Provider Insider

Alabama Medicaid Bulletin *January 2023*

DENTAL COVERAGE ADDED FOR PREGNANT ADULT RECIPIENTS

Alabama Medicaid will reimburse for dental services rendered to pregnant recipients who are ages 21 and older during pregnancy and during 60-days postpartum when the services are rendered by Medicaid enrolled dental providers (effective October 1, 2022). Services have not changed for individuals under age 21.

The requirements for providing dental services are:

1. Verify eligibility (Keep verification in the patient's record).
2. Get written attestation (self-report) from the recipient that they are pregnant.
3. Attestation must include recipient's signature, estimated date of delivery, and date signed (keep in the dental records).
4. File D9999 on the claim (this pregnancy indicator must be filed on the claim for it to be paid).

For additional questions, please view the Provider ALERT from September 21, 2022:
https://medicaid.alabama.gov/alert_detail.aspx?ID=15963.

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.

ATTENTION PRESCRIBERS AND DISPENSERS OF SCHEDULE II CONTROLLED SUBSTANCES

Effective 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.

PHYSICIAN OFFICE VISIT LIMIT CHANGE FOR RECIPIENTS WITH ACTIVE CANCER TREATMENT

Effective January 1, 2023, Alabama Medicaid will increase the annual physician office visit maximum to 32 visits for Medicaid recipients receiving cancer treatment during the calendar year (January - December). This increase will be available for each calendar year in which the recipient is receiving cancer treatment and is applicable for all cancers.

To qualify for this increase in annual physician office visits:

1. The claim must include one of the following informational procedure codes to identify the treatment stage:
   3300F: American Joint Committee on Cancer (AJCC) state documented and reviewed (ONC)
   3301F: Cancer stage documented in medical record as metastatic and reviewed (ONC)
   S0353: Treatment planning and care coordination management for cancer initial treatment
   S0354: Treatment planning and care coordination management for cancer established patient with a change in regimen

   (*Failure to provide one of the required informational procedure codes will cause the recipient to not be eligible for the 32 visits.*)

2. A cancer diagnosis within the current calendar year must be in the recipient's claims history.

   Additionally, medical documentation to support the diagnosis and treatment(s) must be maintained in the recipient's record and provided to the Agency, upon request, in the event of audit.

Providers with billing questions should contact the Gainwell Technologies Provider Assistance Center at 1-800-688-7989.

2023 MEDICARE ADVANTAGE PLAN CONTRACTS

Effective January 1, 2023, the Alabama Medicaid Agency will have contracts with 10 companies that offer Medicare Advantage coverage in Alabama: Aetna Better Health, Inc.; Arcadian Health Plan, Inc. (Humana); Care Improvement Plus South Central Insurance Co. (UnitedHealthcare); Centene Venture Company Alabama Health Plan, Inc. (Ascension Complete); Devoted Health Plan of Alabama, Inc.; 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.

CLARIFICATION FOR PROVIDERS REGARDING RECORDS REQUESTS FROM MEDICAID RECIPIENTS

Alabama Medicaid requires providers notify the Agency's Third-Party 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 the Agency'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 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, the provider is not required to receive a response from Medicaid prior to releasing the requested information.

The "Request for Medical Records" form is available for use by providers to document that Medicaid has been notified of a medical record request on a Medicaid recipient. The form is available on the Agency's Web site at https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.1_Applicant-Recipient_Forms/9.4.1_Form_3P-1_Medical_Record_Request_Fillable_Revised_4-30-18.pdf

A provider should not deny the release of medical information to an individual because the provider has not received a response back from Medicaid.

In addition, the Alabama Medicaid Agency has contracted with Health Management Systems (HMS) to handle the processing of requests for medical records. "Request for Medical Records" forms should be faxed to HMS at 866-274-5974. Other notifications to Medicaid regarding medical record releases should be provided to HMS by phone at 877-252-8949.

If you should have any questions regarding this notice, please contact Zeffie Smith, Associate Director, Benefit Recovery Section, at (334) 242-5302.

ALABAMA MEDICAID SEEKS PUBLIC HEALTH PHYSICIAN DIRECTOR

The Alabama Medicaid Agency, Montgomery Central Office, seeks to fill a position of a **Public Health Physician Director (40434)**.

This position 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 assisting 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 that wants to provide clinical guidance in an office setting.

Competitive Benefits and Salary:

- Desirable work schedule
- 40-hour work week (typically Monday – Friday 8 am to 5 pm)
- Health Insurance Coverage (Medical, Dental and Vision)
- 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 by **January 31, 2023**.

ALABAMA MEDICAID SEEKS APPLICATIONS FOR DENTAL DIRECTOR

The Alabama Medicaid Agency, Montgomery Central Office, seeks to fill the position of Dental Director. This position 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 dental position involves providing guidance in dental related services within the Alabama Medicaid Agency. Work involves assisting agency officials in making determinations of level and quality of dental care provided to recipients by dental providers. Duties also include serving as dental consultant in the evaluation of Prior Authorizations and Administrative Reviews. Work is performed with a high degree of independence and professional judgment. This is a great opportunity for a dentist who wants to provide clinical guidance in an office setting.

Competitive Benefits and Salary:

- Desirable work schedule
- 40-hour work week (typically Monday – Friday 8 am to 5 pm)
- Health Insurance coverage (Medical, Dental, Vision)
- 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 by **January 31, 2023**.

EVALUATION AND MANAGEMENT (E&M) CODE REIMBURSEMENT RATE INCREASES

Effective October 1, 2022, Alabama Medicaid increased the reimbursement rates for Evaluation and Management (E&M) procedure codes. Rural providers will receive $1.00 more than the listed reimbursement rate. Additionally, these increases do not impact the (ACHN) Physician rates or Physician Bump rates.

For the listing of the codes and any additional information related to E&M, please refer to the ALERT, "Rate Increase for Evaluation and Management (E&M) Procedure Codes" dated September 16, 2022.

ACCOMMODATING ACHN CARE COORDINATORS - RETURN TO NORMAL OPERATIONS

The Alabama Coordinated Health Network (ACHN) care coordinators returned to normal operations October 1, 2022. The ACHNs now have a “hybrid” model of care coordination delivery (including face-to-face and telephonic visits with Medicaid recipients). Providers are highly encouraged to accommodate ACHN care coordinators within offices and other facilities.

Accommodating ACHN care coordinators within offices and other facilities is referred to as “embedding.” Embedding will allow patient access to care coordination services and improve health outcomes which is the common goal for all that play a role in providing care and meeting the needs of Alabama Medicaid recipients. To embed within offices or facilities, ACHN care coordinators only need a quiet and private space to interview and assess recipients.

The benefits of embedding care coordinators:

- For recipients, one trip saves gas and time. Though their visit may be extended, additional time off work or out of their week is saved in seeing the care coordinator while visiting a provider’s office.
- For providers, readily available care coordination helps ensure a seamless continuum of care for patients, furthering assistance with patient compliance and ultimately, improving health outcomes for patients.
- For ACHNs, this allows quicker completion of the mandated face-to-face encounters and helps achieve quality measures as prescribed by Alabama Medicaid.

Embedding is the catalyst to quality health care and strong working relationships with Alabama Medicaid and the ACHN. Join the ACHN in helping move the needle for improved health outcomes for Medicaid recipients.

If you have questions about care coordination, please contact the ACHN in your region: https://medicaid.alabama.gov/documents/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers/5.1.3_ACHN_Regional_map_Contacts_Revised_5-25-22.pdf.

HEALTH SYSTEMS

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. The deadline to qualify for FY 2023 (October 1, 2022 – September 30, 2023) was October 1, 2022. Acceptance of FY 2024 attestations will be announced during the first quarter of 2023. Refer to Chapter 40 of the Provider Billing Manual for detailed information regarding the PCMH attestation process.

Reminder: Alabama Coordinated Health Network (ACHN) PCP Group’s 24/7 Voice-To-Voice Coverage

As per the ACHN 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. It is important for patients to be able to contact their

Primary Care Physician (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 40.8.2 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, 24 hours per day and 7 days per week as defined by ACHN Policy.

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.

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.

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 2023:

Attribution Period	Attribution Run Month	Attribution Reports Available
October 1, 2022 – December 31, 2022 (Quarter 1)	August 2022	First or second week of September 2022
January 1, 2023 – March 31, 2023 (Quarter 2)	November 2022	First or second week of December 2022
April 1, 2023 – June 30, 2023 (Quarter 3	February 2023	First or second week of March 2023
July 1, 2023 – September 30, 2023 (Quarter 4)	May 2023	First or second week of June 2023

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 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 second checkwrite of January 2023**.

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 in January 2023.

EPSDT EDUCATIONAL INFORMATION

The purpose of the EPSDT program is to assist Medicaid-eligible children under 21 years of age by diagnosing and treating any actual or potential health problems before they become permanent, lifelong disabilities. This is accomplished several ways:

- Periodic screenings or “well-child checkups” provide medical, vision, dental, hearing, emotional, and behavioral screenings to assess overall health.
- Problem-focused interperiodic screenings may be performed between well-child checkups, when medically necessary to identify and treat acute issues.

PERIODIC SCREENINGS

For initial and periodic screenings, providers should refer to the periodicity schedule and schedule visits as close as possible to the periodicity schedule. If a recipient gets off track or misses a screening, providers should ‘catch up’ the recipient as soon as possible to maintain preventive health services.

When problems are identified during the well-child checkups, providers have several options:

- If the identified problem only requires additional follow up by the EPSDT screening provider, then the provider should do a self-referral and bill the subsequent visits as EPSDT referred.
- If the identified problem requires follow up by a specialist, then the screening provider should write a referral to see the necessary specialist, and the services by the specialist should then be billed as EPSDT referred.

INTERPERIODIC SCREENINGS

An interperiodic screening should be performed when new problems arise BETWEEN periodic screenings. Interperiodic screenings are billed with the appropriate level of office visit and appending an EP modifier.

When a problem has been identified by an EPSDT screening provider and follow-up care for the identified problem is needed, the provider should write a referral for the services and the services should then be billed as EPSDT referred, whether the referral is a self-referral or referral to a specialist. If a recipient is seen by a non-EPSDT health care professional and has exhausted benefits, the provider should contact the recipient’s EPSDT screening provider and ask for an EPSDT referral. Once a recipient has been evaluated by the EPSDT screening provider and a referral has been issued, services may then be performed by the necessary specialist and billed as EPSDT referred.

EPSDT REFERRALS

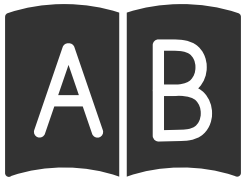
While the EPSDT referral is currently waived due to the Public Health Emergency (PHE), the referral may still be used for documentation and billing purposes and necessary for the child to bypass the 14-office visit limit or 16-hospital visit limit. **A Medicaid recipient under the age of 21 *should not* run out of office or hospital visits**.

EPSDT CLAIMS SUBMISSION

In order to ensure that recipients receive the care they need, services must be billed as EPSDT referred by using the NPI of the referring EPSDT provider on your electronic claim and indicating EPSDT or EPSDT/ACHN referred on your claim. If you use a software vendor, ask them how to bill for EPSDT referred services. If you use the Medicaid Interactive Web Portal or Provider Electronic Solutions software, refer to your User Manual for information on submitting EPSDT referred claims.

CONCLUSION

A Medicaid recipient under the age of 21 ***should not*** run out of office or hospital visits. The EPSDT program is a vital component to ensure screenings are performed on schedule, and medically necessary problems are appropriately identified and treated. Additional information related to EPSDT may be found in Appendix A of the Provider Billing Manual on Alabama Medicaid's website, www.medicaid.alabama.gov.



CHANGES TO HEPATITIS C PRIOR AUTHORIZATION (PA) CRITERIA

Effective October 1, 2022, the Alabama Medicaid Agency removed the requirement of absence of alcohol and illicit drug use by recipients for the prior approval of antiviral drugs used in the treatment of hepatitis C. A copy of the patient's drug and alcohol screening lab report will no longer be required. All other criteria remain, including the patient consent form with the patient's and physician's signature, which must be submitted with requests.

The updated Prior Authorization (PA) request form and criteria booklet should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. Updated forms and criteria can be found here: https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx

Providers requesting PAs by mail or fax should send requests to:

Kepro
Medicaid Pharmacy Administrative Services
P.O. Box 3570, Auburn, AL 36831
Fax: 1-800-748-0116
Phone: 1-800-748-0130

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescriber believes medical justification should be considered, the prescriber must document this on the form or submit a written letter of medical justification along with the PA form to Kepro. Additional information may be requested. Staff physicians will review this information.

Additionally, state partners are encouraged to share this information with their constituents, clients, stakeholders, members, and/or licensees by posting the information on the homepage of websites and via other regular communication channels.

Questions related to this policy update can be directed to the Alabama Medicaid Clinical Services Division at (334) 242-5050.

WEB PORTAL EDUCATIONAL INFORMATION

The Medicaid Interactive Web Portal allows providers submit a multitude of transactions electronically and receive immediate response. Transactions include, but are not limited to, eligibility verification, claims submission, claim status, prior authorization submission and status, and remittance advice download. Please see steps below for verifying claims status and correcting a denied claim. Be sure to check future issues for more helpful information!

Steps to Verify Claim Status

1. Log on to the Medicaid Interactive Web Portal with a Provider level account
2. Select >Claims>Search from web portal navigation bar
3. Perform a search by entering the claim number (ICN) or the recipient's Medicaid ID and date of service
4. Click >Search
5. Claim Status Information is provided at the bottom of the claim

If a search is performed using recipient Medicaid ID and date of service, a list of all related claim submissions will appear.

Steps to Correct a Denied Claim

1. Log on to the Medicaid Interactive Web Portal with a Provider level account
2. Select >Claims>Search from web portal navigation bar
3. Perform a search by entering the claim number (ICN) or the recipient's Medicaid ID and date of service
4. Click >Search
5. Make necessary modifications
6. Scroll to the bottom of the claim and click >Re-submit to submit modifications made for adjudication

If you need assistance understanding a denial or making corrections to a claim, please contact the Provider Assistance Center at 1-800-688-7989.

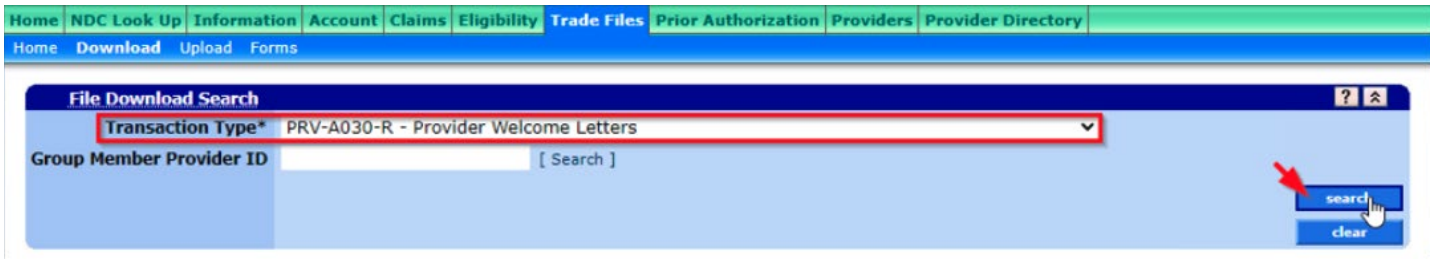
WELCOME LETTER NOW AVAILABLE ON THE MEDICAID INTERACTIVE WEB PORTAL

Beginning September 20, 2022, providers may now use the web portal to download a copy of the provider enrollment welcome letter.

This feature gives providers immediate access to group and individual provider welcome letters.
NOTE: Letters generated prior to September 1, 2022 will not be available for download. To obtain a welcome letter for a provider who enrolled prior to September 1, 2022, please upload the request by logging on to the web portal and navigating to >Trade Files >Forms >ERU - Enrollment Updates.

Steps to Download the Welcome Letter

1. Log on to the Medicaid Interactive Web Portal with a Provider level account
2. Select **Trade Files**
3. Select **Download**
4. Select **PRV-A030-R – Provider Welcome Letters** as Transaction Type
5. Click **Search**



You may also perform a search by using the Medicaid Provider ID of the individual provider enrolled within the group.

NOTE: Clerk access to download provider enrollment welcome letters must be granted by the account administrator.

If you need assistance downloading a welcome letter, please contact a Provider Representative or Provider Enrollment at 1-888-223-3630.

MEDICAID VIRTUAL ASSISTANT

Medicaid's Virtual Assistant (VA) is now live on the Medicaid Interactive Web Portal! The Virtual Assistant is a chatbot that can answer general billing and enrollment questions. This feature does not require a login to access and is available to all users 24/7.

DXC.technology

Alabama Medicaid Bulletin

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Permit No. 100

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 7, 2022
- October 21, 2022
- October 28, 2022
- November 11, 2022
- November 25, 2022
- December 9, 2022
- December 16, 2022
- January 6, 2023
- January 20, 2023
- February 3, 2023
- February 10, 2023
- February 24, 2023
- March 10, 2023
- March 24, 2023
- April 7, 2023
- April 21, 2023
- May 5, 2023
- May 19, 2023
- June 2, 2023
- June 23, 2023
- July 7, 2023
- July 21, 2023
- August 4, 2023
- August 18, 2023
- September 1, 2023
- September 15, 2023