

Primary Care Physician (PCP) Updates Webinar- August 17, 2021

Attendee	Topic	Question	Agency's Response
L. Morgan	BMI	What is the start date for Telehealth visits to include BMI?	Claims with specified procedure codes on dates of service 8/1/2021 and beyond, will require a BMI on telemedicine/telehealth visits.
M. Hawkins	BMI	The height and weight used to calculate the BMI can be subjectively reported by the patient for telehealth if the patient has no access to a scale, is that correct?	Correct.
M. Ramsey	Bonus Payments	When the reserve is released, how will the distribution be calculated? Based on percent of previous bonus distribution, or per member?	The reserve was based on percentage of the previous three quarter (Q2, Q3, & Q4) bonus distribution. It will be distributed at the member level also, but providers will not be able to see the member level information.
L. Morgan	Bonus Payments	Are the reserve bonus the same as last year?	Yes.
M. Breslin	Cost Effectiveness	For the cost scorecard what timelines are used	12 months of data is used. There is a 3 month roll out period to calculate those claims. It's a rolling 12 months (minus the 3 months roll out).
M. Ramsey	Cost Effectiveness	Thanks so much for responding to feedback about quality measure minimums and the cost measure problems for psychiatric inpatients. Much appreciated!!!	Noted.
S. Stanley	General	Will we be able to print out the presentation after the meeting for reference? Also, where to find this if we are able to print?	Yes. It will be posted on the Medicaid website at www.medicaid.alabama.gov > ACHN> ACHN providers
H. Hinckley	Quality	Are the quality bonus payments calculated as a group or per provider.	Bonuses are calculated and paid at the group level.
S. Siggers	Quality	The state approved a bill in May that we must accept all children even if they refuse to vaccinate. How will this affect our measure?	The COVID vaccine is not included in the adolescent or child measures.
Neha	Quality	CODE 87801 HOW FAR BACK CAN THIS CODE BE REPORTED AND WHAT IS THE DX CODE USE TO REPORT THIS CODE	You do not have to refile your claims for the 87801 code. If you used one of the other STI codes, your measures have been adjusted.
Neha	Quality	Quality measure how can we report to Medicaid	All quality measures are calculated based off claims submissions.
S. Chandler	Quality	Can you please go over the measurement period for the quality payments?	Quality bonus payments for fiscal year 2022 will be based off calendar year 2020 claims data.
Ingrid	Quality	Will our clinic targets for the quality measures remain the same?	Yes.
S. Chandler	Quality	Is the ACI quality measure based on the test or the level?	It is based on the test.
S. Chandler	Quality	If we have previously provided a claim that didn't include the A1C data but have found it was left off the claim what is the best way to resubmit?	You cannot submit additional diagnosis codes or a second claim.
L. Sanders	Quality	If A1c was not billed on original claim is there a way to file to Medicaid for capture without getting duplicate claim	The original claim must be adjusted if you want the A1C on the claim. Combo 3 is comprised of a certain group of vaccinations. The vaccinations included in Combo 3 are as follows: DTaP; IPV; MMR; Hib; Hep B; VZV; and PCV. Please refer to the attached CIS-CH Quality Measure specifications for further details.
S. Chandler	Quality	On the CIS-CH and IMA-CH quality measures what does combo 2 and combo 3 mean	Combo 2 is a part of the IMA-CH measures. The vaccines in this combo are as follows: Meningococcal, Tdap and HPV. Please refer to the attached IMA-CH Quality Measure specifications for further details.
R. Miller	Quality	Can you direct me on where to find the billed passed in May regarding vaccinations. Is this COVID specific or all vaccinations?	Please consult with your provider association. All measures are calculated based off claims submissions or IMMPRINT.
S. Chandler	Quality	Is there an opportunity to send in information that may impact the 2020 data where we may have met the measure but not reported as such?	The Agency utilizes an administrative data only model. It doesn't have the resources to evaluate chart records for providers.
Ingrid	Quality	Do you have any information posted that lists how you calculate each of the measures?	Yes. It will be posted on the Medicaid website at www.medicaid.alabama.gov > ACHN> ACHN quality
M. Ramsey	Referrals	Will providers have to issue new referrals when the EPSDT referral is reinstated? Can the existing EPSDT referrals be used until they expire?	Yes. The old EPSDT form will be honored.
H. Hinckley	Referrals	You stated that referrals are no longer need to specialist. I need clarification on that. How will this apply the 14 visit limit if the specialist do not file as an EPSDT follow-up with no referral	The 14 visit limit will count towards specialist visits. The Agency encourages the use of the EPSDT referral to help manage the recipient's 14 visit limit.
R. Hope	Referrals	Please remind me what "Lock-In Referrals" are	Lock-in referrals are for recipients that are in the Lock-in program. Program Integrity manages the Lock-in program. Lock-in recipients should be aware of their lock-in status. Lock-in recipient status can be verified on the recipient's eligibility verification. If the recipient is in lock-in, you must obtain a lock-in referral from the recipient's lock-in provider.
R. Hope	Referrals	Could you please recap the No EPSDT requirement and Medicaid referral forms for specialty services	The EPSDT referral process will not change. The PCP referral requirement is no longer necessary--meaning recipients can see a specialist without a referral from their PCP.
A. Chavis	Referrals	What is the difference between a EPSDT referral and the PCP referral?	EPSDT referrals are for recipients under the age of 21. There are some services that require an EPSDT referral. PCP referrals are referrals issued from the primary care provider to specialists.
L. Morgan	Visit Limit	How to get paid beyond 14 visit limit?	Medicaid does not extend the 14 visit limit. It is recommended that recipients who have reached their 14 visit limit be referred to their local health department.
M. Ramsey	Visit Limit	Will there be a way in the future to submit additional diagnoses in excess of the 12 allowed for outpatient visits?	No.