The Alabama Medicaid Agency is taking final steps to request permission from the federal government to implement a care coordination delivery system that effectively links patients, providers and community resources to achieve optimal health outcomes.

The new effort was developed as an alternative to the Regional Care Organizations but is different in its approach. This new program, Alabama Coordinated Health Networks (ACHN), previously dubbed the “Pivot Plan,” will replace the silos in the current program and will create a single, unified structure for case management in each of the seven newly defined regions, according to Robert Moon, M.D., Medicaid Chief Medical Officer and Deputy Commissioner for Health Systems.

The ACHNs will be incentivized along with primary care providers to achieve better health outcomes and to provide a higher volume of care coordination services.

If approved, the Patient 1st program, the Health Home program and the current Maternity Care program would end and these populations will be managed through the ACHNs.

The Plan First program would continue as before with care coordination activities being the responsibility of the ACHNs.

The proposed ACHNs will operate statewide, contracting with one regional entity in each of the seven regions. Regions have been drawn based on existing patterns of care, access to care and to ensure financial viability of regional organizations.

Informational sessions will be held during the upcoming months to update providers on the progress of the initiative. For more information on the planned effort, go to http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.7_Special_Initiatives/2.7.6_Pivot_Entity.aspx.

### PROPOSED REGIONS

<table>
<thead>
<tr>
<th>Region</th>
<th>Populations</th>
<th>CMS Rural Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southwest</td>
<td>101,295</td>
<td>126,622</td>
</tr>
<tr>
<td>Jefferson/Shelby</td>
<td>120,073</td>
<td>120,073</td>
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<tr>
<td>East</td>
<td>65,629</td>
<td>110,855</td>
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<td>Northeast</td>
<td>99,690</td>
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<td>Southeast</td>
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<td>Central</td>
<td>55,642</td>
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<tr>
<td>Northwest</td>
<td>39,753</td>
<td>101,979</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>520,304</td>
<td>777,315</td>
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</table>
ATTENTION: PHYSICIANS, CERTIFIED REGISTERED NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, DURABLE MEDICAL EQUIPMENT (DME) AND HOME HEALTH PROVIDERS

Chapters 14, 17, 21, 28, and Appendix O to the Alabama Medicaid Agency’s Provider Manual are being updated to inform providers that, effective August 01, 2018, in accordance with 42 C.F.R. § 440.70, the initial written prescription/order for home health services and certain medical supplies, equipment, and appliances must be signed and placed by the physician who develops the recipient’s written plan of care (“the ordering physician”). The ordering physician may only place the initial written prescription/order after the required face-to-face visit is conducted and documented by an authorized practitioner.

REQUIREMENTS FOR PLACING THE INITIAL WRITTEN PRESCRIPTION/ORDER FOR CERTAIN MEDICAL SUPPLIES, EQUIPMENT, AND APPLIANCES

Effective August 01, 2018, in accordance with 42 C.F.R. § 440.70, the initial written prescription/order for certain medical supplies, equipment, and appliances must be signed and placed by the physician who develops the recipient’s written plan of care (“the ordering physician”). The ordering physician may only place the initial written prescription/order after the required face-to-face visit is conducted and documented by an authorized practitioner. Subsequent written prescriptions/orders for refills, ancillary supplies, repairs or services, or re-certifications do not require the ordering physician’s signature or an additional face-to-face visit.

Not all initial written prescriptions/orders for medical supplies, equipment, and appliances require a face-to-face visit be conducted. The face-to-face visit requirement is limited only to the certain medical supplies, equipment, and appliances that are also subject to a face-to-face requirement under the Medicare DME program as “Specific Covered Items.”

The following link from CMS provides a list of the DME codes for Specific Covered Items that are also subject to a face-to-face requirement under the Medicare DME program*.

The required face-to-face visit for the initial written prescription/order for certain medical supplies, equipment, and appliances require a face-to-face visit be conducted. The face-to-face visit requirement is limited only to the certain medical supplies, equipment, and appliances that are also subject to a face-to-face requirement under the Medicare DME program as “Specific Covered Items.”

The required face-to-face visit for the initial written prescription/order for home health services must be related to the primary reason why the recipient requires the medical supplies, equipment, and appliances and must occur no more than six (6) months prior to the start of services.

The required face-to-face visit for the initial written prescription/order for certain medical supplies, equipment, and appliances may be both conducted and documented by an authorized practitioner. An authorized practitioner includes the ordering physician and the following authorized non-physician practitioners (NPP):

- Certified registered nurse practitioners or clinical nurse specialists working under a collaboration agreement under Alabama law with the ordering physician;
- Physician assistants under the supervision of the ordering physician; and
- Attending acute or post-acute physicians, if recipients are admitted to home health services immediately after discharge from an acute or post-acute stay.

The ordering physician is also required to review the recipient’s written plan of care annually to determine the recipient’s continued need for all medical supplies, equipment, and appliances.

DME providers are also required to maintain all such written or electronic documentation in the recipient’s medical records.

Refer to Chapter 17—Home Health for more information on the requirements for placing the initial written prescription/order for home health services.


REQUIREMENTS FOR PLACING THE INITIAL WRITTEN PRESCRIPTION/ORDER FOR HOME HEALTH SERVICES

Effective August 01, 2018, in accordance with 42 C.F.R. § 440.70, the initial written prescription/order for home health services (i.e., nursing services and home health aide services) must be signed and placed by the physician who develops the recipient’s written plan of care (“the ordering physician”). The ordering physician may only place the initial written prescription/order after the required face-to-face visit is conducted and documented by an authorized practitioner. Subsequent written prescriptions/orders for refills, ancillary supplies, repairs or services, or re-certifications do not require the ordering physician’s signature or an additional face-to-face visit.

The required face-to-face visit for the initial written prescription/order for home health services must be related to the primary reason why the recipients require the home health services and must occur within the 90 days before or within the 30 days after the start of the services.

The required face-to-face visit for the initial written prescription/order for home health services may be conducted by an authorized practitioner. An authorized practitioner
includes the ordering physician and the following authorized non-physician practitioners (NPP):
- Certified registered nurse practitioners or clinical nurse specialists working under a collaboration agreement under Alabama law with the ordering physician;
- Certified nurse midwives under applicable Alabama law;
- Physician assistants under the supervision of the ordering physician; and
- Attending acute or post-acute physicians, if recipients are admitted to home health services immediately after discharge from an acute or post-acute stay.

The NPP must then communicate the clinical findings of the face-to-face visit to the ordering physician. The ordering physician must then document those findings in the recipient’s medical record.

The ordering physician is also required to review the recipient’s written plan of care every sixty (60) days to determine the recipient’s continued need for home health services.

Home health service providers are also required to maintain all such written or electronic documentation in the recipient’s medical records.

Refer to Chapter 14—Durable Medicaid Equipment (DME), Supplies, Appliances, Prosthetics, Orthotics and Pedorthics (POP) for more information on the requirements for placing the initial written prescription/order for certain medical supplies, equipment, and appliances.

UPCOMING PERM CYCLE TO BEGIN SOON

The Payment Error Rate Measurement (PERM) program measures improper payments in Medicaid and the State Children’s Health Insurance Program (SCHIP) and produces state and national-level error rates for each program. PERM audits authorized by the Centers for Medicare and Medicaid (CMS) for Reporting Year 2020 (RY 2020) will begin soon. CMS has contracted with AdvanceMed to serve as the Review Contractor (RC) to conduct the reviews for this cycle. If providers are contacted by AdvanceMed requesting medical records, providers are required to comply with the request as referenced in the Administrative Code, the Provider Manual, as well as their provider agreements. Providers are asked to submit accurate and complete documentation in a timely manner. For questions, please contact Patricia Jones, PERM Program Manager at 334-242-5609 or Patricia.Jones@medicaid.alabama.gov.

DXC PROVIDER REPRESENTATIVES • 855-523-9170

DXC Provider Representatives may be reached by dialing 1-855-523-9170 and entering the appropriate seven digit extension.
Provider Representatives travel throughout the state of Alabama and into bordering states within a 30 mile radius.
They are available for onsite training for issues related to billing, Medicaid Interactive Web Portal, or Provider Electronic Solutions software. Please contact any Provider Representative for assistance with billing related issues.

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July 2018
ATTENTION PLAN FIRST PROVIDERS:

PLAN FIRST CARE COORDINATION

Alabama Medicaid recipients receiving services on the Plan First Program may be eligible to receive family planning care coordination.

In many cases, care coordination can address barriers to compliance and assist recipients with effective use of chosen birth control methods. These services can play a key role in recipients returning for ongoing family planning services/care and reduce the number of unintended pregnancies.

Alabama Department of Public Health (ADPH) social workers can assess and work with your patients at no cost to you or your clinic. Additionally, the care coordination services may be provided at your office when arranged with ADPH.

Care Coordinators can help patients who have:

• Lack of understanding about a chosen birth control method
• Language or literacy barriers
• Nicotine/Tobacco Dependence
• History of non-compliance with birth control methods or missed appointments
• History of multiple elective abortions or unplanned pregnancies

If you have a patient who may benefit from care coordination services, contact your local health department or ADPH. A printable Care Coordinators List containing care coordinators names, telephone numbers, and counties served can be found on the Alabama Medicaid Website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov). Click on Programs > Medical Services > Family Planning/Plan First.

Referrals may be made by private physicians, rural health clinics, Federally Qualified Health Centers and the community.

Recipients may also call 1-888-737-2083 to get more information about Plan First services.