Provider Insider

Alabama Medicaid Bulletin *October 2020*

MEDICAID WILL ELIMINATE PAPER PROVIDER ALERTS AND PROVIDER INSIDER NEWSLETTERS

Effective January 1, 2021, Medicaid will no longer print and mail paper Provider ALERTs and Provider Insider newsletters; however, the publications will continue to be distributed in electronic form from the Alabama Medicaid Agency. If you have not already signed up to receive ALERTs and newsletters electronically from the Agency, we encourage you to sign up as soon as possible. Providers can receive notifications from the Agency by email, text message, or fax.

To subscribe to the provider text message list, follow the directions below:

1. Go to messages
2. Create a new message
3. Type 888777 for the phone number
4. Type ALPROVIDERS in the message area
5. Send the message.

Messaging and data rates will apply.

In This Issue

Pass It On!

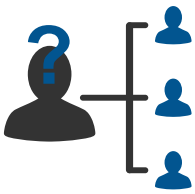
Everyone needs to know the latest about Medicaid. Be sure to route this to:

- ☐ 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.

Directions for e-mail or fax notifications:
Providers can sign up to receive e-mail and fax notification by completing the electronic delivery form on the Medicaid website at:
https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.16_Provider_Enrollment/9.4.16_PE_Electronic_Delivery_Form.mht.

NOTE: It is the responsibility of the provider to update e-mail, fax and cellular telephone information.



MEDICAL DIRECTOR'S POSITION AVAILABLE

The Alabama Medicaid Agency, Montgomery Central Office, is seeking to fill a position of a Medicaid Medical Services Physician (40405). This is a Medical Director position and is responsible for providing clinical leadership and guidance to the Alabama Medicaid Agency in coordination with the Commissioner's Office. This highly advanced professional, administrative, and medical position involves providing guidance in medical related services within the Alabama Medicaid Agency. Work involves providing assistance to agency officials in making determinations of level and quality of medical care provided to recipients by healthcare providers. Duties also include serving as medical consultant in the development and modification of healthcare policies and procedures, and the implementation of healthcare delivery systems statewide. Work is performed with a high degree of independent and professional judgment. This is a great opportunity for a physician who wants to provide clinical guidance in an office setting.

Competitive Benefits and Salary:

1. Desirable work schedule
2. 40-hour work week (typically Monday through Friday, 8:00 am. to 5:00 p.m.)
3. Health Insurance Coverage (Medical, Dental and Vision)
4. Paid time off (including state holidays, annual and sick time)

If you are interested in this position, please call the Alabama Medicaid Agency at (334) 242-5600 for more information.

2021 MEDICARE ADVANTAGE PLAN CONTRACTS

ATTENTION: ALL PROVIDERS

Effective January 1, 2021, the Medicaid Agency will have contracts with eight companies that offer Medicare Advantage coverage in Alabama – Aetna Better Health, Inc., Arcadian Health Plan, Inc. (Humana), HealthSpring Life & Health Insurance Company, Inc. (CIGNA), Simpra Advantage, Inc., UnitedHealthcare of the Midlands, Inc., UnitedHealthcare of Alabama, Inc., VIVA Health, Inc., and Wellcare of Alabama, Inc.

Providers are encouraged to check Medicaid's Eligibility Verification File under the Managed Care Section to determine if capitation payments have been made for recipients during a particular month. In the event that a capitation payment has not been made, providers should refer to Chapter 5 of the Provider Billing Manual, Sections 5.6.1 - 5.6.2, for claims filing instructions.

Questions may be directed to Shari Rudd at (334) 353-3403 or shari.rudd@medicaid.alabama.gov.

DURABLE MEDICAL EQUIPMENT (DME) PROGRAM UPDATES RELATED TO COVID-19

During the time prescribed by the governor as a state of emergency due to the COVID-19 pandemic, the following rule provisions are temporarily lifted:

1. Rule requiring EPSDT referrals for prior authorizations for any durable medical equipment (DME), supplies, appliances, prosthetics, orthotics, and pedorthics. This includes, but is not limited to, those provisions of the Administrative Code found in Rules 560-X-13-.03, .14, and .17.

2. Rule requiring face-to-face visits for DME items. This includes, but is not limited to, those provisions of the Administrative Code found in Rule 560-X-13-.01. In lieu of face-to-face visits, providers should utilize telehealth systems.

3. Rule requiring a prescription or order for DME items to be presented to the provider or Medicaid's fiscal agent within 90 days from the date it was written, and sections which require a prior authorization request for DME to be received by the Medicaid fiscal agent within 30 calendar days after equipment is dispensed. This includes, but is not limited to, those provisions of the Administrative Code found in Rule 560-X-13-.03.

4. Rule requiring only a physician to write the initial prescription for DME items ordered during face-to-face visits. This includes, but is not limited to, those provisions of the Administrative Code found in Rule 560-X-13-.01. To clarify, authorized non-physician practitioners such as nurse practitioners or physician assistants may write the initial prescription for DME items ordered during face-to-face/telehealth visits.

5. Rule requiring recipient signature for all DME, supplies, appliances, prosthetics, orthotics, and pedorthics. This includes, but is not limited to, those provisions of the Administrative Code found in Rule No. 560-X-1-.18. Recipient signatures are not required in cases where the provider has discontinued signature capture due to health concerns. The provider must maintain documentation of services provided to the recipient.

Rule questions concerning this DME program update should be directed to the DME Program at (334)242-5000.

ATTENTION: ALL OPTOMETRISTS, OPHTHALMOLOGISTS, AND OPTICIANS

Classic Optical Laboratories, Inc. has been awarded the contract to serve as the Alabama Medicaid Agency's Eyeglasses Central Source Contractor for the July 1, 2020 – June 30, 2023 time period.

Please refer to the fee schedule that is posted to the Alabama Medicaid Agency website at www.medicaid.alabama.gov. The rates are effective for dates of service July 1, 2020. As a reminder, at the option of the provider taking the frame measurements, eyeglasses may be obtained from the Central Source or from any other source.

A Classic Optical Laboratories, Inc. representative is available:

Monday through Friday
from
7:00 AM to 7:00 PM CST
at
1-888-522-2020

For your convenience, please visit www.classicoptical.com for information such as, placement, processing, and tracking of optical orders.

For policy questions regarding the Eye Care Program, please contact the Medical Services Division at beverly.churchwell@medicaid.alabama.gov.

COVID-19 GUIDANCE FROM ALABAMA MEDICAID

The information below provides details of COVID-related coverage of laboratory tests during the time prescribed by the governor as a state of emergency due to the COVID-19 pandemic.

Diagnostic testing identifies a patient currently infected with COVID-19. Medicaid covers the following codes for COVID-19 testing:

- U0001
- U0002
- U0003
- U0004
- 87635

Note Procedure Code 87635 may be considered a rapid test.*

Antibody testing identifies a patient who was exposed to COVID-19. Medicaid covers the following codes for Antibody testing:

- 86328
- 86769

Antigen testing is designed to be quick and simple in comparison to other tests for COVID-19. Medicaid covers the following code for Antigen testing:

- 87426

Note Providers with a valid CLIA certificate of waiver indicator may bill procedure U0002, 87635, and 87426 with modifier QW.*

Lab specimen collection

CMS established two HCPCS codes to identify specimen collection for **independent laboratories**, not **office or group** practices. Hospital labs may also bill the following codes:

- G2023
- G2024

For specimen collection in an **office or group practice testing site**, Medicaid covers the following:

- 99000 (collected in office for send out specimens only with modifier 90) Handling and/or conveyance of specimen for transfer from the physician office to laboratory
- 99001 (collected in other than office) Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (not associated with E/M visit)

Note The specimen collection code with same date of service as an office visit code will not pay separately. Medicaid will only pay the lab testing code for the specimen collection and processing in office lab.*

Medicaid will review and verify that requirements for the services are being met. Payments to providers that do not meet the specifications are subject to recoupment. Please document appropriately in the medical record.

For a listing of Provider ALERTs and other information related to the Medicaid's response to COVID-19, select the following link: https://medicaid.alabama.gov/news_detail.aspx?ID=13729.
For questions regarding the Laboratory Program, please contact Susan Watkins at susan.watkins@medicaid.alabama.gov, Solomon Williams at solomon.willliams@medicaid.alabama.gov, or Elizabeth Huckabee at elizabeth.huckabee@medicaid.alabama.gov.

MANAGED CARE

Importance of Updating Provider Enrollment Files

It is important that all Alabama Coordinated Health Network (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.

Attribution Report Timeline

The following table lists the timeframe in which attribution reports will be available via the secure web portal:

Attribution Period	Attribution Run Month	Attribution Reports Available
January 1, 2021 - March 31, 2021	November 2020	First week of December 2020
April 1, 2021 - June 30, 2021	February 2021	First week of March 2021
July 1, 2021 - September 30, 2021	May 2021	First week of June 2021
October 1, 2021 - December 31, 2021	August 2021	First week of September 2021

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

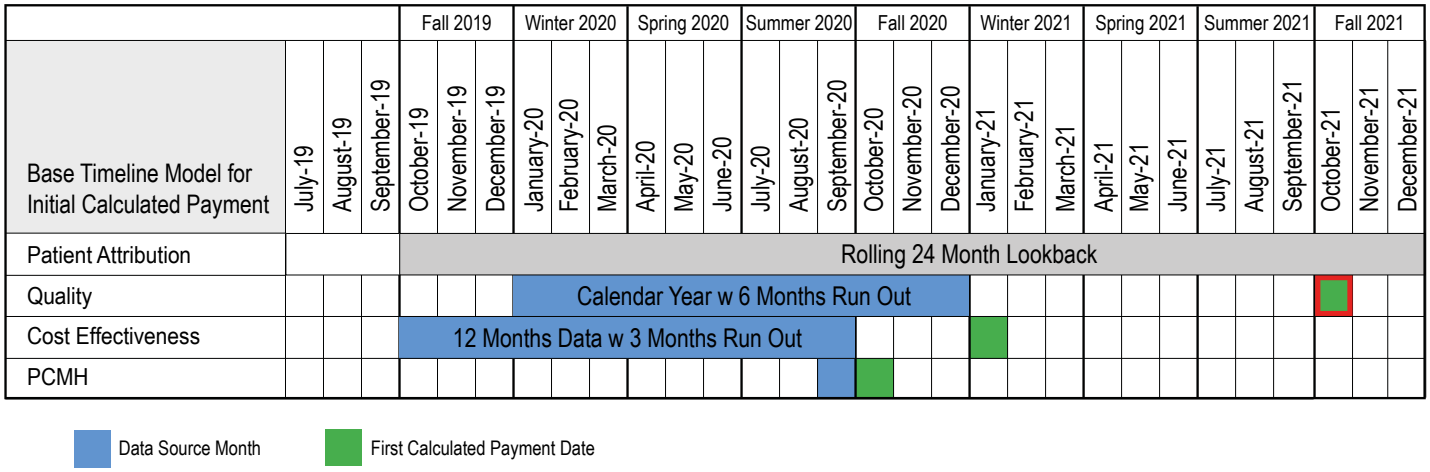
Alabama Coordinated Health Network Bonus Payments

All Primary Care Physician (PCP) groups, including FQHCs and 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 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



Quality Bonus Payment:

Beginning October 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) was September 1, 2020. The deadline to qualify for FY 2022 (October 1, 2021 – September 30, 2022) will be August 1, 2021.**

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
501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

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

Or by **e-mail** to Patricia.Toston@medicaid.alabama.gov **AND** Jessica.Brooks@medicaid.alabama.gov

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 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 October 2020.

ACHN DHCP Referral Requirement

Please be advised that Medicaid recipients that are not assigned to an ACHN on the date of service will not require a DHCP referral from the ACHN for reimbursement.

Family Planning Updates

Family Planning consent: Recipients are required to give written or verbal consent prior to receiving family planning services. For any face-to-face encounter a written consent is required. For any telephonic encounter a verbal consent is required.

Sterilization Consent Form: Recipient signatures should be affixed by the person who is being sterilized in such a manner as he/she usually signs in his/her hand writing during the regular and daily course of business, i.e., their driver's license, legal document, etc.

In addition, the Family Planning Provider Manual Appendix C states: Consent forms submitted to DXC with missing and/or invalid information in non-correctable fields **(recipient's signature and date recipient signed, signature of the person obtaining consent and date person obtaining consent signed, and interpreter's signature and date interpreter signed, if an interpreter is used)** of the consent form will be denied by DXC and not returned to the provider.

EPSDT SCREENING REPORT FOR PROVIDERS

ATTENTION: EPSDT Screening Providers

A report is available on the Medicaid Interactive website to help providers identify recipients that are due or past due for their EPSDT screening. Recipients on this report are attributed to providers through the ACHN program.

The report is named EPSDT Periodic Screening Report, and it is stored where other reports are on the portal, Trade Files/Download/EPSDT Periodic Screening.

Recipients listed in this report for providers have the following criteria:

- They are between the ages of 3 and 20,
- They are due for their annual screening in the current calendar month, or
- They have not received their annual screening since it became due.

The annual screening date is based on the patient's birthday, and the report is for all providers in a single group (if you are not in a group, it will list single provider information). The report lists the recipient's name, Medicaid number, address information, date of birth (DOB), and date of last screening. The information will remain on the monthly report until a claim for an EPSDT screening is filed.

DXC.technology

Alabama Medicaid Bulletin

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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.

CHECK WRITE SCHEDULE REMINDER:

- October 2, 2020
- October 16, 2020
- November 6, 2020
- November 13, 2020
- December 4, 2020
- December 11, 2020
- January 1, 2021
- January 22, 2021
- February 5, 2021
- February 19, 2021
- March 5, 2021
- March 19, 2021
- April 2, 2021
- April 16, 2021
- May 7, 2021
- May 21, 2021
- June 4, 2021
- June 18, 2021
- July 9, 2021
- July 23, 2021
- August 6, 2021
- August 20, 2021
- September 3, 2021
- September 10, 2021