

# Advanced Incentive Measure Billing and CHW Billing

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# Topics

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- Measures
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# Why is billing so important?

- An estimated \$12 Million will be withheld from EOCCO's premium in 2017
- To receive our withhold back, EOCCO must meet a certain number of measures to receive either a portion or all of our withhold returned
- The returned withhold is invested into things such as grants, community health worker funding, LCAC funding, and PCPCH payments
- EOCCO relies on providers to report what is happening either through claims data, EHR reports or chart review

# Why is billing so important?

- For claims based measures, billing is the only way to know the work is being performed
- Quality payments will be distributed 100% based on quality and participation in the shared savings contract

# Effective Contraceptive Use

- 2017 Improvement Target is 48.1%
- EOCCO's 2016 results were 45.1%
- Measure is for women ages 15-50 who are at risk for unintended pregnancy
- EOCCO captures all the Rx claims, IUD's and other billable methods of contraception and excludes pregnancy
- Long-acting reversible or permanent contraception needs to be billed with a surveillance code every year

# Effective Contraceptive Use

Surveillance codes:

- Z30.41 Encounter for Surveillance of contraceptive pills
- Z30.431 Encounter for routine checking of IUD
- Z30.42 Encounter for surveillance of injectable contraceptive
- Z30.49 Encounter for surveillance of other contraceptives
- Z30.018 Encounter for initial prescription of other contraceptives
- Z30.019 Encounter for initial prescription contraceptives, unspecified
- Z30.40 Encounter for surveillance of contraceptives, unspecified
- Z30.8 Encounter for other contraceptive management
- Z30.9 Encounter for contraceptive management, unspecified
- Z97.5 Presence of intrauterine contraceptive device

The surveillance codes do not need to be in the primary position and do not have to be used in combination for inclusion in the numerator

# Adolescent Well Care

- 2017 Improvement Target is 37.3%
- EOCCO's 2016 results were 34.3%
- Adolescents age 12-21
- CPT/HCPCS codes: 99383-99385, 99393-99395, G0438, G0439
- ICD-10 codes: Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9
- Administratively, EOCCO will allow more than 1 well child check in a 12 month time span

# Assessments within 60 days, DHS Custody

- 2017 Improvement Target is 76%
- EOCCO's 2016 results were 73%
- GOBHI has partnered with local DHS offices to help educate the foster parents about the importance of scheduling the required visits
- EOCCO created a sticker to go on the front of the foster care packet outlining the visits that need to take place and by what date
- We need your help to schedule the visits within the 60 day requirement



# Assessments within 60 days, DHS Custody

- Children and Adolescents ages 0-17 who enter into foster care

	Required assessments		
Age on CCO Notification Date	Physical	Dental	Mental
Less than 12 months old	YES	NO	NO
1 to 3 years old	YES	YES	NO
4 to 17 years old	YES	YES	YES

# Childhood Immunization Status

- 2017 Improvement Target is 72.9%
- EOCCO's 2016 results were 70.9%
- Measure is for all children who turn 2 years of age during 2017
- All dates of service must be on or before the child's 2<sup>nd</sup> birthday
- This measure relies on the Public Health Division Program Registry (ALERT) data

# Incentive Measure Billing Resources



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## Billing and payments

As a valued partner, we recognize the work you do is important to your community. That's why we want to make sure you get paid in a timely manner.

Below are links to provider documents that will help move the payment process along. Click on the Provider Manual to see what we hold our providers to. The Reimbursement Policy Manual explains how Moda Health pays claims, while the claims payment information page provides additional details around claims and appeals. Finally, the electronic claims page shows you how to submit a claim and receive faster payment. Using these links will help speed up the payment process.

### EOCCO Incentive Measure Reference Guide

- [2017 EOCCO Incentive Measure Reference Guide](#) 

### EOCCO Incentive Measure Dictionary

- [2017 EOCCO Incentive Measure Dictionary](#) 



# What's new in 2018

- Only one new measure
- Child obesity: BMI, nutrition and activity counseling
  - Information will be provided as soon as it's available

# Community Health Worker Billing

- The CHW policy can be found on [eocco.com](http://eocco.com)
- A licensed provider must order the member's education services
- The covered services include face to face teaching with the member on how to effectively self-manage their medical, behavioral and/or oral health, in conjunction with a health care team
- EOCCO will not reimburse for CHW to assist the member with social services such as filling out form for assistance or any case management

# Community Health Worker Billing

- Can be billed on a 1500 or UB
- Bill a separate line for each time a service is provided
- If it's a joint/group session, make sure to bill for each member
- Three codes can be billed, 98960, 98961 or 98962, each is billable in a 30 minute unit
- No more than 4 units in 24 hours and no more than 8 units per calendar month per member

# Community Health Worker Billing

- ICD-10 coding rules apply
  - › Use the diagnosis given by the ordering provider
  - › If not available, utilize the diagnosis code for the reason for the CHW
  - › If a diagnosis is not eligible to be billed as a primary diagnosis for an office visit, it's not eligible for CHW billing
- If you are billing the 98961 or 98962, bill a separate claim for each member.
- Document the date of service, start/end time, group/individual, number of patients, summary of the session's content and the CHW's signature and printed name in member's chart/file.



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