Provider Insider

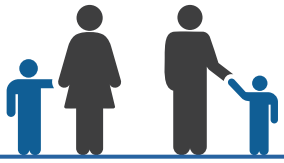
Alabama Medicaid Bulletin *April 2020*

TALK TO PATIENTS ABOUT COMPLETING THE 2020 CENSUS

The Alabama Medicaid Agency mailed a letter to all recipient households in February to educate individuals about the 2020 Census. Providers have a unique opportunity to individually encourage patients to complete their 2020 Census and to explain the impact this has on our state. The following information offers helpful information in easily-understood language.

What to Communicate

Alabama Counts! And you can count, too, by filling out your 2020 Census form. The census is only 10 questions, easy to answer, and takes about six minutes to complete. Filling out the census form is free, safe, and secure.



In This Issue

Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- ☐ Office Manager
- ☐ Billing Dept.
- ☐ Medical/Clinical Professionals
- ☐ Other _____

The information contained within is subject to change. Please review your Provider Manual and all Provider Alerts for the most up-to-date information.

Information from the census can help Alabama get its fair share of money for important programs like:

- Health care (Medicaid and Medicare)
- Supplemental Nutrition Assistance Program (SNAP)
- Head Start
- Education grants and student loans
- Housing assistance
- And more…

The U.S. Census Bureau sent out postcards to home addresses in March. You can respond in three ways:

- online using a computer, smart phone or tablet
- by phone with a toll-free number
- paper form

Go to https://2020census.gov/en or https://census.alabama.gov/ for more information or get help at your local Medicaid office.

IMPORTANCE OF HPV VACCINE

The Alabama Department of Public Health (ADPH) convened the Alabama Adolescent Vaccine Task Force (AAVTF) to address the low adolescent vaccination rates statewide. The vaccine with the lowest rate is the Human Papilloma Virus (HPV) vaccine with only 19% of adolescents ages 11-15 years old being up to date.[1, 2]

Alabama ranks third in the nation for cervical cancer incidence rate and first in the nation for cervical cancer mortality.[3] Alabama ranks fifth in the nation for oral cancer incidence rate and seventh for oral cancer mortality.[4]

With a statewide, strong, unified message about the importance of preventing these HPV- related cancers by increasing HPV immunization rates, ADPH and AAVTF hope to increase the HPV vaccination rate to 80% from the current 19%.[1,2]

[1] Alabama Counties with Adolescent Vaccine Rates Significantly Below State Average. Retrieved from http://www.alabamapublichealth.gov/immunization/assets/2019-03-13AdolescentVaccineRatesPercentbyCounty.pdf
[2] Alabama Department of Public Health Immunization Registry, ImmPRINT. (n.d.) Retrieved from https://siis.state.al.us/immprint/Login/Login.aspx
[3] Alabama Study Commission for Gynecologic Cancers. (March 5, 2019). Retrieved from http://images.pcmac.org/Uploads/LauraCrandallBrown/LauraCrandallBrown/Subdepartments/DocumentsCategories/Documents/Alabama%20Study%20Commission%20for%20Gynecologic%20Cancers%20-%20Final%20Report%20-%20March%202019_%7BSIS14F35AFD8073%7D.pdf
[4] Johnson, T. (March 28, 2019). Be Aware of Cancer Risks During April, Oral Cancer Awareness Month. Retrieved from http://media.alabama.gov/pr/pr.aspx?id=13224&t=1
[5] Kempe,A., Markowitz, L.E., & Meites, E. (December 16, 2016). Use of a 2-dose Schedule for Human Papillomavirus Vaccination—Updated Recommendations of the Advisory Committee on Immunization Practices. Morbidity and Mortality Weekly Report, 65(49). Retrieved from https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm

Current HPV Vaccine Recommendations

- The Advisory Committee on Immunization Practices (ACIP) recommends two doses for both boys and girls as early as ages 9 to 14.[5] ACIP recommendations have been accepted as the standard of care.
- To complete the child's immunizations on time, please consider administering the first dose of HPV vaccine between 9 to 10 years of age. When the child comes back for Tdap vaccine for school, administer all three adolescent vaccines and the child will be up to date and protected by 11 to 12 years of age.

Vaccination rates for adolescents can be 80 percent[6] when health care providers make a strong recommendation about vaccines. The best HPV vaccine recommendation should be presumptive—treat all three vaccines equally and focus on cancer prevention.

For example-

> "Now that Johnny/Jenny is 11 years old, he/she is due for vaccines against meningitis, HPV cancers, and whooping cough. We will give them at the end of today's visit."

For more information, please visit www.alabamapublichealth.gov/imm.

ELECTRONIC TPL DENIALS

Coming this Spring–Digital Submission of Third Party Denial Supporting Documentation

Coming this April 2020 providers will be able to fax or upload Third Party Liability (TPL) Denial letters/EOBs via the Forms menu of the Alabama Medicaid Interactive Web Portal. A new form is being developed that will allow providers to upload TPL Denial supporting documentation in Portable Document Format (PDF) format or create a fax barcode coversheet from the Web Portal. Providers may submit additional documentation via fax at a later time and have that documentation combined with the original document through the use of the same barcode coversheet. The following fields will be required to submit supporting documentation for review: Medicaid ID, Provider NPI, From Date of Service, Date of Denial, Provider/Group Name, Submitter First Name, Submitter Last Name, Submitter Phone, and Submitter Email.

Please note, an Alabama Medicaid Interactive Web Portal account **is required** to access this functionality. Contact the DXC Electronic Media Claims (EMC) Helpdesk at (800) 456-1242 for information or assistance with the Web Portal.

Instructions for Digital Submission will be available on the Forms Library of the Alabama Medicaid Website and through the Forms menu of the Alabama Medicaid Interactive Web Portal. Detailed information regarding this new functionality will be communicated in a future Provider Alert.

[6] Immunization and Infectious Diseases. (n.d.) Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives

OPIOID CUMULATIVE DAILY MORPHINE MILLIGRAM EQUIVALENTS (MME) LIMIT – MME DECREASE

Effective April 1, 2020, the Alabama Medicaid Agency will implement hard edits on cumulative daily MME claims exceeding 150 MME/day. A phase-in period for claims exceeding 120 MME/day, but less than 150 MME/day, will also be implemented. Please see ALERTS from November 1, 2019 and July 1, 2019 for initial phase-in period.

Higher doses of opioids are associated with higher risk of overdose and death - even relatively low dosages (20-50 MME per day) may increase risk.[1] Therefore, Alabama Medicaid will limit the amount of cumulative MME allowed per day on opioid claims. The edit began at 250 cumulative MME per day and is gradually being decreased over time. The final cumulative MME target is scheduled to be 90 MME per day.

Hard Edit Implementation (Greater than 150 MME):

Effective April 1, 2020, opioid claims that exceed a cumulative MME of 150 MME/day will be denied. **The universal PA 0009996323 will no longer be valid to bypass the 150 MME edit.** Pharmacy override requests for quantities exceeding the MME limit may be submitted to Health Information Designs (HID) and will be reviewed for medical necessity. See the link below for an override form.

Phase-In Period (120 MME – 150 MME):

Effective April 1, 2020, claims that exceed the cumulative daily MME limit of 120 MME/day will be denied. The dispensing pharmacist will be provided a universal prior authorization (PA) number on the rejection screen and may enter this universal PA number on the claim to allow it to be paid. **Pharmacists are urged to notify the affected patient/prescriber to develop a plan to decrease the patient's total daily MME.**

Edit Details:

- The universal PA number to override the 120 MME (but less than 150 MME) edit will be 0009996324.
- The universal PA number will be provided on each cumulative MME rejection screen for the pharmacist's convenience.
- Additional edits, such as therapeutic duplication, maximum quantity limitations, early refill, non-preferred edits, etc., will still apply.
- Claims prescribed by oncologists will bypass the edit.
- Long term care and hospice recipients are excluded.
- Children are included in the edit.
- A Recipient Information Sheet for prescribers and pharmacists to provide to recipients can be found at http://www.medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME.aspx.

[1] https://www.cdc.gov/drugoverdose/prescribing/guideline.html

Anticipated Phase Down:

The Agency plans to gradually decrease the daily cumulative MME limit every 4 months. The next decrease will be a hard edit on claims exceeding 120 MME/day with a phase-in edit for claims that exceed 90 MME/day. This will be implemented on August 1, 2020. Prior to each decrease, a new universal PA number will be assigned to override claims that exceed the new threshold. Providers will be notified via an ALERT prior to each decrease. **Again, pharmacists are urged to notify the affected patient/prescriber to develop a plan to decrease the patient's total daily MME.**

Examples of MME calculations/day include:

- 10 tablets per day of hydrocodone/acetaminophen 5/325 = 50 MME/day
- 6 tablets per day of hydrocodone/acetaminophen 7.5/325 = 45 MME/day
- 5 tablets per day of hydrocodone/acetaminophen 10/325 = 50 MME/day
- 2 tablets per day of oxycodone 15 mg = 45 MME/day
- 3 tablets per day of oxycodone 10 mg = 45 MME/day
- 10 tablets per day of tramadol 50 mg = 50 MME/day
- 1 patch per 3 days of fentanyl 25mcg/hr = 60 MME/day

A link with more information regarding MME calculations is https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf.

A link to the U.S. Department of Health and Human Services Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics can be found at https://medicaid.alabama.gov/documents/4.0_Programs/4.3_Pharmacy-DME/4.3_HHS_Guidance_Dosage_Reduction_Discontinuation_Opioids_10-28-19.pdf.

IMPORTANT: Only when the override is denied will the excess quantity above the maximum unit limit be deemed a non-covered service. Then, the recipient can be charged as a cash recipient for that amount *in* excess of the limit. A prescriber must not write separate prescriptions, one to be paid by Medicaid and one to be paid as cash, to circumvent the override process. FAILURE TO ABIDE BY MEDICAID POLICY MAY RESULT IN RECOUPMENTS AND/OR ADMINISTRATIVE SANCTIONS. Source: Provider Billing Manual 27.2.3

Override Requests:

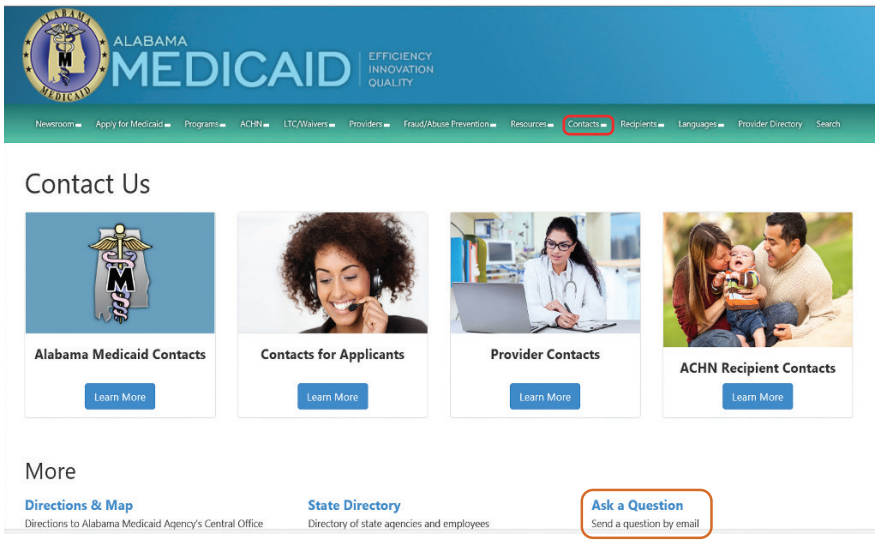
Once the hard edit is implemented, the MME Cumulative Daily Override Form will be used by the prescriber when requesting an override. The form will be found at: http://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx.

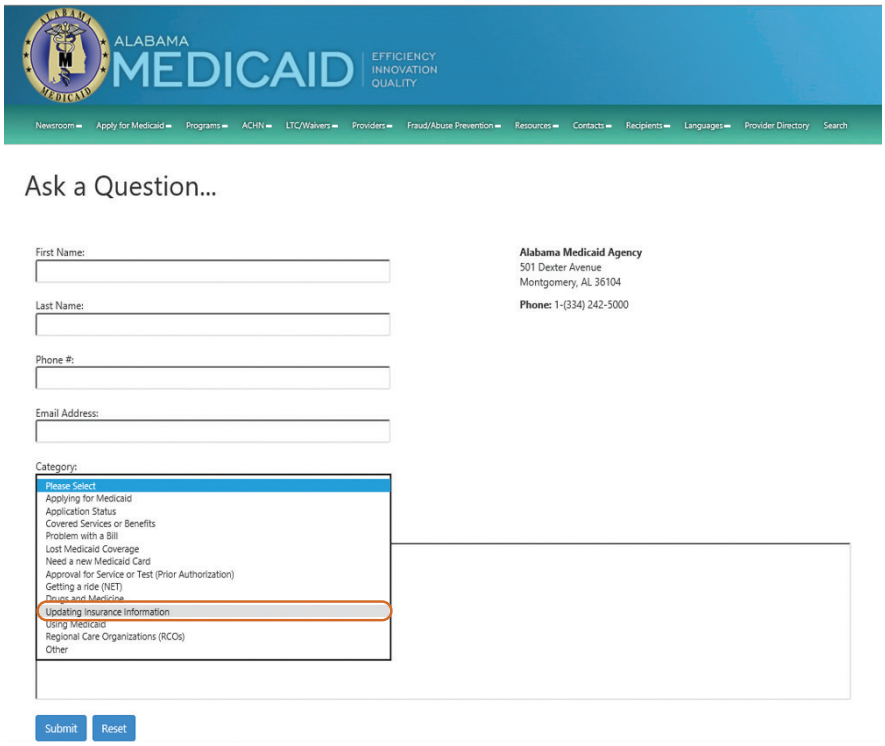
Any policy questions concerning this provider ALERT should be directed to the Pharmacy Program at (334) 242-5050.

NEW OPTION AVAILABLE FOR UPDATING PRIVATE HEALTH INSURANCE

Attention: All Providers

There is now an option on the "**Contact Us - Ask a Question**" page of the Medicaid website to email updates regarding private health insurance for recipients. In the drop-down menu under "**Category,**" please select "**Updating Health Insurance.**" Staff members in the Health Insurance Section of the Third Party Division will take appropriate action to complete the request or reply to a question. Please provide complete information, including the member's name, Medicaid ID number, policy number, date of birth and the action requested (e.g., add or terminate policy). Valid policies are not "removed" but an end date is applied after verification is received from the other payer. Please also refer to the October 2019 Provider Insider for the "Coverage Type" received on an eligibility response. **Note:** If the services being billed do not relate to the coverage code listed for the other payer/insurance, then the claim will not deny for TPL based on the other insurance that is listed.





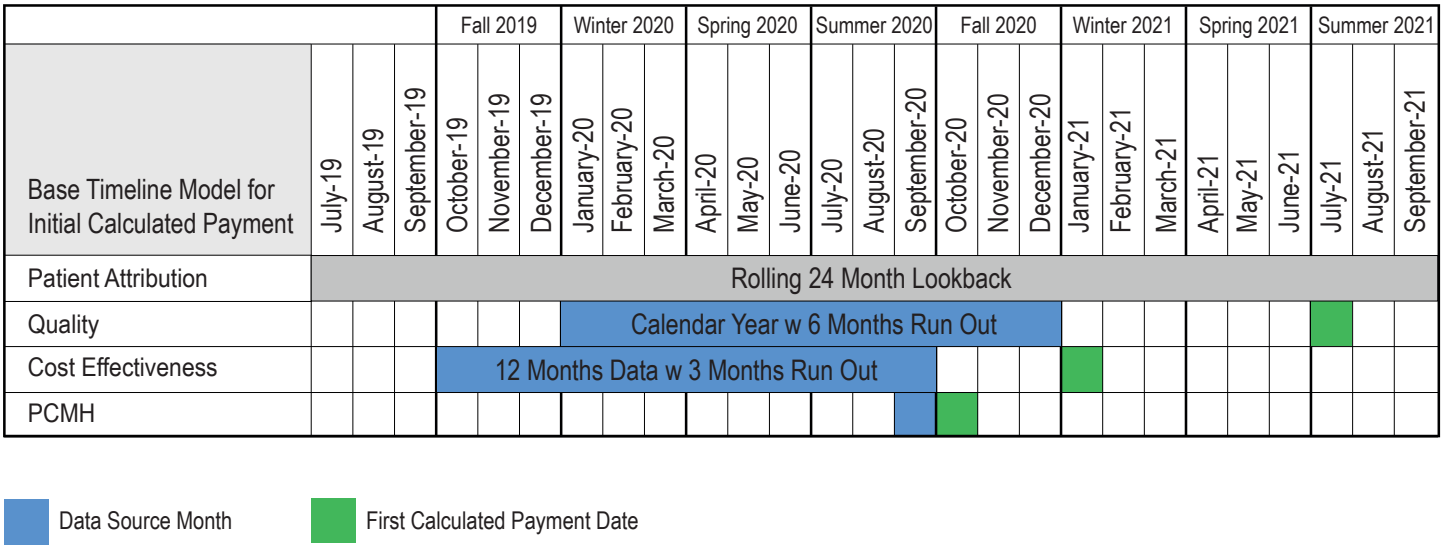
ALABAMA COORDINATED HEALTH NETWORK BONUS PAYMENTS

All Primary Care Physician (PCP) Groups, including FQHCs and RHCs, who actively participate with the Alabama Coordinated Health Network (ACHN) qualify to receive bonus payments. The next quarterly bonus payments will be issued on the second checkwrite of April 2020.

A bonus pool has been established in the amount of $15 million annually to fund three (3) bonus payments for eligible participating PCP Groups. The bonus payment pool is allotted as follows:

- 50% for Quality
- 45% for Cost Effectiveness
- 5% for PCMH Recognition

ACHN PCP BONUS PAYMENT TIMELINES



Data Source Month

First Calculated Payment Date

Payments made quartely beginning Fall 2019. Payments prior to calculated payments above are distributed to all participating providers based on Attribution.

Quality Bonus Payment:

Beginning July 2021, the PCP Group must achieve annual quality benchmarks determined by the Agency to earn a quality bonus payment. The quarterly payment made in July 2021, will be based on the actual quality measure performance calculated for the period between January 1, 2020, and December 31, 2020.

Cost Effectiveness Bonus Payment:

Beginning January 2021, PCP Groups will be eligible for a bonus payment if the PCP Group meets or exceeds the cost effectiveness criteria established by the Agency. The quarterly payments made in January 2021, will be based on the actual cost effectiveness calculated for the period between October 1, 2019, and September 30, 2020.

Patient Centered Medical Home (PCMH) Recognition Bonus Payment:

Beginning October 2020, PCP Groups will be eligible for bonus payments based on actual PCMH recognition. The Agency will review attestation of PCMH recognition on an annual basis.

PCMH Recognition Attestation Process:

PCMH achievement or progress toward PCMH achievement will be required from all PCP Groups that would like to receive a bonus payment for PCMH recognition beginning in the first quarter of FY 2021. PCP Groups that have received or are in the process of achieving PCMH Recognition through NCQA will be verified by the Medicaid Agency. NCQA will send a list of all providers that have received or are in the process of achieving PCMH Recognition from their organization. The Medicaid Agency will review the list annually to determine the providers that have received or have made progress toward PCMH Recognition through NCQA. Providers that are identified on the list will be eligible to receive the 5% PCMH Recognition bonus payment.

PCP Groups that received or making progress towards PCMH Recognition through JCAHO or another certifying entity must submit an Attestation Form and proof of their PCMH Recognition certification to the Medicaid Agency.

For those PCP Groups achieving PCMH Recognition through NCQA, the PCP Group must have had at least one check in towards PCMH Recognition. The Agency will receive a list of PCP Groups who have met criteria and will approve if the Group had at least one check-in during the previous year.

For those PCP Groups who are working with a nationally recognized entity other than NCQA, these Groups must show progress toward completion of PCMH Recognition. The Agency will determine the appropriate level of progress to receive the 5% bonus payment. A screen print of this progress must be attached to the attestation form and can be obtained from the nationally recognized entity. The Agency will review the Attestation Form with the required attachments and will process based on established guidelines. If the Agency disapproves the submitted Attestation Form and attachments, a formal letter will be mailed to the PCP Group explaining the reason(s) for the disapproval. More information on the PCMH Recognition Process can be found by going to www.medicaid.alabama.com > ACHN > ACHN Providers.

Certification or attestation for PCMH certification must be received annually by the Agency no later than August 1st to ensure credit for a bonus payment for the upcoming fiscal year. Send the completed PCMH Attestation Form and attachments by **mail** to:

Alabama Medicaid Agency
Network Provider Assistance Unit
Attention: Travis Houser
501 Dexter Avenue
Montgomery, Alabama 36103-5624

by **fax** to 334-353-3856

or by **e-mail** to Travis.Houser@medicaid.alabama.gov **AND** Patricia.Toston@medicaid.alabama.gov

Alabama Coordinated Health Network Provider Profiler Reports

Evaluation of quality and cost effectiveness will be necessary for a PCP Group to manage their actual performance. It is important that the provider review the quarterly Provider Profiler to visualize how the provider is performing throughout the year. The Provider Profiler provides the PCP with a mechanism to monitor areas that may need improvement to achieve quality and cost effectiveness for a higher bonus payment. The Provider Profiler will be released quarterly.

More information about the Provider Profiler can be found by going to www.medicaid.alabama.gov > ACHN > ACHN Quality Measures. The next Provider Profiler will be released at the end of April 2020.

ACHN Enrollment Effective Dates

PCPs who want to receive bonus payments and ACHN participation rates in conjunction with the state's ACHN program must sign two agreements beyond their Medicaid enrollment. A PCP Group Enrollment Agreement with Medicaid and one agreement with an ACHN is required. The PCP must be enrolled with Medicaid as a Medicaid provider. The provider's enrollment with Medicaid and the ACHN must be fully processed as defined below to ensure bonus payments are made timely. The enrollment agreement must be on file by March 1st, June 1st, September 1st, or December 1st to ensure timely payment.

DHCPs who want to receive reimbursement and bonus payments for providing services to maternity patients must sign an agreement to participate with an ACHN. In the absence of this agreement, DHCPs will not be eligible for reimbursement for maternity services and will not receive bonus payments for performing first trimester and postpartum visits.

Below are the guidelines for timely processing of agreements:

Medicaid PCP Group Agreement:

Providers must complete and submit the agreement directly to DXC. The enrollment effective date for the ACHN PCP Group Agreement is the first day of the following month, if the agreement is received and contains no errors prior to the 15th of the month. For agreements received on or after the 15th of the month, the effective date of the enrollment will be the month following the next month.

Example 1 - An agreement containing no errors received by DXC on December 14, 2019, has an enrollment effective date of January 2020.

Example 2 - An agreement containing no errors received by DXC on December 19, 2019, has an enrollment effective date of February 2020.

Example 3 - An agreement is received by DXC on December 5, 2019, but is returned for errors. The returned agreement is sent back to DXC, contains no errors, and received on December 16, 2019, will have an enrollment effective date of February 2020.

ACHN PCP Network Participation Agreement:

In addition to the Medicaid PCP Group Agreement, providers must complete and submit an ACHN PCP Network Participation Agreement to an ACHN to qualify for participation rates and bonus payments. Providers must sign the agreement with the ACHN. On a monthly basis, the ACHNs will notify the Agency of all executed participation agreements. The PCPs and the ACHNs must ensure that the Medicaid Group Billing ID, NPI, Medicaid ID, and name listed on the ACHN PCP Network Participation Agreement is correct and consistent with what the Agency has on the provider's Medicaid file. The provider's file must also be in an active status with the Medicaid Agency. All information submitted must be based on the group level unless the provider is set up as an individual practice. If the information is not correct

or consistent, the agreement will not be added to the provider's Medicaid file. In the absence of this agreement, PCPs will not be eligible for participation rates and will not receive bonus payments. If all information communicated to the Agency is correct, the enrollment effective date for the ACHN PCP Network Participation Agreement will be the first day of the following month. Contact the ACHN you intend to participate with to inquire about submission deadlines for the PCP Network Participation Agreement.

ACHN DHCP Agreement:
All DHCPs, including Maternal Fetal Medicine (MFM) and telemedicine providers, must sign one additional agreement beyond their Medicaid Enrollment. The DHCP must sign an agreement with an ACHN in order to receive reimbursement of maternity services and bonus payments. On a monthly basis, ACHNs will notify the Agency of all executed ACHN DHCP agreements. DHCPs and ACHNs must ensure that the Medicaid Group Billing ID, NPI, Medicaid ID, and name listed on the DHCP agreement is correct and consistent with what the Agency has on the provider's Medicaid file. The provider's file must also be in an active status with the Medicaid Agency. All information submitted must be based on the group level unless the DHCP is set up as an individual practice. If the information is not correct or consistent, the agreement will not be added to the provider's Medicaid file. In the absence of this agreement, DHCPs will not be eligible for reimbursement for maternity services and will not receive bonus payments for performing first trimester and post-partum visits. If all information communicated to the Agency is correct, the enrollment effective date for the ACHN DHCP Agreement will be the first day of the following month. Contact the ACHN you intend to participate with to inquire about submission deadlines for the DHCP Agreement.

Non-citizen Maternity Procedure Codes

The policy for maternity non-citizens has not changed. Providers are to bill the delivery only procedure codes for pregnant non-citizens.

DHCP Bonus Payments

DHCPs who are actively participating with an ACHN may be eligible to receive bonus payments. Medicaid will pay $100.00 for each bonus payment and the following procedure codes must be submitted on a separate claim:

- Initial Prenatal Visit – H1000 (if made within 90 days of the last menstrual period).
- Postpartum visit – G9357 (if made between 21 and 56 days of delivery)

Non-citizens are not eligible for the initial prenatal (H1000) nor the postpartum visit (G9357) bonus payments. Claims billed for non-citizens using the mentioned procedure codes will be denied.

Oncology and Hematology Referrals

PCP referrals to oncologists and hematologists are required for reimbursement. If the recipient does not have a PCP or a PCP cannot be identified, the oncologists and hematologists may contact the ACHN that the recipient is assigned to for a temporary "for billing purposes only" referral. The ACHNs will work with the oncologists, hematologists, and the recipient in care coordination services.

Breast & Cervical Cancer (BCC) Provider Referrals

Breast & Cervical Cancer (BCC) network providers participating in the Alabama Breast and Cervical Cancer Early Detection Program must receive a temporary 'billing purposes only' referral from the recipient's ACHN to provide services. The BCC network provider must seek the referral prior to initiating treatment. The ACHN will provide the temporary 'billing purposes only' referral within two (2) business days of the request. The referral will cover six (6) months of care.

To further prevent the recipient from going over the fourteen (14) visit limitation, BCC providers can also issue referrals to other providers to manage the care of the recipient.

Optional: If the BCC network provider would like the opportunity to receive bonus payments, a PCP Group Agreement must be completed with the Agency and an additional participation agreement with the ACHN must also be completed. The PCP Group Agreement may be obtained from the Medicaid website. The BCC network provider must contact the ACHN for the participation agreement.

Non-Breast & Cervical Cancer (BCC) Provider Referrals

The Non-BCC network providers must receive a temporary 'billing purposes only' referral from the recipient's ACHN to provide services. The non-BCC oncology/hematology provider may avoid the ACHN billing referral requirement before initiating treatment, by enrolling with Medicaid as a PCP. By signing Medicaid's PCP Group Agreement, the provider will be able to provide services without a referral and provide a referral to other specialists when needed.

Optional: If the non-BCC network oncology/hematology provider would like the opportunity to receive bonus payments, a PCP Group Agreement must be completed with the Agency and an additional participation agreement must be completed with the ACHN. The PCP Group Agreement may be obtained from the Medicaid website. The non-BCC network oncology/hematology provider must contact the ACHN for the participation agreement.

Provider	Responsibilities:
BCC Network Provider	• Seek Billing Referral from ACHN prior to initiating treatment • Every 6 months check in with the ACHN on status of treatment or to request new referral • Will be able to provide referrals to other providers as necessary to manage care of recipient • Work with the ACHN to ensure care coordination services for patients are provided as appropriate • *Optional:* If they want to be able to receive bonus payments, sign PCP Agreement and ACHN Participation Agreement
Non-BCC Network Providers and Oncologists and Hematologists	• Seek Billing Referral from PCP or from ACHN (ACHN may provide a 6-month billing referral) • Every 6 months check in with the ACHN on status of treatment or to request new referral • Work with the ACHN to ensure care coordination services for patients are provided as appropriate • *Optional:* If they want to be able to provide their own referrals, they must sign a PCP Agreement. If they want to be able to receive bonus payments, sign ACHN Participation Agreement

Alabama Medicaid Bulletin

Post Office Box 244032
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Presorted
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Oak Brook, IL
Permit No. 100

The release of funds is normally the second Monday after the checkwrite (remittance advice) date.
Please verify direct deposit status with your bank. As always, the release of direct deposit and checks depends on the availability of funds.

CHECK WRITE SCHEDULE REMINDER:

- October 4, 2019
- October 18, 2019
- November 1, 2019
- November 15, 2019
- December 6, 2019
- December 13, 2019
- January 3, 2020
- January 17, 2020
- February 7, 2020
- February 21, 2020
- April 3, 2020
- April 17, 2020
- May 1, 2020
- May 15, 2020
- June 5, 2020
- June 19, 2020
- March 6, 2020
- March 20, 2020
- July 3, 2020
- July 17, 2020
- August 7, 2020
- August 21, 2020
- September 4, 2020
- September 11, 2020