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011711 NEWS BLAST

LA Medicaid Changes to CommunityCARE Program

*****CommunityCARE Providers MUST Respond by January 31, 2011*****

On January 6, 2011 Louisiana Medicaid published a memorandum from Don Gregory, Medicaid Director regarding the CommunityCARE 2.0 program.

This memorandum introduced the new CommunityCARE program, stating:

“Effective January 1, 2011, the Department of Health and Hospitals (DHH) will transition from the current Primary Care Case Management (PCCM) program, known as CommunityCARE, to CommunityCARE 2.0 (CC 2.0), an enhanced program model.

This enhanced version will replace the current program for both adults and children, and will tie a portion of the monthly management fee to Pay for Performance (P4P).”

The memorandum (attached) stated that providers would automatically be enrolled in CC 2.0 if they were currently enrolled in the CommunityCARE program. **However, providers who want to participate in the CC 2.0 program and the P4P program must complete a CC 2.0 attestation form which must be postmarked or have a fax date no later than January 31, 2011.**

Per patient per month ‘cap’ fee changes related to the new CC 2.0 and P4P program include:

- Base management fee of \$1.50 per linked enrollee per month
- If rate of low-level emergency room utilization – an additional \$0.75 max per enrollee per month as P4P
- If extended office hours for scheduled appointments - an additional \$0.75 per enrollee per month as P4P
- If NCQA PCMH Level I Recognition or Joint Commission on Accreditation of Healthcare Organization (JCAHO) - an additional \$0.50 per enrollee per month as P4P
- If PCP providing all required screenings at the PCP’s site (enrollees <21 years of age) - an additional \$0.25 per enrollee per month as P4P
- If at least 90% of children are up-to-date according to LINKS - an additional \$1.00 max per enrollee per month as P4P

Providers should read the highlights of changes, and decide if they plan to participate in both the CC 2.0 program and the P4P program and confirm they meet the requirements outlined to qualify for the base management fee.

If all confirmed and plan to participate, providers must complete the attached attestation form with instructions and return to Automated Health Systems no later than January 31, 2011.

We will continue to monitor this situation and will post additional News Blasts as we receive updates. Providers are encouraged to review the information posted both on the LA Medicaid website, www.lamedicaid.com and on our website, www.medtronsoftware.com, [Newsletters and News Blasts](#) page.



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

MEMORANDUM

TO: CommunityCARE Providers

FROM: Don Gregory
Medicaid Director

A handwritten signature in black ink, appearing to read "Don Gregory", written over the printed name.

SUBJECT: CommunityCARE 2.0

DATE: December 29, 2010

Effective January 1, 2011, the Department of Health and Hospitals (DHH) will transition from the current Primary Care Case Management (PCCM) program, known as CommunityCARE, to CommunityCARE 2.0 (CC 2.0), an enhanced program model. This enhanced version will replace the current program for both adults and children, and will tie a portion of the monthly management fee to Pay for Performance (P4P).

Beginning January 1, 2011, DHH will automatically enroll all Primary Care Providers (PCPs) in CC 2.0 who are currently in the CommunityCARE Program. However, PCPs wishing to participate in CC 2.0 and in the P4P must complete a CC 2.0 attestation form. The attestation form will be faxed to providers and it will also be available on www.lamedicaid.com under the "Provider Enrollment" section by January 10, 2011. **The completed form must be mailed with a postmark or fax date of January 31, 2011 or earlier to:**

Automated Health Systems
10101 Siegen Lane, Suites B and C
Baton Rouge, LA 70810
Fax #: 225-757-8466

DHH will be issuing new manuals and training guides for CC 2.0 and will provide guidance through visits to provider offices.

The CC 2.0 Program increases access to PCPs through expansion of office hours. It will offer PCPs tools for managing enrollee health care as the Department will provide quality profiles and utilization reports that will be available on the www.lamedicaid.com website. Highlights of the changes are outlined on the following pages.

Base Management Fee Adjustments – Effective January 1, 2011, the base management fee will be \$1.50 per linked enrollee per month instead of the \$3 rate paid under CommunityCARE. Providers will have the opportunity to increase the number of linkages through the addition of newly eligible mandatory

and voluntary populations. Some of these populations include a higher base management fee (details below). Through the P4P portion, providers can also earn an enhanced rate per member (details below), to be paid quarterly.

Maintenance of Linkages – Medicaid enrollees will continue to be linked to their current PCP unless the enrollee or the provider makes a request to alter the linkage. Providers will continue to receive the monthly CP-0-92, which provides details on their CommunityCARE enrollee linkages.

Population Additions – DHH is requesting federal approval to add a mandatory population and offer some voluntary populations the option of being linked to a PCP. The mandatory population will include the participants in the Pharmacy Lock-in program who are linked to both a pharmacist and a physician. The voluntary populations include SSI children under age 19, Native Americans who are members of federally recognized tribes, individuals in foster care, out-of-home placement and adoption assistance clients. The base management fee will be \$3.00 per linked enrollee per month for the SSI, foster children, out-of-home placement and adoption assistance clients. The base management fee for Native Americans will be \$1.50 per enrollee per month. Voluntary populations will be sent letters telling them about their option to select a PCP. They can select a PCP, opt out or they will be auto-assigned to a CC 2.0 provider.

Provider Participation Requirements for CC 2.0:

The following requirements must be met for a provider to qualify for the base management fee:

- Must be a physician (internal medicine, pediatrician, family medicine, general medicine, or OB/GYN); physician clinic; federally qualified health center (FQHC); rural health clinic (RHC); or nurse practitioner.
- Must participate in the LINKS electronic immunization database program. During the transition from CommunityCARE to CC 2.0, and to allow an opportunity and time for each PCP to participate in the LINKS program, the PCP must attest their intent to comply with this requirement by January 31, 2011, and installation and participation must be in place by March 31, 2011 for the continuation of the monthly payment and eligibility to participate in the CC 2.0 Program.
- Must make direct medical care available in the office for at least 32 hours per week at a single location. During the transition of the program from CommunityCARE to CC 2.0, and to allow an opportunity and time for the PCPs to provide the required 32 hours per week, the PCP must attest their intent to implement the required 32-work week hours by January 31, 2011, and the 32-hours work week must be in place by March 31, 2011 for the monthly payment to be made. If the PCP does not provide the required 32 hours per week as of March 31, 2011, the PCP shall be deemed in non-compliance of the participation requirements and shall be removed from the program, and all linkages will be terminated. The base management fee will only be paid after this period if the 32 work hours per week have been verified.
- Must have Internet access, provide an e-mail address and conduct administrative transactions (submitting and receiving information) with DHH electronically. Providers may request a 12-month waiver of the electronic billing requirement with a statement of intent to develop capacity.
- Must sign an attestation documenting agreement with the conditions above and asserting that all of the conditions are being met in their daily operations.

- Practices with 5,000 or more linkages must have extended hours for scheduling routine, non-urgent and urgent care appointments of at least 6 hours per week, which may be spread over weekdays or weekend days or a combination (see the Pay for Performance measure for the time frame in which extended hours must be implemented). The PCP may continue to bill for the \$14 fee differential currently available through the fee-for-service system for seeing a patient during extended time periods.

Providers not meeting requirements will be counseled and provided technical assistance. DHH will reduce or terminate the base management fee if performance continues to be unsatisfactory.

PCPs with fewer than 100 enrollees may participate in the program, but will receive base management fee only and are not eligible to participate in the enhanced pay-for-performance pool. New PCPs who have not previously participated in CommunityCARE shall be exempt from this requirement for the first 12 months of their entry into the CC 2.0 Program.

Pay for Performance (P4P) Measures/Reimbursement

1. Rate of low-level emergency room utilization (claim codes 99281 [Level 1] and 99282 [Level 2]) - \$0.75 maximum.

- \$0.75 per enrollee per month if emergency room utilization by linked enrollees is in the lowest quartile (below 25th percentile) of the utilization of ER levels 1 and 2 for the reporting quarter.
- \$0.50 per enrollee per month if emergency room utilization by linked enrollees is in 2nd quartile (26-50th percentile) of the utilization of ER levels 1 and 2 for the reporting quarter.
- \$0.25 per enrollee per month if emergency room utilization by linked enrollees is in 3rd quartile (51-75th percentile) of the utilization for ER levels 1 and 2 for the reporting quarter. For the first six months of the program, a PCP with a ranking in the third quartile will be eligible for payment. After six months, PCPs in the third quartile will receive no payments. Compliance will be monitored through claims data.

2. Extended office hours for scheduled appointments - \$0.75 per enrollee per month.

- Minimum of 6 hours per week if more than 5,000 linkages.
- Minimum of 4 hours per week if 2,000-5,000 linkages.
- Minimum of 2 hours per week if fewer than 2,000 linkages.

Practices with fewer than 2,000 linkages may share after-hours scheduling with other providers within a specified travel time/miles from the enrollee's PCP site location.

To allow an opportunity and time for the PCPs to provide extended hours, the PCP must attest their intent to implement extended hours by January 31, 2011, and the extended hours must be in place by March 31, 2011 for the quarterly payment to be made. Payment of extended hours for the second quarter of calendar year 2011 will only be paid if extended hours are verified. The PCP must provide a self-attestation statement that will be verified through submitted claims data and site visits. The PCP must provide routine, non-urgent and urgent care during these extended office hours.

Note: Because it is also a requirement for PCPs with more than 5,000 linkages to offer extended hours to participate, in effect, PCPs in this group are guaranteed \$2.25 per member per month (PMPM); the \$1.50 base and \$.75 for the required extended hours.

3. NCQA PCMH Level I Recognition or Joint Commission on Accreditation of Healthcare Organization (JCAHO) - \$0.50 per enrollee per month.

Verification will be conducted by the submission of a practice's NCQA Patient-Centered Medical Home recognition certification or JCAHO Primary Care Home Accreditation. During the transition of CommunityCARE to CC 2.0 and to allow an opportunity and time for PCPs to attain NCQA recognition or JCAHO accreditation, this payment will be made for the first three quarters of the program on attestation and documentation that the PCP is pursuing NCQA recognition/JCAHO accreditation. Effective with the quarter beginning 10/1/2011, payment will be contingent on providing verification of NCQA recognition/ JCAHO accreditation no later than the last month of the quarter.

4. Requirements for enrollees under the age of 21 only.

The PCP must perform **EPSDT screenings** rather than subcontracting the screenings. The PCP must provide all required screenings at the PCP's site - \$0.25 per enrollee per month.

Current immunization pay-for-performance initiative has been moved into CC 2.0. Requirements for participation in the immunization P4P will not change from those currently in place. Maximum per enrollee per month is \$1.00 if at least 90% of children are up-to-date according to LINKS.

Pay for Performance Pool

A pool of money will be set aside for P4P to be disbursed to providers on a quarterly basis during the month following calendar quarter. The amount of the quarterly payout will be based on meeting the requirements set forth above. The first payments will be made in April of 2011. The payment is contingent on meeting performance measures.

P4P Payment Determination

• **Enrollees under the age of 21:**

Maximum PMPM for meeting all P4P criteria is \$2.25 PMPM, in addition to the base pay for participating in CC 2.0. This is exclusive of current immunization P4P which will continue at the current amounts.

• **Enrollee age 21 and older:**

Maximum PMPM for meeting all P4P criteria is \$2.00 PMPM, which will be dependent upon adequate pool finances.

CommunityCARE 2.0 Quality Committee

DHH will establish a fifteen member CC 2.0 Quality Committee that will include representatives of providers and stakeholders appointed by the DHH Secretary as well as departmental staff. The committee will advise the Secretary concerning health care quality, on-going quality improvement opportunities and

recommendations for changes in the distribution of the P4P pool. The committee will be chaired by the Medicaid Medical Director and staffed by the Department. The committee will meet, at a minimum, in the first month of each quarter or as deemed necessary by the Secretary.

Additional (Non-Monetary) Recognition of Good Performance

- Public reporting of performance measures

Improvements in DHH Support and Monitoring

- Formation of CC 2.0 Quality Committee that will meet quarterly with DHH.
- Availability of web accessible Provider Quality Profiles with HEDIS measures for each PCP beginning December 2010.
- Availability of web accessible Utilization Reports for each PCP beginning January 2011.
- Measurement of improvements and savings realized from implementation.
 - Changes in low level ER utilization.
 - Changes in hospital length of stay.
 - Changes in pediatric asthma hospital admissions.
 - Changes in provider participation.
 - Impact on ER, inpatient hospitalization, outpatient hospital, and pharmacy costs and average PMPM for CommunityCARE population.
- Staff monitoring of monthly, quarterly and annual data.
- Greater transparency via reporting to legislature and public (via website).

All incentives will be monitored and if requirements are met, payments will be made on a quarterly basis.

Note: PCP base payment reimbursed in January will reflect the \$3 PMPM for those linkages that were effective the month of December. New base management fee will be reflected in the payment made in February.

DHH is grateful for your service to CommunityCARE enrollees. We look forward to working with you in the new enhanced CC 2.0 Program and as we develop future reform programs (Coordinated Care Networks) that will make Medicaid better. While our primary aim is the improvement of outcomes for our enrollees, the structure of this program will encourage more evidence-based practices that will create a health care system that delivers long term success. Through the quarterly Quality Committee meetings, we expect to keep the lines of communication for continued improvement open.

Questions regarding the information contained in this notice should be directed to Automated Health Systems at 1-800-259-4444 or the Coordinated Care line at (225) 342-1304.

DG/MM/sb

INSTRUCTIONS FOR COMPLETING THE COMMUNITYCARE 2.0 ATTESTATION FORM

Section 1- PCP INFORMATION

Primary Care Provider Name	Enter the name of the individual or group name
Provider # & Site	Enter the Medicaid provider number and site number
Site Physical Address	Enter the physical address
Fax Number	Enter the fax number for the office
PCP E-mail Address	Enter provider's preferred e-mail address
Staff Completing Checklist	Enter the name of the person completing the form

Section 2- PCP PARTICIPATION REQUIREMENTS FOR CommunityCARE 2.0

Read each statement and check the appropriate boxes to which the PCPs are attesting their understanding of the requirements and their intent to comply by the deadlines stated.

Louisiana Immunization Network for Kids Statewide (LINKS) is a web application that allows enrolled users to search for patients in the LINKS Central Registry and to view the patient's vaccination record. In addition, authorized users can add and edit patient records and vaccination records, as well as maintain facility, physician, and lot number data. This web application is for all ages zero to sixty-four (0-64). The use of this application is required regardless of practice age restrictions.

Section 3- PCP PAY FOR PERFORMANCE MEASURES for CommunityCARE 2.0

Read each statement and check the relevant box to indicate your understanding of the requirements and required compliance in order to participate with P4P measures.

Section 4- PCP PAY FOR PERFORMANCE MEASURES for CommunityCARE 2.0

Enter signature and date of primary care provider or authorized person attesting to all listed requirements.

Attachment A- PCP WEEKLY OFFICE HOURS SCHEDULING CHART

This attachment should be completed and submitted when the direct patient care and extended care hours have been finalized. This information should include each physician's name and Medicaid Provider Number. Also list the days/hours per week each physician is providing direct patient care at the specified site listed as the physical address to be considered a Full Time Equivalent (FTE). The extended hours should also be listed.

Under the hospital admitting privileges, please indicate the name of the hospital at which each provider has admitting privileges.

This attachment must be signed and dated by the participating PCP or authorized personnel.

➤ *If additional space is needed please make copies and submit.*

CommunityCARE 2.0 Attestation Form

The Department of Health and Hospitals has transitioned all currently enrolled Primary Care Providers (PCP) into the Louisiana Medicaid CommunityCARE 2.0 Program effective January 1, 2011. This attestation serves as an amendment to the CommunityCARE PE 50 Provider Supplement Agreement and must be completed and submitted to the address on page two by January 31st, 2011 in order to receive the base management fee and potential receipt for Pay for Performance incentives. A provider authorized signature is required on the last page of this attestation.

Section 1 - PCP Information

Primary Care Provider (PCP) Name: _____

Medicaid Provider # & Site: _____

Site Physical Address: _____

Fax Number: _____ **PCP E-mail Address:** _____

Staff Completing This Checklist:

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Section 2 - PCP Participation Requirements for CommunityCARE 2.0 (CC 2.0)

PCPs must answer each question by checking the appropriate box to indicate understanding of these requirements and required compliance by the deadlines stated.

- PCP is a: (please check all that apply)
 - Physician (internal medicine, pediatrician, family medicine, general medicine, or OB/GYN);
 - Physician Group;
 - Nurse Practitioner
 - Federally Qualified Health Center (FQHC);
 - Rural Health Clinic (RHC)

- Must participate in the LINKS electronic immunization database program (for ages 0-64).
 - PCP is currently participating in the LINKS electronic immunization database program.
 - PCP is not currently participating but will have LINKS installed and be participating by 3/31/2011.

- Practices with 5,000 or more linkages must have extended hours for scheduling routine, non-urgent and urgent care appointments at least 6 hours per week, which may be spread over weekdays (before 8 a.m. or after 5:00 p.m. or weekend days or a combination) by 3/31/2011.
 - PCP has 5,000 or more linkages and has extended hours for scheduling routine, non-urgent and urgent care appointments at least 6 hours per week.
 - PCP has 5,000 or more linkages and does not have extended hours for scheduling routine, non-urgent and urgent care appointments at least 6 hours per week, but will have in place by 3/31/2011.
 - PCP has < 5,000 linkages and meets the extended hour requirements for the number of linkages.
 - PCP has < 5,000 linkages and does not have extended hours for scheduling routine, non-urgent and urgent care appointments but will have in place by 3/31/2011.

- The Primary Care Provider (individually enrolled physician, group practice site, independent nurse practitioners or physician extenders must provide direct medical care at least 32 hours per week at the specified site above to be considered a Full Time Equivalent (FTE). Each FTE physician is eligible for up to 2,500 linkages, each independent nurse practitioner is eligible for up to 1,000 linkages and each physician extender is eligible for up to 1,000 linkages.
 - PCP is currently providing direct medical care at least 32 hours per week at this site. (Complete and submit Attachment A)
 - PCP is not currently providing direct medical care at least 32 hours per week at this site, but will implement by 3/31/2011. (Complete Attachment A and submit no later than 3/10/2011)

- PCP has internet access, has provided email address above and agrees to conduct administrative transactions with DHH electronically.

Yes No

Section 3 - Pay for Performance (P4P) Measures/Reimbursement - PCPs must answer each question to indicate understanding of these requirements and required compliance by the deadlines stated.

Check all that apply:

- **Extended office hours** for scheduling both routine, non-urgent and urgent appointments: (\$0.75 per enrollee per month)
 - Minimum of 6 hours per week if more than 5,000 linkages;
 - Minimum of 4 hours per week if 2,000-5,000 linkages*;
 - Minimum of 2 hours per week if fewer than 2,000 linkages*.

*PCPs may share extended hours with other PCPs in the same location, or located less than 15 minutes travel time from the enrollee's PCP's site.

PCP will offer extended office hours by 3/31/2011.

Yes No

- **National Committee for Quality Assurance Patient Centered Medical Home (NCQA) Primary Care Medical Home (PCMH) Level I Recognition or Joint Commission on Accreditation of Healthcare Organization (JCAHO) for Primary Care Home.** (\$0.50 per enrollee per month)

PCP will obtain NCQA PCMH Level 1 Recognition or JCAHO Primary Care Home accreditation by 12/01/2011.

Yes No

- **For Enrollees under the age of 21 only:** PCP must provide all required EPSDT screenings at the PCP's site rather than subcontract for them. (\$0.25 per enrollee per month)

- PCP will offer EPSDT screenings at their site.
- PCP will continue to subcontract EPSDT screening.

Section 4 - Attestation and Signature

I certify that the above listed requirements are in place at this site or will be in place by the deadline established by the Department of Health and Hospitals and that the information provided is accurate and complete. I understand that providing false or inaccurate information may result in termination from the CommunityCARE 2.0 program.

PCP Authorized Signature: _____ Date: _____

Please Print Name: _____

Completed Attestation forms can be mailed, e-mailed or faxed to the following:

Automated Health Systems (AHS)
10101 Siegen Lane
Building 3, Suites B & C
Baton Rouge, LA 70810
(225) 757-8466 FAX

CommunityCare-Provider@automated-health.com

Attachment A – PCP Weekly Office Hours Scheduling Chart

To be completed and submitted when office hours have been finalized.

Primary Care Provider Name: _____ **Medicaid Provider #:** _____

List all Physicians, Nurse Practitioners, Clinical Nurse Specialists and Physician Assistants at this site. You may make additional copies of this form if more space is needed.

<i>Provider Name & Medicaid Provider #</i>	<i>Days and Hours/ Per Week (This Office)</i>	<i>Days and Extended Hours Per Week (This Site or arranged alternate site for PCPs with <5,000)</i>	<i>Hospital (Name) Admitting Privileges or Alternate Arrangement</i>

Please note this information must be received by March 15, 2011 for the first quarter payment to be made.

I certify that the above listed requirements are in place at this site or will be in place by the deadline established by the Department of Health and Hospitals and that the information provided is accurate and complete.

PCP Authorized Signature: _____ Date: _____