitation Services (CRS)

- For more details on services and provider types, see Chapter 40 of the Provider Billing Manual
For Teaching Facilities Only

- Specialists linked to a teaching facility will not require referrals and may also make referrals to other specialists.

- Medicaid considers all providers linked to teaching facilities as part of a PCP Group.

- Medicaid will monitor for any changes in utilization patterns and will respond accordingly.
Referrals (continued)

- Some services do not require referrals
  - Administration of allergy injections
  - Ambulance services
  - Certified emergencies
  - Radiology services
  - Laboratory services

- Some provider types also do not require a referral
  - County health departments
  - Children’s Rehab Services (CRS)
  - Hospitals
  - Independent radiologists
  - Pathologists
  - Dermatologists
  - Community Mental Health Centers (CMHCs)

*A complete list of services and provider types that do not require a referral is in Chapter 40 of the Provider Billing manual*
To Recap

- Referrals dated prior to 10/1/2019 will continue to be valid until the expiration date of the referral.

- The recipient’s PCP should be contacted for a referral, if one is needed for dates of service 10/1/2019 or after.

- If the recipient does not have a PCP, then the specialist may contact the ACHN for a billing referral until a PCP can be established for the recipient.
To Recap (continued)

- Specialists should not request PCP referrals from health departments (other than Jefferson and Mobile county), other specialists, or CRS

- A referral is no longer required for PCP to PCP visits

- Referral Form 362 has been updated

- A referral is still required for most specialties and EPSDT screenings that are referred outside of the PCP practice

- See Chapter 40 of the Provider Billing Manual for a complete list of services and provider types that require referrals
Questions?

- For additional ACHN information and Frequently Asked Questions:

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