



ALABAMA CARE NETWORK MID-STATE MEDICAL MANAGEMENT MEETING

NOVEMBER 14TH AND DECEMBER 5TH



WELCOME AND INTRODUCTIONS

Presenters

- Jim Hotten, Executive Director
- Melissa O'Brien, Manager of Care Management
- Dr. Peily Soong, MD – Medical Director
 - Pediatrician, Pediatrics East

AGENDA

- Medicaid Updates
- ACHN Updates
- Medical Management Meeting Requirements
- Quality Measures



MEDICAID UPDATES

- Alabama Care Network Mid-State new contract started 10/1/24.
 - All PCP groups required to re-enroll with Medicaid
 - All PCP groups required to submit ACHN agreements
- Fiscal Year (FY) 2025 (October 1, 2024-September 30, 2025) Patient-Centered Medical Home (PCMH) Attestation Form deadline was 10/1/24. If you have any questions, please contact Medicaid.
 - Email: ACHN@medicaid.alabama.gov or Fax: 334-353-3856

MEDICAID UPDATES- MEDICAID ALERTS

Effective October 1, 2024:

- Pregnant adult recipients (ages 21 and older) will only be eligible for dental benefits during pregnancy and through the end of the month of 60 days postpartum when rendered by enrolled dental providers.
- Copayments for Medicaid covered services will be reinstated.

Services with Copayments	Copayment Amounts	Based on Medicaid's Allowed Amount for the Services
Office Visits (<i>including visits to physicians, optometrists, nurse practitioners</i>)	\$0.65 to \$3.90 per office visit code	\$50.01 or more - \$3.90 \$25.01 - \$50.00 - \$2.60 \$10.01 - \$25.00 - \$1.30 \$10.00 or less - \$0.65
Federally Qualified Health Centers (FQHC)	\$3.90 per encounter	
Rural Health Clinic (RHC)	\$3.90 per encounter	
Inpatient Hospital	\$50.00 per admission	
Outpatient Hospital	\$3.90 per visit	
Ambulatory Surgical Centers	\$3.90 per visit	
Durable Medical Equipment/ Medical Supplies and Appliances	\$0.65 to \$3.90 per line item	\$50.01 or more - \$3.90 \$25.01 - \$50.00 - \$2.60 \$10.01 - \$25.00 - \$1.30 \$10.00 or less - \$0.65
Prescription Drugs	\$0.65 to \$3.90 per prescription	\$50.01 or more - \$3.90 \$25.01 - \$50.00 - \$2.60 \$10.01 - \$25.00 - \$1.30 \$10.00 or less - \$0.65

MEDICAID UPDATES- MEDICAID ALERTS

- Effective October 1, 2024:
 - **Copayment does not apply to services provided to/for:**
 - Pregnant women
 - Emergencies
 - Nursing facility residents
 - Recipients less than 18 years of age
 - Native American Indians with an active user letter from Indian Health Services (IHS)
 - Family Planning
 - Vaccines and vaccine administration
 - **A provider may not deny services to any eligible Medicaid recipient because of the recipient's inability to pay the cost-sharing (copayment) amount imposed.**
- [1.0_ALERT_Unwinding_Copay_Changes_7-2-24.pdf \(alabama.gov\)](#)

MEDICAID UPDATES

Eligibility Redetermination

Providers can assist recipients with making sure they have access to update their contact information to receive communications from the Agency as well as re-apply for coverage.

- Providers click the link below and follow steps listed to help recipients update their contact information as well as access other options if coverage is lost.
https://medicaid.alabama.gov/documents/7.0_Providers/7.11_COVID-19_Information_For_Providers/7.11_Medicaid_Partner_Tip_Sheet.pdf
- Recipients click the link below to access how to update an address, print applications, visit a local office or apply online.
https://medicaid.alabama.gov/content/11.0_Recipient/
 - My Medicaid- Click on “learn more” to get a new card, update your information or check your status
 - Apply Online- Click on “learn more” to apply for coverage electronically
 - Update Your Address- Click on “learn more” to update your address and other important recipient information
 - Update Health Insurance Information- Click on “learn more” to make changes to your private health insurance

ACHN- MIDSTATE UPDATES

- New Contract began October 1st
- What this means for our team:
 - Updates/changes in our healthcare information management system
 - Updates/changes in required forms
 - New recipient contact schedule
 - Reenrolling all current maternity recipients and general care recipients who need care management services

ACHN- MIDSTATE UPDATES

- New QR Code for Recipients
 - Link to ACHN Midstate website with recipient handbook and updated program information.



The image shows the cover of a handbook. At the top center is the logo for Alabama Care Network Mid-State, which consists of a circular emblem with the state of Alabama inside, the word "Alabama" in script, and "CareNetwork Mid-State" in a sans-serif font. Below the logo, the text "Alabama Coordinated Health Network (ACHN)" is centered in a bold, sans-serif font. Underneath that, the title "Recipient Handbook" is written in a large, elegant serif font. The background of the cover is a scenic photograph of a river valley with green hills and a sunset sky. At the bottom, there is a white rectangular box containing contact information: "Alabama Care Network Mid-State", "417 20th Street North, Suite 1100, Birmingham, AL 35203", "1-833-296-5245 (toll-free) | Fax: 205-449-9759", and "www.alabamacarenetwork.com". Below this box, the text "UPDATED 10/01/2024" is centered. At the very bottom, in small print, is a disclaimer: "Alabama Care Network Mid-State does not participate in any discriminatory practices. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-296-5245 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-833-296-5245 (TTY: 711)." data-bbox="631 270 933 967"/>

MEDICAL MANAGEMENT MEETING REQUIREMENTS

- **Reminder**
 - A PCP or physician extender (NP or PA) from each contracted clinic must attend 3 of 4 yearly Medical Management Meetings
 - An average of 2-3 meetings are held per quarter

QUALITY MEASURES

DR. PEILY SOONG

THANK YOU FOR PARTICIPATING

Questions?

Please enter your
name and clinic in
the chat to register
attendance.

We will
review at
the end of
the session.

Alabama Care Network MIDSTATE Medical Management Meeting

November 2024



AGGENDA

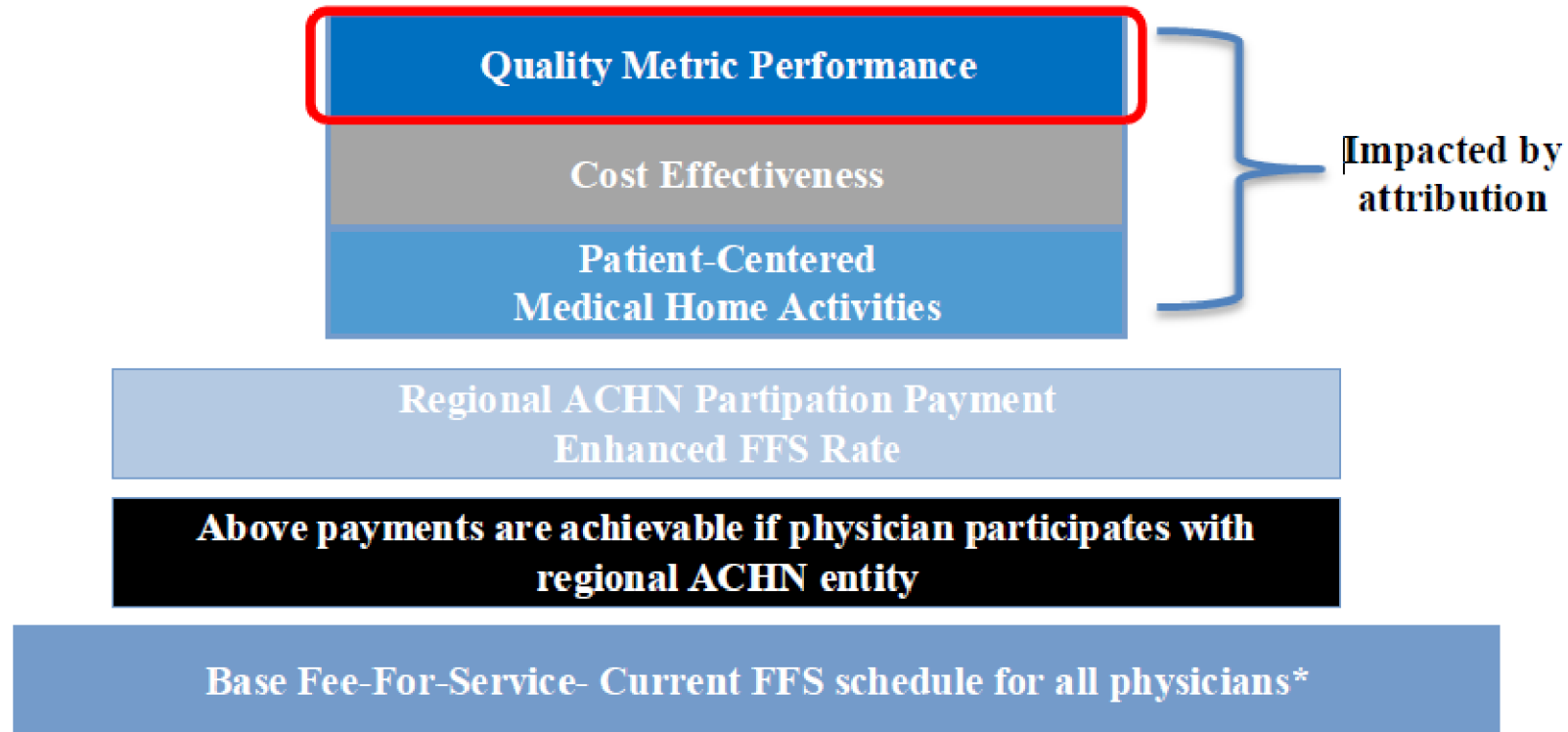
Quality Measures



Provider Measures



Bonus Payment Structure



- 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

Provider Quality Measures - Child



#	MEASURE ABBREVIATION	MEASURE DESCRIPTION
1	CHL-CH	Chlamydia Screening in Women rates include CPT 87801, the AMA multi STI test policy [Ages 16 - 20]
2	CIS-CH (Combo 3)	Childhood Immunization Status: [Combo 3: DTaP; IPV; MMR; HIB; HEP B; VZV; PCV]
3	IMA-CH (Combo 2)	Immunizations for Adolescents [Combo 2: Meningococcal, Tdap; HPV]
4	WCV-CH1	Child and Adolescent Well-Care Visits [Ages 3-11]
5	WCV-CH2	Child and Adolescent Well-Care Visits [Ages 12 - 17]

Provider Quality Measures - Child



#	MEASURE TITLE	MEASURE DESCRIPTION	STATEWIDE BASELINE	STATEWIDE BENCHMARK
1	CHL-CH: Chlamydia Screening in Women rates include CPT 87801, the AMA multi STI test policy	Percentage of women ages 16 to 20 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	52.5%	56.7%

#	MEASURE TITLE	MEASURE DESCRIPTION	STATEWIDE BASELINE	STATEWIDE BENCHMARK
2	CIS-CH: Childhood Immunization Status: [Combo 3: DTaP; IPV; MMR; HIB; HEP B; VZV; PCV]	Percentage of children age 2 who had specific vaccines by their second birthday. This measure calculates a rate for each vaccine and 3 combination rates.	65.5%	67.6%

Provider Quality Measures - Child



#	MEASURE TITLE	MEASURE DESCRIPTION	STATEWIDE BASELINE	STATEWIDE BENCHMARK
3	IMA-CH: Immunizations for Adolescents [Combo 2: Meningococcal, Tdap; HPV]	Percentage of adolescents children age 13 who had specific vaccines by their 13th birthday. This measure calculates a rate for each vaccine and 2 combination rates.	39.9%	40.8%

#	MEASURE TITLE	MEASURE DESCRIPTION	STATEWIDE BASELINE	STATEWIDE BENCHMARK
4	WCV-CH1: Child and Adolescent Well-Care Visits [Ages 3-11]	Percentage of children ages 3 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year.	52.4%	54.8%
5	WCV-CH2: Child and Adolescent Well-Care Visits [Ages 12 - 17]		46.5%	49.6%

Provider Quality Measures - Adult



#	MEASURE ABBREVIATION	MEASURE DESCRIPTION
1	CHL-AD	Chlamydia Screening in Women rates include CPT 87801, the AMA multi STI test policy [Ages 21 - 24]
2	HBD-AD (controlled)	Hemoglobin A1C Control for Patients with Diabetes HbA1c Control <8% [Ages 18 - 75]
3	PPC-AD	Postpartum Visits [7-84 Days After Delivery]

Provider Quality Measures - Adult



#	MEASURE TITLE	MEASURE DESCRIPTION	STATEWIDE BASELINE	STATEWIDE BENCHMARK
1	CHL-AD: Chlamydia Screening in Women rates include CPT 87801, the AMA multi STI test policy	Percentage of women ages 21 to 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	63.4%	64.1%

#	MEASURE TITLE	MEASURE DESCRIPTION	STATEWIDE BASELINE	STATEWIDE BENCHMARK
2	HBD-AD: Hemoglobin A1C Control for Patients with Diabetes HbA1c Control <8%	Percentage of beneficiaries ages 18 to 75 with diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: HbA1c Control (<8.0%)	3.5%	10.5%

Provider Quality Measures - Adult



#	MEASURE TITLE	MEASURE DESCRIPTION	STATEWIDE BASELINE	STATEWIDE BENCHMARK
3	PPC-AD: Postpartum Visits	<p>Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.</p> <p>Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</p>	65.8%	69.2%

Chlamydia Screening

CHL-CH,
CHL-AD

Chlamydia Screening

- The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Calculation

- Denominator: 16-24 years of age who were identified as sexually active during the measurement year
 - Two methods for identifying sexual activity
 - Pharmacy data
 - Prescribed contraceptive during reporting period
 - Claim/encounter data.
 - Pregnancy Value Set
 - Sexual Activity Value Set
 - Pregnancy Tests Value Set
 - Only one method needs to be identified to be eligible
- Numerator: Billed at least one chlamydia test during the measurement year.

Pregnancy Test Exclusions

- A pregnancy test during the measurement year AND a prescription for isotretinoin on the date of the test or within 6 days after the pregnancy test.
- A pregnancy test during the measurement year AND an x-ray on the date of the pregnancy test or within 6 days after the pregnancy test.

Best Practices

- Consider universal chlamydia screening for all women ages 16-24 years old regardless of risk, especially during any visit where oral contraceptives, sexually transmitted infections (STI), or urinary tract symptoms are discussed.
 - Alternatively, consider screening every time writing for OCPs or ordering a pregnancy test.
- Chlamydia screening may not be captured via claims if the service is performed and billed under prenatal and postpartum global billing; provide timely submission of claims with correct service coding and diagnosis.
- Educate minors about their privacy rights under HIPPA, emphasizing parental consent is not required for testing or treatment of STIs.

Childhood Immunizations

CIS-CH

Childhood Immunization Status

- The percentage of children 2 years of age who had
 - 4 diphtheria, tetanus and acellular pertussis (DTaP);
 - 3 polio (IPV);
 - 1 measles, mumps and rubella (MMR);
 - 3 haemophilus influenza type B (HiB);
 - 3 hepatitis B (HepB),
 - 1 chicken pox (VZV)
 - 4 pneumococcal conjugate (PCV) by their second birthday.
- The measure calculates a rate for a combination rate (i.e., must have all vaccines to meet measure).

Calculation

- Denominator: Number of children age 2 yo during the reporting period.
- Numerator: Percentage of children who were given the required vaccinations

Exclusions

- Hospice
- Death
- Severe Combined Immunodeficiency
- Immunodeficiency
- HIV
- Lymphoreticular cancer, multiple myeloma, or leukemia
- Anaphylaxis to specific vaccine
- History of illness (MMR, Varivax, HBV)
- Encephalitis due to DTaP vaccine

Best Practices

- Target under 2 yo that are behind on vaccinations and/or well visits using EHR reports
- At sick visits, remind parents to schedule well visits if they are behind.

Adolescent Immunizations

IMA-CH

Description

- The percentage of adolescents 13 years of age who had:
 - 1 dose of meningococcal vaccine,
 - 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine,
 - 2 doses of the human papillomavirus (HPV) vaccine series by their 13th birthday.
- The measure calculates a rate for a combination rate (i.e., must have all vaccines to meet measure).

Eligible Population

- Adolescents who turn 13 during the measurement year.

Calculation

- Denominator: Number of adolescents age 13 yo during the reporting period.
- Numerator: Percentage of adolescents who were given the required vaccinations

Exclusions

- Hospice
- Death
- Anaphylaxis due to specific vaccine
- Encephalitis due to DTaP

Best Practices for Immunization QM

- Target under 11-12 yo that are behind on vaccinations and/or well visits using EHR reports
- At sick visits, remind parents to schedule well visits if they are behind before they leave the office

Well Child Care

WCV-CH1,
WCV-CH2

Child and Adolescent Well-Care Visit

- The percentage of members 3-21 who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.
 - 3-11 years old (WCV-CH1)
 - 12-17 years old (WCV-CH2)

Exclusions

- Hospice
- Death

Calculation

- Denominator:
 - Number of children aged 3-11 yo or 12-17 yo during the reporting period minus exclusions
- Numerator:
 - Number of children aged 3-11 yo or 12-17 yo with one or more well-care visits billed during the measurement year by a PCP or an OB/GYN. Does not have to be the practitioner assigned to the child.

Best Practices for Well Child Visits

- Target under 3-11 yo and 12-17 yo that are behind on vaccinations and/or well visits using EHR reports
- At sick visits, remind parents to schedule well visits if they are behind before they leave the office
- Target periods during slower months or early summer months.

Diabetes Control

HBD-AD

Description

- The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following level during the measurement year:
 - HbA1c control (<8.0%).

Calculation

- Denominator:
 - Patient identified with Type 1 or Type 2 diabetes:
 - Claims/encounter data
 - At least one acute inpatient encounter with a diagnosis of diabetes.
 - At least two outpatient visits with diagnosis of diabetes
 - Pharmacy data, Prescribed one of the following:
 - Alpha-glucosidase inhibitors
 - Amylin analogs
 - Antidiabetic Combinations
 - Insulin
 - Meglitinides
 - GLP-1 agonists
 - SGLT2 inhibitor
 - Sulphonylureas
 - Thiazolidinediones
 - DDP-4 inhibitors
 - Only needs one to be identified.
 - Identified as having diabetes during the measurement year or the year prior.

Calcuation

- Numerator: Patients with type 1 or type 2 diabetes with the following CPT Category II billed during the measurement year:
 - 3044F A1c less than 7%
 - 3051F A1c greater than or equal to 7 and less than 8%

Value name	Code	Definition	Code system
HbA1c lab test	83036	Point of Care HbA1c Testing	CPT
HbA1c level greater than 9.0	3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)	CPT-Category II
HbA1c level greater than or equal to 7.0 and less than 8.0	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	CPT-Category II
HbA1c level greater than or equal to 8.0 and less than or equal to 9.0	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	CPT-Category II
HbA1c level less than 7.0	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	CPT-Category II

Exclusions

- Metformin as a solo agent is not included because it is used to treat conditions other than diabetes.
 - Members with diabetes on these medications are identified through diagnosis codes only.
- Hospice
- Death
- Polycystic Ovarian Syndrome
- Gestational Diabetes
- Steroid-induced diabetes
- 66 years and older with frailty AND advanced illness.

Best Practices for Diabetes Control

- Discuss with billing/coders to see how A1c CPTs will be billed if doing send out testing.
 - Consider telehealth visits or zero charge bills to bill A1c CPT codes if doing send out testing.
- Consider point of care Hgb A1c machines to help with billing.
- Consider closer follow up of diabetic patients

Postpartum Follow Up

PPC-AD

Definition

- The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.
- For these members, the measure assesses the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Calculation

- Denominator:
 - Number of patients who had deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.
 - Multiple births: Members who had two separate deliveries (different dates of service) between October 8 of the year prior to the measurement year and October 7 of the measurement year count twice. Members who had multiple live births during one pregnancy count once.
- Numerator:
 - Number of patients that had a postpartum visit on or between 7 and 84 days after delivery.
 - Post-partum visit
 - Cervical cytology
 - A bundled service where the date of the postpartum care is identified.
 - Acute inpatient visits do NOT count.

Exclusions

- Hospice
- Death
- Non-live births

Post Partum Visit Components

- Must Include one of the following:
 - Pelvic Exam
 - Evaluation of weight, BP, breasts and abdomen
 - “Breastfeeding” is acceptable for the “evaluation of the breasts” component
 - Notation of postpartum care
 - Perineal or cesarean incision/wound check
 - Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders
 - Glucose screening for members with gestational diabetes

Post Partum Visit Components

- Documentation of any of the following:
 - Infant care or breastfeeding
 - Resumption of intercourse, birth spacing, or family planning
 - Sleep/fatigue
 - Resumption of physical activity
 - Attainment of healthy weight

Timeline for QM Implementation

- Everyone will get full bonus for next 6 quarters (Oct 24 to March 26).
- HOWEVER, reporting year is a 12 month period with 9 month gap.
 - Thus, the reporting period that determines the April 2026 payment **started in July 2024** and ends June 2025.

Quick Summary

- **Pediatricians:**
 - Watch for shots for 2 yo and 13 yo
 - Watch for females giving OCPs or UPTs for 16-20
 - Watch for WCC for 3-17 yo (3-11 and 12-16)
- **Adults:**
 - Watch for females giving OCPs or UPTs for 21-24
 - Watch for Diabetics 18-75
 - Post-partum patients.



Questions

- **Website:** www.Medicaid.alabama.gov
https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx
- **Submit questions for official response to:** ACHN@medicaid.alabama.gov

ACHN Contact information

Peily Soong, M.D., F.A.A.P -
Medical Director
peily.soong@childrensal.org

Jim Hotten, MBA- Director
jhotten@uabmc.edu 205-
936-4621

Melissa O'Brien, LICSW-
Manager
msumners@uabmc.edu 205-
918-6762

Nicole Reed, MSHA, MSHQS -
Quality Manager
nreed@uabmc.edu 205-474-
3352

Dima Dajani, PharmD, MPH,
BCPS - Pharmacy Director
dhdajani@uabmc.edu 205-
533-4408

Referrals -
call 1-833-296-5245
fax 205-449-9759

Thank You For Your Time

Medical Management Meeting Schedule

- All meetings will be via webinar at 12:00 p.m. Central Time

