



## Did you know ...?

(This information is effective until the start of RCOs)

### Early, Periodic, Screening, Diagnosis and Treatment (EPSDT)



**Early, Periodic, Screening, Diagnosis and Treatment (EPSDT)** - is Medicaid's Well Child Check-up program designed to find children with actual or potential health problems and to screen, diagnose, and treat problems before they become permanent, lifelong disabilities.

- If the doctor finds a medical problem during a well child check-up, he or she can refer the child to another doctor or specialist for additional care. Some services may need special approval or prior authorization.
- Children under the age of 21 with full Medicaid have a recipient's benefit of 14 physician office visits per calendar year. However, a Medicaid eligible child who has received an EPSDT screening (well child check-up or interperiodic screening) may receive additional medically necessary health care. These services are considered above the normal benefit limitations and require a referral from an EPSDT screening provider and Patient 1<sup>st</sup> PMP, if applicable. You must use an EP modifier when billing in order to bypass office visit benefit limits. The following steps are required to qualify for visits beyond the 14 office visit limit:
  - The Alabama Medicaid Referral Form (Form 362) must be appropriately completed by the screening physician, and include the screening date that the problem was identified and the reason for the referral.
  - Same group practice/one common medical record—Providers are not required to complete written referrals (Patient 1<sup>st</sup> or EPSDT) to other providers in the same group, provided that all documentation by all physicians 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. Referrals to specialists and other physicians outside of the group are required to have a written Patient 1<sup>st</sup> and/or EPSDT referral.
  - Same group practice/no common medical record—Providers are required to complete written Patient 1<sup>st</sup> and/or EPSDT referrals to other specialists in the same group if a common medical record is not used. Referrals to specialists and other physicians outside of the group are required to have a written Patient 1<sup>st</sup> and/or EPSDT referral as well.
  - A cascading referral is used in situations where more than one consultant may be needed to provide treatment for identified condition(s). When this situation arises, the original referral form is generated by the assigned PMP. If the first consultant determines that a recipient should be referred to another consultant/specialist, it is the first consultant's responsibility to provide a copy of the referral form from the screening provider to the second consultant. This process continues until the condition(s) have been rectified or in remission, or referral expires, at which time a new screening and referral must be obtained. A new approval/EPSDT screening must be provided any time the diagnosis, plan of care (care plan, plan of treatment, treatment plan, etc.) or treatment changes. The consultant must contact the PMP for a new referral/screening at that time.
- More information is available in the current Provider Manual Appendix A. Click on the following link [http://medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.7\\_Manuals.aspx](http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx).
- **Contact:** [Russell.Green@medicaid.alabama.gov](mailto:Russell.Green@medicaid.alabama.gov) or call **334-353-4783**.



## Did you know ...?

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### Non-Emergency Transportation (NET)



**Non-Emergency Transportation (NET)** - program provides **medically necessary** non-ambulance transportation services to Medicaid recipients.

- Medicaid pays for rides to a doctor or clinic for medical care or treatment that is covered by Medicaid. NET services may be provided by one or more of the modes listed below when the recipient's medical care is medically necessary and the recipient has no other transportation resources. The least costly mode of transportation appropriate to the needs of the recipient must be used. The transportation modes include:
  - Automobile
  - Minibus services
  - Wheelchair van services
  - Commercial or city bus
  - Airplane
  - Train
  - Ambulance
- NET services require prior authorization. All payments for NET services must have prior authorization by the Alabama Medicaid Agency, with the exception of urgent care. Urgent care is defined as medical care that is required after normal business hours. Requests for reimbursement for NET as a result of urgent care must be made the first business day after the transportation need has occurred.
- Reimbursement for Non-Ambulance NET services are furnished either to:
  - The recipient through an Electronic Benefit Transfer System (EBT) process wherein the recipient uses the reimbursement to purchase transportation; or
  - Under certain circumstances, to another individual or entity determined by Medicaid to be more appropriate (this may include a parent or legal guardian, or issuing reimbursement directly to the NET transporter).
- NET services may be used for the following medical services: EPSDT, inpatient hospital care, outpatient hospital care, physician services, diagnostic services (lab, X-ray), clinic services (family planning, rural health, community mental health), dental services for recipients under 21 years of age, eye care, orthotic/prosthetic services.
- More information is available in the current Provider Manual Appendix G. Click on the following link [http://medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.7\\_Manuals.aspx](http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx).
- **Contact:** [Onna.Williams@medicaid.alabama.gov](mailto:Onna.Williams@medicaid.alabama.gov) or call **334-242-5151**.



## Did you know ...?

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### Health Home (HH)



**Health Home (HH)** - program integrates and coordinates care for patients with certain chronic conditions to achieve improved health outcomes in all 67 Alabama counties.

- Health Home adds additional support to Patient 1<sup>st</sup> Primary Medical Providers (PMPs) by intensively coordinating care of patients who have or are at risk of having certain **chronic conditions** including: asthma, diabetes, cancer, COPD, HIV, mental health conditions, substance use disorders, transplants, sickle cell disease, BMI over 25, heart disease, and Hepatitis C.
- Care management, or coordinated care in the **HH** program is done by connecting patients with needed resources, teaching self-management skills, providing transitional care, and bridging medical and behavioral health services, among other services.
- In order for patients to receive Health Home services, their assigned Primary Medical Provider (PMP) must be contracted with a Health Home in their region. Once a contract has been signed, the PMP should contact their Health Home to ensure their patients are receiving these services.
- For Health Home information, click on the following link  
[http://medicaid.alabama.gov/CONTENT/4.0\\_Programs/4.1\\_Care\\_Networks.aspx](http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.1_Care_Networks.aspx).
- **Contact:** Click on above link for the Health Homes in the five Regional Care Organizations regions.



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# Take a 1st Look

A Healthy Smile = A Healthy Child

## 1<sup>st</sup> Look Program

### 1<sup>st</sup> Look Program - Oral Health Risk Assessment Dental

#### Varnishing Program

- Program involves application of fluoride varnishes for children 6 months through 35 months of age who have a high caries risk based on the risk assessment by Patient 1<sup>st</sup> medical providers or their clinical staff.
- Patient 1<sup>st</sup> medical providers must be certified in the 1<sup>st</sup> Look Program in order to bill for this service. For instructions on how to be certified, [click here](#).
- Certified Patient 1<sup>st</sup> medical providers are able to bill in accordance with Medicaid reimbursement policies for the oral assessment (D0145) and the applications of the fluoride varnish (D1206). These reimbursement policies are found in Chapter 13 (Dental) of the Provider Billing Manual. For more information, click on the following link [http://medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.7\\_Manuals.aspx](http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx).
- **Contact:** [Elizabeth.Huckabee@medicaid.alabama.gov](mailto:Elizabeth.Huckabee@medicaid.alabama.gov) or call **334-242-5014**.



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### PMP Portal



**PMP Portal** - Patient 1<sup>st</sup> PMPs can view lab claims, filled prescriptions, emergency room visits, and other information on their patients at a glance using the RMEDE PMP Portal developed for Alabama Medicaid providers. The portal is free to PMPs.

- The Alabama Regional Extension Center (ALREC) team at USA is available to assist providers in signing up for and using the portal.
- For questions or more information, please contact the ALREC team via email at [info@al-rec.org](mailto:info@al-rec.org).
- If you would like to sign up for the PMP portal, please go to <https://pmp.rmede.net/account/register>.



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### Mental Health/Substance Abuse Services



**Mental Health/Substance Abuse Services** - Mental health services for Seriously Mentally Ill (SMI) adults and Severely Emotionally Disturbed (SED) children and adolescents are provided through the Alabama Department of Mental Health (ADMH). Substance Abuse services for children/adolescents and adults are also provided through ADMH.

- These services are self-referred, meaning they must be initiated by the recipient (if over age 19) or by the parent of the recipient (if under age 19). If the primary care provider is attempting to arrange these services, the parent or recipient must be present and willing to speak directly with the Community Mental Health Center (CMHC) staff or Substance Abuse treatment center staff.
- Information on locating a provider for evaluation for mental health services can be found at [www.mh.alabama.gov/ut/findservices.aspx](http://www.mh.alabama.gov/ut/findservices.aspx) or call **1-800-367-0955**.
- For substance abuse treatment services provided by agencies which contract with ADMH, the process begins with a Placement Assessment. An individual looking for services may contact providers listed in the Substance Abuse Services Provider Directory.
- Click here <http://www.mh.alabama.gov/downloads/SA/SASDProgramDirectory.pdf> or call **1-800-367-0955** to make an appointment for a Placement Assessment relative to treatment needs. Agencies that accept Medicaid are indicated in the directory by an asterisk. Staff from the substance abuse treatment agency administer the Placement Assessment that facilitates the referral process for services based on the assessment results.
- To locate private psychology providers, contact [calvin.binion@medicaid.alabama.gov](mailto:calvin.binion@medicaid.alabama.gov) or call **(334) 242-5455**.