

ALABAMA MEDICAID AGENCY
Medical Care Advisory Committee

MINUTES
October 1, 2020

Present

Commissioner Stephanie McGee Azar	Travis Houser
Lisa Alford (for Jane Elizabeth Burdeshaw)	Louise Jones
Nancy Anderson	Conitha King (for Nancy Buckner)
Jeff Arrington	Morissa Ladinsky
Lynn Beshear	Linda Lee
Kim Black	Stephanie Lindsay
Jean Brown	Drew Nelson
Barry Cambron	Kelli Newman
Jim Carnes	Flake Oakley
Melanie Cleveland	Bakeba Raines
Celestine Drayden	Marsha Raulerson, MD
Gretel Felton	Danny Rush, DMD
Lauren Gordon	Annie Smith
Kathy Hall	Johnathan Sorter, Pharm. D
Nate Horsley	Adam Thompson (for Jean Brown)
Danne Howard	Ginger Wettingfeld

Call to Order/ Opening Remarks at 2:00pm:

Commissioner Stephanie McGee Azar welcomed everyone to the meeting and opened with introductions. She began by providing an update on the Agency's response to the COVID-19 emergency. Medicaid is working diligently to assist recipients and providers during the emergency. Today's agenda will provide updates to the actions the Agency has taken during the pandemic.

Program Administration

Melanie Cleveland provided a full overview of the Agency's outreach efforts to communicate up-to-date information on the changes for both providers and recipients since the Public Health Emergency (PHE) began. She also provided links and instructions on where to access the latest Provider ALERTS, the Provider Insider newsletter and other COVID-19 related information on the Alabama Medicaid website.

Kathy Hall reviewed the temporary COVID-19 changes for providers that were implemented in March and April. Among the temporary changes Medicaid has enacted since the beginning of the Emergency Period are: allowance of telemedicine coverage; allowance of pharmacy universal overrides for certain edits/audits; allowance of extensions for prior authorization requests for pharmacy and durable medical equipment (DME); modification allowances for recipient signature requirements; removal of Early Periodic, Screening, Diagnosis

and Treatment Program (EPSDT) referral requirements; Preadmission Screening and Resident Review (PASRR) Level I and Level II extension of these waivers; waiver of recipient's copayments and signature requirements. These temporary changes will be evaluated at a later date.

Susan Watkins provided an overview of the two types of tests currently available for the COVID-19 virus, diagnostic and antibody. She provided a detailed description of both types of tests and described their uses in diagnosing COVID-19 in patients. The diagnostic test can show if the patient has an active coronavirus infection. Molecular tests are routinely used to detect the presence of viral genetic material in a sample that can provide an accurate test result. The antigen tests are faster and simpler than other coronavirus tests. The antibody test identifies patients who have been exposed to the coronavirus and have developed antibodies in response to the virus; however, this test should not be used to diagnose an active coronavirus infection. Independent and hospital laboratories and physician office personnel can bill Medicaid for testing if they are trained to collect the specimen. Specimen collection codes with the same date of service as an office visit code will not pay separately. The appropriate code for visit with specimen collection is 99211.

Budget Update

Flake Oakley provided an update on Alabama Medicaid's budget and described the impact the COVID-19 emergency had on the FY 2020 and FY 2021 budgets and the anticipated impact it will have on the FY 2022 budget, which is currently being prepared. At the beginning of the emergency period, Medicaid received a temporary Federal Medical Assistance Percentages (FMAP) increase of 6.2%, which covered the last three quarters of 2020, the first quarter of 2021, and could potentially be extended beyond its current expiration date of December 31, 2021. As a result of the temporary FMAP increase, substantial dollars were made available to the State. The Agency reviewed each request for increased reimbursements and were able to make some funding available, such as funds concerning telemedicine and nursing homes. However, there were limits with what the Agency could do in other circumstances, such as those encountering upper payment limit (UPL) ceilings. As a consideration of the FMAP increase, the Agency had to agree to a Maintenance of Effort (MOE) requirement during the emergency period, which stipulated the Agency would agree to retain all current enrollees, except for those who died, moved out of state or requested to be terminated. There were around 1,050,000 Alabama Medicaid recipients at the beginning of March 2020, and that number is increasing at a rate of around 10,000 per month. After the emergency period ends, the Agency will need to examine the providers' operating costs and the impact on nursing homes and hospitals after COVID-19. Finally Flake announced that unemployment numbers will be a huge consideration in determining future Medicaid enrollment and may have a significant impact the FY 2022 budget.

Beneficiary Services Eligibility Update

Gretel Felton provided an eligibility update and described Beneficiary Services' MOE response. Beginning March 1, 2020, in order to participate in the emergency FMAP, Medicaid was required to maintain eligibility for all Medicaid individuals. During the emergency period, a recipient can only be terminated due to the death of the recipient, recipient relocation out of state, or at the recipient's request. Medicaid is currently not terminating children who reach the age of 19 or women after they have given birth. Individuals must be eligible for the same coverage they were eligible for on March 1st, unless they become eligible for a higher coverage group. Recipients who are eligible under the Refugee Medical Assistance program are not included in the increased FMAP and those recipients who only had hospital presumptive eligibility were only eligible for increased FMAP if they applied, and were approved, for regular Medicaid. Applicants can still be denied if they do not meet the eligibility requirements. Self-attestation was allowed for new applicants in some instances if certain eligibility information could not be verified when the pandemic began. Medicaid was able to use the automated verification system through the Federal Hub to verify income, citizenship and other eligibility information. Medicaid met with nursing homes to discuss how to address the \$1,200 Federal stimulus payments that were issued to residents but mailed directly to the nursing home; this guidance was also address in an ALERT. Gretel announced that over eight million documents have been scanned as part of the Agency's electronic document scanning project. Lastly, the Medicare Savings Program (MSP) eligibility group is currently being added to the Central Alabama Recipient Eligibility System (CARES) scanning project and the Modified Adjusted Gross Income (MAGI) group and ALL Kids groups have been completed. The Supplement Social Security Income (SSI) eligibility group will be added in January.

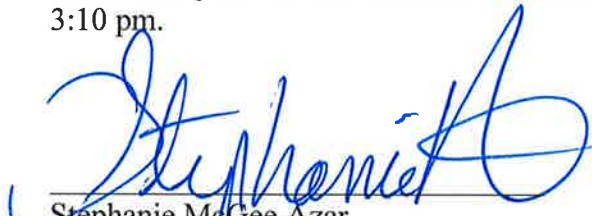
Alabama Coordinated Health Networks (ACHNs)

Barry Cambron shared that October 1, 2020 marked the one year anniversary of the Alabama Coordinated Health Network (ACHN) going live in all seven regions. He also announced that all of the quality improvement projects (QIPs) for the ACHN networks have been approved and Medicaid is currently working with Island Peer Review Organization (IPRO), our external quality auditor, to conduct quarterly audits to evaluate the implementation of these QIPs. The Agency is amending the original ACHN contract and most of the changes will occur at the end of the emergency period. One of main provisions in the amended contract is the allowance of telephonic care coordination. Previously, all care coordination was conducted face-to-face between the care coordinator and the recipient. Provider reimbursement rates are being updated and some administrative burdens that were required during the ACHN implementation are being eliminated. Barry also shared that the Agency is moving more toward data driven oversight of the ACHNs by providing more dashboard and benchmarking reports from an administrative, financial and clinical perspectives to assist the ACHNs achieve their quality and financial goals. Barry provided an overview of the Agency's outreach actions to assist recipients during the emergency period. At the beginning of the PHE, the Agency began identifying Medicaid recipients who were diagnosed with COVID-19. The Agency then submitted targeted lists to the ACHNs which were stratified by risk level to assist the ACHNs in enrolling recipients and provide care coordination and community resources for both the recipient and their families.

The Agency also provided more dashboards to the ACHNs which identified hot spots in geographic areas and the ACHNs are sharing these with providers during their management meetings. Finally, he provided an overview of the ACHNs collaboration with providers to improve vaccination and child screening rates during the Emergency Period was provided to the group.

Adjournment

There being no further business to come before the Committee, the meeting was adjourned at 3:10 pm.



Stephanie McGee Azar
Commissioner



Kim Black
Recording Secretary

MEDICAL CARE ADVISORY COMMITTEE (MCAC)

Commissioner's Board Room

October 1, 2020

<u>MEMBER</u>	<u>REPRESENTATIVE</u> <u>(If Member Is Absent)</u>	<u>EMAIL ADDRESS</u>
Stephanie Azar, Commissioner	x	
Monica Abron		
Nancy Anderson		
Jeff Arrington	x	
Lynn Beshear	x	
Kim Black		
William R. Blythe, MD		
Jean Brown	Adam Thompson	
Stephanie A. Bryan		
Nancy Buckner	Conitha King	
Jane Elizabeth Burdeshaw	Lisa Alford	
Barry Cambron	x	
Jim Carnes	x	
Beverly Churchwell		
Melanie Cleveland	x	
LaTonda Cunningham		
Cynthia Dobyne		

<u>MEMBER</u>	<u>REPRESENTATIVE</u> <u>(If Member Is Absent)</u>	<u>EMAIL ADDRESS</u>
Gretel Felton	x	
Mary Finch		
Nina Ford, MD		
Kathy Hall	x	
Scott Harris, MD		
Danne Howard	x	
Beth Huckabee	x	
Mark Jackson		
Louise Jones	x	
Bob Kurtts		
Linda Lee	x	
Sylisa Lee-Jackson		
Morissa Ladinsky, MD	x	
Stephanie Lindsay	x	
Kelli Littlejohn Newman	x	
Katrina Magdon		
Paul McWhorter		
Drew Nelson		
Flake Oakley	x	
Dick Owens, MD		
Sharon Parker		

<u>MEMBER</u>	<u>REPRESENTATIVE</u> <u>(If Member Is Absent)</u>	<u>EMAIL ADDRESS</u>
Bakeba Raines	x	
Marsha Raulerson, MD	x	
Danny Rush, DMD	x	
Annie Smith	x	
Johnathan Sorter, Pharm.D.	x	
Mason Tanaka	x	
Hope Upshaw		
Ginger Wettingfeld	x	
John Ziegler		
Celestine Drayden	AL Primary Health Care Association	
Lauren Gordon	AL Primary Health Care Association	
Travis Houser		



Alabama Medicaid is Taking Action to Help During the Health Emergency



No copays for services & medicine covered by Medicaid



No referrals needed for EPSDT, PCPs, or DHCPs



ACHN care coordination available to help by phone



Mental Health services are available



No cancellation of coverage during emergency unless you move out of state or you request it



Encouraging use of telemedicine

Medicaid covers all COVID-19 testing and treatment. Call your doctor.

Frequently Asked Questions

How can I get Medicaid coverage?

You can apply for Medicaid at any time at <https://insurealabama.adph.state.al.us/>.

Medicaid covers a variety of services, including testing and treatment for COVID-19.

I am sick but cannot afford my co-pay to see the doctor or to get my medicine at the pharmacy. What should I do?

You do not need to pay anything when you see a doctor or to get medicine filled at the pharmacy if it's covered by Medicaid.

How can I get information about mental health services?

Go to <https://mh.alabama.gov/children-and-adolescent-services>.

How can a child or youth get crisis services?

To get after-hours phone numbers, visit <https://mh.alabama.gov/crisis.emergency-numbers-for-mental-illness/>.

Stay Up to Date!

Visit Medicaid's website for updates and information about your coverage and COVID-19 www.Medicaid.Alabama.gov.

Text MEDICAIDAL to 888-777

For recipients to stay up-to-date with Medicaid news on COVID-19

Follow us on Facebook:

Alabama Medicaid Agency

[ACHN Contact Information:](#)

Plan First, Maternity, & Full Medicaid recipients: There are 7 ACHN regions in Alabama to serve you. Find the ACHN where you live by clicking on your county on the map: <https://medicaid.alabama.gov/content/10.0>Contact/10.4 ACHN Recipient Map.aspx>.

Medicaid COVID-19 Testing and Specimen Collection Rates		
Testing Codes		
Code	Description	Medicaid Rate
U0001	CDC 2019 novel coronavirus (2019-nCoV) real-time rt-pcr diagnostic panel	\$25.13
U0002	Non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)	\$35.91
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R	\$70.00
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	\$70.00
87635	COVID-19 Infectious agent detection by nucleic acid (DNA or RNA); amplified probe technique	\$43.61
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	\$31.66
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).	\$29.50
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	\$26.37
Specimen Collection Codes		
Code	Description	Medicaid Rate
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source <i>Note* Applies to independent labs</i>	\$16.42
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source	\$17.83
*Specimen collection codes below with same date of serve as an office visit code will not pay separately.		
Code	Description	Medicaid Rate
99000	Handling and/or conveyance of specimen for transfer from the physician office to laboratory	\$3.50
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (not associated with E/M visit)	\$3.50

Note Providers are expected to perform tests/specimen collections within their scope of practice and must have valid CLIA certificate. Units are subject to change upon Agency review.*