Alabama Medicaid Agency

Alabama Coordinated Health Network (ACHN)

Delivering Healthcare Professionals (DHCP)

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Health Systems Manager
Networks and Quality Assurance Division
Objectives

• Providers to understand changes to Medicaid’s programs, effective October 1, 2019

• Share information about the Alabama Coordinated Health Network (ACHN) Program

• Review changes to reimbursement that will impact Delivering Healthcare Professionals (DHCP), effective October 1, 2019

• Share information about how to become a ‘Participating Provider’ under the ACHN Program
Introduction

The Alabama Medicaid Agency (Medicaid) has operated the Health Homes Program, the Maternity Program and the Plan First Program for many years. Each program provides care coordination to Medicaid’s recipients in individual silos. Medicaid wanted to improve service provision, replace silos in the current care coordination program, and improve health outcomes for recipients. Therefore, the Agency implemented a plan to have one care coordination system, called Alabama Coordinated Health Network (ACHN).
ACHN...a new direction

• Single care coordination delivery system combining Health Homes Program, Maternity Program and Plan First Program
• Replaces silos in current care coordination efforts
• Development of a quality program to address infant mortality, substance use disorder and childhood obesity
• Seven newly-defined regions; each with a board
• Primary care physicians practicing in the region make up at least 50% of board (one must be an OB/GYN)
ACHN Implementation

• The Alabama Medicaid Agency (Medicaid) released a Request for Proposal on January 9, 2019.

• Medicaid submitted a 1915(b) Waiver to CMS as authority to operate the ACHN Program.

• CMS approved the 1915(b) Waiver on June 14, 2019.

• Seven proposed organizations have been identified to serve as Network Entitles under the ACHN Program and they are currently going through the readiness process.
ACHN Operation
ACHN Regions

Based on:

• Existing patterns of care
• Access to care
• Ability to ensure financial viability of regional ACHN entities
# ACHN Proposed Network Entitles

## Proposed Operating Alabama Coordinated Health Network by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Organization</th>
<th>Contact Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>My Care Alabama Northwest</td>
<td>Stacey Copeland</td>
<td><a href="mailto:stacey.copeland@MyCareAlabama.org">stacey.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:casey.wylie@MyCareAlabama.org">casey.wylie@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@MyCareAlabama.org">donna.oliver@MyCareAlabama.org</a></td>
</tr>
<tr>
<td>Southeast</td>
<td>Alabama Care Network Southeast</td>
<td>Jan Carllock</td>
<td><a href="mailto:jcarlock@uabmc.edu">jcarlock@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>

[https://www.medicaid.alabama.gov/content/2.0_Newsroom/2.7_Special_Initiatives/2.7.6_ACHN.aspx](https://www.medicaid.alabama.gov/content/2.0_Newsroom/2.7_Special_Initiatives/2.7.6_ACHN.aspx)
ACHN Operation

- Each network will be responsible for:
  
  • Providing care coordination to recipients based on their county of residence

  • Notifying maternity recipients that they are **required** to participate in the ACHN Program for Medicaid to pay for their maternity services (same function as performed by Maternity Contractors today)

  • Collaborating and creating a network of DHCPs in their Region
ACHN Participants

• Medicaid-Eligible maternity care recipients

• Plan First – Women ages 19-55 and men age 21 and over

• General Population – Current Patient 1st recipients, plus current/former foster children
What does this mean for DHCPs?
Reimbursement Under the Current Maternity Care Program…

• DHCPs either bill Medicaid directly for services or bill the Primary Contractor for services

• Medicaid global rates are between $950 - $1,300 for urban and between $1,250 - $1,700 for rural

• Primary Contractors pay physicians for ultrasounds

• The average global payment made by a Primary Contractor is between $1,300 - $2,273
• Claims for maternity services will be reimbursed FFS directly by Medicaid

• DHCPs will have the opportunity to receive two bonus payments in addition to your FFS payment:
  - A bonus payment for an initial prenatal visit made in the first trimester
  - A bonus payment for a postpartum visit (if provided 21-56 days postpartum)
If you are an actively Participating 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)
<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>
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</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>
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<tr>
<td>59510</td>
<td>Global Cesarean</td>
<td>$1,700</td>
<td>$1,790</td>
<td>$1,300</td>
<td>$1,390</td>
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<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>
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<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>
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<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>
<tr>
<td>CPT</td>
<td>Description</td>
<td>Rates</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>-------</td>
<td>--------------------------------------------------------------------</td>
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<tr>
<td>59320</td>
<td>Cerclage of cervix, during pregnancy</td>
<td>132.00</td>
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<tr>
<td>59325</td>
<td>Cerclage of cervix, during pregnancy; abdominal</td>
<td>166.00</td>
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<tr>
<td>59871</td>
<td>Removal of cerclage suture under anesthesia</td>
<td>101.45</td>
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<tr>
<td>76818</td>
<td>Fetal biophysical profile</td>
<td>66.00</td>
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<td></td>
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<tr>
<td>76819</td>
<td>Fetal biophysical profile; without non-stress testing</td>
<td>62.00</td>
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<tr>
<td>76820</td>
<td>Doppler velocimetry, fetal, umbilical artery</td>
<td>57.23</td>
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<tr>
<td>76821</td>
<td>Doppler velocimetry, fetal, middle cerebral artery</td>
<td>64.35</td>
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<tr>
<td>76825</td>
<td>Echocardiography, fetal</td>
<td>101.00</td>
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<tr>
<td>76826</td>
<td>Echocardiography, fetal, follow-up or repeat study</td>
<td>50.00</td>
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</tr>
<tr>
<td>76827</td>
<td>Doppler echocardiography, fetal</td>
<td>67.00</td>
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</tr>
<tr>
<td>76828</td>
<td>Doppler echocardiography, fetal, follow-up or repeat study</td>
<td>47.00</td>
<td></td>
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</tr>
</tbody>
</table>
Ultrasounds

- DHCPs may bill Medicaid a limit of two (2) ultrasounds **without** requiring a prior authorization.

- Additional ultrasounds may be approved through:
  - The submission of a prior authorization request to DXC by following the current prior authorization process as outlined in the Provider Manual (Prior Authorizations, Chapter 4).
<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<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
Laboratory Services

- Laboratory services can be billed separately from the global as current policy allows

- 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
If you are an Actively Participating 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
  - Biophysical profiles, etc.
  - Labs
Participation Requirements for DHCPs

• To receive payment for maternity services, DHCPs must actively participate with the ACHN

• Active participation is defined as:
  - Signing a Participation Agreements with a Network Entity
  - Participating in the recipient's care planning process
  - Participating in the DHCP Selection Referral process
  - Providing maternity and recipient data to the Network Entity (same type of data provided today)
Care Coordination Program
ACHN Maternity Care Coordination Requirements

• Manage maternal health care coordination (prenatal, delivery, postpartum and family planning care)

• Engage all pregnant recipients to participate in the Care Coordination Program

• Screen and assess recipients

• Help recipient establish Medicaid eligibility
• Assist in selecting a DHCP

• Assist recipients with prenatal and postpartum appointments and reminders

• Coordinate and make appropriate referrals

• Transition recipients to non-maternal care coordination after postpartum period
DHCP Selection Referral Process
DHCP Selection Referral Process

• All maternity claims must contain a DHCP selection referral number

• The DHCP selection referral number will come from the Network Entity to receive payment

• A DHCP selection referral number is the referring Network Entity’s NPI number

• To be part of the referral process, DHCPs will have to be a participating provider
DHCP 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 __________

Medicaid Eligible Individual (EI) Information

Name: ___________________________
Last ______________________________First _______________________________ MI.____

Medicaid Number:_________________________ DOB: ______________________
Address: ______________________________________________________________
Telephone Number (with area code): _____________________________
Reminder of Participation Requirements

To receive payment for services, DHCPs (groups) must actively participate with the ACHN. Active participation is defined as:

• Signing a Participation Agreement with at least one Network Entity

• Participating in the development of the care plan with the Network Entity

• Participating in the DHCP selection and referral process

• Providing data to the ACHN (same data as provided today)
# ACHN Proposed Network Entities

## Proposed Operating Alabama Coordinated Health Network by Region

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<tr>
<th>Region</th>
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<th>Contact Name</th>
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<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>
</tbody>
</table>
| 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@MyCareAlabama.org                    |
| Southeast           | Alabama Care Network
|                     | Southeast                  | Jan Carlock           | jcarlock@uabmc.edu                                |
| Southwest           | Gulf Coast Total Care      | Sylvia Brown          | sbrown@uabmc.edu                                  |

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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 Network Entities
Summary

- Maternity Contractors will no longer contract with DHCPs

- Claims for maternity services will be reimbursed FFS from Medicaid directly

- 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
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/10.3_Provider_Contacts/10.3.5_Provider_Reps.aspx
Questions

• **Website:** [www.Medicaid.alabama.gov](http://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](mailto:ACHN@medicaid.alabama.gov)
Thank you for your time!