

Provider Insider

Alabama Medicaid Bulletin

October 2024

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ALABAMA MEDICAID WELCOMES NEW MEDICAL DIRECTOR



Alabama Medicaid welcomed Dr. F. Darlene Traffanstedt as the new medical director in July 2024. Dr. Traffanstedt has extensive clinical experience in internal medicine, and also served as a medical director at the Jefferson County Department of Health in Birmingham, Alabama. She is a native of Florence, Alabama.

Dr. Traffanstedt said, “I am grateful for the opportunity to work alongside the dedicated team at Alabama Medicaid and the committed healthcare providers across the state to improve access and quality of care for Alabama Medicaid recipients.”

Dr. Traffanstedt completed her undergraduate studies at The University of Alabama and her medical degree at The University of Alabama School of Medicine. She completed an internship and residency in Internal Medicine with Baptist Health System in Birmingham and is board certified in internal medicine.

After practicing general internal medicine for 14 years in the Birmingham area, Dr. Traffanstedt transitioned into public health as a medical director at the Jefferson County Department of Health.

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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.

She led the Family Planning and Population Health programs, specializing in overdose prevention and substance use initiatives.

Dr. Traffanstedt served on the Alabama Board of Medical Examiners, the State Committee on Public Health, the Medical Association of the State of Alabama's Board of Censors, the Admissions Committee for the University of Alabama at Birmingham School of Medicine, Governor Robert Bentley's Healthcare Improvement Task Force, and Governor Kay Ivey's Alabama Opioid Overdose and Addiction Council, where she currently serves as co-chair of the Prescribers and Dispensers Committee.

Dr. Traffanstedt has been recognized for a number of professional achievements, most recently the 2024 UAB Heersink School of Medicine Medical Alumni Association Hettie Butler Terry Community Service Award, the 2022 Carl Nowell Award from the Alabama School of Alcohol and Drug Studies, and the 2022 Medical Association of the State of Alabama Ira L. Myers Award recognizing her faithful and meritorious service to the medical profession.

Alabama Medicaid Agency Commissioner Stephanie McGee Azar said, "The agency is fortunate to welcome Dr. Traffanstedt to our team. Her dedication to serving the community is evident from her past roles, and I am confident she will be a valuable asset to the state of Alabama in her new position."

Please join the Agency in welcoming Dr. Traffanstedt to Alabama Medicaid!



REMINDER: RECOVERY AUDIT CONTRACTOR (RAC) AUDITS

Mandatory provisions of the Affordable Care Act require the Alabama Medicaid Agency (Medicaid) to select and provide oversight for a Medicaid Recovery Audit Contractor (RAC) to perform provider audits. Alivia Analytics, LLC (Alivia) was selected to be Medicaid's Recovery Audit Contractor (RAC) effective October 1, 2024.

The RAC program is designed to improve payment accuracy by identifying under and overpayments in Medicaid. The Medicaid RAC program is a separate program from the Medicare RAC which is overseen by the Centers for Medicare and Medicaid Services.

Reviews will be conducted by Alivia staff to include a medical director, certified professional coders, and experienced clinicians. Audits will be conducted by Alivia using a "top down" approach where data analysis, through data mining, is applied against the universe of paid claims to identify patterns of utilization or billing which look atypical based on Medicaid and/or national standards. Following the high-level claims analysis, Alivia may expand its review by requesting clinical records and/or other documents in accordance with state and federal regulations.

Alivia has been informed of the critical role that all providers play in Medicaid program, and Medicaid requires that auditors be professional, objective, and consistent in performing all required audits/reviews.

Providers are reminded that the Alabama Administrative Code, the Provider Manual, and their Provider Agreements require compliance with requests for medical records for Medicaid program audits.

Questions regarding the audits should be directed to Jamie Cousins, RAC Program Manager, at (334) 353-8025 or jamie.cousins@medicaid.alabama.gov or Yulonda Carter, Recipient Review Associate Director, at (334) 242-5161 or yulonda.carter@medicaid.alabama.gov.



PROPER DOCUMENTATION OF BILLED SERVICES

Medicaid providers are responsible for properly documenting any service that has been provided and billed to Medicaid for eligible recipients. Providers should ensure records are legible and complete, as well as written according to practice guidelines and state and federal law. Documentation must also indicate medical necessity and support the coding utilized.

For example, all orders must include:

- Date and signature of the provider
- Service(s) ordered
- Recipient's name

Lastly, these records must be retained and provided upon request to ensure quality, sufficiency, and completeness.

Please refer to Chapter 7, Section 7.1.4, of the Provider Billing Manual for additional elements of a complete medical record.



FY 2025 ALABAMA COORDINATED HEALTH NETWORK (ACHN) UPDATES

Medicaid completed the procurement process for the Alabama Coordinated Health Network (ACHN) effective October 1, 2024. The ACHN is an initiative to transform the Medicaid delivery system through a flexible and more cost-efficient effort which builds off Medicaid's current case management program structure. The ACHN is designed as a quality program to transform health care provided to Medicaid recipients in Alabama. The ACHN program links patients, providers, and community resources in each of seven defined regions to improve health outcomes for Medicaid recipients.

REENROLLMENT in ACHN Program is required for continued ACHN participation.

All Primary Care Physicians (PCPs) who want to receive or continue to receive bonus and ACHN participation payments in conjunction with the state's ACHN program must sign two agreements. Please complete the agreements as soon as possible. Agreements were due September 14, 2024 and now may result in a delay in payments.

The PCP Group must electronically upload the completed ACHN PCP Group Enrollment Agreement to Gainwell Technologies. Please use the instructions on the Medicaid website for assistance with this process. Gainwell should have received the PCP agreement no later than September 14, 2024 (without errors) to ensure no delay in processing participation agreements for participation and bonus payments. The PCP Group must contact the ACHN Entity directly for the PCP Participation Agreement and Maternity Care Providers (MCP) Network Participation Agreement. Please note that MCP is the new name for the Delivery Health Care Professional (DHCP). The effective date for the MCP Network Agreement under the new ACHN procurement is October 1, 2024. ACHN Contact information is located on the Medicaid website.

https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx

Primary Care Physicians (PCPs) who want to receive or continue to receive Bonus Payments and ACHN Participation Rates in conjunction with the State's ACHN Program must sign **two new** agreements beyond their Medicaid Enrollment. A PCP Group Enrollment Agreement with Medicaid and one agreement with the ACHN is required. The PCP must be enrolled with Medicaid as a Medicaid provider.

1. To download the PCP Group Enrollment Agreement with Alabama Medicaid Agency:
https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx
2. To obtain the PCP Group Agreement with the ACHN, email the ACHN Regional contact at the following link: https://medicaid.alabama.gov/documents/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers/5.1.3_ACHN_Regional_Map_Contacts_6-10-24.pdf

Maternity Care Providers (MCPs) who want to receive reimbursement and Bonus Payments for providing services to maternity patients must sign a new agreement to participate with an ACHN under the 2024 ACHN program. In the absence of this agreement, MCPs will not be eligible for reimbursement for maternity services and will not receive Bonus Payments for performing first trimester and post-partum visits. This agreement replaces the current Delivering Healthcare Professional (DHCP) agreement that terminates on September 30, 2024. The MCP Group Agreement is between the ACHN and the individual MCP practitioner or MCP group.

To obtain the MCP Group Agreement with the ACHN, email the ACHN Regional contact. Visit Medicaid's website and proceed to the following pathway: ACHN, ACHN Providers, Program Documents for the ACHN Contact Information for Providers.

If you are a MCP and choose not to participate, you will NOT receive reimbursement for maternity services or Bonus Payments.

New Bonus Payment Opportunity for Maternity Care Providers (MCPs)

Effective October 1, 2024, Maternity Care Providers (MCPs) will have an opportunity to earn an additional maternity postpartum bonus payment worth a total of \$250 per recipient. MCPs that see recipients between 7-21 days post-delivery or end of pregnancy may qualify to receive a \$125 postpartum bonus payment. MCPs that see recipients between 22-84 days post-delivery or end of pregnancy may qualify to receive an additional \$125 postpartum bonus payment. For more information and billing instructions, please refer to Chapter 24 of the Medicaid Provider Billing Manual.

Recorded Training for Alabama Coordinated Health Network (ACHN) Providers

The Alabama Medicaid Agency (Medicaid) recorded webinars in September which provided an introduction and overview of the new ACHN changes effective October 1, 2024.

Medicaid staff presented the following topics to Medicaid providers and gave a brief overview of the ACHN changes effective October 1, 2024

Provider Trainings Webinars	
9/11/2024	Patient Attribution, Provider Enrollment, & Maternity Care https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx
9/18/2024	Provider Quality Measures, Bonus Methodology and Attribution https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx
9/25/2024	Cost Effectiveness https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx

PCP Referrals Reminder

Medicaid no longer requires a Primary Care Physician (PCP) referral for services rendered for Medicaid recipients. However, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) referrals are required for EPSDT related services. Refer to Appendix A of the Provider Billing Manual for more information regarding EPSDT. Recipients that are in lock-in will be required to obtain a lock-in referral from their lock-in provider. To verify a recipient's lock-in status and provider, you may view the recipient's eligibility verification via the Alabama Medicaid Interactive Secure Web Portal.

Reminder: Alabama Coordinated Health Network (ACHN) PCP Group's 24/7 Voice-To-Voice Coverage

As per the ACHN Primary Care Physician (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 PCP Group to receive instruction regarding care at all times, so that care is provided in the most appropriate manner relative to the patient's condition. Attachment A of the ACHN Program's PCP Enrollment Agreement and Chapter 40, Section 8.2 of the Provider Billing Manual states that the Group must, provide recipients with after-hours instructions for care or referral twenty-four (24) hours per day, 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.

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 2025:

Attribution Period	Attribution Run Month	Attribution Reports Available
October 1, 2024 – December 31, 2024 (Quarter 1)	August 2024	First or second week of September 2024
January 1, 2025 – March 31, 2025 (Quarter 2)	November 2024	First or second week of December 2024
April 1, 2025 – June 30, 2025 (Quarter 3)	February 2025	First or second week of March 2025
July 1, 2025 – September 30, 2025 (Quarter 4)	May 2025	First or second week of June 2025

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 (ACHN) Bonus Payments

All PCP groups, including Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), who actively participate with the ACHN may qualify to receive bonus payments. **The next quarterly bonus payments will be issued on the second checkwrite of October 2024.**

Alabama Coordinated Health Network (ACHN) Provider Profiler Reports

Evaluation of quality and cost effectiveness will be necessary for a PCP group to manage their 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 October 2024.



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.

If you have questions, please contact the Provider Assistance Line at (800) 688-7989.

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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:

- October 4, 2024
- October 18, 2024
- November 1, 2024
- November 15, 2024
- December 6, 2024
- December 13, 2024
- January 03, 2025
- January 14, 2025
- January 31, 2025
- February 7, 2025
- February 21, 2025
- March 7, 2025
- March 21, 2025
- April 4, 2025
- April 18, 2025
- May 2, 2025
- May 16, 2025
- May 23, 2025
- June 6, 2025
- June 20, 2025
- July 4, 2025
- July 18, 2025
- August 1, 2025
- August 15, 2025
- September 5, 2025
- September 13, 2025