

# A L E R T

September 5, 2024

**TO: All Providers**

**RE: Reminder of Changes to Services on October 1, 2024 Related to COVID-19 Unwinding**

The following information was published in a Provider ALERT on July 2, 2024; however, the Alabama Medicaid Agency (Medicaid) is sending this information to providers again as a reminder of upcoming changes starting on October 1, 2024.

Per federal guidance, the phase down for funds related to the COVID-19 public health emergency (PHE) ends on September 30, 2024. Therefore, some flexibilities Medicaid implemented due to the COVID-19 PHE will end at that time. Effective October 1, 2024:

- Pregnant adult recipients (ages 21 and older) will only be eligible for **dental benefits during pregnancy and through the end of the month of 60 days postpartum** when rendered by enrolled dental providers.
- **At-Home over-the-counter (OTC) COVID-19 Diagnostic Tests from a pharmacy will no longer be covered.** Medicaid recipients may still be tested for COVID-19 through a physician office or clinic.
- **COVID-19 vaccine administration reimbursement will change** from \$40 to \$8 per administration. This applies to pharmacy and non-pharmacy providers.
- **COVID-19 vaccine counseling reimbursement will change** from \$31.70 to \$13.00. This applies to pharmacy and non-pharmacy providers.
- All **non-COVID vaccine administration reimbursement will change** from \$5 to \$8 per administration. This applies to pharmacy and non-pharmacy providers.
- **Copayments for Medicaid covered services will be reinstated.** The amounts are based on the federally approved maximum amounts and are shown below (including Medicare crossovers):

Services with Copayments	Copayment Amounts	Based on Medicaid's Allowed Amount for the Services
Office Visits ( <i>including visits to physicians, optometrists, nurse practitioners</i> )	\$0.65 to \$3.90 per office visit code	\$50.01 or more - \$3.90 \$25.01 - \$50.00 - \$2.60 \$10.01 - \$25.00 - \$1.30 \$10.00 or less - \$0.65
Federally Qualified Health Centers (FQHC)	\$3.90 per encounter	
Rural Health Clinic (RHC)	\$3.90 per encounter	
Inpatient Hospital	\$50.00 per admission	
Outpatient Hospital	\$3.90 per visit	
Ambulatory Surgical Centers	\$3.90 per visit	
Durable Medical Equipment/ Medical Supplies and Appliances	\$0.65 to \$3.90 per line item	\$50.01 or more - \$3.90 \$25.01 - \$50.00 - \$2.60 \$10.01 - \$25.00 - \$1.30 \$10.00 or less - \$0.65
Prescription Drugs	\$0.65 to \$3.90 per prescription	\$50.01 or more - \$3.90 \$25.01 - \$50.00 - \$2.60 \$10.01 - \$25.00 - \$1.30 \$10.00 or less - \$0.65

Copayment does **not** apply to services provided to/for:

- Pregnant women
- Nursing facility residents
- Recipients less than 18 years of age
- Native American Indians with an active user letter from Indian Health Services (IHS)
- Emergencies
- Family Planning
- Vaccines and vaccine administration

***A provider may not deny services to any eligible Medicaid recipient because of the recipient's inability to pay the cost-sharing (copayment) amount imposed.***

Please continue to visit the [Alabama Medicaid website](#) for up-to-date information related to the 'unwinding' process. If you have questions, please contact the Provider Assistance Line at (800) 688-7989.