

Provider Insider

Alabama Medicaid Bulletin

October 2021

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ALABAMA MEDICAID EXTENDS TEMPORARY TELEMEDICINE COVERAGE

Throughout the COVID-19 public health emergency, Alabama Medicaid continues to extend temporary telemedicine services to ease access to appropriate medical services for certain codes for your established patients who are recipients of Alabama Medicaid. Telemedicine is appropriate for consultations and visits for either low complexity, routine or ongoing evaluation and management. This includes:

- Acute illnesses
- Chronic disease management
- Behavioral health
- Emergency dental services

Alabama Medicaid providers who are eligible to perform telemedicine services include:

- Physicians
- Nurse Practitioners
- Physician Assistants
- Dental Providers
- Behavioral Health Providers (i.e., Psychologists, Licensed Counselors, Marriage and Family Therapists, and Licensed Social Workers)

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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.

Providers should only bill for telemedicine services that require direct communication with the recipient. All claims will continue to include the standard 14 regular office visits and the limit on dental examinations will apply.

The telemedicine services agreement and recipient consent forms will continue to be waived; however, providers must receive verbal consent from each recipient which must be documented within the medical record. Alabama Medicaid will review and verify that requirements are met for the extension of telemedicine services.

For a complete list of affected procedure codes, modifiers, and place of service codes, please view the ALERTS posted https://medicaid.alabama.gov/news_detail.aspx?ID=13729.



NEW MEDICAID ID CARDS AND NUMBERS ISSUED TO SSI RECIPIENTS

Alabama Medicaid recipients whose Medicaid benefits are awarded through Supplemental Security Income (SSI-Certifying Agency “S”) should have received a new Medicaid identification card with a new Medicaid number that starts with 530. The Agency mailed a notice to recipients and published a Provider ALERT in July informing them about this change effective August 1, 2021.

All information for the previous Medicaid ID and the new Medicaid ID were combined to include all eligibility, Prior Authorizations (PAs), and claims history. **The new Medicaid IDs are in effect as of August 1, 2021.**

Please use the following guidelines to assist with eligibility verification/claims submission for recipients since this transition:

- During check-in, providers and staff are encouraged to ask recipients if they have received a new Medicaid ID card, and whether they have more than one Medicaid number.
- If they have both, providers should ask recipients for both Medicaid ID cards or numbers (500 and 530) when checking current eligibility and submitting claims for any recipient until all recipients are merged in Medicaid’s system.
- Providers may use the eligibility verification function in the Provider Web Portal, Provider Electronic Solutions (PES), or the Automated Voice Response System (AVRS) to determine whether a recipient’s Medicaid IDs have been combined.
- For assistance retrieving the new “530” number, please use the Provider Web Portal, PES or AVRS, or contact the Provider Assistance Center for guidance at 1-800-688-7989.

If you experience any issues related to previously approved Prior Authorizations, please contact the Prior Authorization vendor for assistance.

For information related to the issuance of new Medicaid IDs to SSI recipients, please view the ALERT dated July 14, 2021: https://medicaid.alabama.gov/alert_detail.aspx?ID=15518.

SYNAGIS® UPDATES FOR SUMMER 2021 (AS PART OF THE 2020-2021 SEASON) AND THE USE OF SYNAGIS® IN THE 2021–2022 SEASON

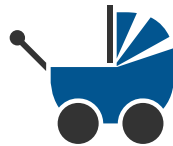
Due to the COVID-19 public health emergency, the Alabama Medicaid Agency (Medicaid) will review requests for Synagis® on a case-by-case basis for July, August, and/or September 2021 doses. Use of Synagis® in these months is considered part of the 2020-2021 RSV season.

- Babies that meet criteria **and have not yet received their 5 doses** for the 2020-2021 season will be considered for July, August, and/or September 2021 doses.
- As per normal criteria, the first dose for newborns must be administered while still inpatient/in the hospital prior to discharge.

The 2021-2022 season will begin on October 1, 2021. Doses received prior to that date will not be counted towards the baby's doses for the 2021-2022 Synagis® season.

The approval time frame for Synagis® for the 2021-2022 RSV season will begin October 1, 2021 and will be effective through March 31, 2022. Up to five doses will be allowed per baby in this time frame. There are no circumstances that will result in the approval of a 6th dose.

For more information regarding Alabama Medicaid's policy on Synagis, please refer to the following link: https://medicaid.alabama.gov/alert_detail.aspx?ID=15566.



ALABAMA MEDICAID MAKES KEY CHANGE TO ADULT EYEGLASS & EYE EXAM BENEFITS

Adult Medicaid recipients (21 years of age and older) are now eligible for one complete eye exam and one pair of eyeglasses **every two calendar years**. Previously, those benefits were for every three calendar years. The time frame change is effective for dates of service on or after August 14, 2021. The Alabama Medicaid Agency Eye Care Program provides services through ophthalmologists, optometrists, and opticians across the state. Detailed information about the Eye Care Program is available in Chapter 15 of the Provider Billing Manual at the following link: https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals.aspx.



PROVIDER DESK AND ONSITE RECORD REVIEWS RESUMED

At the onset of the COVID-19 pandemic, Medicaid suspended some program integrity activities temporarily. Effective August 1, 2021, the Program Integrity Division for Medicaid resumed provider desk and onsite record review procedures.

For questions regarding this notice, please contact Beverly Churchwell at beverly.churchwell@medicaid.alabama.gov.



ONSITE COST REPORT AUDITS OF NURSING HOMES RESUMED

At the onset of the COVID-19 pandemic, Medicaid suspended onsite audits of nursing homes cost reports and the request for documentation to perform or complete audits that were in process. Effective September 1, 2021, the Provider Audit Division for Medicaid resumed these activities.

For questions regarding this notice, please contact Sandra Johnson at sandra.johnson@medicaid.alabama.gov.



MANAGED CARE

IMPORTANT UPDATES:

Maternity Rate Increase

The Agency is pleased to announce rate increases for global maternity procedure codes and Delivering Healthcare Professional (DHCP) bonus payments effective with dates of service beginning October 1, 2021. DHCPs may refer to Chapter 40 of the Provider Billing Manual for rate information.

Primary Care Physician (PCP) Referrals

As of **August 1, 2021**, Medicaid will no longer require a PCP referral for services rendered to Medicaid recipients. The removal of the PCP referral requirement is for the following services or provider types: all specialists, Durable Medical Equipment (DME), outpatient hospital services, nephrology, optometrist/optician services/ophthalmologists, independent nurse, home health, glucose test strips/lancet, children's orthodontia, anesthesia, and ambulatory surgical centers. The Alabama Coordinated Health Networks (ACHNs) will no longer issue billing-only referrals after the August 1st effective date. Lock-in referrals for lock-in recipients are still required for reimbursement.

Quality Bonus Payment Reminder

The ACHN quality bonus payment will be based on actual performance effective October 1, 2021. PCP groups must achieve at least half of the annual quality metrics to be eligible for the quality bonus payment. The FY (fiscal year) 2022 quality bonus payment is worth 50% of the ACHN bonus pool and will be calculated based on the CY (calendar year) 2020 services (obtained from claims data). Providers may view their Quality Profiler Scorecard to assess their group's performance. It is recommended that providers view the recorded webinars for additional guidance on quality and cost effectiveness. Specifically, the August 17, 2021 webinar includes the most current updates and discussion about quality, cost effectiveness, and other topics. The recorded webinars can be viewed by visiting www.medicaid.alabama.gov > ACHN > ACHN Providers.

Importance of Updating Provider Enrollment Files

It is important that all ACHN providers (group and individual) maintain their provider enrollment files with the Fiscal Agent. This includes, but is not limited to, provider specialties. Incorrect provider specialties may cause delays in provision of ACHN care coordination services for Medicaid recipients.

Provider Mapping

If you are completing the Medicaid PCP Group Agreement for a new enrollment that resulted in being issued a new Medicaid Billing Group ID from a previous enrollment, you must contact the Managed Care Operations (MCO) Division at Medicaid for additional processing. Failure to contact MCO may result in omitted attribution for the new Medicaid Billing Group ID. You may contact MCO at ACHN@medicaid.alabama.gov.

Attribution Report Timeline

The following table lists the time frame in which attribution reports will be available via the secure portal for fiscal year 2022:

Attribution Period	Attribution Run Month	Attribution Reports Available
October 1, 2021 – December 31, 2021 (Quarter 1)	August 2021	First week of September 2021
January 1, 2022 – March 31, 2022 (Quarter 2)	November 2021	First week of December 2021
April 1, 2022 – June 30, 2022 (Quarter 3)	February 2022	First week of March 2022
July 1, 2022 – September 30, 2022 (Quarter 4)	May 2022	First week of June 2022

For additional information about attribution reports, you may access Chapter 40 of the Provider Billing Manual at the following link: https://medicaid.alabama.gov/content/7.0_Providers/7.6_Manuals.aspx

Alabama Coordinated Health Network Bonus Payments

All PCP groups, including Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), who actively participate with the ACHN qualify to receive bonus payments. The next quarterly bonus payments will be issued on the second checkwrite of October 2021.

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



PREVENTING AND REPORTING FRAUD TO MEDICAID

The Alabama Medicaid Agency is committed to detecting, preventing and/or eliminating all forms of fraud and abuse to ensure that all available funds go to provide health care to those in need.

The Program Integrity Division is responsible for planning, developing, and directing Agency efforts to identify, prevent and assist with prosecution of fraud, abuse and/or misuse in the program. Federal rules require that Medicaid providers take steps to prevent fraud and abuse.

This includes:

- Billing Medicaid correctly for services provided to recipients
- Advising Medicaid regarding changes in status, such as when a doctor leaves a provider group or clinic
- Ensuring that the care provided to recipients is medically necessary and rendered in a manner that is consistent with current medical practice
- Reporting recipients who “doctor shop” to obtain prescriptions that can be sold “on the street”

Cases of suspected provider fraud and patient abuse are referred to the Medicaid Fraud Control Unit in the Alabama Attorney General’s Office. Providers in violation of Medicaid rules and regulations may receive administrative or other sanctions, suspension of payments, limits on participation in the Medicaid program, or termination from the program.

Providers, recipients, and the public may report suspected fraud, abuse, or misuse of the Alabama Medicaid program by calling or writing the Agency’s Program Integrity Division. A person reporting suspected fraud or abuse is not required to give his or her name. Information provided is kept confidential.

To report suspected fraud, contact Medicaid at:

- (866) 452-4930 (toll-free call), or
- Write to Program Integrity Division, Alabama Medicaid, PO Box 5624, Montgomery, AL 36103-5624

Before Contacting Medicaid:

- Find out as much information as possible
- Find out the name (or other identifying information) of the person suspected of committing fraud/abuse
- Find the date or dates that the fraud/abuse occurred
- Be able to describe the suspicious or fraudulent activity

More information is available on the Agency website:

https://medicaid.alabama.gov/content/8.0_Fraud/.



MEDICAL AND QUALITY REVIEW SERVICES CONTRACTOR

The Alabama Medicaid Agency's (Medicaid) new Medical and Quality Review Services Contractor, Kepro, will begin reviewing prior authorization (PA) requests, hospice, nursing home, ICF-IID, PEC, and swing bed records on October 1, 2021. Kepro will review PA requests with dates of October 1, 2021, and after. Kepro will NOT review pharmacy, dental or radiology PAs. For inquiries regarding PAs submitted on October 1, 2021, or later, providers may contact Kepro at (800) 426-7259 or (800) 472-2902.

For Hospice, Nursing Home, ICF-IID, PEC and Swing Bed Records:

Hospice, Nursing Home, ICF-IID, PEC and Swing Bed records should continue to be submitted via the electronic upload process as per the instructions in the Provider Billing Manual on the Agency's website (Refer to Chapter 18 for the hospice records and Chapter 26 for the nursing facility records). The process for electronically uploading records is the same for the ICF/IID, PEC, and Swing Bed records.

Effective October 1, 2021, Hospice Recipient Status Change (Form 165B) and LTC Requests for Action (Form 161B) should be faxed to Kepro at (833) 536-2134 or (833) 536-2136.

For questions related to the Long-Term Care reviews on or after October 1, 2021, providers should contact Kepro at (800) 426-7259 or (800) 472-2902.

For Prior Authorizations (NOT pharmacy, dental or radiology PAs):

The process for submitting PA requests to Gainwell Technologies remains the same. Comagine will review requests received through September 30, 2021.

For inquiries about PAs received into the system through September 30, 2021, please call:

- Transportation: Brandon Williams brandon.williams@medicaid.alabama.gov
- Eyecare: David Poole david.poole@medicaid.alabama.gov
- All other PAs: Dodie Teel (334) 242-5149, Sheila McDaniel (256) 890-3159 or Tommy Stedham (334) 353-3711
- For inquiries about PAs submitted on or after October 1, 2021, providers should call Kepro at (800) 426-7259 or (800) 472-2902

The status of PA requests may also be accessed using:

- AVRS (1-800-727-7848)
- The Provider web portal, using the link:
<https://www.medicaid.alabamaservices.org/alportal/Account/SecureSite/tabid/56/Default.aspx>
or the Gainwell Provider Assistance Center at (800) 688-7989

Please use this link for instructions about using the web portal for PAs: https://medicaid.alabama.gov/documents/7.0_Providers/7.6_Manuals/7.6_AMMIS_Interactive_Services_Website_User_Manual_6-29-21.pdf.





Alabama Medicaid Bulletin

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The release of funds is normally the second Monday after the check write (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 1, 2021
- October 15, 2021
- October 29, 2021
- November 12, 2021
- November 26, 2021
- December 10, 2021
- December 24, 2021
- January 7, 2022
- January 21, 2022
- February 4, 2022
- February 18, 2022
- March 4, 2022
- March 18, 2022
- April 1, 2022
- April 15, 2022
- May 6, 2022
- May 20, 2022
- June 3, 2022
- June 17, 2022
- July 1, 2022
- July 15, 2022
- July 29, 2022
- August 12, 2022
- August 26, 2022
- September 9, 2022
- September 16, 2022