



Quality Measure: Hemoglobin A1c Testing

One of Alabama Medicaid's Quality Measures for PCPs is based on the percentage of beneficiaries ages 18 to 75 with diabetes (Type 1 and Type 2) who received a hemoglobin A1c test.

While many diabetic patients understand the importance of monitoring their blood glucose levels, they fail to understand the connection that A1c testing has to diabetes. Most patients recognize the name of the test but less than 50% of patients with diabetes know their A1c level or what their target level is. It is important that diabetic patients understand what the A1c test means, why it is important to them, and how to manage their lifestyle and medications to work toward a lower A1c level. When patients understand the concepts involving their diabetes diagnosis and how it impacts them, they can be more proactive in their care. North Alabama Community Care can help patients understand their diagnosis and managing their disease.

What can North Alabama Community Care do to help my diabetic patients?

We can help any child or adult on Medicaid to:

- Find a doctor who accepts Medicaid
- Understand results from medical tests
- Schedule doctor appointments
- Attend doctor appointments and talk about healthcare needs
- Follow up care when or after leaving the hospital
- Manage medications
- Find community resources
- Locate specialty care, including mental health and substance use services
- Use Non-Emergency Transportation (NET) services

Our goal is to provide care coordination services to help you take charge of your healthcare.

We provide services for primary care, maternity, and family planning for Alabama Medicaid Recipients in Cullman, Jackson, Limestone, Madison, Marshall, and Morgan Counties.

Spotlight on Accessing Provider Reports through the Provider Web Portal

How to Access the Provider Reports:

Web Portal Link: <https://www.medicaid.alabamaservices.org/ALPortal/>

To access the login panel, click **Account** and then click **Secure Site**. Enter your **user name** and **password** then **login**. Once logged in, click on **Trade Files** tab and the **download**. A drop down box will appear, and a list of files will populate. Scroll to find the set of reports listed **MGD-S362-Q**, **MGD-M362-Q**, **MGD-S364-Q**, and **MGD-M364-Q**. These are your provider reports. **Double click** on report you would like to view. A screen will appear with all current a list of report dates associated with that report. **Double click** on any date to see report details.

What are these reports?

- **MGD-S362-Q** is a summary level report that illustrates your current Quality Measure Scorecard.
- **MGD-M362-Q** is a report that reveals how each recipient affects your Quality Measure Scorecard.
- **MGD-S364-Q** is a summary level report that illustrates your current Cost Effectiveness Scorecard.
- **MGD-M364-Q** is a report that reveals how each recipient affects your Cost Effectiveness Scorecard.

Why are these reports important?

These reports help determine participating PCP groups bonus payments. The Bonus Payment pool is paid quarterly and allotted as follows:

- 50% for Quality Measures
- 45% for Cost Effectiveness
- 5% for Patient Centered Medical Home Activities



Remember a part of being a participating PCP group is attending **THREE** Medical Management Meetings throughout the fiscal year (October 2019-September 2020). You must attend **TWO** meetings in person and **ONE** webinar.



Medical Management Meeting Dates



6:00 PM on Thursday, April 23rd at Decatur Morgan Hospital in the Camp Bluebird Meeting Room
1201 7th Street SE Decatur, AL 35601

6:00 PM on Thursday, May 7th at NACC Office
3304 Westmill Drive Huntsville, AL 35805

6:00 PM on Thursday, June 11th at Marshall Professional Center 11491 US Hwy 431 Albertville, AL

**North Alabama
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What is Attribution?

1. Attribution is the process that is used to associate a Medicaid recipient to the source of the majority of their care.
2. Attribution is retroactive and based on a two year look back of the recipient's paid claims and eligibility history.
3. Attribution replaces the panel assignments.
4. On a quarterly basis, the Medicaid Agency will determine attribution for each Medicaid recipient under the ACHN program in accordance to the following process:
 - Point values for face-to-face visits will be assigned to the individual provider that performed the service.
 - Both preventative visits and regular office visits are scored.
 - Preventative visits receive a higher point value.,
 - Recent visits are scored higher than older visits.
 - PCP visits receive a higher point value than specialist visits.
 - The individual PCP scores will be combined to form the PCP Group's total point score for each patient.
 - The PCP with the highest number of points will have the Medicaid recipient attributed to that PCP group.



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