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HEALTH AND WELLNESS PROGRAM

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ADMINISTRATIVE SERVICES ORGANIZATION BACKGROUND

The MO HealthNet Division (MHD) is in the process of implementing changes required by Senate Bill 577 passed by the General Assembly in 2007. One of the requirements is to utilize Administrative Service Organizations (ASO) to provide care management for MO HealthNet participants. The MO HealthNet Health and Wellness Program (ASO) includes preventive, educational and care management services designed to improve health and curb costs. The MO HealthNet Health and Wellness Program services are available to most fee-for-service MO HealthNet participants at all levels of health status, regardless of clinical condition or disease state. For those who are familiar with MO HealthNet's Chronic Care Improvement Program (CCIP), these services are virtually identical to those offered in CCIP.

MO HealthNet has contracted with APS Healthcare to implement the Health and Wellness program in all areas of the state except the northwest and southwest region (for information regarding these two regions, please reference the final paragraph below). In addition to mailings, APS uses a telephonic model to assist participants in identifying a health care home, increase participant compliance with recommended care plans, and improve coordination of care.

Provider Participation - Increased Reimbursement:

Providers may participate in the MO HealthNet Health and Wellness Program in two ways. Any MO HealthNet enrolled provider may receive access to the Web based tool, APS Care Connection, to review pertinent information regarding a participant under their care. This allows providers to collaborate in order to enhance coordination of care for a single participant.

The provider serving as a participant's Health Care Home may review and approve the online plan of care via APS Care Connection, and is eligible to receive payment for this service in addition to office visit reimbursement. Details regarding billing and payment are described further below.

Providers can expect the following benefits from the MO HealthNet Health and Wellness program:

- Collaboration and support of the provider's treatment goals and plan;
- Training in the use of the Web tool called APS [CareConnection®](#) ;
- Assistance in monitoring participant progress and outcomes; and
- Support and encouragement for providers in the evolution of their practices to support participant self-management, adopt system delivery change, and implement evidence-based clinical interventions.

BENEFITS FOR ENROLLED FEE-FOR-SERVICE MO HEALTHNET PARTICIPANTS

Fee-for-service participants are stratified into three different levels of care management depending on individual health status as identified by MO HealthNet claims history. The contractor makes contact by mail and by telephone to engage participants in the MO HealthNet Health and Wellness Program. Once contact with the participant is established, the contractor's health team performs an initial assessment to verify health status.

Enrolled MO HealthNet participants can expect the following Health and Wellness program benefits as appropriate for their individual needs:

- Assistance with establishing a health care home;
- Participant empowerment through education and disease self-management;
- Utilization of existing community resources and health infrastructures;
- Education and counseling for preventive health care and for managing illness;
- Variety of telephonic and other educational opportunities by registered nurse health coaches and paraprofessionals;
- Assistance with coordinating care among multiple providers; and
- Access to a 24/7 call center with a nurse available.

Health Care Home Providers

Participants are asked to identify their "health care home," that is, their designated provider for all initial health care needs. Their health care home can be a physician, nurse practitioner, clinic, behavioral health provider, or other provider with prescribing authority. APS Healthcare is responsible for training providers in the use of the APS [CareConnection®](#) Web site. MO HealthNet reimburses health care home providers for logging into the APS

CareConnection® Web site to view, modify and approve the Web based Plan of Care and for making changes to the Plan of Care as needed through ongoing participant assessment and

communications with APS Care Coordinators. Reimbursement for viewing, modifying, and approving the Web-based Plan of Care is in addition to the office visit.

The following codes and payments are designated for Health Care Home providers for purposes of the participation payment. **The MHD understands that each Plan of Care review may not require the same length of time, and that components of the review may be done at different times.**

CODES FOR PHYSICIANS, NURSE PRACTITIONERS, INDEPENDENT CLINICS, COMMUNITY MENTAL HEALTH CENTERS (CMHC) AND THE RURAL HEALTH CLINICS (RHC)

PLEASE NOTE that RHCs must use their non-RHC number as these services are non-RHC services:

99090 (Initial Plan Of Care approval / initial visit) – Analysis of clinical data stored in computers (e.g., ECGs, blood pressures, hematologic data). Fee = \$50.00 (Not subject to cost-sharing)

To be eligible for payment of this code the provider must log on to the APS CareConnection® Internet based tool and the Plan of Care must be reviewed and approved.

This service may only be billed one time per participant, per provider, per lifetime unless **significant** health changes warrant an extensive review and new Plan of Care. Such instances will require prior approval. It is imperative for claim payment the above procedure code (99090) is billed only when the **INITIAL** Plan of Care is reviewed and approved.

99091 (Ongoing monthly Plan of Care / follow-up visit) – Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the participant and/or caregiver to the physician or other qualified health care. Fee = \$25.00 (Not subject to cost-sharing)

To be eligible for payment of this code, the provider must log on to the APS CareConnection® Internet based tool and the Plan of Care must be reviewed. This service may only be billed one time per participant per calendar month. This service cannot be billed in the same calendar month as 99090.

CODES FOR FEDERALLY QUALIFIED HEALTH CARE CENTERS (FQHC)

PLEASE NOTE that the services for the following codes will NOT be included in an FQHC's Medicaid cost settlement.

99404 (Initial Plan of Care approval / initial visit) - Preventive medicine counseling and/or risk factor intervention(s) provided to individual (separate procedure). Fee = \$50.00. Please note –Since FQHCs are reimbursed at 97% of billed charges, the FQHC should bill Medicaid \$51.55 to receive the \$50.00 fee payment (Not subject to cost-sharing).

To be eligible for payment of this code, the provider must log on to the APS CareConnection® Internet based tool and the Plan of Care must be reviewed and approved.

This service may only be billed one time per participant, per provider, per lifetime unless **significant** health changes warrant an extensive review and new Plan of Care. It is imperative for claim payment the above procedure code (99404) is billed only when the **INITIAL** Plan of Care is reviewed and approved.

99402 (Ongoing monthly Plan of Care review / follow-up visit) - Preventive medicine counseling and/or risk factor intervention(s) provided to individual (separate procedure). Fee = \$25.00. Please note – Since FQHCs are reimbursed at 97% of billed charges, the FQHC should bill Medicaid \$25.77 to receive the \$25.00 fee payment (Not subject to cost-sharing).

To be eligible for payment of this code the provider must log on to APS [CareConnection®](#) Internet based plan of care tool and the Plan of Care must be reviewed. This service may only be billed one time per participant per calendar month. This service cannot be billed in the same calendar month as 99404.

PAY FOR PERFORMANCE (P4P)

The MHD understands that improving quality of care through the Health and Wellness Program may be challenging for healthcare providers without additional resources. For this reason, MHD has elected to include provider “Pay for Performance” payments as a key feature of the program. The pay for performance payment is based on the outcomes of your MO HealthNet Health and Wellness Program participants, and is subject to annual appropriations. Such payments will be made retrospectively and included in your regular remittance.

APS CARECONNECTION® INTERFACE WITH CYBERACCESSSM

Many MHD providers are aware of and utilizing another Web-based tool called [CyberAccessSM](#) that allows providers to prescribe medications electronically, view diagnosis data, select preferred medications, and electronically request drug and medical prior authorizations for their MO HealthNet participants. Please note that CyberAccessSM will be electronically linked to the new APS CareConnection® Internet POC tool, so that providers will not be required to log-on to each tool separately. ACS Healthcare Solutions, the contractor for CyberAccessSM will be working closely with APS Healthcare to set up and train providers to use both tools. These two Web-based tools together will offer providers a vast resource of participant-specific information enabling more informed treatment decisions.

PROVIDER PARTICIPATION AND ASSISTANCE IN THE MO HEALTHNET HEALTH AND WELLNESS PROGRAM

To participate in the MO HealthNet Health and Wellness program, providers must be enrolled and actively participating in the MO HealthNet program. Providers may [enroll on-line](#) with the Provider Enrollment Unit.

Providers wishing to participate in the MO HealthNet Health and Wellness program or those desiring more information or assistance regarding the program, should contact APS

Healthcare, Inc. by calling 877-845-7469 (toll-free, 8:00 a.m. to 5:00 p.m. Central Time, Monday through Friday except for official state holidays), by E-mailing [APS Healthcare](#) or in writing at:

Mailing Address: APS Healthcare
Post Office Box 6500
Jefferson City, MO 65102
or
Fax: 1-800-461-9184 (toll-free)

SEPARATE CARVE OUT FOR NORTHWEST AND SOUTHWEST REGIONS

The Health and Wellness Program in the northwest region was recently awarded to Missouri Care. This region includes the following counties: Andrew, Atchison, Buchanan, Caldwell, Carroll, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Livingston, Mercer, Nodaway, and Worth. Additional information regarding implementation and enrollment will be forthcoming in the next few months.

The southwest region is yet to be defined for purposes of program implementation.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896