

Provider Update

Georgia Families 360^{oSM} Value Based Purchasing Program Compensation Outline

✦ **What this means to you:** At Amerigroup Community Care, we look to our providers to render high quality care to our members. In turn, we want to reward contracted primary care, primary care dental and behavioral health providers who consistently deliver high level services to our Georgia Families 360^o membership. Through the use of transactional measures designated as areas of achievement based on contractual, Division of Family and Children Services, and Kenny A Consent Decree requirements, we will reward these providers through the Value Based Purchasing Program as set forth below.

Section 1: Definitions

The following terms shall have the meanings described below:

Arrangement effective date – the effective date as set forth in Section 2 below.

Arrangement year – the measurement period for the Value Based Purchasing Arrangement. In the first year of the Value Based Purchasing Arrangement, the arrangement year is defined as the time frame commencing on March 3, 2014, and ending June 30, 2015. The arrangement year for all subsequent periods will be July 1 through June 30 of the following year.

Compliant member – an eligible member who received Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and dental services by a provider within 10 calendar days and a trauma assessment within 15 calendar days after the beginning of their eligibility with Amerigroup, and for whom services were billed by the provider in compliance with the criteria as set forth in the Value Based Purchasing Compliant codes in Table 1.2.

Value Based Purchasing Arrangement – a program developed by The Department of Community Health in collaboration with Amerigroup to reward participating primary care, primary dental and behavioral health providers for providing services to Amerigroup Georgia Families 360^o newly enrolling or re-enrolling foster care members according to the criteria as set forth below in Table 1.2 . Reimbursement under the Value Based Purchasing program will be based on the number of compliant members that are eligible for the per member Value Based Purchasing Arrangement compensation for the arrangement year.

Value Based Purchasing Reimbursement – the total amount paid to a participating provider as calculated by the total number of compliant members multiplied by the arrangement year per member reimbursement.

Section 2: Conditions and Arrangement Effective Date

"The provisions of this program shall apply solely to credentialed providers under contract with Amerigroup that meet Amerigroup's requirements to furnish services under an Agreement ("Participating Providers")." As a condition of participation in the Value Based Purchasing Arrangement as set forth hereto, the provider must be a participating provider during the arrangement year and at the time of the Value Based Purchasing Arrangement calculation at the end of the arrangement year.



The Value Based Purchasing incentive program is offered to providers as an opportunity to participate in a voluntary incentive reward program. It does not create a binding contract nor does it constitute an amendment to your Amerigroup Provider Agreement. This program does not guarantee increased compensation and Amerigroup reserves the right to adjust the indicators and targets to reflect state contractual requirements or discontinue the program at its complete and unlimited discretion.

The Value Based Purchasing payout calculation will be based on eligible claims submitted by the 30th calendar day of the closing period. The Value Based Purchasing incentives will only be distributed based on claims that meet this criteria. For example, for Value Based Purchasing Arrangement Year 2014-2015, eligible claims that will be used to calculate the payout amount must be received by July 30, 2015. Eligible claims received after the identified closing period date will not be considered as part of the Value Based Purchasing payout calculation. See Value Based Purchasing Program Arrangement Year 2015 – 2016 for claim submission time frames.

Section 3: Value Based Purchasing Arrangement Calculation

The provider will be eligible to receive compensation under the Performance Based Arrangement in accordance with and as calculated in Table 1-1.

Value Based Purchasing Arrangement Calculation

The provider will have the opportunity to qualify for the Value Based Purchasing reimbursement identified below, but only if the provider is compliant with the guidelines as set forth in Table 1.2 in Section 3.

The Value Based Purchasing incentive amount set forth below shall be measured on a 12-15 month basis, with the initial measurement period beginning on March 3, 2014, and ending on June 30, 2015, then continuing from July 1, 2015, through June 30, 2016. Thereafter the program shall continue on a year-to-year basis until otherwise terminated by Amerigroup.

Value Based Purchasing Arrangement Year 2014 – 2015

The Value Based Purchasing reimbursement will be calculated using the number of compliant members based on the guidelines as set forth in Table 1-1 in Section 3. The per member Value Based Purchasing incentive amount will be applied to the provider's total number of compliant members during the arrangement year to calculate the Value Based Purchasing Compensation Amount.

An example of the calculation of the Value Based Purchasing Compensation Amount is illustrated below.

Illustration Assumptions:

After final settlement with the Department of Community Health of the Value Based Purchasing Premium withhold for Arrangement Year 2014-2015, Amerigroup has \$1,000,000 to share with contributing providers. Amerigroup determines there are 1,000 compliant members as defined above who had an initial EPSDT, dental or trauma screening visit within the specified number of days following the beginning of their eligibility with Amerigroup as indicated by the Georgia Department of Community Health Georgia Medicaid Management Information System and for whom services were billed in compliance with the guidelines defined in Table 1.2 in Section 3, and medical records were faxed to 1-888-375-5064 within 1 business day following completion of rendered service.

For clarification, if one unique member has both a compliant dental and EPSDT visit, that represents two compliant members for the purpose of the incentive calculation, one each for both the dental provider and the EPSDT provider. Amerigroup will then calculate the amount to be shared per compliant member (in this illustration \$1,000,000/1,000 member = \$1000 per compliant member) which equals the Per Member Value Based Purchasing incentive amount. See Table 1.1 under Section 3 below for example of payment calculation based on identified assumptions.

Table 1.1 – Example of determination of Value Based Purchasing Compensation Amount

Assumptions:	<ol style="list-style-type: none"> 1. \$1,000,000 available to share with eligible Providers 2. 1,000 total members identified as compliant members 3. Payout Share Calculation: \$1,000,000/1,000 = \$1000 per compliant member 		
Provider	Compliant members seen by provider	Per member Value Based Purchasing Payout Calculation	Payout amount
A	300	300 x \$1000	\$300,000
B	500	500 x \$1000	\$500,000
C	200	200 x \$1000	\$200,000

Performance Based Arrangement Compensation Amount Reconciliation and Payment

Within three months after the end of the arrangement year, Amerigroup will complete the reconciliation and calculation of the Value Based Purchasing Compensation Amount and provide notification to each eligible provider. The provider will have 30 calendar days from the date of the notification letter in which to review and submit an objection to the calculation. If the provider disagrees with the calculation, they will notify Amerigroup in writing of their objection and the reasons for the objection. All undisputed amounts will be payable 45 calendar days after the provider receives the calculation. If the provider does not object to the calculation within 30 calendar days, the calculation will be considered final and accepted by provider.

If a provider submits a timely objection to the calculation in writing, and if the parties cannot reach agreement on the calculation or the payment due, then an independent third party auditor will be engaged by the parties to render an opinion. If the parties cannot agree on an auditor, then each party shall select an auditor, and the auditors shall agree on a third, independent auditor to review the provider’s objections and render an opinion. The cost of the auditor shall be shared equally by the parties. The auditor selected shall have 30 calendar days to issue his or her opinion. The opinion of the auditor shall be final, conclusive and binding on the parties, and Amerigroup shall pay any amounts due as per the auditor in accordance with the section titled Incentive Threshold Target in this document within 30 calendar days following issuance by the auditor of his or her opinion.

Value Based Purchasing Program Arrangement Year 2015 – 2016
Qualifying Incentive Measures

In the arrangement year beginning July 1, 2015, ending on June 30, 2016, providers will have the opportunity to earn an enhanced payment of \$50 for each eligible encounter where services were rendered within the first 10 calendar days of eligibility with Amerigroup to a compliant member for EPSDT and a dental visit; as well as within 15 calendar days of eligibility with Amerigroup for trauma

assessment completion. To be eligible for the Value Based Purchasing Arrangement Compensation Amount, the provider must comply with the guidelines as set forth in Table 1.2.

The Value Based Purchasing Compensation amount for this Arrangement Year will be reimbursed on a quarterly basis. All eligible claims must be received within 30 calendar days of the end of each quarter (1st Qtr: April 30; 2nd Qtr: July 30, 3rd Qtr: October 30; and 4th Qtr: Jan 30). Only those claims submitted by the 30th calendar days following the end of each quarter for services delivered during the quarter are considered in the compensation payout calculation amount. At the end of each quarter's submission deadline, Amerigroup will assess the Georgia Families 360° members that received services within the first 10 calendar days of their eligibility with Amerigroup as indicated by the Georgia Department of Community Health's Georgia Medicaid Management Information System for EPSDT and dental exam; and the first 15 calendar days for trauma assessment. Eligible Participating Providers will then receive \$50 per encounter for each Member who meets the following inclusion criteria:

- Service completed within the established time frame of 10 calendar days of eligibility with Amerigroup for EPSDT and Dental; 15calendar days for trauma assessment
- Required assessment elements identified for the required code(s) must be addressed in the medical documentation (i.e. Bright Futures EPSDT exam components for age)
- Established claim's coding criteria met for services as set forth in Table 1-2 under Section 3
- Copy of visit records faxed to Amerigroup within one (1) business day after service rendered

Exclusion Criteria

- Members who are in secure placement such as residential youth detention centers or youth detention centers
- Members who have been taken into custody, but have not had a 72-hour court hearing determination made regarding their case.

The 2015-2016 Arrangement Year Compensation final calculation will be performed by Amerigroup within 30 calendar days of the end of each quarter and will then be paid to provider within 60 calendar days after final calculation.

Table 1.2

Exam Type	Compliant Code	Methodology Requirements
<p>EPSDT</p>	<p>Preventive Medicine Services (on time):</p> <ul style="list-style-type: none"> • 99381 New Patient under one year; • 99382 New Patient (ages 1-4 years); • 99383 New Patient (ages 5-11 years); • 99384 New Patient (12-17 years); • 99385 New Patient (18-39 years). • 99391 Established patient under one year; • 99392 Established patient (ages 1-4 years); • 99393 Established patient (ages 5-11 years); • 99394 Established patient (12-17 years); • 99395 Established patient (ages 18-39 years). <p>These CPT codes must be used in conjunction with the diagnosis codes V20.31 or V70.3 for ages 0-7 days; V20.32 or V70.3 for ages 8-28 days; V20.2 or V70.3 for ages 29 days through 20 years.</p> <p>Preventive Medicine Services (catch up):</p> <ul style="list-style-type: none"> • 99381 New Patient (ages 0 days through 11 months); • 99382 New Patient (ages 12 months to 3 years); • 99391 Established patient (ages 0 days through 11 months); • 99392 Established patient (ages 12 months to 3 years). <p>These CPT codes must be used in conjunction with the diagnosis codes V20.31 or V70.3 for ages 0-7 days; V20.32 or V70.3 for ages 8-28 days; V20.2 or V70.3 for ages 29 days through 20 years.</p>	<ul style="list-style-type: none"> • EPSDT exams should be completed on all foster care members who are entering and re-entering care in DFCS custody or commitment to the Georgia Department of Juvenile Justice (DJJ) within 10 calendar days of enrollment with Amerigroup. Any member entering or re-entering foster care regardless of the time interval between the last visit is required to have a complete assessment that includes all standard elements performed each time. The type of assessment performed must be compliant with one of the required codes billed by the provider. All clinical elements required as a part of the identified code must be completed each time. No other codes are acceptable for the provider to use in order to be eligible to receive a payout incentive associated with participation in this program. • The periodicity table time frames for a repeat EPSDT exam does not apply for members entering foster care or DJJ commitment. • A copy of the medical record must be submitted via fax within one business day of the member's visit date to Amerigroup at 1-888-375-5064.

Exam Type	Compliant Code	Methodology Requirements
Dental Exam	<ul style="list-style-type: none"> • D0150 Comprehensive Oral Evaluation- (new or established patient). • D0120 Periodic Oral Evaluation- (established patient). <p>Additional codes may be used such as for sealants, fluoride treatment, etc., but they must be in conjunction with either D0150 or D0120 billed as the primary code.</p>	<ul style="list-style-type: none"> • Dental exams should be completed on all foster care members who are entering and re-entering care in DFCS custody or commitment to DJJ within 10 calendar days of enrollment with Amerigroup. • The dental periodicity table time frames for a repeat dental exam do not apply for members entering or re-entering foster care or DJJ commitment. Any member entering or re-entering foster care regardless of the time interval between the last visit is required to have a complete assessment performed each time. The type of assessment performed must be compliant with one of the required codes billed by the provider. No other codes are acceptable for the provider to be eligible to participate in this program. • A copy of the medical record must be submitted via fax within one business day of the member's visit date to Amerigroup at 1-888-375-5064.
Trauma Assessment	H0031-Trauma Assessment	<ul style="list-style-type: none"> • Performed on any newly enrolling or re-enrolling foster care member within 15 calendar days of enrollment with Amerigroup. • H0031 is the only code that will count toward the incentive program. If H0031 is billed in

		<p>conjunction with any additional codes, the service will not be eligible for the incentive program reimbursement.</p> <ul style="list-style-type: none">• A copy of the medical record must be submitted via fax within one (1) business day of the member's visit date to Amerigroup at 1-888-375-5064.
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Providers are encouraged to participate in the Amerigroup MyHealthDirect appointment scheduling program to increase member appointment selection. Contact your Provider Relations representative to find out more at 1-800-454-3730.