

Ohio Department of Medicaid – FQHC & RHC Medicaid Webinar Series 3: CPC

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Recorded webinar may be found at: <https://oachresources.blogspot.com/>

Agenda

Quarterly Attribution

Enrollment Attribution

Billing and CPC

CPC Resources

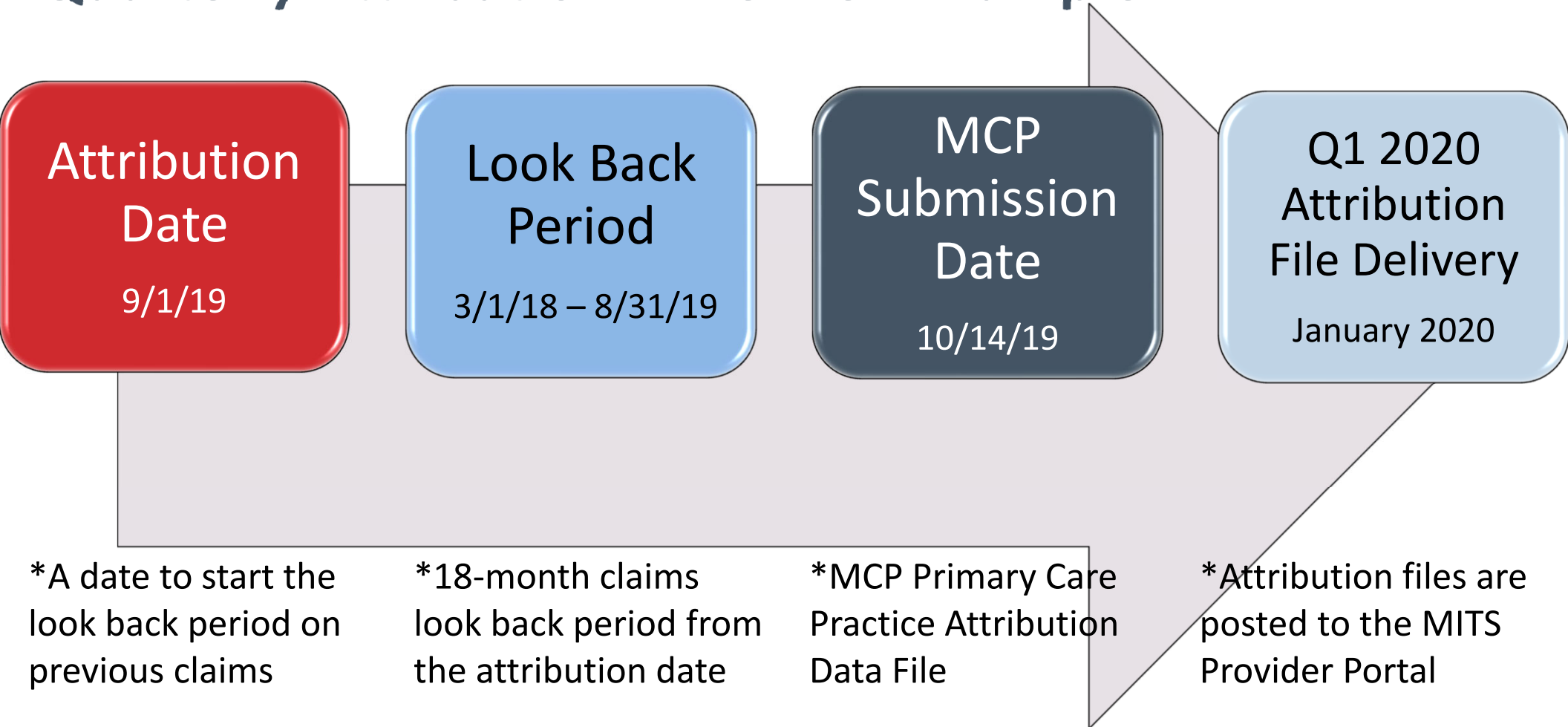
Quarterly Attribution

Basics

Methodology: ODM will attribute all non-excluded fee-for-service and managed care members to a primary care practice (PCP)

- » Attribution of members occurs quarterly using retrospective data
- » Members will only be attributed to **one** primary care practice
- ODM supplies the MCPs specific enrollment files containing all members by the enrollment month
 - » those individuals must appear in the MCPs primary care practice attribution file submission
- MCPs must submit their attribution files to ODM the month following the end of the calendar year quarter
 - » ODM uses a validated enrollment data set, including additions & deletions submitted by the MCP, to calculate attribution-related metrics
- MCPs submit a complete MCP Primary Care Practice Attribution Data File quarterly - assigning each member to their primary care provider

Quarterly Attribution Timeline - Example



Relevant E&M Codes and Eligible Providers/Specialties

Eligible primary care practices:

- PT **01** (hospital) w/ specialties: 001, 005, 006, 010
- PT **05** (RHC) w/ specialty: 050
- PT **12** (FQHC) w/ specialty: 121
- PT **20** (individual physician) w/ specialties: 207, 201, 263, 209, 215, 342, 274, 216
- PT **21** (prof medical group) w/ specialty: 021
- PT **24** (physician assistance) w/ specialty: 240
- PT **50** (clinic) w/ specialties: 500 and 501
- PT **65** (clinical nurse specialist) w/ specialties: 215, 651, 216
- PT **72** (nurse practitioner) w/ specialties: 651, 207, 216, 215

Eligible E&M Code Ranges:

99201-99205

99211-99215

99381-99387

99391-99397

99401-99404

99411-99412

99420-99429

90465-90468

90471-90474

90460-90461

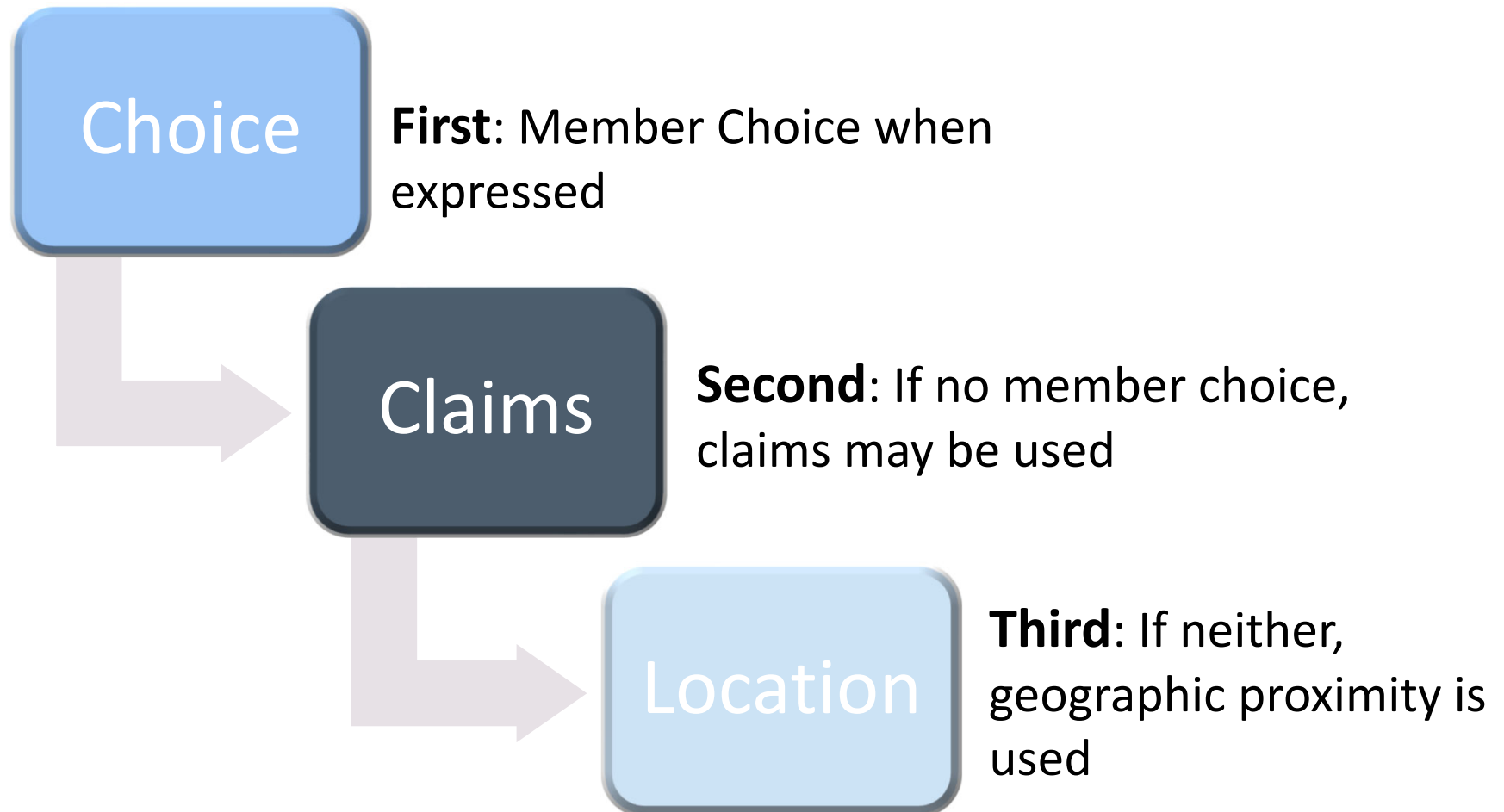
Attribution Payments

- Each CPC provider receives per-member-per month (PMPM) payments for each attributed member
- PMPM payments are delivered quarterly, along with the quarterly attribution file
- PMPM payments are prospective

Quarter Breakdown	PMPM Payment Date	Period Covered by the Payment
Q1 Jan – March	January	January 1, 2020 – March 31, 2020
Q2 April – June	April	April 1, 2020 – June 30, 2020
Q3 July – Sept	July	July 1, 2020 – September 30, 2020
Q4 Oct – Dec	October	October 1, 2020 – December 31, 2020

*Changes may take 3-6 months to be reflected due to the lag in the data for the lookback period

Attribution Hierarchy



Attribution by Claims - Key Points

- ✓ Attribution by claims is used when the member has not expressed a PCP choice
- ✓ Assign member only when claims with an E&M for an office visit; outpatient visit; preventive medicine service; preventative counseling; a health risk assessment; or an immunization are found
- ✓ Which rendering/billing combo occurred the most in the 18 months proceeding attribution
 - » If either rendering or billing match prior quarter, member is not **reassigned**
 - Otherwise attribute member to rendering/billing combo that occurred most frequently in last 18 months
 - » If no relevant claims, member is not **reassigned**
 - » If a tie - practice with the most recent claims receives the attribution

Attribution Examples - Reassigning Member

Example #1

- Member is assigned to Dr. Smith at ABC Clinic in prior quarter's attribution file
- During next quarter, Dr. John at XYZ Clinic is identified as the provider/group that has seen the member the most during the look-back period
- Member is reassigned to Dr. John

Example #2

- Member is assigned to Dr. Doe at 789 Clinic in prior quarter's attribution file
- Member expressed PCP choice during that quarter for Dr. Jane at 123 Clinic
- Member is reassigned to Dr. Jane

Attribution Examples - Not Reassigning Member

Example #1

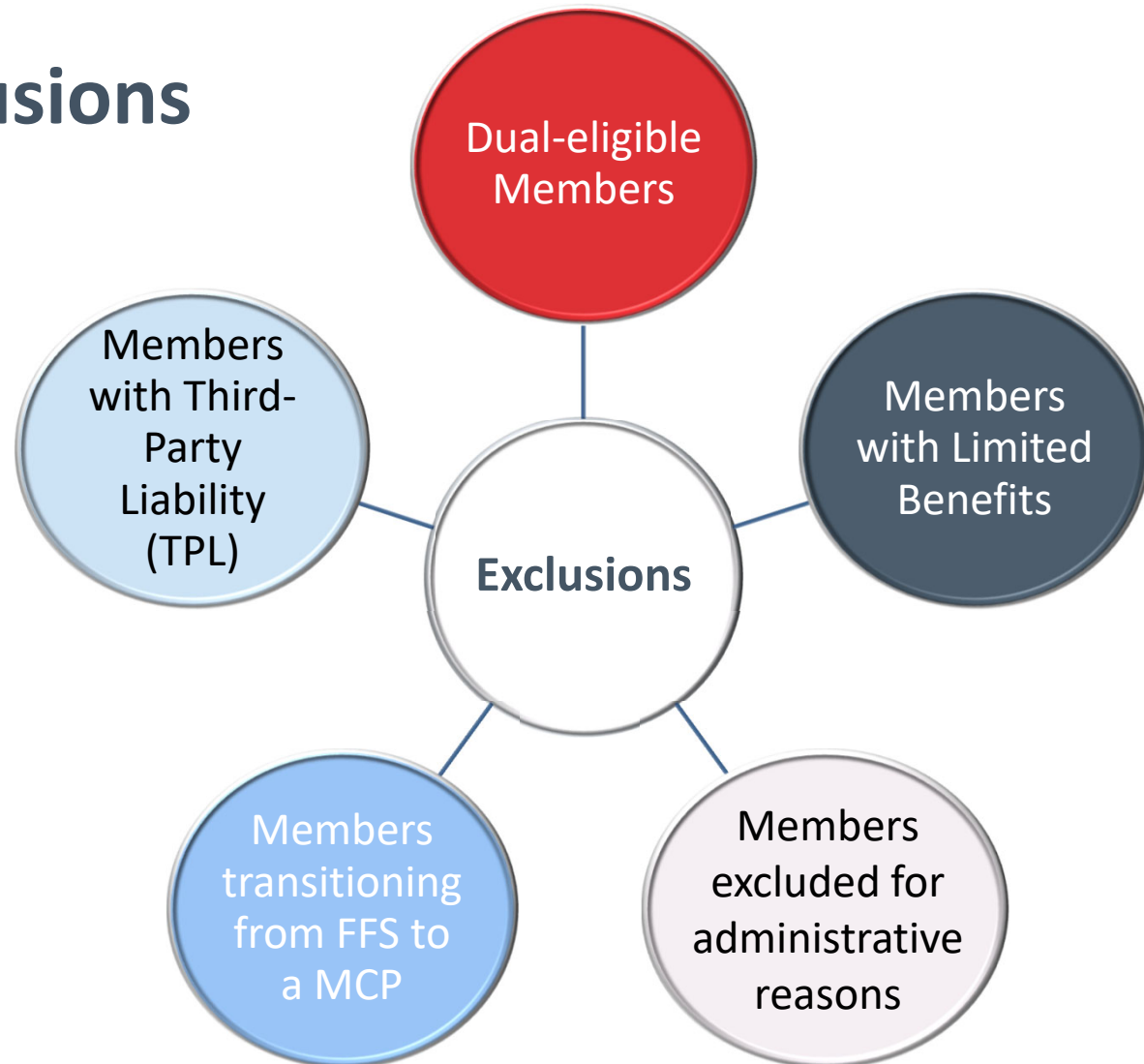
- Member is assigned to Dr. Smith at ABC Clinic in prior quarter's attribution file
- During next quarter, Dr. Smith at XYZ Clinic is identified as the provider/group that has seen the member the most during the look-back period
- Member is not reassigned because the rendering provider is unchanged

Example #2

- Member is assigned to Dr. Blue at 123 Clinic in prior quarter's attribution file
- During next quarter, Dr. Johnson at 123 Clinic is identified as the provider/group that has seen the member the most during the look-back period
- Member is not reassigned because the billing provider is unchanged

Attribution Exclusions

Inclusions include:
Adults and pediatrics
Behavioral health members
TPL members with exclusively dental or vision coverage

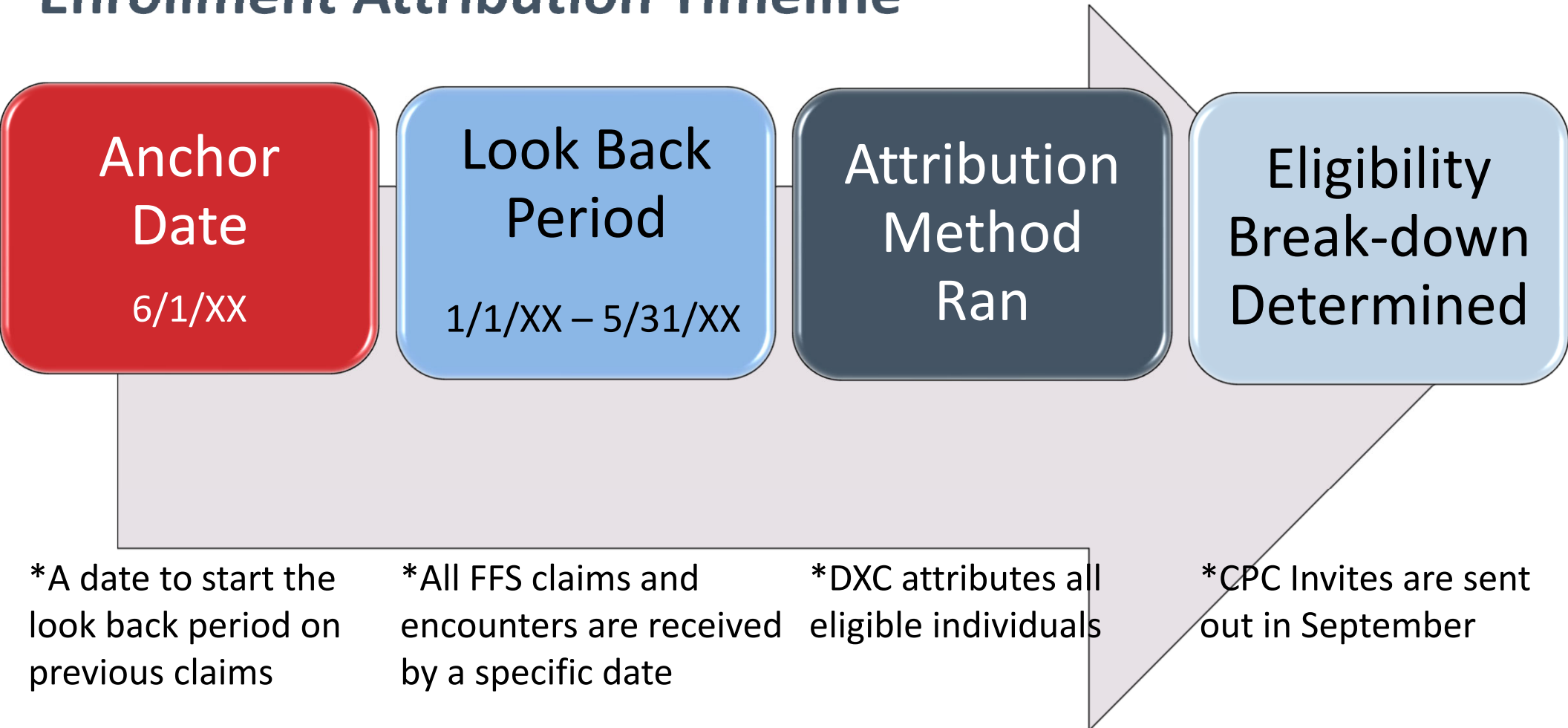


Enrollment Attribution

Enrollment Attribution Key Points

- The anchor date of 6/1/XX has been used each year for enrollment purposes
 - » This date begins the look-back period
- The same relevant E&M codes and eligible providers applies
- The Medicaid members must be eligible for full Medicaid on the anchor date
- Attribution is at the Medicaid ID level, each ID is individually accessed
 - » Not NPI or tax ID or adding all IDs together when under same tax ID
- The same member exclusions apply for enrollment attributions

Enrollment Attribution Timeline



Billing and CPC

Billing as a FQHC/RHC vs a Clinic

- ▶ FQHCs should bill ODM and the MCPs for covered FQHC services and wraparound claims to ODM using their PT 12 (FQHC) ID
 - » Covered FQHC services are set forth in OAC 5160-28-03.1
- ▶ RHCs should bill ODM and the MCPs for covered RHC services and wraparound claims to ODM using their PT 05 (RHC) ID
 - » Covered RHC services are set forth in OAC 5160-28-03.3
- ▶ FQHCs and RHCs should **ONLY** bill covered non-FQHC/non-RHC covered services to ODM and the MCPs with their PT 50 (clinic) ID, such as but not limited to:
 - » Group therapy
 - » Take-home medications
 - » Long-acting reversible contraception (LARC)
 - » Durable medical equipment for take-home use

Billing as a FQHC/RHC vs a Clinic, cont.

- ▶ When billing ODM for FFS claims and/or wraparound claims, the billing provider ID is used and that is who receives payment
- ▶ When billing the MCPs, ensure billing with the correct PT is occurring
 - » This may be billing with the NPI associated with the correct provider type
 - » This may also include using the proper place of service (POS) on your claim
- * If necessary, contact the individual MCP to ensure you are credentialed appropriately and billing correctly
- ▶ The MCPs received guidance from ODM on 2/25/20
- ▶ Incorrect billing WILL impact CPC attribution for enrollment and PMPM payments
 - » ODM has found some FQHCs that have higher attribution to their clinic ID than their FQHC ID

COMING 2021 CHANGE – THERE WILL NO LONGER BE A PT 50 AND ALL SERVICES WILL BE BILLED UNDER PT 12/05

Billing and CPC Metrics

CPT II codes are most importantly used in:

- » Comprehensive Diabetes Care (CDC)
- » Postpartum Care (PPC)
- » Controlling high blood pressure (CBP)

It is best to use CPT II coding on claims, if applicable

HEDIS measures also utilize CPT I codes, HCPCS, and ICD10PCS
to identify procedures

The CPC CPT II code sheet can be found on the CPC webpage

Some Metric CPT II Codes

CPT II Codes Used in CBP	3074F
	3075F
	3077F
	3078F
	3079F
	3080F

CPT II Codes Used in CDC	2022F
	2024F
	2026F
	3044F
	3045F
	3046F
	3060F
	3061F
	3062F
	3066F
	3072F
	3074F
	3075F
	3077F
3078F	
3079F	
3080F	
4010F	

CPC Resources

CPC Webpage Attribution Resources

Enrollment Tab:

-CPC enrollment/attestation guide

-ODM's Primary Care Provider Data Submission Specifications CY 2020 document

Payments Tab:

-Definitions and calculations applicable to payment methodologies document has the exclusions listed

Webinar Tab:

-1/17/19 CPC Attribution and Payment Files webinar

The screenshot shows the Ohio Medicaid website's navigation bar with tabs: HOME, MEDICAID 101, FOR OHIOANS, PROVIDERS, MANAGED CARE, INITIATIVES, COVID, RESOURCES, CAREERS, and CONTACT. The 'PROVIDERS' tab is selected. Below the navigation bar, the 'CPC Program Updates for 2020' section lists several resources, including 'Ohio CPC 2020 Program Year - CPC for Kids', 'Ohio CPC 2020 Program Year - Program Updates', and 'How to Setup a MITS Agent Account and Access CPC Reports - Video *NEW*'. A sidebar on the left contains a list of tabs: CPC Enrollment, CPC Payments, CPC Requirements, CPC Reporting, and CPC Provider Webinars. The main content area displays information for the selected 'CPC Enrollment' tab, including a paragraph about the 2020 performance year and a list of resources such as '2020 Ohio CPC Acknowledgement Form', '2020 Ohio CPC Attestation Form', and '2020 Ohio CPC Enrollment Webinar PDF | Recorded Webinar'. Arrows from the text on the left point to the 'Enrollment Tab' section, the 'CPC Payments' tab, and the 'CPC Provider Webinars' tab.



PCP Change Request Form

- For members wanting to express member choice, refer them to the *MCP Primary Care Provider (PCP) Selection/Change Form*, found on the ODM webpage at <https://medicaid.ohio.gov/Managed-Care/For-Managed-Care-Plans#1910266-forms>

Managed Care > For Managed Care Plans

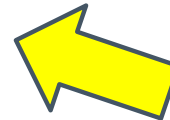
QUESTIONS ABOUT COVID-19?

VISIT [CORONAVIRUS.OHIO.GOV](https://coronavirus.ohio.gov) OR CALL 1-833-4-ASK-ODH FOR ANSWERS.



Managed Care Policy

Managed Care Agreements	<ul style="list-style-type: none">Medicaid/MyCare Uniform Prior Authorization FormOhio Urine Drug Testing Prior Authorization Request FormMCP Primary Care Provider(PCP) Selection/Change Form
MyCare Ohio Agreements	
Medicaid Addendum	
Guidance	
Forms	



Feel free to fax the form for your patient

CPC Contacts and Communications

Receive up-to-date communications via the CPC listserv

Your contact for your designated lead managed care plan

ODM Provider Assistance team at 1-800-686-1516

ODM hosted CPC Webinars allow for Q&A afterwards

Questions?

