GULF COAST
TotalCare

1st Quarter Medical Management Meeting

December 15, 2022

Presenter: Katrina Roberson-Trammell, MD, FAAP

Medical Director, Gulf Coast TotalCare

Disclosures

No Disclosures

ALABAMA MEDICAID AGENCY

A L E R T

November 3, 2022

TO: Hospital Providers, Physicians, Nurse Practitioners, Physician Assistants, Pharmacies, County Health Departments, Federally Qualified Health Centers, and Rural Health Clinics

RE: UPDATE – Billing for Stand-alone Vaccine Counseling to Recipients Under Age 21

Information in this Provider ALERT is in coordination with the ALERTs published April 13, 2022.

Effective May 11, 2022, Medicaid will cover the following procedure codes, G0312 and G0313, for stand-alone vaccine counseling as part of the EPSDT benefit for recipients under 21 years of age.

Stand-alone Vaccine Counseling Codes		
Procedure Code	**Procedure Code Description**	**Rate**
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time.	$13.00
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time.	$13.00

For dates of service prior to May 11, 2022, please refer to the ALERT "Billing for Vaccine Counseling to Recipients Under Age 21" dated April 13, 2022.

When is it appropriate to bill procedure code G0312 or G0313?
A provider should appropriately bill these codes when ONLY providing vaccine counseling to a recipient under age 21, and the recipient does NOT receive a vaccine on the day of service.

Can procedure codes G0312 and G0313 be billed in conjuncture with CPT 99401, 90460, or 90461?
No, procedure codes G0312 and G0313 CANNOT be billed in conjuncture with CPT 99401, 90460, or 90461.

Are modifiers required?
Modifiers are not required for procedure codes G0312 or G0313 with an office visit on the same day of service.

How should Pharmacy providers bill for these procedure codes?
Pharmacy providers must bill under their DME NPI, as these codes are not appliable under the NCPDP billing system.

Providers with billing questions may visit www.medicaid.alabama.gov or contact the Gainwell Technology Provider Assistance Center at 1-800-688-7989.

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Source: https://Medicaid.Alabama.gov/alert_detail.aspx?ID=16005

ALABAMA MEDICAID AGENCY

A L E R T

November 3, 2022

TO: Hospital Providers, Physicians, Nurse Practitioners, Physician Assistants, Pharmacies, County Health Departments, Federally Qualified Health Centers, and Rural Health Clinics

RE: UPDATE - Billing for Stand-alone COVID-19 Vaccine Counseling for Recipients Under Age 21

Information in this Provider ALERT is in coordination with the ALERTs published April 13, 2022.

Effective May 11, 2022, through a time indicated by the Alabama Medicaid Agency (Medicaid), Medicaid will cover the following procedure codes for stand-alone COVID-19 vaccine counseling for recipients under 21 years of age:

Stand-alone Vaccine Counseling Codes		
Procedure Code	**Procedure Code Description**	**Rate**
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 mins time.	$31.70
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time.	$31.70

For dates of service prior to May 11, 2022, please refer to the ALERT "Billing for COVID-19 Vaccine Counseling for Recipients under Age 21" dated April 13, 2022.

When will the rate of $31.70 end?
At such time Medicaid indicates through a subsequent Provider ALERT.

When is it appropriate to bill procedure code G0314 or G0315?
A provider should appropriately bill these codes when ONLY providing COVID-19 vaccine counseling to a recipient under age 21, and the recipient does NOT receive a COVID vaccine on the day of service.

Can procedure codes G0314 and G0315 be billed in conjuncture with CPT 99401 and modifiers CR and 25?
No, procedure codes G0314 and G0315 CANNOT be billed in conjuncture with CPT 99401 and modifiers CR and 25.

Are modifiers required?
Modifiers are not required for procedure codes G0314 or G0315 with an office visit on the same day of service.

How should Pharmacy providers bill for these procedure codes?
Pharmacy providers must bill under their DME NPI, as these codes are not appliable under the NCPDP billing system.

Providers with billing questions may visit http://www.medicaid.alabama.gov or contact the Gainwell Technology Provider Assistance Center at 1-800-688-7989.

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Source: https://Medicaid.Alabama.gov/alert_detail.aspx?ID=16004

ALABAMA MEDICAID AGENCY

A L E R T

October 18, 2022

TO: All Providers

RE: Physician Office Visit Limit Change for Recipients with Active Cancer Treatment

Effective **January 1, 2023**, Alabama Medicaid will increase the annual physician office visit maximum to 32 for Medicaid recipients receiving cancer treatment during the calendar year (January - December). This increase will be available for each calendar year in which the recipient is receiving cancer treatment and is applicable for all cancers.

To qualify for this increase in annual physician office visits,

1. The claim must include one of the following informational procedure codes to identify the treatment stage:

   - **3300F:** American Joint Committee on Cancer (AJCC) state documented and reviewed (ONC)
   - **3301F:** Cancer stage documented in medical record as metastatic and reviewed (ONC)
   - **S0353:** Treatment planning and care coordination management for cancer initial treatment
   - **S0354:** Treatment planning and care coordination management for cancer established patient with a change in regimen

   (*Failure to provide one of the required informational procedure codes will cause the recipient to not be eligible for the 32 visits.*)

2. A cancer diagnosis, within the current calendar year, must be in the recipient's claims history.

Additionally, medical documentation to support the diagnosis and treatment(s) must be maintained in the recipient's record and provided to the Agency, upon request, in the event of audit.

Providers with billing questions should contact the Gainwell Technologies Provider Assistance Center at 1-800-688-7989.

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Source: https://Medicaid.Alabama.gov/alert_detail.aspx?ID=15985

Provider

Alabama Medicaid Bulletin *October 2022*

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COVID-19 UPDATE FOR PROVIDERS

The Department of Health and Human Services (HHS) Secretary once again extended the COVID-19 Public Health Emergency (PHE), effective July 15. The PHE remains in effect for 90 days unless the secretary determines the PHE no longer exists. With this latest action, the 6.2 percentage-point increase in the Federal Medical Assistance Percentage (FMAP) will likely remain in effect until at least December 31, 2022. HHS has indicated it will provide states 60 days' notice prior to terminating the PHE.

The Alabama Medicaid Agency provided a COVID-19 PHE update for Medicaid providers and partners on September 15, 2022. Agency representatives shared how the Agency is preparing for the end of the PHE and for the return to normal operations. To view a recording of this meeting, please visit:

https://medicaid.alabama.gov/content/7.0_Providers/7.11_COVID-19_Vaccine_Providers.aspx.

MESSAGING FOR MEDICAID RECIPIENTS - PREPARING FOR THE COVID-19 PHE UNWINDING

Medicaid providers can assist the Agency with relaying consistent messaging to the Medicaid recipients in your newsletters, social media posts, and other means of communication. Please download the PHE Unwinding Toolkit for details:

https://medicaid.alabama.gov/documents/7.0_Providers/7.11_COVID-19_Information_For_Providers/7.11_PHE_Unwinding_Toolkit_7-12-22.pdf.

Source:https://medicaid.alabama.gov/documents/2.0_Newsroom/2.3_Publications/2.3.4_Insider_Archive/2.3.4_22_October.pdf

ACHN Southwest Region
Quality Measure Incentive Report

ACHN Quality Measure Incentive Report Year 2 Payout (08/30/2022)

#	Measure Abbreviation	Measure Description	Possible Points	State-Wide Baseline	Southwest Baseline	Final Rate Target (5-year goal) (AKA Benchmark)	Annual Improvement Target - 2021	Rate (Annual) 2021	Met / Did Not Meet	Points Earned
1	ABA-AD	Adult Body Mass Index Assessment	10	28.4%	22.0%	76.4%	43.8%	90.6%	Met	10
2	AMM-AD	Antidepressant Medication Management	10	30.1%	26.7%	37.1%	30.9%	24.5%	Did Not Meet	0
3	AMR-AD	Asthma Medication Ratio: Ages 19–64	5	57.6%	57.4%	58.8%	58.0%	72.3%	Met	5
4	AMR-CH	Asthma Medication Ratio: Ages 5–18	5	79.9%	70.9%	74.4%	72.3%	82.7%	Met	5
5	CAP-CH1	Children and Adolescents' Access to Primary Care Practitioners 12-24 months	2.5	93.8%	95.3%	96.9%	95.9%	86.0%	Did Not Meet	0
6	CAP-CH2	Children and Adolescents' Access to Primary Care Practitioners 25-mos - 6-years	2.5	86.1%	85.2%	89.8%	87.0%	77.9%	Did Not Meet	0
7	CAP-CH3	Children and Adolescents' Access to Primary Care Practitioners 7-years to 11-years	2.5	88.9%	88.3%	93.4%	90.3%	81.7%	Did Not Meet	0
8	CAP-CH4	Children and Adolescents' Access to Primary Care Practitioners 12-years to 19-years	2.5	86.5%	87.0%	91.9%	89.0%	81.2%	Did Not Meet	0
9	CCS-AD	Cervical Cancer Screening	10	39.5%	41.6%	48.0%	44.2%	49.3%	Met	10
10	IET-ADT 1	IET ADT - Initiation And Engagement Of Alcohol And Other Drug Abuse Or Dependence Treatment	5	38.8%	38.4%	41.0%	39.4%	38.0%	Did Not Meet	0
11	IET-ADT 2	IET ADT - Initiation And Engagement Of Alcohol And Other Drug Abuse Or Dependence Treatment	5	4.4%	3.7%	10.3%	6.3%	7.1%	Met	5
12	LBW-CH*	Live Births Weighing Less Than 2,500 Grams*	10	9.5%	10.4%	8.6%	9.7%	12.3%	Did Not Meet	0
13	PPC-CH	Prenatal and Postpartum Care: Timeliness of Prenatal Care	10	58.7%	70.9%	79.2%	74.2%	80.2%	Met	10
14	W15-CH	Well-Child Visits in the First 15 Months of Life	10	57.8%	53.1%	61.8%	56.6%	47.3%	Did Not Meet	0
15	WCC-CH	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	10	8.2%	5.8%	61.0%	27.9%	94.3%	Met	10
			100	**n/a**	**n/a**	**n/a**	**n/a**		**7**	**55**

* Lower Rate is better

Source: Alabama Medicaid

Quality Bonus Payments for Primary Care Providers

PRIMARY CARE PROVIDERS (PCP)

Quality Bonus Payments

- Between October 2019–July 2021, all practice groups automatically received a Quality Bonus Payment that was based solely on the number of attributed patients
- Beginning October 2021, the Group must achieve annual Bonus benchmarks determined by the Medicaid Agency
- Benchmarks are statewide, updated annually, and will be posted to the Agency's website

Cost Effectiveness Bonus Payments

*Please see **MARA Scoring** section for detailed information regarding the Cost Effectiveness Bonus Payment calculations. An **ACHN Provider Cost Effectiveness Bonus Explanation and FAQ** is available on the Alabama Medicaid website under the **ACHN Providers** section.*

Between October 2019–October 2020, ACHN participating PCP groups will receive a Cost Effectiveness Bonus Payment based on the number of Medicaid recipients attributed to the PCP group for the prior quarterly period. Beginning January 2021, PCP Groups will be eligible for a Bonus payment if the PCP group meets or exceeds the Cost Effectiveness criteria. The Agency uses a MARA Scoring system for calculating the Cost Effectiveness Bonus.

The Cost Effectiveness calculation includes a PMPM calculation for the ACHN population. The Cost Effectiveness calculation excludes the most recent three (3) months of data, hospital access payments, entity case management costs, other Bonus Payments in the waiver, and drug rebates.

Patient Centered Medical Home (PCMH) Recognition Bonus Payments

Please see PCMH section for detailed information regarding the Patient Centered Medical Home (PCMH) Recognition Bonus Payments.

Calculations for the PCMH Recognition Bonus Payments are based on attributed members. The eligible and actively participating provider must establish his or her PCHM status with Medicaid in order to receive this Bonus payment.

Active Participation 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

Source: Medicaid.Alabama.gov/documents/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers/5.1.3_ACHN_eBook_2022_1-27-22

ACHN Provider Quality Measures

- AMM-AD: Antidepressant Medication Management (2021)
- CHL-AD: Chlamydia Screening in Women Ages 21 to 24 (2021)
- CIS-CH: Childhood Immunization Status (2021)
- FUA-AD: Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (2021)
- HA1C-AD: Comprehensive Diabetes Care: Hemoglobin A1C (HBA1C) Testing (2019)
- IMA-CH: Immunizations for Adolescents (2021)
- WCV-CH: Child and Adolescent Well-Care Visits (2021) [Replaces AWC-CH & W34-CH]

- Source: https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.5_ACHN_Quality_Measures.aspx

Quality Measure & Cost Effectiveness Scorecards for Primary Care Providers

PRIMARY CARE PROVIDERS (PCP)

Quality Measure and Cost Effectiveness Scorecards

Accessing your scorecards

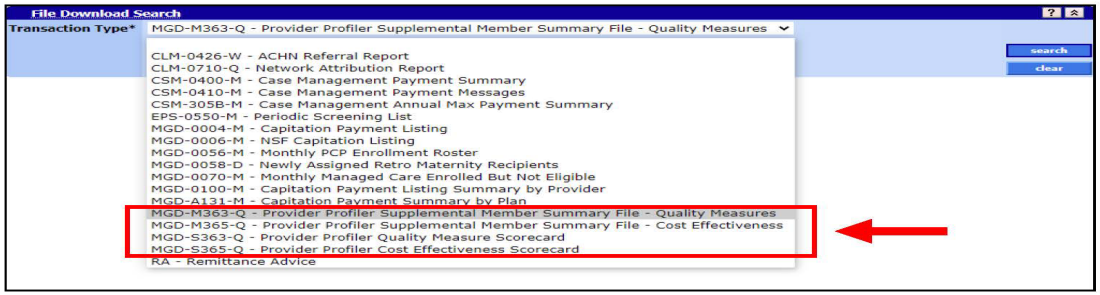
Scorecards can be accessed on the Agency's Provider Web Portal:

www.medicaid.alabamaservices.org/ALPortal

1. To access the login panel, click **Account**, click **Secure Site**, and then log into your account.

2. Click on **Trade Files** tab and then **Download**

3. Select the report from the **Transaction Type** dropdown menu



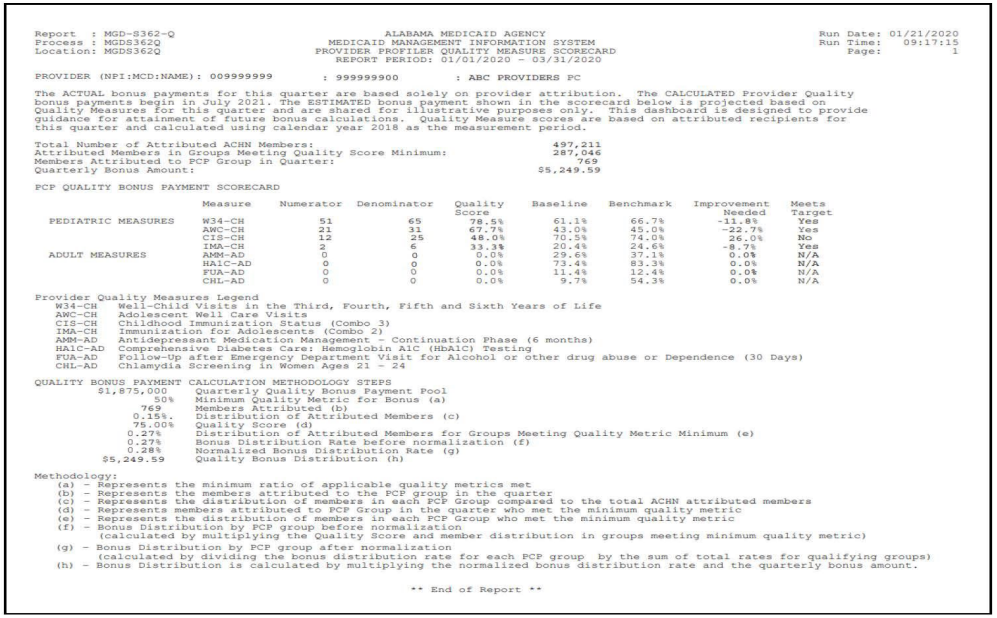
Source: Medicaid.Alabama.gov/documents/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers/5.1.3_ACHN_eBook_2022_1-27-22

Quality Measure Scorecard

PRIMARY CARE PROVIDERS (PCP)

Quality Measure Scorecard (MGD-S362-Q & MGD-M362-Q Reports)

The **Provider Profiler Quality Measure Scorecard Report (MGD-S362-Q)** is the summary level report that illustrates your current scoring.



Report : MGD-S362-Q
Process : MGDS362Q
Location: MGDS362Q

ALABAMA MEDICAID AGENCY
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER PROFILER QUALITY MEASURE SCORECARD
REPORT PERIOD: 01/01/2020 - 03/31/2020

Run Date: 01/21/2020
Run Time: 09:17:15
Page: 1

PROVIDER (NPI:MCD:NAME): 009999999 : 999999900 : ABC PROVIDERS PC

The ACTUAL bonus payments for this quarter are based solely on provider attribution. The CALCULATED Provider Quality bonus payments begin in July 2021. The ESTIMATED bonus payment shown in the scorecard below is projected based on Quality Measures for this quarter and are shared for illustrative purposes only. This dashboard is designed to provide guidance for attainment of future bonus calculations. Quality Measure scores are based on attributed recipients for this quarter and calculated using calendar year 2018 as the measurement period.

Total Number of Attributed ACHN Members: 497,211
Attributed Members in Groups Meeting Quality Score Minimum: 287,046
Members Attributed to PCP Group in Quarter: 769
Quarterly Bonus Amount: $5,249.59

PCP QUALITY BONUS PAYMENT SCORECARD

	Measure	Numerator	Denominator	Quality Score	Baseline	Benchmark	Improvement Needed	Meets Target
PEDIATRIC MEASURES	W34-CH	51	65	78.5%	61.1%	66.7%	-11.8%	Yes
	AWC-CH	21	31	67.7%	43.0%	45.0%	-22.7%	Yes
	CIS-CH	12	25	48.0%	70.5%	74.0%	26.0%	No
	IMA-CH	2	6	33.3%	20.4%	24.6%	-8.7%	Yes
ADULT MEASURES	AMM-AD	0	0	0.0%	29.6%	37.1%	0.0%	N/A
	HAIC-AD	0	0	0.0%	73.4%	83.3%	0.0%	N/A
	FUA-AD	0	0	0.0%	11.4%	12.4%	0.0%	N/A
	CHL-AD	0	0	0.0%	9.7%	54.3%	0.0%	N/A

Provider Quality Measures Legend
W34-CH Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
AWC-CH Adolescent Well Care Visits
CIS-CH Childhood Immunization Status (Combo 3)
IMA-CH Immunization for Adolescents (Combo 2)
AMM-AD Antidepressant Medication Management - Continuation Phase (6 months)
HAIC-AD Comprehensive Diabetes Care: Hemoglobin AIC (HbAIC) Testing
FUA-AD Follow-Up after Emergency Department Visit for Alcohol or other drug abuse or Dependence (30 Days)
CHL-AD Chlamydia Screening in Women Ages 21 - 24

QUALITY BONUS PAYMENT CALCULATION METHODOLOGY STEPS

$1,875,000	Quarterly Quality Bonus Payment Pool
50%	Minimum Quality Metric for Bonus (a)
769	Members Attributed (b)
0.15%.	Distribution of Attributed Members (c)
75.00%	Quality Score (d)
0.27%	Distribution of Attributed Members for Groups Meeting Quality Metric Minimum (e)
0.27%	Bonus Distribution Rate before normalization (f)
0.28%	Normalized Bonus Distribution Rate (g)
$5,249.59	Quality Bonus Distribution (h)

Methodology:
(a) - Represents the minimum ratio of applicable quality metrics met
(b) - Represents the members attributed to the PCP group in the quarter
(c) - Represents the distribution of members in each PCP Group compared to the total ACHN attributed members
(d) - Represents members attributed to PCP Group in the quarter who met the minimum quality metric
(e) - Represents the distribution of members in each PCP Group who met the minimum quality metric
(f) - Bonus Distribution by PCP group before normalization
(calculated by multiplying the Quality Score and member distribution in groups meeting minimum quality metric)
(g) - Bonus Distribution by PCP group after normalization
(calculated by dividing the bonus distribution rate for each PCP group by the sum of total rates for qualifying groups)
(h) - Bonus Distribution is calculated by multiplying the normalized bonus distribution rate and the quarterly bonus amount.

** End of Report **

Source: Medicaid.Alabama.gov/documents/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers/5.1.3_ACHN_eBook_2022_1-27-22

Provider Profiler Supplemental Member Summary File

PRIMARY CARE PROVIDERS (PCP)

The **Provider Profiler Supplemental Member Summary File (MGD-M362-Q)** is a report that shows how each individual EI affects your score.

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Report  : MGD-M362-Q                                  ALABAMA MEDICAID AGENCY                                  Run Date: 01/21/2020
Process : MGDM362Q                          MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:    08:55:00
Location: MGDM362Q                PROVIDER PROFILER SUPPLEMENTAL MEMBER SUMMARY FILE - QUALITY MEASURES          Page:           1
                                                REPORT PERIOD: 01/01/2020 - 03/31/2020

PROVIDER (NPI:MCD:NAME): 9999999999       : 999999999        : XYZ MEDICAL ASSOCIATES PC

  MEMBERS ATTRIBUTED IN QUARTER:                  23

  MEDICAID ID   BIRTH DATE   W34-CH      AWC-CH      CIS-CH      IMA-CH      AMM-AD      HA1C-AD     FUA-AD      CHL-AD
                             N    D      N    D      N    D      N    D      N    D      N    D      N    D      N    D
000000000001    XX/XX/XXXX   0    0      0    0      0    0      0    0      0    0      1    1      0    0      0    0
000000000002    XX/XX/XXXX   0    0      0    0      0    0      0    0      0    0      0    0      0    0      0    0
000000000003    XX/XX/XXXX   0    0      0    0      0    0      0    0      0    1      1    1      0    0      0    0
000000000004    XX/XX/XXXX   0    0      0    0      0    0      0    0      0    0      0    0      0    0      0    0
000000000005    XX/XX/XXXX   0    0      0    0      0    0      0    0      0    0      1    1      0    0      0    0
000000000006    XX/XX/XXXX   0    0      0    0      0    0      0    0      0    0      1    1      0    0      0    0
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000000000011    XX/XX/XXXX   0    0      1    1      0    0      0    0      0    1      0    0      0    0      0    0
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000000000023    XX/XX/XXXX   0    0      0    0      0    0      0    0      0    0      0    0      0    0      0    0
000000000024    XX/XX/XXXX   0    0      0    0      0    0      0    0      0    0      0    0      0    0      0    0

  TOTALS     Measure     NUMERATOR   DENOMINATOR        Measure     NUMERATOR   DENOMINATOR
              W34-CH            0             0        AMM-CH            0             3
              AWC-CH            1             2        HAC-CH            9             9
              CIS-CH            0             0        FUA-CH            0             0
              IMA-CH            0             0        CHL-CH            0             0

  In the column headings, N=NUMERATOR,  D=DENOMINATOR.
  Value '1' in the numerator and/or denominator indicates that the recipient met the criteria for the specific Quality Measure.
  Value '0' in the numerator and/or denominator indicates that the recipient did not meet the criteria for the Quality Measure.
  Values above '1' in the numerator and/or denominator is applicable only to FUA-AD measure,
  which indicates a count of follow-up visits (e.g. a value of '3' equals '3' visits).

  Provider Quality Measures Legend:
     W34-CH   Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
     AWC-CH   Adolescent Well Care Visits
     CIS-CH   Childhood Immunization Status (Combo 3)
     IMA-CH   Immunization for Adolescents (Combo 2)
     AMM-AD   Antidepressant Medication Management - Continuation Phase (6 months)
     HA1C-AD  Comprehensive Diabetes Care: Hemoglobin A1C (HbA1C) Testing
     FUA-AD   Follow-Up after Emergency Department Visit for Alcohol or other drug abuse or Dependence (30 Days)
     CHL-AD   Chlamydia Screening in Women Ages 21 - 24

                                                  ** End of Report **
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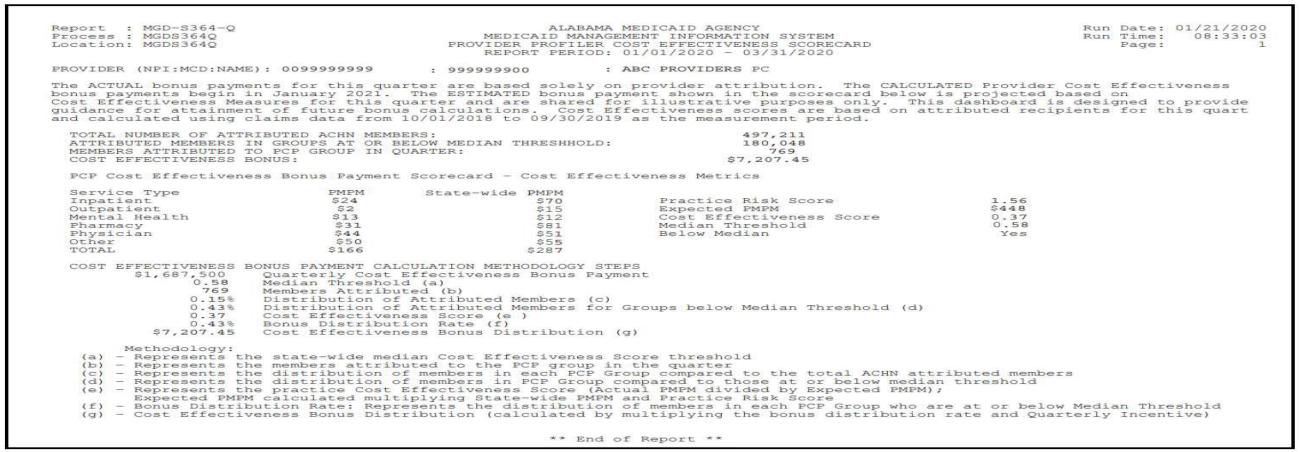
Source: Medicaid.Alabama.gov/documents/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers/5.1.3_ACHN_eBook_2022_1-27-22

Cost Effectiveness Scorecard

PRIMARY CARE PROVIDERS (PCP)

Cost Effectiveness Scorecard

The **Provider Profiler Cost Effectiveness Scorecard Report (MGD-S364-Q)** is the summary level report that illustrates your current scoring.



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Report  : MGD-S364-Q                                ALABAMA MEDICAID AGENCY                                    Run Date: 01/21/2020
Process : MGDS364Q                          MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   08:33:03
Location: MGDS364Q                     PROVIDER PROFILER COST EFFECTIVENESS SCORECARD                          Page:          1
                                          REPORT PERIOD: 01/01/2020 - 03/31/2020

PROVIDER (NPI:MCD:NAME): 0099999999      : 999999900        : ABC PROVIDERS PC

The ACTUAL bonus payments for this quarter are based solely on provider attribution.  The CALCULATED Provider Cost Effectiveness
bonus payments begin in January 2021.  The ESTIMATED bonus payment shown in the scorecard below is projected based on
Cost Effectiveness Measures for this quarter and are shared for illustrative purposes only.  This dashboard is designed to provide
guidance for attainment of future bonus calculations.  Cost Effectiveness scores are based on attributed recipients for this quart
and calculated using claims data from 10/01/2018 to 09/30/2019 as the measurement period.

  TOTAL NUMBER OF ATTRIBUTED ACHN MEMBERS:                                  497,211
  ATTRIBUTED MEMBERS IN GROUPS AT OR BELOW MEDIAN THRESHHOLD:               180,048
  MEMBERS ATTRIBUTED TO PCP GROUP IN QUARTER:                                    769
  COST EFFECTIVENESS BONUS:                                                $7,207.45

  PCP Cost Effectiveness Bonus Payment Scorecard - Cost Effectiveness Metrics

  Service Type                 PMPM       State-wide PMPM
  Inpatient                    $24                $70          Practice Risk Score                  1.56
  Outpatient                    $2                $15          Expected PMPM                        $448
  Mental Health                $13                $12          Cost Effectiveness Score             0.37
  Pharmacy                     $31                $81          Median Threshold                     0.58
  Physician                    $44                $51          Below Median                          Yes
  Other                        $50                $55
  TOTAL                       $166               $287

  COST EFFECTIVENESS BONUS PAYMENT CALCULATION METHODOLOGY STEPS
        $1,687,500    Quarterly Cost Effectiveness Bonus Payment
              0.58    Median Threshold (a)
               769    Members Attributed (b)
             0.15%    Distribution of Attributed Members (c)
             0.43%    Distribution of Attributed Members for Groups below Median Threshold (d)
              0.37    Cost Effectiveness Score (e )
             0.43%    Bonus Distribution Rate (f)
          $7,207.45    Cost Effectiveness Bonus Distribution (g)

       Methodology:
   (a) - Represents the state-wide median Cost Effectiveness Score threshold
   (b) - Represents the members attributed to the PCP group in the quarter
   (c) - Represents the distribution of members in each PCP Group compared to the total ACHN attributed members
   (d) - Represents the distribution of members in PCP Group compared to those at or below median threshold
   (e) - Represents the practice Cost Effectiveness Score (Actual PMPM divided by Expected PMPM);
         Expected PMPM calculated multiplying State-wide PMPM and Practice Risk Score
   (f) - Bonus Distribution Rate: Represents the distribution of members in each PCP Group who are at or below Median Threshold
   (g) - Cost Effectiveness Bonus Distribution (calculated by multiplying the bonus distribution rate and Quarterly Incentive)

                                                  ** End of Report **
```

Source: Medicaid.Alabama.gov/documents/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers/5.1.3_ACHN_eBook_2022_1-27-22

Provider Profiler Supplemental Member Summary File Cost Effectiveness Report

PRIMARY CARE PROVIDERS (PCP)

The **Provider Profiler Supplemental Member Summary File - Cost Effectiveness Report (MGD-M364-Q)** shows how each individual EI affects your score.

Report : MGD-M364-Q
Process : MGDM364Q
Location: MGDM364Q

ALABAMA MEDICAID AGENCY
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER PROFILER SUPPLEMENTAL MEMBER SUMMARY - COST EFFECTIVENESS
REPORT PERIOD: 01/01/2020 - 03/31/2020

Run Date: 01/21/2020
Run Time: 08:33:11
Page: 1

PROVIDER (NPI:MCD:NAME): 9999999999 : 999999999 : XYZ MEDICAL ASSOCIATES PC

MEMBERS ATTRIBUTED IN QUARTER: 23

MEDICAID ID	BIRTH DATE	INPATIENT COSTS	OUTPATIENT COSTS	MENTAL HEALTH COSTS	PHARMACY COSTS	PHYSICIAN COSTS	OTHER COSTS	TOTAL COSTS	TOT MBR MTHS	PMPM
0000000000001	XX/XX/XXXX	0	0	0	960	64	59	1,083	12	90
0000000000002	XX/XX/XXXX	4,341	15	0	457	1,017	386	6,218	12	518
0000000000003	XX/XX/XXXX	0	372	0	2,818	1,428	810	5,429	12	452
0000000000004	XX/XX/XXXX	0	459	0	115	838	975	2,389	12	199
0000000000005	XX/XX/XXXX	0	737	0	8,080	2,212	950	11,981	12	998
0000000000006	XX/XX/XXXX	0	0	0	944	42	117	1,104	12	92
0000000000007	XX/XX/XXXX	0	252	0	5,383	1,679	356	7,671	12	639
0000000000009	XX/XX/XXXX	0	0	0	2,229	422	160	2,811	12	234
0000000000010	XX/XX/XXXX	7,815	951	0	1,814	5,572	3,630	19,783	12	1,648
0000000000011	XX/XX/XXXX	0	982	0	1,091	2,187	112	4,373	12	364
0000000000012	XX/XX/XXXX	0	196	0	0	22	65	285	12	23
0000000000013	XX/XX/XXXX	0	376	0	51	767	1,970	3,166	12	263
0000000000014	XX/XX/XXXX	0	0	0	298	199	101	599	12	49
0000000000015	XX/XX/XXXX	4,291	456	294	6,172	2,814	1,427	15,458	12	1,288
0000000000016	XX/XX/XXXX	0	0	0	6,647	139	87	6,873	12	572
0000000000017	XX/XX/XXXX	0	0	0	266	192	121	581	12	48
0000000000018	XX/XX/XXXX	0	251	914	25,265	745	48	27,224	12	2,268
0000000000019	XX/XX/XXXX	0	272	0	497	125	252	1,148	12	95
0000000000020	XX/XX/XXXX	0	0	0	62,190	407	224	62,823	12	5,235
0000000000021	XX/XX/XXXX	2,156	1,781	0	617	5,390	2,278	12,225	12	1,018
0000000000022	XX/XX/XXXX	12,156	864	0	597	1,130	258	15,007	12	1,250
0000000000023	XX/XX/XXXX	0	944	0	1,033	1,902	1,505	5,385	12	448
0000000000024	XX/XX/XXXX	0	175	0	47	1,072	357	1,652	10	165
TOTALS		30,761	9,089	1,209	127,582	30,377	16,257	215,277	274	785

** End of Report **

Source: Medicaid.Alabama.gov/documents/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers/5.1.3_ACHN_eBook_2022_1-27-22

Online Viewing Code

Please enter: 12023

The Question??

"Why treat people and send them back to the conditions that made them sick in the first place?"

– Sir Michael Marmot

The Royal College of Midwives. The health gap--Q&A from Sir Michael Marmot for Royal College of Midwives. 2015. https://www.rcm.org.uk/news-views-and-analysis/views/the-health-gap-%E2%80%93-qa-from-sir-michael-marmot-for-royal-college-of. Accessed October 3, 2018.

Social Determinants of Health (SDOH)

SOCIAL DETERMINANTS OF HEALTH

https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Coding – Social Determinants of Health

CODING FOR SOCIAL DETERMINANTS OF HEALTH

- **MARA risk score/Cost Effectiveness**
  - Milliman Advanced Risk Adjusters (MARA) software
  - Risk adjustment software to calculate individual risk of each ACHN eligible patient
  - Evaluates what someone should cost given clinical and social issues
  - Top 40 diagnosis codes on each claim for an individual are in the input file in MARA software
  - "Can't know what it's not told"
  - Scores could be impacted by optimizing appropriate coding, maximizing preventative care and utilizing ACHN care coordination resources
    - Concurrent Risk Scores – provide a singular, standardized, expected risk score given the past year's claim experience and are used for **Provider's Cost Effectiveness Calculations**
    - Prospective Risk Scores –predict future risk given the past year's claims experience and are used by an ACHN for Care Coordination

HTTPS://MEDICAID.ALABAMA.GOV/DOCUMENTS/5.0_MANAGED_CARE/5.1_ACHN/5.1.3_ACHN_PROVIDERS/5.1.3_ACHN_PROVIDER_CE_BONUS_EXPLANATION_AND_FAQS_5-7-21.PDF

CODING FOR SOCIAL DETERMINANTS OF HEALTH

- Ensures payers know the "whole story"
  - document how the identified SDOH may impact the diagnosis or treatment, but to also code for it using the many ICD-10 codes available
  - Utilize secondary ICD-10 Z codes to explain the increased complexity
- When to Code SDOH
  - EPSDT screens
  - ADHD evaluations
  - Include with Mental Health Evaluations and Follow-Up
  - Relevant to current chief complaint/primary diagnosis

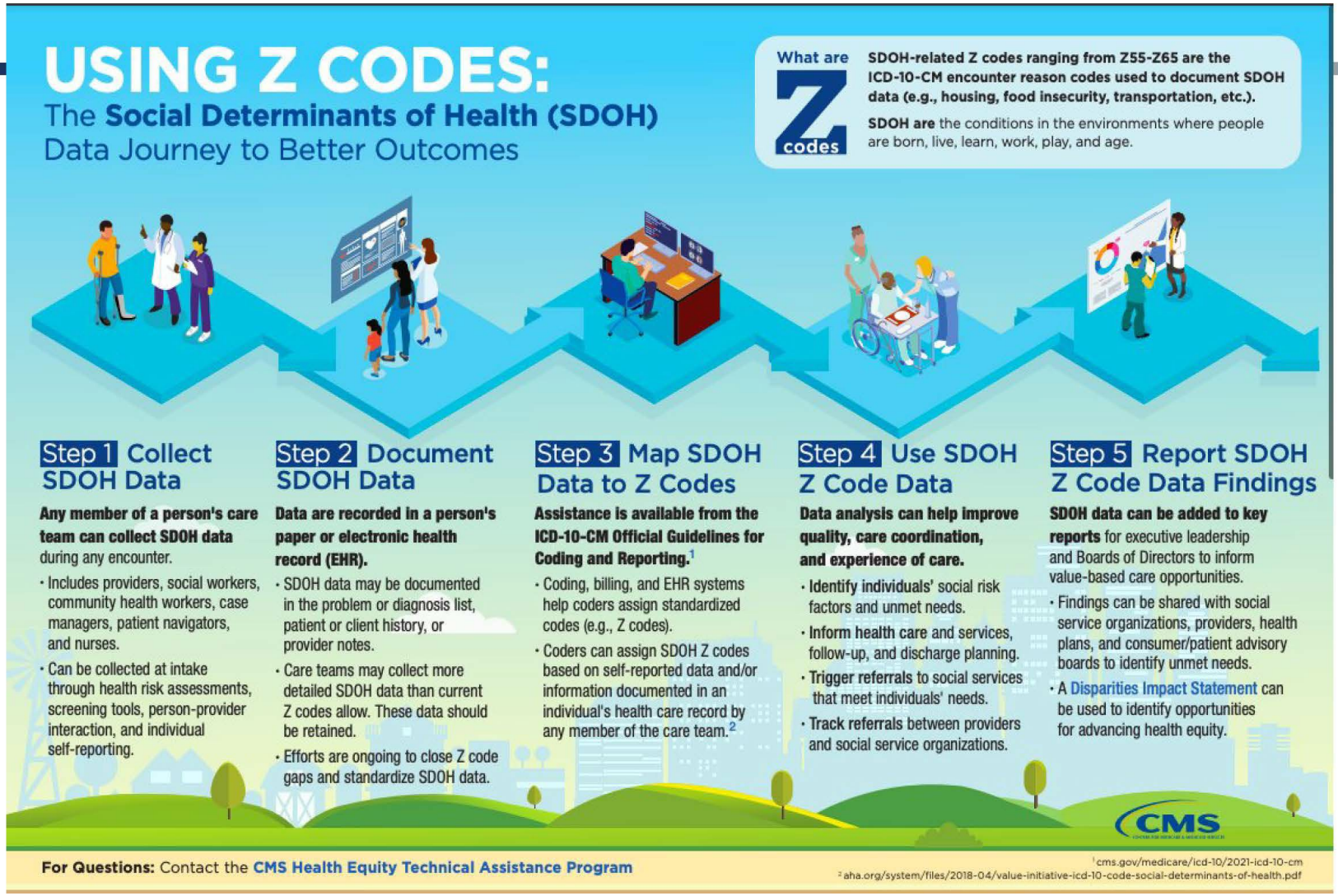
HTTPS://DOWNLOADS.AAP.ORG/AAP/PDF/SDOH.PDF

SDOH: ICD-10 Z Codes

EXAMPLES: ICD-10 Z CODES FOR SDOH

- Z62.810 Personal history of physical and sexual abuse in childhood
- Z59.5 Extreme poverty
- Z59.6 Low income
- Z55.0 Illiteracy and low-level literacy
- Z55.3 Underachievement in school
- Z63.4 Disappearance and death of family member
- Z63.5 Disruption of family by separation and divorce
- Z62.21 Child in welfare custody
- Z62.29 Other upbringing away from parents
- Z62.22 Institutional upbringing
- Z59.4 Lack of adequate food
- 59.0 Lack of housing (homeless)
- Z59.1 Inadequate housing
- Z59.8 Other problems related to housing and economic circumstances
- Z63.72 Alcoholism and drug addiction in family
- Z71.42 Counseling for family member of alcoholic
- Z71.51 Drug abuse counseling and surveillance of drug abuser
- Z71.52 Counseling for family member of drug abuser

Using Z Codes for SDOH



USING SDOH Z CODES

Can Enhance Your Quality Improvement Initiatives

Health Care Administrators

Understand how SDOH data can be gathered and tracked using Z codes.

- Select an SDOH screening tool.
- Identify workflows that minimize staff burden.
- Provide training to support data collection.
- Invest in EHRs that facilitate data collection and coding.
- Decide what Z code data to use and monitor.

Develop a plan to use SDOH Z code data to:

- Enhance patient care.
- Improve care coordination and referrals.
- Support quality measurement.
- Identify community/population needs.
- Support planning and implementation of social needs interventions.
- Monitor SDOH intervention effectiveness.

Health Care Team

Use a SDOH screening tool.

- Follow best practices for collecting SDOH data in a sensitive and HIPAA-compliant manner.
- Consistently document standardized SDOH data in the EHR.
- Refer individuals to social service organizations and appropriate support services through local, state, and national resources.

Coding Professionals

Follow the ICD-10-CM coding guidelines.[3]

- Use the CDC National Center for Health Statistics ICD-10-CM Browser tool to search for ICD-10-CM codes and information on code usage.[4]
- Coding team managers should review codes for consistency and quality.
- Assign all relevant SDOH Z codes to support quality improvement initiatives.

Z code Categories

- **Z55** – Problems related to education and literacy
- **Z56** – Problems related to employment and unemployment
- **Z57** – Occupational exposure to risk factors
- **Z58** – Problems related to physical environment
- **Z59** – Problems related to housing and economic circumstances
- **Z60** – Problems related to social environment
- **Z62** – Problems related to upbringing
- **Z63** – Other problems related to primary support group, including family circumstances
- **Z64** – Problems related to certain psychosocial circumstances
- **Z65** – Problems related to other psychosocial circumstances

This list is subject to revisions and additions to improve alignment with SDOH data elements.

[3] https://www.cms.gov/medicare/icd-10/2022-icd-10-cm
[4] https://www.cdc.gov/nchs/icd/icd-10-cm.htm

Revision Date: June 2022

SDOH: Screening Tools

SCREENING TOOLS FOR SOCIAL DETERMINANTS OF HEALTH

Three screening tools can aid physicians in addressing multiple social determinants of health in a primary care setting.

Screening tool	Number of questions	Source
The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)	15 core, 5 supplemental	http://www.nachc.org/research-and-data/prapare/toolkit/
The American Academy of Family Physicians Social Needs Screening Tool	11 (short form) 15 (long form)	Short: https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/patient-short-print.pdf Long: https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/patient-long-print.pdf
The Accountable Health Communities Health-Related Social Needs (AHC-HRSN) Screening Tool	10 core, 13 supplemental	https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf

The AHC-HRSN tool draws on evidence from several need-specific assessments, below, which can provide valuable background.

SDOH Resources

- IDENTIFYING AND ADDRESSING SOCIAL NEEDS IN PRIMARY CARE SETTINGS (ahrq.gov)
- The EveryONE Project | AAFP
- The PRAPARE Screening Tool - PRAPARE
- A Practical Approach to Screening for Social Determinants of Health | AAFP
- Guide to social needs screening (aafp.org)

Remarks

- Care Coordination
- Pharmacy
- Quality
- Executive Director

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