Provider *Insider*

ALABAMA MEDICAID CELEBRATES 50TH ANNIVERSARY

Alabama Medicaid Agency (Medicaid) is commemorating 50 years in 2020! To celebrate this milestone, Medicaid has added a section on our website highlighting 50 years of service to Alabama residents. We invite you to visit the Agency website at www.Medicaid.Alabama.gov and select the **"Newsroom"** tab, **"About Medicaid"** or visit our Facebook page by searching **"Alabama Medicaid Agency."**

As an essential healthcare industry provider, Alabama Medicaid shares respect, dignity, honesty, and compassion to recipients, providers, and employees.

Formerly named Medical Services Administration, Medicaid began operation in January 1970 with 45 employees in downtown Montgomery. Fast forward to 2020, Medicaid now operates with over 600 employees statewide.

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.

"One thing that has remained constant is the shared desire of the Agency's leadership and employees to make a difference in the lives of those we serve," says Commissioner Stephanie Azar. "For over five decades, Alabama Medicaid has continued to provide essential services to low-income adults, children, pregnant women, seniors, and people with disabilities. This access to health care gives hope for a healthier life to over one million recipients in Alabama," she says. "As we continue to improve health outcomes and access to quality health care, I thank our employees, associates, providers, community partners, and state and federal agencies for their service, support, and commitment to the citizens of Alabama."

Over the past 50 years, Medicaid achieved numerous goals set forth while also providing medical and health-related services to Alabama's most vulnerable citizens. Alabama Medicaid continues to provide healthcare services, including, but not limited to:

- long term care services offering eligible recipients a range of care choices as well as increased opportunities to receive services at home or in the community
- medical equipment costs and other services that allow many disabled recipients to live independently in the community
- Medicare premiums
- maternity care for eligible pregnant women
- family planning services designed to help eligible women and men prevent or delay pregnancy
- immunizations and other preventive and screening services for children in order to catch and treat problems at the earliest possible age
- specialized care for children with special needs to have a chance of growing up at home instead of in an institution
- Medical services including dental, eye, hearing care, inpatient and outpatient hospital care, and doctor visits
- ambulance and non-emergency transportation to and from medical facilities for eligible recipients
- mental health rehabilitation services, substance abuse treatment, targeted case management, and intermediate care facilities for the intellectually disabled
- managed care programs to ensure improved health outcomes through coordinated care, prevention, and education

Medicaid functions with the goal of providing quality health care efficiently and effectively. We value new ideas, innovation, and a positive response to change amid a rapidly evolving healthcare industry. We value integrity, observe the highest ethical standards, and obey all laws and regulations. As good stewards of the state's resources entrusted to us, the Agency is committed to excellence and the highest standards of quality in all our initiatives and efforts.

Since 1970, a core mission of improving health care for eligible Alabamians in accordance with established statutes and Executive Orders has provided impetus for the Alabama Medicaid Agency. In 2020, we are proud to celebrate 50 years of leadership, communication, success, advocacy, education, and quality.

UPDATE FROM ALABAMA MEDICAID – CORONAVIRUS PANDEMIC

The Alabama Medicaid Agency (Medicaid) continues to work with the Alabama Department of Public Health (ADPH) and other state and federal agencies to stay up-to-date on the spread of the Coronavirus Disease 2019 (COVID-19) in Alabama. During the COVID-19 public health emergency, Medicaid made some vital changes to better serve recipients as well as providers.

The following resources help Medicaid recipients stay informed about these changes.

- What Recipients Need to Know About Medicaid Changes for the Coronavirus Emergency.
- New law helps Medicaid recipients during Coronavirus emergency (click here to find out more information).
- Know the symptoms of COVID-19: either cough or shortness of breath (difficulty breathing) or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, vomiting, diarrhea, sore throat, and new loss of taste or smell. If you experience these symptoms, CALL your provider first.
- If you are on Medicaid and need help finding a doctor, call 1-800-362-1504 or go to https://medicaid.alabama.gov/ and click on the Provider Directory tab.
- A COVID-19 information hub was set up by Governor Kay Ivey's office to answer questions and to compile resources. Visit https://covid19.alabama.gov/.

Changes for Providers

In response to the COVID-19 outbreak, Medicaid made temporary changes to help ensure providers can continue to deliver health services to Medicaid recipients. Some of the changes that Medicaid extended during COVID-19 include:

- covering COVID-19 lab testing procedure codes
- allowing telemedicine coverage
- waiver of BMI reporting requirement
- allowing pharmacies to submit universal overrides for certain edits/audits
- allowing extensions for renewal prior authorization requests for pharmacies and DME providers modifications for recipient signature requirements for services
- lifting EPSDT referral requirements
- allowing ACHNs to provide telephonic care coordination, temporary waiver for PCP/DHCP referrals, and allowance for attendance of Medical Management Meetings by webinar
- waiving PASRR Level I and Level II assessments
- waiving copayments for recipients
- continuing recipient eligibility
- waiving Ambulance providers location restriction requirements and prior authorization requirements
- providing information for small business assistance
- extending the nursing facility per diem rate for a one-time COVID-19 cleaning fee
- allowing extension of inpatient stays

Please visit the following link to stay up to date with Agency changes related to the health emergency: https://medicaid.alabama.gov/news_detail.aspx?ID=13729.

PROVIDER REVIEW AND SFTP

The Provider Review Unit of the Alabama Medicaid Agency's Program Integrity Division is now communicating review-related information with providers via email and Secure File Transfer Protocol (SFTP). The SFTP communications comes from: noreply@medicaid.alabama.gov.

What is this?

A secure and paperless method to share review-related information and documentation between the Agency's Provider Review Unit and the providers for which paid claims are being reviewed.

What information is needed from providers to start this process?

The Agency requires a valid email address and the name of the designee within the entity to coordinate the review process for the entity.

The Agency's reviewer assigned to perform the review will contact the entity using the phone number listed on the provider's Provider Enrollment application (provided by the provider during the initial enrollment and/or re-enrollment process). During the phone call, the reviewer will ask for the contact person's name, phone number and email address.

How will I be notified?

The initial notification will be two emails from noreply@medicaid.alabama.gov. The first email includes the SFTP site link and your entity's username. The second e-mail includes a temporary password. You are required to change the password after logging in the first time with the temporary password.

Additional notifications informing the provider that information has been uploaded to the SFTP account will be emailed from the Agency.

NOTE: In most cases, the use of this method replaces the certified mail sent to the provider by the Agency's Provider Review Unit.

How does it work?

All correspondence can be uploaded or retrieved from the Agency's SFTP site. The Agency's reviewer will upload information to the provider's SFTP account, and the provider can retrieve the information from the site's account. Additionally, the provider can upload information and documentation to the site, and the reviewer can retrieve it. There is no longer a need to fax or mail documentation in response to a review activity for the Agency's Provider Review Unit.

What Steps Do I Need to Take?

Log in to SFTP site using the link included in the initial email.

Select the appropriate option:
- To_Medicaid
- From_Medicaid

To Send Information to the Agency

Select the To_Medicaid option to send information and documentation to the Agency. Select the file(s) that you want to send to the Agency. Upload the file(s).

To Retrieve Information from the Agency

Select the From_Medicaid option to view information and documentation from the Agency. Select the files that you want to view. Download the file(s).

NOTE: The SFTP site works best with Chrome rather than Internet Explorer or Edge.

What type of equipment is needed?

In order to access the Agency's SFTP site, providers need a computer and access to the internet. Access to a printer is also convenient to print any information received.

I never received an initial email. What do I need to do?

Only those providers for which paid claims are being reviewed will receive an initial notification from the reviewer and two initial emails from the Agency's SFTP site. Please add noreply@medicaid.alabama.gov to your safe senders list to ensure you receive this notification.

If you are a provider with paid claims under review, check your computer's SPAM folder. If the email(s) are not there, contact the Provider Review Unit staff member assigned to the review. The contact information for the reviewer will be included in the email notifications regarding site uploads sent to the provider.

What happens if I do not respond as instructed in the notifications?

Failure to respond may result in an overpayment being assessed and/or a recoupment action (checkwrite deduction) initiated.

What can I do if I cannot access or use the Agency's SFTP site?

If additional information is needed, please contact the Provider Review Unit staff member assigned to the review. The contact information will be included in the email notifications sent to the provider.

MANAGED CARE

Changes to BMI Requirement

Prior to June 9, 2020, PCPs, NPs/ PAs (collaborating with a PCP), PCP groups/ individual PCPs participating with an ACHN, FQHCs, RHCs, Public Health Departments, Teaching Facilities, and OB/ GYNs that bill procedure codes 99201-99205, 99211-99215, and 99241-99245 were required to include a BMI diagnosis on each claim billed. Beginning June 9, 2020, a BMI will only be required on an annual basis for claims to pay. EPSDT procedure codes 99382-99385 and 99392-99395 must also include a BMI diagnosis on the claim annually or the claim will be denied.

For additional information about the changes to BMI requirement, see the Changes to BMI Requirement ALERT on the Alabama Medicaid Agency's website.

Link to Medicaid ALERTs: https://medicaid.alabama.gov/alerts.aspx

NOTE: Although the BMI system changes go into effect on 6/9/2020, the changes will not affect nor replace the current waiver of the BMI reporting requirement due to COVID-19.

Updates to Attribution Report (CLM-0700-Q)

Modifications have been made to the attribution process to include the Termination Reason Code (TERM) to both the PDF and CSV versions of the report. These codes indicate the reason an attribution was terminated for a provider.

In addition, new columns were added to the CSV version of the report to include Provider NPI, Provider MCD, and Provider Name at the beginning of each row.

The TERM and descriptions are noted in the following table:

Termination Reason Code	Description
1	RECIPIENT HAS BEEN ATTRIBUTED TO A NEW PROVIDER
2	RECIPIENT NO LONGER ASSIGNED TO AN ACHN NETWORK
3	RECIPIENT NOT MET MONTHS OF ELIGIBILITY REQUIRED
4	RECIPIENT HAD NO CLAIMS IN THE EVALUATION PERIOD
5	RECIPIENT HAS BEEN REKEYED. THIS ID IS NO LONGER ACTIVE

The addition of the TERMs will be included beginning with the May 2020 run of the Attribution process.

For additional information on updates to the Attribution Report, see the *ACHN Attribution Report Modifications* ALERT on the Alabama Medicaid Agency's website.

Link to Medicaid ALERTs: https://medicaid.alabama.gov/alerts.aspx

Importance of Updating Provider Enrollment Files

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

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 July 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

Base Timeline Model for Initial Calculated Payment	July-19	August-19	September-19	October-19	November-19	December-19	January-20	February-20	March-20	April-20	May-20	June-20	July-20	August-20	September-20	October-20	November-20	December-20	January-21	February-21	March-21	April-21	May-21	June-21	July-21	August-21	September-21
				Fall 2019			Winter 2020			Spring 2020			Summer 2020			Fall 2020			Winter 2021			Spring 2021			Summer 2021		
Patient Attribution	Rolling 24 Month Lookback →																										
Quality							Calendar Year w 6 Months Run Out →																		(green)		
Cost Effectiveness				12 Months Data w 3 Months Run Out →															(green)								
PCMH															(blue)	(green)											

Legend:
- (blue) Data Source Month
- (green) First Calculated Payment Date

Payments made quarterly 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. **The deadline to qualify for FY 2021 (October 1, 2020 – September 30, 2021) is August 1, 2020.**

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 Medicaid. NCQA will send a list of all providers that have received or are in the process of achieving PCMH recognition from their organization. Medicaid will review the list annually to determine the providers that have received or have made progress toward PCMH recognition through NCQA. Providers identified on the list will be eligible to receive the 5% PCMH recognition bonus payment.

PCP groups who receive or are making progress towards PCMH recognition through JCAHO or another certifying entity must submit an attestation form and proof of their PCMH recognition certification to Medicaid.

PCP groups achieving PCMH recognition through NCQA must also have at least one check-in towards PCMH recognition. The Agency will receive a list of PCP groups who have met criteria and will be eligible if the group had at least one check-in during the previous year.

PCP groups who are working with a nationally-recognized entity other than NCQA 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 it will be processed based on established guidelines. If the Agency does not approve the submitted attestation form and attachments, a formal letter will be mailed to the PCP group explaining the reason(s). More information on the PCMH recognition process can be found by visiting www.medicaid.alabama.gov >ACHN>ACHN Providers.

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 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 will be released towards the end of July 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 in a timely manner. 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.

If the agreement is received prior to the 15th of the month and contains no errors, the enrollment effective date for the ACHN PCP Group Agreement is the first day of the following month.

For agreements received on or after the 15th of the month, the effective date of the enrollment will be on the first of the month two months later.

Example 1 - An agreement containing no errors received by DXC on December 14, 2019, has an enrollment effective date of January 1, 2020.
Example 2 - An agreement containing no errors received by DXC on December 19, 2019, has an enrollment effective date of February 1, 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 1, 2020.

ACHN PCP Network Participation Agreement:

In addition to the Medicaid PCP Group Agreement, providers must complete an ACHN PCP Network Participation Agreement and submit it to an ACHN in order to qualify for participation rates and bonus payments. Providers must sign the agreement with the ACHN. The ACHNs will notify the Agency of all executed participation agreements on a monthly basis. 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. Providers may inquire about submission deadlines for the PCP Network Participation Agreement by contacting the ACHN with which they intend to participate.

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 Medicaid. All information submitted must be based on the group level unless the DHCP is set up as an individual practice. If the information is incorrect or inconsistent, 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. Providers may inquire about submission deadlines for the DHCP Agreement by contacting the ACHN with which they intend to participate.

Alabama Medicaid Bulletin

DXC.technology

Post Office Box 244032
Montgomery, AL 36124-4032

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
- March 6, 2020
- March 20, 2020

- April 3, 2020
- April 17, 2020
- May 1, 2020
- May 15, 2020
- June 5, 2020
- June 19, 2020

- July 3, 2020
- July 17, 2020
- August 7, 2020
- August 21, 2020
- September 4, 2020
- September 11, 2020