Provider Insider

Alabama Medicaid Bulletin

January 2022

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2022 MEDICARE ADVANTAGE PLAN CONTRACTS

Effective January 1, 2022, the Alabama Medicaid Agency will have contracts with eight companies that offer Medicare Advantage coverage in Alabama: Aetna Better Health, Inc., Arcadian Health Plan, Inc. (Humana), Centene Venture Company Alabama Health Plan, Inc. (Ascension Complete), HealthSpring Life & Health Insurance Company, Inc. (CIGNA), Simpra Advantage, Inc., UnitedHealthcare of the Midlands, 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.



Pass It On!

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

☐ Office Manager	
☐ Billing Dept.	
Medical/Clinical F	Professional
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.

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 Patricia Jones, PERM Program Manager via email at Patricia.Jones@medicaid.alabama.gov.



ATTENTION PRESCRIBERS AND DISPENSERS OF SCHEDULE II CONTROLLED SUBSTANCES

Effective since October 1, 2021, prescribers of Medicaid eligible recipients are required to check the Alabama PDMP (Prescription Drug Monitoring Program) prior to prescribing a Schedule II controlled substance in accordance with Section 5042 of the SUPPORT Act. If the prescriber does not check the PDMP, the prescriber is required to document the reason in the medical record.

Exclusions to this requirement include:

- Prescriptions written for hospice patients
- Patients with an active cancer diagnosis
- Residents of a long-term care nursing facility
- Children under the age of 18 (Schedule II prescriptions for ADHD only)

For more information, visit www.Medicaid.Alabama.gov to review the Provider Billing Manual, Chapter 27 (Pharmacy), Section 27.2.1, and Chapter 28 (Physicians), Section 28.2.

Providers may contact kelli.littlejohn@medicaid.alabama.gov with additional questions.



STAY UP-TO-DATE WITH ALABAMA MEDICAID

Alabama Medicaid has an immediate need to ensure recipients' mailing addresses are accurate, and the Agency would like to solicit the help of our providers and partners. During the COVID-19 public health emergency (PHE), the Agency receives an increased FMAP while maintaining coverage for all recipients who were covered or became eligible since March 13, 2020. Once the PHE ends, that increased FMAP will not be available, and the Agency will begin redetermination of coverage.

Providers can collaborate with Medicaid by ensuring their patients are familiar with how to update their addresses and how to stay informed (i.e., website, social media, and text messaging). If recipients will update their address now, they will be informed when their coverage is being redetermined and hopefully avoid the stress of losing coverage unnecessarily.

Recipients can update their address with the Agency through:

- My Medicaid portal: (https://medicaidhcp.alabamaservices.org/Default.aspx?alias=medicaidhcp.alabamaservices.org/Recipient)
- Completion of Form 295: https://medicaid.alabama.gov/documents/9.0 Resources/9.4 Forms
 Library/9.4.1 Applicant-Recipient Forms/9.4.1 Form 295 Recipient Changes 1-7-14.pdf

Recipients also may subscribe to receive text messages for immediate or urgent messages by typing "MEDICAIDAL" in the message line and texting it to 888777.

It is vital that providers stay up-to-date with Alabama Medicaid through ALERTs, Provider Insider newsletter articles, social media, and text messaging. Below are some links for providers to stay informed and up to date from Alabama Medicaid:

- Providers may sign up for electronic delivery of ALERTs, Provider Notices, newsletters, and other communications: https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.16_Provider_Enrollment/9.14.16_PE_Electronic_Delivery_Form_Providers.pdf
- Providers may subscribe to receive text messages for immediate or urgent messages: Type "ALPROVIDERS" to 888777.

Please contact the Agency if you have questions or difficulty subscribing. Send correspondence to webwork@medicaid.alabama.gov.

Contacts for providers are available at: https://medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts.aspx.

Recipients may contact the Agency toll-free by calling (800) 362-1504. Additional contact information for Medicaid District Offices is available at: https://medicaid.alabama.gov/content/10.0_Contact/10.1_Medicaid_Locations.aspx.



NURSE-FAMILY PARTNERSHIP PROGRAM

The Alabama Medicaid Agency will be requesting CMS approval for statewide coverage of Nurse-Family Partnership (NFP) related services to be effective January 1, 2022. NFP has been available to Alabama families since 2008 through a grant by Alabama Department of Early Childhood Education. There are currently three providers serving nine counties: Tuscaloosa (NFP Easter Seals of West AL); Jefferson, Walker and Fayette (NFP of Central Alabama); and Autauga, Elmore, Macon, Montgomery, and Russell (Gift of Life NFP).

NFP is a nationally recognized, evidence-based program that provides prenatal, postpartum and infant home visiting services until the child reaches age two. Eligibility criteria for these services include Medicaid eligible women who are first-time mothers and/or have a high-risk pregnancy. High-risk pregnancy includes consideration of the mother's age (less than 17 and older than 35), previous negative pregnancy outcomes, and those with existing medical conditions prior to becoming pregnant (e.g., high blood pressure, diabetes, sexually transmitted diseases). The goals of the program include improved health outcomes for mother and child, decreased total Medicaid expenditures among families who receive NFP services, increased healthy spacing between births to 24 months, and reduced infant and maternal mortality.

To learn more about this program, please visit: https://medicaid.alabama.gov/content/5.0_Managed_Care/5.3 Nurse-Family Partnership.aspx.



UPCOMING CHANGES TO ELIGIBILITY AND BENEFIT RESPONSE 271 TRANSACTION

Effective December 28, 2021, Alabama Medicaid will implement changes to the 271 Eligibility and Benefit Response transaction to ensure compliance with the Committee on Operating Rules for Information Exchange (CAQH CORE) for "normalizing" the last name, which includes removing all special characters, punctuation, upper case letters, suffixes, and prefixes to increase chances of a match.

UPDATE: These changes are currently available in our test environment for provider and vendor testing. Testing should be completed by December 24, 2021.

As a Reminder:

This impact is related to the subscriber's last name submitted in the 2100C - NM103 element for the 270 – Eligibility and Benefit Request. The normalization rule is only considered when the last name, first name, and date of birth from the 270 requests are used to locate the Medicaid recipient.

- Existing Process If the Medicaid stored last name DOES NOT match the 270 NM103 submitted last name, the submitted last name will be normalized for matching on the Medicaid stored normalized last name.
- New Process If the 270-request normalized last name DOES match the Medicaid stored normalized last name, the correct "un-normalized" last name will be returned in the 271 response 2100C NM103 element. The 2100C INS segment will be returned indicating a change in the NM103 last name.
- New Process If the 270-request normalized last name DOES NOT match the Medicaid stored normalized last name, error code 73 (Invalid/Missing Subscriber/Insured Name) is returned in the AAA segment in place of error code 75 (Subscriber/ Insured Not Found).

Providers with questions concerning the upcoming change may submit them to: interChangeTesting@DXC.com.



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.

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 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 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), that actively participate with the ACHN qualify to receive bonus payments. The next quarterly bonus payments will be issued on the second checkwrite of January 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 shown below:

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

ACHN PCP BONUS PAYMENT TIMELINES

				Fall 2019			Winter 2020			Spring 2020			Summer 2020			Fall 2020			Winter 2021			Spring 2021			Summer 2021			1 Fall 2021		
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	October-21	November-21	December-21
Patient Attribution		Rolling 24 Month Lookback																												
Quality							Calendar Year w 6 Months Ro								oll O	ut														
Cost Effectiveness					12	Мо	nths Data w 3 Months Roll Out																							
PCMH																														



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 January 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 January 2022 will be based on the actual cost effectiveness calculated for the period between October 1, 2020 and September 30, 2021. A new Cost Effectiveness Q&A document is available on the ACHN providers section of the Medicaid website, by visiting 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. <u>The deadline to qualify for FY 2022 (October 1, 2021 – September 30, 2022) was October 1, 2021</u>. Acceptance of FY 2023 attestations will be announced during the first quarter of 2022. Refer to Chapter 40 of the Provider Billing Manual for detailed information regarding the PCMH attestation process.

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 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 towards the end of January 2022.

Alabama Medicaid Bulletin

Post Office Box 244032 Montgomery, AL 36124-4032 GAINWELL TECHNOLOGIES
PROVIDER REPRESENTATIVES

Provider Representatives may be reached by dialing 1-855-523-9170 and entering the appropriate seven-digit extension.



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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:

- 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