

Provider Insider

Alabama Medicaid Bulletin

April 2022

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DR. RAO THOTAKURA

The Alabama Medicaid Agency (Medicaid) would like to spotlight Dr. Rao Thotakura, politely referred to as “Dr. T,” a dedicated provider in the pediatric community and the Alabama Coordinated Health Network (ACHN) Program. In recognition of his longtime achievements in patient care, Huntsville Hospital recently named their Pediatric Emergency Department in his honor.

For the past 35 years, Dr. T has served as a local pediatrician at Huntsville Hospital. He also operates the Alabama Children’s Clinic with practices located in Huntsville and Madison, Alabama. Among other accomplishments, in 1997, Dr. T started a 100-bed acute care global multi-specialty hospital where he currently serves as chairman. He also launched a paramedical college in 2000. Both facilities are located in Vijayawada, India where Dr. T spent the first 16 years of his life.

Dr. T has been instrumental in collaborating with Medicaid to ensure quality across all regions of Alabama. He began serving on the North Alabama Community Care (NACC) Board in 2010 and accepted the position of medical director in 2012. Dr. T continued as NACC’s medical director with the implementation of the ACHN program in 2019, working closely with the entity to serve Medicaid recipients in the Northwest region of the state.



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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.

Medicaid is proud to have Dr. T as a part of the ACHN program. He is passionate about children's health issues and helping parents raise healthy children. He also wants all providers to have needed resources to serve Alabama Medicaid recipients. In a collaborative effort with Medicaid to outreach, educate, and engage providers, NACC, along with Dr. T at the helm, led the development of an eBook. The eBook provides a "one-stop shop" for providers to access important information about Medicaid and the ACHN program. Medicaid released this excellent provider resource in January 2022.

Medicaid Health Systems Manager Sylisa Lee-Jackson stated, "I am so blessed to have worked with Dr. T and to have witnessed firsthand his caring and compassionate spirit."

Dr. T, you deserve to be in the Medicaid spotlight. We are proud of you and thank you for being a vital part of our team!

Carol Garrett, Health Systems Manager, NACC



PROVIDERS ARE NOW REQUIRED TO SUBMIT FINGERPRINTS

Federal regulations require states to conduct a fingerprint-based criminal background check (FCBC) on providers or any person with 5 percent or more direct or indirect ownership interest in the provider who meet any of the criteria below pursuant to 42 C.F.R. § 455.450.

1. Providers whose screening categorical risk level is set at "high."
2. Providers whose screening categorical risk level has been adjusted to "high" due to a payment suspension based on a credible allegation of fraud, waste, or abuse.
3. Providers whose screening categorical risk level has been adjusted to "high" because they have an existing Medicaid overpayment.
4. Providers who have been excluded by the Office of Inspector General or another state's Medicaid program within the previous 10 years.
5. Providers who were prevented from enrolling during a state or federal moratorium and apply for enrollment as a provider at any time within six months from the date the moratorium was lifted.

FCBCs will be conducted at the following times:

- Initial enrollment – All providers designated as a "high" categorical risk will be screened for an FCBC. If an FCBC has already been conducted by Medicare, Alabama Medicaid may be able to rely on Medicare's information.
- Currently enrolled providers – These providers will be asked to complete an FCBC at the time their risk level is elevated to "high."
- Application for enrollment by previously-sanctioned providers – After a provider's sanction has been lifted, they will be required to complete an FCBC before enrolling in the Alabama Medicaid program again.

Providers who are required to submit to an FCBC will be notified individually by letter requesting them to visit the Alabama Law Enforcement Agency, or their nearest law enforcement agency, within 30 days from the date of their notification letter to submit their fingerprints for processing. The Medicaid Agency will supply the provider with all necessary documentation to complete the fingerprint process.

Any provider who is required to submit to an FCBC and does not comply with Medicaid's request to complete the process will either be denied enrollment or their Medicaid participation will be terminated. The results of a provider's FCBC may also impact the provider's participation in the Medicaid program.

Questions concerning this new screening process should be directed to Medicaid Provider Enrollment at (334) 242-5141.



RY 2023 PERM CYCLE UNDERWAY

The Payment Error Rate Measurement (PERM) audits authorized by the Centers for Medicare and Medicaid Services (CMS) for Reporting Year 2023 (RY 2023) are underway. The PERM program measures improper payments in Medicaid and the State Children's Health Insurance Program (CHIP) and produces state and national-level error rates for each program. NCI Information Systems, Inc. (NCI), is the CMS Review Contractor (RC) conducting data processing and medical record reviews for this cycle. NCI began contacting providers to request medical records for claims and payments originally paid between July 1, 2021, and June 30, 2022. If providers are contacted by NCI requesting medical records, providers are required to comply with the request as outlined in the Administrative Code, the Provider Billing Manual, as well as their provider agreements. It is important that providers submit accurate, legible, and complete documentation in a timely manner. For questions or additional information, please contact Beverly Churchwell at Beverly.Churchwell@medicaid.alabama.gov.



PERM (RY 2023) PROVIDER EDUCATION SESSIONS

The Centers for Medicare and Medicaid Services (CMS) Payment Error Rate Measurement (PERM) program is planning to host provider education webinars for providers during the month of April 2022. The purpose is to offer educational opportunities to Medicaid and Children's Health Insurance Program (CHIP) providers to enhance understanding of the specific provider responsibilities during the PERM cycle.

The following topics will be featured in the presentation:

- The PERM process and provider responsibilities during a PERM review.
- Recent trends, frequent mistakes and best practices.
- The Electronic Submission of Medical Documentation (esMD) program.

Listed below are the three dates and times that webinars will be offered. Please note all three webinars will consist of the same information covering the topics mentioned above. The webinar sessions will be recorded and one of the sessions will be uploaded to the PERM website. Providers that have questions following the webinars or throughout the cycle can send them to the PERM Review Contractor's email address at PERMRC_Providerinquiries@nciinc.com.

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|------------------------|------------------------|
| 1) Tuesday, April 12 | 12:00 p.m. – 1:00 p.m. |
| 2) Wednesday, April 13 | 2:00 p.m. – 3:00 p.m. |
| 3) Thursday, April 14 | 2:00 p.m. – 3:00 p.m. |

These webinars are provided so that providers will have the opportunity to gain valuable information regarding the PERM program and processes. Links to the webinars will be provided closer to the webinar dates. For questions or additional information, please contact Beverly Churchwell at Beverly.Churchwell@medicaid.alabama.gov.



MANAGED CARE

Importance of Updating Provider Enrollment Files

It is important that all participating 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.

BMI Requirement during Telemedicine/Telehealth Visits under the Public Health Emergency (PHE)

The BMI will be required for all visits including the telemedicine visits. To be eligible for reimbursement for the telemedicine visits during the current PHE, the provider must file the claim with place of service '02' (telemedicine) and a modifier of 'CR' for catastrophic/disaster to assist with claims tracking. Providers should use subjective data to calculate the BMI which can include providers asking the recipient for his or her height and weight during the telemedicine visit. The BMI should be calculated, based on the information provided by the recipient, and appended to the claim for reimbursement. The BMI should also be documented in the recipient's medical record.

Please email questions to ACHN@medicaid.alabama.gov.

Attribution Report Timeline

The table below lists the time frame in which attribution reports will be available via the secure web 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 (ACHN) Bonus Payments

All PCP groups, including Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), that actively participate with the ACHN qualify to receive bonus payments. The next quarterly bonus payments will be issued on the second checkwrite of April 2022.

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

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

Quality Bonus Payment: PCP groups must achieve annual quality benchmarks determined by the Agency to earn a quality bonus payment. The quarterly payment made in April 2022 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: PCP groups may be eligible for a cost effectiveness bonus payment if the PCP group meets or exceeds the cost effectiveness criteria established by the Agency. The quarterly payments made in April 2022 will be based on the actual cost effectiveness calculated for the period between January 1, 2021 and December 31, 2021. A new Cost Effectiveness Q&A document is available on the ACHN providers section of the Medicaid website at https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx.

Patient-Centered Medical Home (PCMH) Recognition Bonus Payment: PCP groups may be eligible for the PCMH bonus payment based on actual PCMH recognition and attestation. The Agency will review attestation of PCMH recognition on an annual basis. **The deadline to qualify for FY 2023 (October 1, 2022 – September 30, 2023) is October 1, 2022.** Refer to Chapter 40 of the Provider Billing Manual for detailed information regarding the PCMH attestation process.

Changes to Cost Effectiveness Bonus Calculation Methodology

Beginning with the April 2022 bonus payment, the following adjustments will be made to the cost effectiveness bonus payment methodology:

1. Outlier adjustments- recipients with total costs exceeding \$250,000 will be removed from the PCP group's PMPM calculations and the statewide ACHN PMPM calculations.
2. Cutoff adjustments- the cost effectiveness bonus payment will be paid to PCP groups with a cost effectiveness score less than 1.0. Previous bonuses were paid to PCP groups with a score less than or equal to the median ACHN cost effectiveness score.

For additional information about these cost changes, you may listen to the February 23, 2022, *Changes to the Cost Effectiveness Bonus Calculation Methodology* webinar on Medicaid's ACHN webpage at https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx.

Alabama Coordinated Health Network (ACHN) Provider Profiler Reports

Evaluation of quality and cost effectiveness will be necessary for a PCP group to manage their actual performance. It is important for the provider to 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 in order 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 visiting www.medicaid.alabama.gov >ACHN>ACHN Quality Measures. The next Provider Profiler Reports will be released in April 2022.



UNIFIED PROGRAM INTEGRITY CONTRACTOR (UPIC) FOR ALABAMA MEDICAID

The Centers for Medicare and Medicaid Services (CMS) has contracted with SafeGuard Services, LLC (SGS) as the Southeastern Unified Program Integrity Contractor (SE UPIC), which includes the State of Alabama. The UPICs perform fraud, waste, and abuse detection, deterrence and prevention activities for Medicare and Medicaid claims processed in the United States. Specifically, the UPICs perform integrity related activities associated with Medicare Parts A, B, Durable Medical Equipment (DME), Home Health and Hospice (HH+H), Medicaid, and the Medicare-Medicaid data match program (Medi-Medi). For more information, visit <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map>.

If providers are contacted by SGS requesting medical records, providers are required to comply with the request within the stated timeframe in the request. Providers are reminded that the Alabama Administrative Code, the Provider Billing Manual, and their Provider Agreements require compliance with requests for medical records for Medicaid program audits.

Questions regarding the audits should be directed to Beverly Churchwell at Beverly.Churchwell@medicaid.alabama.gov.



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.

CHECKWRITE SCHEDULE REMINDER:

- 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