

A L E R T

July 2, 2024

TO: All Providers

RE: COVID-19 Unwinding: Changes to Services

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 the Alabama Medicaid Agency (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.