PC Flex & QuickCap Portal Frequently Asked Questions

Table of Contents

General Payment & Reimbursement Questions

- **Will the Medicare payments and Flex payments be separated?**
  A: Yes.
- **Is there a charge for using QuickCap?**
  A: No, there is no charge to the practice for the use of QuickCap.
- **What is the CMS Fee Reduction Agreement?**
  A: The Fee Reduction Agreement (FRA) is the document practices need to sign giving permission for CMS to zero out claims for the Flex primary care services for assigned beneficiaries beginning July 1. Reminder that Aledade will be paying these claims at 100% FFS/PPS/AIR.
- **What is the rationale for paying the provider through Aledade? Is the reimbursement higher?**
  A:The concept behind the ACO taking the claims payments is that we can enter in a value based arrangement, Completing AWV's is comprehensive and encourages good outcomes. TCM's encourage a reduction in readmissions, along with better outcomes and quality measures for our patients.
- **Are we allowed to bill chronic care management along with PC FLEX?**
  A: Yes you are. They are a part of the NPFS for primary care code services so they will get reimbursed by the ACO, but the TCM are allowable as long as they fall under the NPFS schedule.
- **Does the $0 reimbursement start on 7/1/25?**
  A: Yes, the Fee for Service side will start 07/01/2025. This $0.00 reimbursement only applies to what CMS will pay, and then the ACO will in turn remit the additional amount to the practices.

- **Will we still be receiving the incentive payment in addition to the payment for the PCP/FFS codes after July 1st?**
  A: Yes. Currently we're receiving a monthly file from January 1st to June 30th. Starting in July, those claims will be received in real time. The file received, once approved, will allow us to remit the FFS payments as well as the AWV incentives together.
- **AWV/TCM additional incentive payment will come with a roster? So, we will know who the incentive is tied to?**
  A: On a monthly basis for the first six months you will receive a roster as well as an EOB that will show the same date. There will be an 835 file that will show the date of service in which the AWV or TCM took place for a specific patient, specific rendering provider, and the amount in addition to the fee for service that will be paid on a weekly basis.

Claims Processing & Billing

- **Do claims still go through our existing billing software?**
  A: Yes. The process of sending claims does not change for the practice. You will still send claims through your billing software.
- **Is there a line item for the additional AWV and TCM fee to allocate the additional monies above the E&M reimbursement fees?**
  A: In the first six months, we will be generating that line item
- **Will the remits be automatic? My clinic's system does this automatically and they don't have to do anything manually.**
  A: Aledade and QuickCap are exploring automation potential of the remits and how to best connect to all the clearinghouses and billing systems of participating practices.
- **Will we be able to create 835 files that can be downloaded from QuickCap and updated into our PM software?**
  A: Yes, your practice users can download the 835 from QuickCap.

QuickCap Responsibilities & Functionality

- **What will the clinic be responsible for in QuickCap on a regular basis (excluding entering banking information)?**
  A: The practice will need to retrieve the 835 from the system and ensure ingestion into your billing system for reconciliation.
- **To confirm, should we get our billers access to QuickCap?**
  A: Yes. It is recommended that your biller have access to monitor these claims and payments.

- **QuickCap will distribute funds to practices based on AWV/TCM performance, but starting 7/1, QuickCap will essentially become the clearinghouse for all Medicare reimbursements for attributed patients?**
  A: Yes, for 100% of the claims.

Banking & Payment Distribution

- **Does the ACH come in under Aledade's name as the payor or another name?**
  A: Yes, Aledade will display in the line item on the bank statement.
- **As an FQHC that bills the PPS rate and is reimbursed based on that rate, where will our payment be coming from?**
  A: Your health center bills under the Part A Institutional Line. The claims level details, ie 99214 or other CPT details are considered under the NPFS fee schedule for Part B. That is how CMS prices claims, but we will pay your practices that reciprocal PPS rate. Although we reference Part B for the Fee for Service payments, you'll continue to receive all of the pre-arranged payments as you do today.
- **How will I be able to distinguish which line items are paid by Medicare vs. Aledade?**
  A: Anywhere there is an Aledade responsibility, it would list a net amount of $0 and a new remark code of CO-132.
- **What does the new adjustment code CO-132 mean?**
  A: The points to your practice participating in a new demonstration program. For all claims for attributed members that are paid by Medicare, they will be zeroed out beginning 07/01/2025 with a new remark code CO-132. These are now being sent to the ACO for payment. In turn, once Medicare shares the weekly file to the ACO, we will populate the allowed amount as well as the net amounts on the 835 files. Flex claims are paid at 100% of allowable.
- **Will my PPS rates change?**
  A: The prearranged PPS rates that are currently paid as an organization won't change. The only difference is who will be paying. Instead of Medicare paying that amount directly to you, the ACO will make the payment to you instead.
- **Once Aledade processes a claim, how does a practice get those claims within their system?**
  A: You'll have the ability to manually download an EOB or an 835 file to upload into your system. The 835 file is the same readily readable file that comes from the clearinghouse.
- **What happens with secondary claims?**
  A: Medicare will continue to auto crossover secondary claims, and patient cost sharing will be

handled the same way it is today. For secondary claim manual submissions, submit the claim with the Medicare remit.

Payment Timelines & Special Cases

- **How can we be sure all of our Medicare patients are attributed to us?**
  A: Attribution is a complicated methodology that is determined by CMS. The best way to ensure the patient is attributed to you is to see the patient at least two or more times a year, in a unique visit as well as a repeat visit.

Who do I contact if my practice has questions?
A: Please reach out to **pc-flex-customer-service@aledade.com**