

Provider Insider

Alabama Medicaid Bulletin

July 2022

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HOW YOU CAN HELP WITH THE COVID-19 PUBLIC HEALTH EMERGENCY (PHE) UNWINDING

Enacted in March 2020 in response to the COVID-19 Public Health Emergency (PHE), the 2020 Families First Coronavirus Response Act includes a requirement allowing continuous coverage for Medicaid recipients in exchange for an increased FMAP rate to the Agency. The Alabama Medicaid Agency (Medicaid) will begin notifying recipients by U.S. mail that their eligibility will be redetermined once the U.S. Department of Health & Human Services (HHS) announces the end of the PHE.

Several Medicaid partner agencies and groups have asked us how they can help communicate the impact that redetermination will have on Medicaid recipients once normal operations resume. Medicaid recipients will need to know what to expect and what action they must take in order to keep their benefits. Medicaid partners can assist the Agency by relaying the following message to the recipients they serve:

- **You must renew your Medicaid every year. Stay up to date about changes that can affect your benefits. Update your mailing address and other information with the Alabama Medicaid Agency as soon as possible to be notified.**

The Agency has already (and will continue to) provide messaging to Medicaid recipients updating them on any program or coverage changes related to the PHE. However, it is important that we all work together to ensure recipients keep their coverage active by updating their mailing address and other personal information in order to receive further information related to the end of the continuous coverage requirement.

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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.

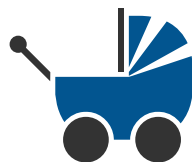
In March 2022, the Agency began a communications campaign for recipients stating the importance of updating their address in order to receive notice of any changes to their Medicaid benefits. Without the most up-to-date mailing addresses, recipients could miss important renewal information, which may result in a loss of their coverage.

The Agency began the “Yellow Postcard Campaign” in May to relay this message to recipients. Yellow postcards include recipient messaging about how to update an address, and they are distributed to provider offices and pharmacies through academic detailers. Postcards are posted in Medicaid district offices, outstation worker offices, FQHCs, RHCs, and public health departments. Additional support during the campaign comes from ACHN care coordinators, waiver case managers, and caseworkers with partner agencies who display the postcards at their workstations.

The Agency asks providers, pharmacies, and other stakeholders to assist us in this effort by posting the yellow postcard at check-in or checkout counters. When Medicaid recipients check-in or check out for their appointments, they can scan the QR code at the top of the form and take a digital version of the information with them.

In addition to the Yellow Postcard Campaign, the Agency developed partner resources, including the “Medicaid Partner Toolkit” that provides messaging for recipients to be used by providers, stakeholders, and community partners. As Alabama prepares to return to normal, we encourage partners to use the messaging within the partner toolkit, as well as the yellow postcard to assist with your own outreach efforts.

For more COVID-related information for Providers and Partners, please visit www.Medicaid.Alabama.gov and select the *Providers* tab, *COVID-19 Information for Providers*.



ALABAMA MEDICAID SEEKS APPROVAL FOR EXTENSION OF 12-MONTH POSTPARTUM COVERAGE

The Alabama Medicaid Agency (Medicaid) is seeking approval from the Centers for Medicare & Medicaid (CMS) to extend postpartum coverage to pregnant Medicaid recipients from 60-days to 12-months with an expected start date of October 1, 2022. The Agency is excited to share this news with providers and more information will be forthcoming.

Medicaid covers over half of the births in the state. To help improve maternal health, the Agency plans to extend postpartum coverage and evaluate the usage of benefits and maternal health outcomes (e.g., screening for clinical depression, decreasing the prevalence of hypertension and diabetes during pregnancy, and increasing the rate of contraceptive care).

During the COVID-19 public health emergency (PHE), all states must provide continuous coverage to Medicaid recipients to be eligible for enhanced federal matching funds under the Families First Coronavirus Response Act. As a result, postpartum coverage has been continuous since the start of the coronavirus pandemic.

DENTAL BENEFITS ADDED TO MATERNITY COVERAGE

The Alabama Medicaid Agency (Medicaid) is submitting a State Plan Amendment seeking approval from CMS to provide dental benefits to pregnant, full Medicaid recipients with an expected start date of October 1, 2022. These additional services can promote positive outcomes associated with maternal dental coverage such as reducing the incidence of periodontal disease and reducing adverse birth outcomes (preterm birth, low birth weight, and preeclampsia).

It is vital for prenatal and dental providers to discuss oral changes with pregnant recipients, to reinforce positive oral health practices, and to assure recipients that oral health care during pregnancy is safe and important. Physicians, nurses, and other medical providers are more likely to see pregnant recipients and infants than are dental providers, making it essential that they address oral health with these patients and make referrals to dentists, as necessary.

Children born to recipients with poor oral health and high levels of caries-causing bacteria are at high risk for developing dental caries (i.e., tooth decay). According to the Centers for Disease Control and Prevention (CDC), dental caries remains one of the most prevalent chronic diseases among children in the United States, despite it being preventable. The prenatal period is an opportune time to educate pregnant recipients on oral health and to deliver oral health care services.

It is critical that prenatal and dental providers assure recipients that oral health care during the entire pregnancy is safe for both them and their developing fetus.

More information will be published for providers, including dental procedure codes, in Provider ALERTs and on the Medicaid website at www.Medicaid.Alabama.gov.



MANAGED CARE

Importance of Updating Provider Enrollment Files

It is important that all participating Alabama Coordinated Health Network (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.

You may contact ACHN@medicaid.alabama.gov for questions.

PCMH Attestations

Patient-Centered Medical Home (PCMH) attestations are due to the Agency no later than October 1, 2022. **ALL** participating ACHN PCP Groups that would like to start or continue to receive the 5% PCMH bonus payment for FY 2023 must attest to the Agency by the specified deadline. The PCMH attestation form is available on the ACHN providers section of the Medicaid website by visiting 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.

Fiscal Year 2022, 4th Quarter ACHN Bonus Payments

Fiscal Year (FY) 2022, 4th Quarter ACHN Bonus Payments will be issued on the third checkwrite in July 2022. The FY 2022 ACHN Reserve Funds bonus payment is expected to be issued in August 2022.

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 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 qualify to receive bonus payments. **The next quarterly bonus payments will be issued on the third checkwrite of July 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 July 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 July 2022 will be based on the actual cost effectiveness calculated for the period between April 1, 2021, and March 31, 2022. A new Cost Effectiveness Q&A document is available in 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.

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.

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 at www.medicicaid.alabama.gov >ACHN>ACHN Quality Measures. The next Provider Profiler Reports will be released in July 2022.



DURABLE MEDICAL EQUIPMENT (DME) CPAP AND HUMIDIFIER DME BILLING REMINDER

Effective March 6, 2020, Alabama Medicaid modified the billing policy to allow CPAPs, humidifiers, and masks to be billed separately on the same date of service under Durable Medical Equipment (DME). Humidifiers are reimbursed as a rent to capped purchase when billed with a CPAP. For information related to the billing of CPAPs, humidifiers, or masks, please view the ALERT dated August 4, 2020: https://medicaid.alabama.gov/alert_detail.aspx?ID=14043. Any policy questions concerning this information should be directed to the DME Program at (334) 242-5050.



REMINDER OF MEDICAID'S UPDATED CHANGE OF OWNERSHIP (CHOW) POLICY

Medicaid mirrors Medicare's CHOW policy. A provider undergoing a CHOW is not required to submit an application to facilitate a change in ownership. The new owner, as outlined below, can simply accept the current owner's Medicaid provider agreement, and receive uninterrupted participation in the Medicaid program. The new owner must still submit required documentation to update Medicaid's enrollment records; however, this process assists tremendously in expediting the changes. All documentation for processing a CHOW should be submitted to the Enrollment & Sanctions Unit within the Program Integrity Division at the Alabama Medicaid Agency. Staff will review the submitted documentation for completeness, contact the provider for additional information, if necessary, and forward the information to our Fiscal Agent for processing once all required documentation and corresponding updates have been completed.

If a provider chooses not to accept the previous owner's Medicaid provider agreement, they will have to complete the entire application process and will not benefit from uninterrupted participation.

The information below concerning CHOWs can be found in Chapter 19 of the Provider Billing Manual.

Procedures Following a Change in Ownership:

Institutions are to notify Medicaid of any CHOW or closure as soon as Medicare has been notified. The new owner has an option to accept assignment of the existing Medicaid provider agreement or to reject it as outlined below:

Accept previous Owner's Medicaid Agreement results in:

- Uninterrupted participation in Medicaid
- Uninterrupted Medicaid reimbursement for claims by utilizing the previous owner's Medicaid ID number

- New owner subjected to any liabilities such as overpayments to the previous owner and any adjustment of payments
- New owner required to complete and submit a Change of Ownership form, a new Electronic Funds Transmittal Form (EFT), W-9, and Disclosure Forms. (Disclosure forms must be completed for any new owners, officers, directors, agents, managing employees, and shareholders with 5% or more controlling interest. These required forms are located on the Medicaid website at http://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.16_Provider_Enrollment_Forms.aspx)
 - New owner required to complete the CHOW form instead of completing a new enrollment application

Reject previous Owner’s Medicaid Agreement results in:

- Interrupted participation in Medicaid
- Contract terminated effective the date of acquisition
- New owner’s Medicaid contract effective the date of Medicare compliance
- Effective date for claims reimbursement not being retroactive to the date of acquisition

Acquisition followed by combination into one institution:

- If the previous owner’s agreement is accepted by the new owner, the acquired institution becomes a remote location or second campus
- If the previous owner’s agreement is rejected by the new owner, the second location must undergo a full Medicare survey

Procedure following a Closure

In the event that a hospital is closed, our Fiscal Agent will end date the hospital’s contract effective the date of the closure.

Claims Processing following a Closure

Any claims paid for dates of service after the closure will be recouped.

Questions regarding any Change of Ownership or Information should be directed to Patrice Bryant, Associate Director, at (334) 242-5430 or Patrice.Bryant@medicaid.alabama.gov, or Rita Brown, CHOW Program Manager, at (334) 242-0413 or Rita.Brown@medicaid.alabama.gov.





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GAINWELL TECHNOLOGIES PROVIDER REPRESENTATIVES

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



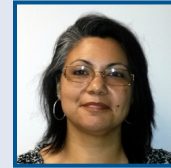
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The release of funds is normally the second Monday after the checkwrite (remittance advice) date.
Please verify direct deposit status with your bank. As always, the release of direct deposit and checks depends on the availability of funds.

CHECK WRITE SCHEDULE REMINDER:

- 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