

Provider Insider

Alabama Medicaid Bulletin

April 2024

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PCP REFERRALS REMINDER

The Alabama Medicaid Agency no longer requires a Primary Care Physician (PCP) referral for services rendered for Medicaid recipients. However, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) referrals are required for EPSDT related services. Refer to Appendix A of the Provider Billing Manual for more information regarding EPSDT. Recipients that are in lock-in will be required to obtain a lock-in referral from their lock-in provider. To verify a recipient's lock-in status and provider, you may view the recipient's eligibility verification via the Alabama Medicaid Interactive Secure Web Portal.



REMINDER: ALABAMA COORDINATED HEALTH NETWORK (ACHN) PCP GROUP'S 24/7 VOICE-TO-VOICE COVERAGE

As per the ACHN Primary Care Physician (PCP) Group's 24/7 Voice-To-Voice Coverage agreement under the ACHN program, all ACHN Provider Groups are required to have after-hours coverage.

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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.

It is important for patients to be able to contact their PCP Group to receive instruction regarding care at all times, so that care is provided in the most appropriate manner relative to the patient's condition. Attachment A of the ACHN Program's PCP Enrollment Agreement and Chapter 40, Section 8.2 of the Provider Billing Manual states that the Group must provide recipients with after-hours instructions for care or referral at all times, for medical conditions, twenty-four (24) hours per day, and seven (7) days per week as defined by ACHN Policy.



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. Medicaid will review attestation of PCMH recognition on an annual basis. The deadline to qualify for FY 2025 (October 1, 2024 – September 30, 2025) is October 1, 2024. **ALL** participating ACHN PCP Groups that would like to start or continue to receive the PCMH bonus payment for FY 2025 must attest to the Agency by the specified deadline. The PCMH attestation form is available and may be accessed via the ACHN providers section of the Medicaid website at www.medicaid.alabama.gov >ACHN >ACHN Providers > ACHN/PCP Forms. For questions or assistance with the PCMH attestation process, you may contact ACHN@medicaid.alabama.gov. In addition, you may refer to Chapter 40 of the Provider Billing Manual for detailed information regarding the PCMH attestation process.



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.



ATTRIBUTION REPORT TIMELINE

The following table lists the time frame in which attribution reports will be available via the secure web portal for Fiscal Year 2024:

Attribution Period	Attribution Run Month	Attribution Reports Available
October 1, 2023 – December 31, 2023 (Quarter 1)	August 2023	First or second week of September 2023
January 1, 2024 – March 31, 2024 (Quarter 2)	November 2023	First or second week of December 2023
April 1, 2024 – June 30, 2024 (Quarter 3)	February 2024	First or second week of March 2024
July 1, 2024 – September 30, 2024 (Quarter 4)	May 2024	First or second week of June 2024

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

ACHN Bonus Payments

All PCP groups, including Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), who actively participate with the ACHN may qualify to receive bonus payments. **The next quarterly bonus payments will be issued on the second checkwrite of April 2024.**

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.medicicaid.alabama.gov >ACHN>ACHN Quality Measures. The next Provider Profiler Reports will be released in April 2024.



A NOTICE TO ALL MEDICAID PROVIDERS

Medicaid Recipient Record Requests

This article is to remind providers of a new form that should be used when a recipient requests copies of their medical records and to clarify Medicaid's requirement of providers to notify the Agency's Third Party Liability Division prior to releasing any medical or billing records. As indicated in the Alabama Administrative Code, Rule No. 560-X-20-.05, it is not Medicaid's intention to deny release of information; however, requests for information, pertaining to a recipient's charges, are a source of third-party information and, as such, must be reviewed by the Third Party Liability Division.

Providers are to ensure that all HIPAA Privacy and Security rules are met regarding an individual's "right of access to inspect and obtain a copy of protected health information about the individual" (as stated in 45 C.F.R. §164.524).

Medicaid's rule is designed to ensure that Medicaid is informed of potential circumstances in which Medicaid may have a subrogation interest pertaining to any medical or billing records being requested. **It does not permit providers to deny individuals access to their medical or billing records. Providers should not cite Medicaid's rule as cause for not meeting the HIPAA Privacy rule, nor should they attempt to place the responsibility for notifying the Medicaid Agency on the recipient.**

A Medicaid provider's responsibility is to collect all information from the requestor regarding the purpose and nature of the information being requested and submit the information to Medicaid. Once the form is faxed Medicaid, the provider should release the requested information to the recipient without a response from Medicaid.

The new form titled "[Notification of Request for Medical Records from Provider](#)" is available for use by providers to document that Medicaid has been notified of a medical record request on a Medicaid recipient.

In addition, Medicaid contracted with Health Management Systems (HMS) to handle the processing of the Notification of Request for Medical Records from Provider forms. Completed forms should be faxed to HMS at 866-274-5974.

For questions regarding this notice, please contact Zeffie Smith at (334) 242-5302 or Codie Rowland at (334) 242-5248.



REMINDERS FOR NURSING HOME PROVIDERS

Physician Visits

Please remember the frequency of federally mandated physician visits to the resident, as per 42 CFR § 483.30 - Physician services (c) Frequency of physician visits. (1) The resident must be seen by a physician **at least once every 30 days for the first 90 days after admission and at least once every 60 days thereafter**. Alabama Medicaid Administrative Code, Chapter 10, Long Term Care, Rule No. 560-X-10-.13, Resident Medical Evaluation (3) reflects this requirement.

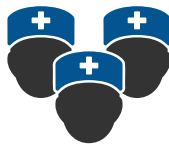
It is strongly recommended that each facility designate a staff member to ensure that these visits are completed in a timely way and documented for every resident, along with self-audits for this item. Failure to do so may result in a recoupment.

Updating Level of Care Dates for Medicaid Residents

Please submit updates, especially discharges, timely to the Long-Term Care Admission Notification software for residents. Other providers, such as DME, are unable to submit claims for residents discharged into the community if the nursing home segment does not have the appropriate end date.

All Providers Whose Recipients are on the Level of Care Panel

Please be aware that the fiscal agent (Gainwell Technologies) has an automatic process that runs quarterly. Claims will be recouped if there is a change in the level of care panel (the recipient's LTC segment) that indicates the claim should not have been paid. Therefore, it is imperative that **all** dates on the LTC file match what was billed. For questions, please call Robin Arrington at (334) 353-4754 or Cheryl Cardwell at (334) 242-5578.



UPDATE TO ALABAMA MEDICAID'S EPSDT PROGRAM

The Alabama Medicaid EPSDT Program has recently updated its *Fundamentals of EPSDT* slide deck, which now includes a new video presentation. Access to these presentations is conveniently located at https://medicaid.alabama.gov/documents/4.0_Programs/4.2_Medical_Services/4.2.3_EPSDT/4.2.3_EPSDT_Fundamentals_11-23.pdf or <https://www.youtube.com/watch?v=linC9MQHDwQ>.



PROPER DOCUMENTATION OF BILLED SERVICES

The Payment Error Rate Measurement (PERM) audits authorized by the Centers for Medicare and Medicaid Services (CMS) measure improper payments in Medicaid and the Children's Health Insurance Program (CHIP). As a part of the program, recipients' records are subject to be audited for accuracy.

Providers are to keep detailed records of such quality, sufficiency, and completeness that fully disclose the extent and cost of services, equipment, or supplies furnished to eligible recipients.

Providers should ensure records are legible and complete (i.e., physician's signatures, correct dates, treatments plans, progress notes, consent forms, etc.). Please refer to Chapter 7 of the Provider Billing Manual for additional information.

Coverage for Adult Vaccines/COVID Vaccines and Administration: Pharmacy Providers

Alabama Medicaid reimburses Medicaid-enrolled pharmacy providers for the administration and ingredient cost of the commercially distributed COVID vaccines effective September 11, 2023. Alabama Medicaid will reimburse Medicaid-enrolled pharmacy providers for the administration and ingredient cost of the Advisory Committee on Immunization Practices (ACIP) recommended vaccines for adults ages 19 and older effective October 1, 2023. Claims may be retroactively billed to the effective date. Claims for a vaccine and the administration of the vaccine are submitted on the same claim.

Instructions for submitting a pharmacy claim for a vaccine with the administration fee:

- Pharmacies should submit a claim for the vaccine (i.e., ingredient) with the appropriate NDC.
- Pharmacies should submit the administration fee in the **Incentive Amount Submitted** field (NCPDP Field 438-E3) on the same claim as the vaccine (i.e., ingredient).
- A maximum reimbursement of \$5 is allowed for each vaccine administration (current exception of \$40 administration for COVID vaccine). Only one dispensing fee (for the ingredient) and copay (if applicable) will be applied to the claim. Currently, copays are not applicable to any Medicaid pharmacy claim.
- For a list of ACIP recommended vaccines please visit the following website:
<https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.
- A prescription or standing order is required for each vaccine and administration to be retained on file for documentation purposes.
- Claims for the administration fee only with no vaccine/ingredient will be denied.
- To facilitate coordination of care, Pharmacy providers are required to inform (via phone, fax, email, or mail) each recipient's PMP upon administration of any vaccines for which an administration claim is submitted. Documentation must be kept on file at the pharmacy of the notification to the PMP. If the PMP is unknown, the pharmacy may call the Alabama Medicaid Automated Voice Response System (AVRS) at 1-800-727-7848 to obtain the PMP information. Pharmacy providers may also notify the recipient's local ACHN region to assist with finding a PMP; ACHN contact information can be located on the Agency website under Contacts/ACHN Contacts. A suggested Immunization Provider Notification Letter, which can be used to notify the PMP, can be found on the Agency website under Pharmacy/Vaccines.

- State and federal laws and regulations should be followed regarding the dispensing and administration of legend drugs/vaccines as well as products granted under Emergency Use Authorization (EUA).
- Pharmacy providers with questions regarding vaccine administration may call the Alabama Medicaid Pharmacy Program at (334) 242-5050. Vaccine guidance can be found on the Agency website under https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.11_Vaccine_Admin.aspx.

Consent Forms Tips

In an effort to reduce the number of errors on consent forms resulting in the return of the forms, we have compiled these helpful tips.

- Make certain that you are following the instructions outlined for each consent form type.
- Make certain there is ample time between the recipient signature date and the surgery date. This would only apply to sterilization consents.
- Be aware of the non-correctable fields on the consent forms:
 - The recipient's signature on the sterilization consent form.
 - The date the recipient signed the consent form.
 - The interpreter's signature and the date signed.
 - The signature and dated signed of the person obtaining consent.
- When performing a sterilization, the physician's signature must be added after the surgery is performed. It can be signed and dated by the physician on the same day of the procedure or any time after the date of surgery.
- Make certain that the recipient's signature is legible. If not, the reviewers will request a legal identification card to verify the signature which will delay the approval process.
- When providing medical records, make certain the following items are included:
 - A history and physical must include: (clinic notes detailing symptom management for condition prior to decision for surgery).
 - Operative report.
 - Pathology report.
 - Discharge summary. If one wasn't completed, a note should be provided explaining why there isn't a discharge summary.



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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.

CHECKWRITE SCHEDULE REMINDER:

- October 6, 2023
 - October 20, 2023
 - October 27, 2023
 - November 10, 2023
 - November 24, 2023
 - December 8, 2023
 - December 15, 2023
 - January 5, 2024
 - January 19, 2024
 - February 2, 2024
 - February 16, 2024
 - February 23, 2024
 - March 8, 2024
 - March 22, 2024
 - April 5, 2024
 - April 19, 2024
 - May 10, 2024
 - May 24, 2024
 - June 7, 2024
 - June 21, 2024
 - July 5, 2024
 - July 19, 2024
 - August 2, 2024
 - August 16, 2024
 - August 30, 2024
 - September 13, 2024
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