

Provider Insider

Alabama Medicaid Bulletin

January 2024

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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.

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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.

2024 MEDICARE ADVANTAGE PLAN CONTRACTS

Effective January 1, 2024, the Alabama Medicaid Agency will have contracts with 11 companies that offer Medicare Advantage coverage in Alabama: Aetna Better Health, Inc., Aetna Life Insurance Company, Arcadian Health Plan, Inc. (A Humana company), Care Improvement Plus South Central Insurance Co. (A UnitedHealthcare company), Devoted Health Plan of Alabama, Inc., HealthSpring Life & Health Insurance Company, Inc. (CIGNA), Humana Insurance Company, 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.



DENTAL SERVICES FOR PREGNANT ADULTS

Effective **October 1, 2022**, Alabama Medicaid will reimburse for dental services rendered to pregnant adults who are ages 21 and older during pregnancy, and during postpartum in accordance with 42 CFR § 440.210(a)(3), when the services are rendered by Alabama Medicaid enrolled dental providers. Services will not change for individuals under age 21. To be reimbursed for these services, dental providers must:

- 1** Verify the recipient's eligibility. Documentation to support the completion of verification must be kept in the recipient's medical record.
- 2** Obtain an attestation from the recipient that she is pregnant or postpartum. The attestation must include the recipient's signature and date signed and must include an end of pregnancy date, if postpartum. Documentation to support the attestation must be kept in the recipient's medical record.
- 3** Render the service(s).
- 4** Append D9999 to the claim when billing for these services. Without this code, the claim will not pay.
- 5** Submit the claim.

Failure to provide the required support documentation related to these rendered services may result in recoupment.

Eligible recipients who delivered or whose pregnancy ended on or after July 1, 2022, have continued to receive dental services beyond the 60 days postpartum period due to the continuous enrollment mandate associated with the public health emergency due to COVID-19. Effective October 1, 2024, pregnant adult recipients (age 21 and older) will only be eligible for these dental benefits during pregnancy and through the end of the month of 60 days postpartum when rendered by Alabama Medicaid enrolled dental providers.

A list of frequently asked questions and a recording of a provider webinar held on September 22, 2022, entitled “Postpartum Extension, Dental Coverage, & Other Changes” is available on the Dental Program webpage:

https://medicaid.alabama.gov/content/4.0_Programs/4.2_Medical_Services/4.2.2_Dental.aspx



CHANGES TO PRIOR AUTHORIZATIONS (PA) SUBMITTED BY DENTAL PROVIDERS

Effective for dates of services on or after January 1, 2023, a prior authorization (PA) for CDT Code D9420 is no longer required. PAs submitted for dates of service on or after January 1, 2023, should not include D9420.

Beginning April 1, 2023, Alabama Medicaid no longer requires a PA for certain dental procedure codes when provided in an inpatient or outpatient hospital setting (place of service 19, 21, or 22) to recipients ages 5 and older.

PAs submitted for dates of service on or after April 1, 2023, should include only the dental procedure codes that require a PA. Planned treatment should be included in support documentation.

Information regarding dental procedure codes provided in a hospital setting that require a PA is updated in Section 13.8.2 of Chapter 13 – Dentist as of the July 2023 Provider Billing Manual.

HOSPITAL BILLING FOR ITEMS AND SERVICES IN CONNECTION WITH DENTAL CARE PROVIDED

Effective for dates of service **on and after November 1, 2023**, the Alabama Medicaid Agency (Medicaid) is reimbursing **G0330 - facility services for dental rehabilitation procedures**. Hospitals should use G0330 to bill for the use of an operating room, items, and services in connection with dental care provided in a hospital setting. Medicaid will reimburse G0330 at \$1,205.70.

Hospitals should discontinue submitting claims for D9420 (hospital or ambulatory surgical center call) for dates of service after October 31, 2023.

A prior authorization is not required for G0330. Claims are subject to post-payment reviews.

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

Providers with policy questions can submit those to dentalprogram@medicaid.alabama.



EPSDT REFERRED – DID YOU KNOW?

Children under the age of 21 with full Medicaid have a benefit limit of 14 physician office visits per calendar year. However, a Medicaid eligible child who has received an EPSDT screening (well-child checkup or interperiodic screening) may receive additional medically necessary visits. These services are considered above the normal benefit limitations and require a referral from an EPSDT screening provider.

If an EPSDT Referral (Form 362) is obtained, you must indicate the services as EPSDT *referred* when billing to bypass office visit benefit limits.

NOTE: The EP modifier should NOT be appended to indicate EPSDT referred. This modifier should only be used by participating EPSDT providers when billing initial, periodic and interperiodic screenings.

How do I indicate EPSDT referred on a CMS-1500 (Professional) claim type?

EPSDT referred is indicated on a CMS-1500 (Professional) claim form by providing the NPI of the EPSDT referring provider in block 17b and value code “1” in block 24h.

EPSDT referred is indicated electronically in the Alabama Medicaid Web Portal by providing the NPI of the EPSDT referring provider in the field titled Referring Physician and “Yes” in the field titled EPSDT Ref.

The screenshot shows the 'Detail' section of a CMS-1500 (Professional) claim form. The 'EPSDT Ref' field is highlighted in yellow and set to 'Yes'. Other fields include 'Referring Physician' (highlighted in yellow), 'Ordering Physician', 'Charges' (\$0.00), 'Allowed Amount' (\$0.00), 'CoPay Amount' (\$0.00), and 'Paid Amount' (\$0.00).

Item	Status	From DOS	To DOS	Procedure	Units	Charges	Paid Amount
A	1				0	\$0.00	\$0.00

How do I indicate EPSDT referred on a UB-04 (Institutional) claim type?

EPSDT referred is indicated on a UB-04 (Institutional) claim form by providing the NPI of the EPSDT referring provider in block 78 and condition code “A1” in block 18.

EPSDT referred is indicated in the Alabama Medicaid Web Portal by providing the NPI of the EPSDT referring p in the field titled Referring Physician and “A1” in the field titled Condition.

The screenshot shows the 'Condition' section of a UB-04 (Institutional) claim form. The 'Referring Phys' field is highlighted in yellow. The 'Condition' field is set to 'A1'. Other fields include 'Admission Date', 'Admission Hour', 'Discharge Time', 'Covered Days', 'Non Covered Days', 'District Plan', 'Charges', 'TPI Amount' (\$0.00), 'Total Charges' (\$0.00), 'Total Copay' (\$0.00), and 'Total Paid Amount' (\$0.00).

Sequence	Condition	Description
A	1	A1 SERVICE RENDERED AS THE RESULT OF AN EPS

Important information regarding EPSDT referrals:

- The Alabama Medicaid Referral Form (Form 362) must be appropriately completed by the screening provider, including the screening date that the problem was identified and the reason for the referral.
- Providers are not required to complete written referrals to other providers in the same group, provided that all documentation by all providers in that group for a specific recipient is included in one common medical record (electronic or paper). Medical record documentation shall clearly indicate that the screening provider performed a screening, identified the problem, and the referral was made to self or to a specialist within the same group.
- Providers are required to complete written referrals to other specialists in the same group if a common medical record is not used.
- A cascading referral is used in situations where more than one consultant or specialist may be needed to provide treatment for identified condition(s). When this situation arises, the original referral form is generated by the EPDST screening provider. If the first provider determines that a recipient should be referred to another provider, it is the first provider's responsibility to provide a copy of the referral form from the screening provider to the second provider. This process continues until the condition(s) have been rectified or in remission.
- If the EPSDT referral expires, a new referral must be obtained from the EPSDT screening provider.
- If the EPSDT screening becomes out of date, a new screening must be performed by the EPSDT screening provider, and a new referral must be obtained.
- A new EPSDT screening must be performed any time the diagnosis, plan of care (care plan, plan of treatment, treatment plan, etc.) or treatment changes. The specialist must contact the screening provider for a new screening and EPSDT referral.



MANAGED CARE

PCP Referrals Reminder

Medicaid no longer requires a Primary Care Physician (PCP) referral for services rendered for Medicaid recipients. However, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) referrals are required for EPSDT related services. Refer to Appendix A of the Provider Billing Manual for more information regarding EPSDT. Recipients that are in lock-in will be required to obtain a lock-in referral from their lock-in provider. To verify a recipient's lock-in status and provider, you may view the recipient's eligibility verification via the Alabama Medicaid Interactive Secure Web Portal.

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

As per the ACHN Primary Care Physician (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 PCP Group to receive instructions 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, Section 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, twenty-four (24) hours per day, and seven (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.



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 2024:

Attribution Period	Attribution Run Month	Attribution Reports Available
October 1, 2023 – December 31, 2023 (Quarter 1)	August 2023	First or second week of September 2023
January 1, 2024 – March 31, 2024 (Quarter 2)	November 2023	First or second week of December 2023
April 1, 2024 – June 30, 2024 (Quarter 3)	February 2024	First or second week of March 2024
July 1, 2024 – September 30, 2024 (Quarter 4)	May 2024	First or second week of June 2024

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 (ACHN) Bonus Payments

All PCP groups, including Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), who actively participate with the ACHN may qualify to receive bonus payments. **The next quarterly bonus payments will be issued on the second checkwrite of January 2024.**

Alabama Coordinated Health Network (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 by visiting www.medicaid.alabama.gov >ACHN>ACHN Quality Measures. The next Provider Profiler Reports will be released in January 2024.

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.

CHECKWRITE SCHEDULE REMINDER:

- October 6, 2023
 - October 20, 2023
 - October 27, 2023
 - November 10, 2023
 - November 24, 2023
 - December 8, 2023
 - December 15, 2023
 - January 5, 2024
 - January 19, 2024
 - February 2, 2024
 - February 16, 2024
 - February 23, 2024
 - March 8, 2024
 - March 22, 2024
 - April 5, 2024
 - April 19, 2024
 - May 10, 2024
 - May 24, 2024
 - June 7, 2024
 - June 21, 2024
 - July 5, 2024
 - July 19, 2024
 - August 2, 2024
 - August 16, 2024
 - August 30, 2024
 - September 13, 2024
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