

Provider Insider

Alabama Medicaid Bulletin

April 2023

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END TO CONTINUOUS ENROLLMENT AND PHE ANNOUNCED

Continuous enrollment for Alabama Medicaid recipients will end April 1, 2023!

Medicaid is preparing now for the end of continuous enrollment conditions originally associated with the COVID-19 public health emergency (PHE). Provisions in the Consolidated Appropriations Act (CAA), 2023 included significant changes to the continuous enrollment condition outlined in the Families First Coronavirus Response Act (FFCRA) that take effect April 1, 2023.

Under the CAA, 2023, expiration of the continuous enrollment condition and receipt of the temporary FMAP increase will no longer be linked to the end of the PHE.

Timeline

March 31, 2023	The continuous enrollment condition will end.
April 1, 2023	States may terminate Medicaid enrollment for individuals no longer eligible.
May 11, 2023	COVID-19 PHE end date announced by the Biden administration.

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Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- Office Manager
- Billing Dept.
- Medical/Clinical Professionals
- Other _____

The information contained within is subject to change. Please review your Provider Manual and all Provider Alerts for the most up-to-date information.

Medicaid partners can assist in relaying a consistent and simple message to the Medicaid recipients by sharing key messages from the Agency in your newsletters, social media posts, and other means of communication. To learn more, please visit:

https://medicaid.alabama.gov/content/7.0_Providers/7.11_COVID-19_Vaccine_Providers.aspx.

The recording of the **“COVID-19 Update and New Recipient Messaging”** meeting held on February 7, 2023 is now available at the link above. Common questions and answers are linked on this site as well.

Please send questions or requests for information to webwork@medicaid.alabama.gov.



ACHN UPDATE

The Alabama Coordinated Health Network (ACHN) program returned to normal operations on October 1, 2022. The ACHNs now have a “hybrid” model of care coordination delivery (including face-to-face and telephonic visits with Medicaid recipients). Providers are highly encouraged to accommodate ACHN care coordinators within your offices and other facilities.



DENTAL COVERAGE ADDED FOR PREGNANT ADULT RECIPIENTS

Alabama Medicaid will reimburse for dental services rendered to pregnant adults who are ages 21 and older during pregnancy, and during 60-days postpartum when the services are rendered by Medicaid enrolled dental providers. Services have not changed for individuals under age 21.

To be reimbursed for services, dental providers must comply with requirements detailed in the Provider ALERT from September 21, 2022: https://medicaid.alabama.gov/alert_detail.aspx?ID=15963.



PATIENT-CENTERED MEDICAL HOME (PCMH) RECOGNITION BONUS PAYMENT

PCP groups may be eligible for the PCMH bonus payment based on actual PCMH recognition and attestation. The Agency will review attestation of PCMH recognition on an annual basis. The deadline to qualify for FY 2024 (October 1, 2023 – September 30, 2024) is October 1, 2023. **ALL** participating ACHN PCP Groups that would like to start or continue to receive the 5% PCMH bonus payment for FY 2024 must attest to the Agency by the specified deadline. The PCMH attestation form is available and may be accessed via the ACHN providers section of the Medicaid website at www.medicaid.alabama.gov >ACHN>ACHN Providers> ACHN/PCP Forms. For questions or assistance with the PCMH attestation process, you may contact ACHN@medicaid.alabama.gov. In addition, you may refer to Chapter 40 of the Provider Billing Manual for detailed information regarding the PCMH attestation process.



REMINDER: ALABAMA COORDINATED HEALTH NETWORK (ACHN) PCP GROUP'S 24/7 VOICE-TO-VOICE COVERAGE

As per the ACHN PCP Group's 24/7 Voice-To-Voice Coverage agreement under the ACHN program; all ACHN Provider Groups are required to have after-hours coverage. It is important for patients to be able to contact their Primary Care Physician (PCP) Group to always receive instruction regarding care, so that care is provided in the most appropriate manner relative to the patient's condition. Attachment A of the Alabama Coordinated Health Network (ACHN) program's PCP Enrollment Agreement and Chapter 40.8.2 of the Medicaid Provider Manual states that the Group must, provide Recipients with after-hours instructions for care or referral at all times, for medical conditions, twenty-four (24) hours per day, and seven (7) days per week as defined by ACHN Policy.



IMPORTANCE OF UPDATING PROVIDER ENROLLMENT FILES

It is important that all participating ACHN providers (group and individual) maintain their provider enrollment files with the Fiscal Agent. This includes, but is not limited to, provider specialties. Incorrect provider specialties may cause delays in provision of ACHN care coordination services for Medicaid recipients.



MANAGED CARE

BMI Requirement during Telemedicine/Telehealth Visits under the Public Health Emergency (PHE)

A BMI will be required for all visits, including the telemedicine visits. To be eligible for reimbursement for the telemedicine visits during the current PHE, the provider must file the claim with place of service '02' (telemedicine) and a modifier of 'CR' for catastrophic/disaster to assist with claims tracking. Providers should use subjective data to calculate the BMI, which can include providers asking the recipient for his or her height and weight during the telemedicine visit. The BMI should be calculated based on the information provided by the recipient, and appended to the claim for reimbursement. The BMI should also be documented in the recipient's medical record.

You may contact ACHN@medicaid.alabama.gov if you have any questions.

Attribution Report Timeline

The following table lists the time frame in which attribution reports will be available via the secure web portal for fiscal year 2023:

Attribution Period	Attribution Run Month	Attribution Reports Available
October 1, 2022 – December 31, 2022 (Quarter 1)	August 2022	First or second week of September 2022
January 1, 2023 – March 31, 2023 (Quarter 2)	November 2022	First or second week of December 2022
April 1, 2023 – June 30, 2023 (Quarter 3)	February 2023	First or second week of March 2023
July 1, 2023 – September 30, 2023 (Quarter 4)	May 2023	First or second week of June 2023

For additional information about attribution reports, you may access Chapter 40 of the Provider Billing Manual at the following link:

https://medicaid.alabama.gov/content/7.0_Providers/7.6_Manuals.aspx

Alabama Coordinated Health Network Bonus Payments

All PCP groups, including Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), who actively participate with the ACHN qualify to receive bonus payments. **The next quarterly bonus payments will be issued on the second checkwrite of April 2023.**

Alabama Coordinated Health Network Provider Profiler Reports

Evaluation of quality and cost effectiveness will be necessary for a PCP group to manage their actual performance. It is important for the provider to review the quarterly Provider Profiler to visualize how the provider is performing throughout the year. The Provider Profiler provides the PCP with a mechanism to monitor areas that may need improvement in order to achieve quality and cost effectiveness for a higher bonus payment. The Provider Profiler will be released quarterly. More information about the Provider Profiler can be found by visiting www.medicaid.alabama.gov >ACHN>ACHN Quality Measures. The next Provider Profiler Reports will be released in April 2023.



CHANGES TO HEPATITIS C PRIOR AUTHORIZATION (PA) CRITERIA

Effective October 1, 2022, the Alabama Medicaid Agency removed the requirement of absence of alcohol and illicit drug use by recipients for the prior approval of antiviral drugs used in the treatment of hepatitis C. A copy of the patient's drug and alcohol screening lab report will no longer be required. All other criteria remain, including the patient consent form with the patient's and physician's signature, which must be submitted with requests.

The updated Prior Authorization (PA) request form and criteria booklet should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. Updated forms and criteria can be found here: https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx

Providers requesting PAs by mail or fax should send requests to:

Kepro
Medicaid Pharmacy Administrative Services
P.O. Box 3570, Auburn, AL 36831
Fax: 1-800-748-0116
Phone: 1-800-748-0130

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescriber believes medical justification should be considered, the prescriber must document this on the form or submit a written letter of medical justification along with the PA form to Kepro. Additional information may be requested. Staff physicians will review this information.

Additionally, state partners are encouraged to share this information with their constituents, clients, stakeholders, members, and/or licensees by posting the information on the homepage of websites and via other regular communication channels.

Questions related to this policy update can be directed to the Alabama Medicaid Clinical Services Division at (334) 242-5050.



WEB PORTAL EDUCATIONAL INFORMATION

The [Alabama Medicaid Interactive Web Portal](#) allows providers to submit a multitude of transactions electronically and receive immediate response. Transactions include, but are not limited to: eligibility verification, claims submission, claim status, prior authorization submission and status, and remittance advice download. Please see steps below for adjusting a paid claim and voiding a claim. Remember to check future Provider Insider issues for more helpful information!

Steps to Adjust a Paid Claim

1. Log on to the [Alabama Medicaid Interactive Web Portal](#) with a Provider level account
2. Select >Claims>Search from web portal navigation bar
3. Perform a search by entering the claim number (ICN) or the recipient's Medicaid ID and date of service
4. Click >Search
5. Make necessary modifications
6. Scroll to the bottom of the claim and click >Adjust to submit modifications made for adjudication

Funds owed due to the adjustment will pay or be recouped, depending on the changes made, on the following Checkwrite.

Steps to Void a Claim

1. Log on to the [Alabama Medicaid Interactive Web Portal](#) with a Provider level account
2. Select >Claims>Search from web portal navigation bar
3. Perform a search by entering the claim number (ICN) or the recipient's Medicaid ID number and date of service
4. Click >Search
5. Scroll to the bottom of the claim and click >Void

Funds owed due to void request will be recouped the following Checkwrite.

If you need assistance understanding a denial or making corrections to a claim, please contact the Provider Assistance Center at 1-800-688-7989.



ALABAMA MEDICAID EXTENDS MATERNITY COVERAGE TO 12 MONTHS POSTPARTUM

The Alabama Medicaid Agency received approval from the Centers for Medicare & Medicaid (CMS) to extend postpartum coverage to pregnant Medicaid recipients from 60 days to 12 months with an effective date of October 1, 2022.

Medicaid covers over half of the births in the state. To help improve maternal health, the Agency requested this postpartum coverage extension, and the Agency plans to evaluate the usage of benefits and maternal health outcomes (e.g., screening for clinical depression, decreasing the prevalence of hypertension and diabetes during pregnancy, and increasing the rate of contraceptive care).

During the COVID-19 public health emergency (PHE), all states were required to provide continuous coverage to Medicaid recipients in order to be eligible for enhanced federal matching funds under the Families First Coronavirus Response Act. As a result, postpartum coverage has been continuous since the start of the coronavirus pandemic. After March 31, 2023, when the continuous enrollment requirement ends, pregnant recipients will keep their Medicaid coverage until 12 months after their pregnancy ends. Recipients will then need to reapply to see if they qualify for other Medicaid programs.

If you would like more information, please visit

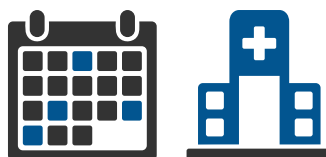
https://medicaid.alabama.gov/content/5.0_Managed_Care/5.2_Other_MC_Programs/5.2.2_Maternity.aspx.



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The release of funds is normally the second Monday after the checkwrite (remittance advice) date.
Please verify direct deposit status with your bank. As always, the release of direct deposit and checks depends on the availability of funds.

CHECKWRITE SCHEDULE REMINDER:

- January 6, 2023
 - January 20, 2023
 - February 3, 2023
 - February 10, 2023
 - February 24, 2023
 - March 10, 2023
 - March 24, 2023
 - April 7, 2023
 - April 21, 2023
 - May 5, 2023
 - May 19, 2023
 - June 2, 2023
 - June 23, 2023
 - July 7, 2023
 - July 21, 2023
 - August 4, 2023
 - August 18, 2023
 - September 1, 2023
 - September 15, 2023
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