Attention Deficit/Hyperactivity Disorder (ADHD)  
Statewide Webinar  
November 14, 2012  

Question and Answers

Q: Will this presentation be available for download?  
A: The presentation will be available for viewing on the Payment Improvement Website.

Q: So, ODD has been determined to be the next episode?  
A: Yes.

Q: Will the following 2 episodes covering depression cover - Maor Depression, and bi-polar cover both Bi-Polar I and II?  
A: No determination has been made at this time related to these episode types.

Q: Will workgroups be available via a webinar?  
A: Workgroups will not be available via webinars. However, participation will be made available via videoconferencing.

Q: Will this effect physicians only or physical therapists, developmental therapists, etc?  
A: Only, Physicians, licensed clinical psychologists and RSPMI providers are eligible to serve as a Principle Accountable Providers (PAP) for the ADHD Episode.

Q: ADHD patient sees Dr A on a weekend and they address ADHD. The patient's usual MD is Dr. B from the same practice. The weekend visit from Dr. A is the first visit since 10-1 (portal beginning date). Does Dr. A have to enter info into the portal?  
A: Yes or his/her designee.

Q: What if ADHD is the "secondary" diagnosis on the claim form? I have reason to think that some of my patients who have that are not showing up on my list.  
A: Only those patients with ADHD as the primary diagnosis will be included in the episode.
Q: Patient is followed by psychologist but is sent to Dr. A to "evaluate for additional diagnoses". Does Dr. A enter the patient in the portal?  
A: Only if Dr. A enters ADHD as the primary diagnosis.

Q: A child is seeing their primary care doctor, and is on adhd medicine and is only seeing primary care for treatment do you enter them in the portal?  
A: The patient’s information will need to be entered into the portal if the primary diagnosis is ADHD.

Q: Does the clinician who performed the services have to be the one who electronically signs the document in the portal?  
A: Anyone you designate can enter data in the portal; the signature is an attestation that the information entered is correct. The provider is responsible for any information entered into the portal.

Q: Is it time to report on all ADHD patients if you are a family physician?  
A: Yes

Q: Can a DO and an APN treat and report ADHD patients?  
A: Only physicians, licensed clinical psychologists and RSPMI providers are eligible to serve as PAPS for the ADHD episode.

Q: Does the physician's e-signature have to be pre-registered in the portal or does he simply have to enter his name/credentials?  
A: No, the e-signature does not have to be pre-registered, just simply enter the name.

Q: Will this initiative affect ancillary services such as developmental therapists?
A: Currently, developmental therapists are not eligible to serve as PAPs.

Q: In our Family Medicine Residency Program at AHEC Northwest (as well as others), the supervision of care by the residents is by any one of our faculty billing providers who may be attending in the clinic any given day. How can a PAP be determined here?
A: The PAP is typically determined by the provider who has the most claims. Refer to the Code list and algorithm overview published on the APII website - http://www.paymentinitiative.org/referenceMaterials/Documents/2012_1011%20ADHD%20codes.pdf. An excerpt on PAP assignment is shown below.

Determination of the Principal Accountable Provider (PAP) is based upon which provider is responsible for the largest number of claims within the episode.

If the provider responsible for the largest number of claims is a physician or an RSPMI provider organization, that provider is designated the PAP. In instances in which two providers are responsible for an equal number of claims within the episode, the provider whose claims accounted for a greater proportion of total reimbursement will be designated PAP.

If the provider responsible for the largest number of claims is a licensed clinical psychologist operating outside of an RSPMI provider organization, that provider is a co-PAP with the physician or RSPMI provider providing the next largest number of claims within the episode. In instances in which two providers are responsible for an equal number of claims within the episode, the provider whose claims accounted for a greater proportion of total reimbursement will be designated co-PAP.

Where there are co-PAPs for an episode, the positive or negative supplemental payments are divided equally between the co-PAPs.

Q: In such a case (residency training program), can the performance of a group be measured, rather than a PAP?
Attention Deficit/Hyperactivity Disorder (ADHD)
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Question and Answers

A: If the billing provider is the facility or group ID to which the residents belong, then yes, it will be measured that way.

Q: We are an FQHC and you said it will be linked to the pay to provider which is our clinic so how are we suppose to even get our providers in the system if everything we do is done as a clinic and not a single provider?
A: In accordance with Section 1902(aa) of the Social Security Act as amended by the Benefits Improvement and Protection Act (BIPA) of 2000, FQHCs (Federally Qualified Health Centers) are reimbursed an interim per rate visit for Medicaid covered services with cost settlement at the greater of 100% of reasonable costs or the allowable per visit rate as determined under the prospective payment system (PPS). In light of their unique status, FQHCs are not eligible to participate in episodes of care through the Arkansas Medicaid State Plan. Because episodes are such an integral part of the larger set of payment improvements underway we believe this federal statutory roadblock effectively prevents FQHC participation in other components as well, such as the forthcoming package of patient centered medical home initiatives. Arkansas Medicaid would welcome the opportunity to work with the FQHCs to develop and submit the necessary waiver request to CMS (Centers for Medicare and Medicaid Services) on episodes of care that would allow them to participate fully in the payment improvement initiative.

Q: So you are only looking for patients with primary diagnosis of ADHD - report them just once. If they move to a different level, we report them again?
A: If the patients are initially entered in the portal as Level I and are escalated to Level II then Severity Certification will need to be completed.

Q: Perhaps these questions might better be answered for our special audience (residency programs) via email?
A: Yes, stakeholders can submit questions or comments to the Payment Improvement Customer Service Team at anytime to ARKPII@hp.com.

Q: All patients with Medicaid only?
Attention Deficit/Hyperactivity Disorder (ADHD)
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Question and Answers

A: Yes

Q: If a patient has an episode that lasts less than 3 months and is discharged. Will a new episode start if the patient returns within the year or will this be added to the same episode?
Priority:
A: The episode duration is 12 months, excluding the initial assessment. Therefore, if the patient returns within the year it will be added to the same episode.

Q: When you say enter all patients, do you mean insurance and medicaid patients
A: Medicaid patients only

Q: WILL WE NOT GET PAID IF DATA IS NOT ENTERED IN PORTAL? WE BILL LIKE NORMAL CORRECT?
A: Billing and payments will continue as normal. However, you may be subject to risk sharing if patients with a primary diagnosis of ADHD are not entered in the portal.

Q: If only the primary diagnosis on the claim is considered, will the system look for "additional" diagnoses - because it would need to for co-morbid diagnoses - right? If ADHD primary, and a co-morbid is a 2nd and 3rd diagnosis, system would have to look?
A: The system does look for a secondary diagnosis.

Q: So are you saying an md or Licensed Psychologist HAVE to sign to certification but anyone can enter it? what happens if it is not signed by the above?
A: Anyone you designate can enter data in the portal; however, the MD or Licensed Psychologist must sign the certification in order for it to be considered complete.
Attention Deficit/Hyperactivity Disorder (ADHD)
Statewide Webinar
November 14, 2012

Question and Answers

Q: What responsibility do the pharmaceutical companies have in delivery of cost effective care, and how does the cost of their meds indicate that the PAP did or did not deliver high quality care?
A: The PAPs, not the pharmaceutical companies, are responsible for the delivery of cost-effective care and ultimately responsible for the overall average cost of the prescriptions for the duration of the episode. The costs are factored into the quality of care. The cost of meds can indicate if excessive or unnecessary medications are prescribed.

Q: We are primary care, we see ADHD patient twice a year some do not receive care from anyone but us, do those patients need to be entered in the portal once a year?
A: If the primary diagnosis is ADHD they MUST be entered in the portal.

Q: If we put a patient in level 2 do we get a confirmation back to show approved or is it just up to the provider entering?
A: Currently, the confirmation feature is not available in version 1.0 for the ADHD episode. This capability is being explored for potential inclusion in a future version of the portal. At this time, only completion of the certification is required.

Q: I assume Medicaid only thinks this is a problem that needs to be track on people less then 17. There are a number of young adults and adults that also receive these services.
A: The ADHD episode only includes patients ages 6-17 at this time. Efforts are currently underway through the behavioral health workgroups to focus on the broader system transformation within this area including those issues that are not currently included within the existing episodes of care. Please refer to the Payment Improvement website for dates and times of upcoming workgroup meetings
http://www.paymentinitiative.org/calendar/Pages/default.aspx

Q: MEDICAID ONLY PTS WE ARE TALKING ABOUT ALL PATIENTS CORRECT?
A: Yes, Medicaid only.
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Q: Participation is not optional correct?
A: Correct.

Q: Will the report show portal entered patients along with claims entered patients?
A: The report will show patients included in the episode as well as expenditures for the pre-defined categories of care. For more details, please refer to the link for the Guide to Reading Your Report at http://www.paymentinitiative.org/referenceMaterials/Pages/default.aspx.

Q: This is the first time I've heard the language of "primary treater" - is this documented somewhere?
A: No.

Q: The ICD-9s that trigger or are included in the episode are 314.XX, but the trigger cpt codes do not show office visit codes (ex. 99213). Is it either/or, or do BOTH the trigger ICD-9 and trigger CPT codes have to be billed to require us to enter data?
A: Billing remains unchanged. Patients with a primary diagnosis of ADHD will need to be entered into the portal. For more detail regarding ADHD episode codes, please refer to the Episode Algorithm Summaries and Codes link http://www.paymentinitiative.org/episodesOfCare/Pages/ADHD.aspx.

Q: Sorry need clarification. Is this primary dx or can it be secondary, third and so forth?
A: ADHD must be the primary diagnosis to be included in the episode.

Q: Would you email me an answer to my questions about residency training programs and how PAPs will be designated?
A: If the billing provider is the facility or group ID to which the residents belong, then it will be measured that way.

Q: I thought the webinar was going to last until 5:00 - that's what all of the emails said.
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A: The webinar was scheduled from 3 – 5 p.m. to allow time for presenters to complete their portions of the presentation and 30 minutes for Q & A. Stakeholders can submit questions or comments to the Payment Improvement Customer Service Team at anytime to ARKPII@hp.com.

Q: Where is the survey?

A: Surveys were sent out to all registered attendees via e-mail.