



AGENDA

State and Public School Life and Health Insurance Board Wellness Sub-Committee Meeting

March 3, 2017

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

- I. Call to Order..... Chairperson***
- II. Medicaid approach to defined Wellness criteria..... Dr. Joe Thompson, ACHI***
- IV. Supporting information..... Chris Howlett, EBD Executive Director***
- V. New Topic Discussion..... Chairperson***

Upcoming Meetings

To Be Determined

NOTE: All material for this meeting will be available by electronic means only. Please contact ASEPSE-BOARD@dfa.arkansas.gov. Notice: Silence your cell phones. Keep your personal conversations to a minimum. Observe restrictions designating areas as "Members and Staff only"

Carrier / QHP name: Employee Benefits Division (EBD) PSE & ASE						
Output 1: For 2014 calendar year: beneficiaries continuously enrolled for 12 months						
	18-24	25-34	35-44	45-54	55-64	Total
Total number beneficiaries continuously enrolled in QHP	M: 6,144 F: 6,194	M: 5,047 F: 10,006	M: 6,353 F: 13,375	M: 7,874 F: 15,616	M: 7,633 F: 13,964	M: 33,051 F: 59,155
% with any service; any setting; any provider*	M: 59% F: 78%	M: 76% F: 85%	M: 82% F: 88%	M: 85% F: 92%	M: 89% F: 94%	M: 79% F: 89%
% with any service; with a primary care provider*	M: 21% F: 27%	M: 31% F: 33%	M: 33% F: 34%	M: 35% F: 38%	M: 38% F: 39%	M: 32% F: 36%
% with any preventive service; with a primary care provider **	M: 5% F: 6%	M: 16% F: 10%	M: 16% F: 11%	M: 15% F: 13%	M: 15% F: 13%	M: 13% F: 11%
Output 2: For 2015 calendar year: beneficiaries continuously-enrolled for 12 months						
	18-24	25-34	35-44	45-54	55-64	Total
Total number beneficiaries continuously enrolled in QHP	M: 5,789 F: 5,772	M: 4,720 F: 9,024	M: 5,701 F: 12,345	M: 7,094 F: 14,457	M: 6,850 F: 12,944	M: 30,154 F: 54,542
% with any service; any setting; any provider*	M: 61% F: 81%	M: 81% F: 91%	M: 88% F: 92%	M: 88% F: 94%	M: 92% F: 96%	M: 83% F: 92%
% with any service; with a primary care provider*	M: 28% F: 31%	M: 32% F: 33%	M: 33% F: 35%	M: 37% F: 38%	M: 40% F: 39%	M: 30% F: 33%
% with any preventive service; with a primary care provider **	M: 4% F: 5%	M: 17% F: 14%	M: 18% F: 15%	M: 17% F: 17%	M: 17% F: 19%	M: 16% F: 15%
Output 3: For those beneficiaries continuously enrolled for 24 months across both 2014 and 2015						
	18-24	25-34	35-44	45-54	55-64	Total
Total number beneficiaries continuously enrolled in QHP	M: 5,309 F: 5,103	M: 3,956 F: 7,724	M: 5,219 F: 11,421	M: 6,619 F: 13,757	M: 6,500 F: 12,540	M: 27,603 F: 50,545
% with any service; any setting; any provider*	M: 61% F: 81%	M: 81% F: 91%	M: 88% F: 92%	M: 89% F: 94%	M: 92% F: 96%	M: 83% F: 92%
% with any service; with a primary care provider*	M: 19% F: 24%	M: 29% F: 31%	M: 32% F: 33%	M: 33% F: 35%	M: 37% F: 38%	M: 31% F: 34%
% with any preventive service; with a primary care provider **	M: 4% F: 4%	M: 17% F: 14%	M: 19% F: 15%	M: 19% F: 17%	M: 20% F: 19%	M: 16% F: 15%
*Source for coding/definitions; EBD Provided Codes - 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99429, G0402, G0438, G0439, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99218						
**Source for coding/definitions for QHP ACA preventive services; 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397						

AR Works Wellness Visit Strategy

1. In year one of implementation (2017) count any evaluation and management codes to any PCP (excluding ER, hospital, and urgent care centers) *See list below for codes
2. In year two, count any evaluation and management preventive visit CPT code at any PCP (for new patients codes are 99381 through 99387, for established patients codes are 99391 through 99397)
3. In year three, count any evaluation and management preventive visit CPT code at an attributed PCP/clinic
4. Additional Considerations:
 - Carriers will need to generate reports for Medicaid to determine that beneficiary requirement was met
 - This strategy includes multi-payer messaging to network providers to reinforce use of evaluation and management preventive visit CPT codes for year one of implementation and beyond
 - DHS and QHP carriers will need to align on a beneficiary appeals process

Evaluation and Management Codes:

Code	Description	Age	RVU
99381	Preventive visit for New Patient	< 1 year	3.10
99382	Preventive visit for New Patient	Age 1 through 4	3.24
99383	Preventive visit for New Patient	Age 5 through 11	3.38
99384	Preventive visit for New Patient	Age 12 through 17	3.82
99385	Preventive visit for New Patient	Age 18 through 39	3.69
99386	Preventive visit for New Patient	Age 40 through 64	4.29
99387	Preventive visit for New Patient	Age 65 and older	4.65
99391	Preventive visit for Established Patient	< 1 year	2.79
99392	Preventive visit for Established Patient	Age 1 through 4	2.98
99393	Preventive visit for Established Patient	Age 5 through 11	2.97
99394	Preventive visit for Established Patient	Age 12 through 17	3.26
99395	Preventive visit for Established Patient	Age 18 through 39	3.33
99396	Preventive visit for Established Patient	Age 40 through 64	3.55
99397	Preventive visit for Established Patient	Age 65 and older	3.82
99201	Office Visit, New Patient , L1 min problem		1.23
99202	Office Visit, New Patient, L2 focused problem		2.10
99203	Office Visit, New Patient, L3 low complex		3.04
99204	Office Visit, New Patient, L4 mod complex		4.64
99205	Office Visit, New Patient, I5 hi complex		5.82
99211	Office Visit, Established Patient, L1 min problem		.56
99212	Office Visit, Established Patient, L2 focused problem		1.22
99213	Office Visit, Established Patient, L3 low complex		2.05
99214	Office Visit, Established Patient, L4 mod complex		3.02
99215	Office Visit, Established Patient, L5 hi complex		4.07