Provider Insider

Alabama Medicaid Bulletin

April 2025

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UPDATE HEALTH INSURANCE INFORMATION

Medicaid recipients are required to report any health-related insurance coverage (other than Medicaid) so that claims are submitted to the primary payer before Medicaid makes payment. Information may be submitted by mail, fax, email, or by telephone.

NOTE: To make updates to Health Insurance coverage use **Form 506** located at this link: <u>https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.1_Applicant-Recipient_</u> <u>Forms/9.4.1_Form%20506_Report_Insurance_Coverage_Changes_7-7-23.pdf.</u>

To submit updated information online:

- Include all information that is requested on the Insurance Update Form
- Send the email to UpdateHealthInsurance@medicaid.alabama.gov

To update information by telephone:

- · Have all your information ready
- Recipient's Last Name A through H 334-353-5773
- Recipient's Last Name I through P 334-242-5280
- Recipient's Last Name Q through Z 334-242-5254

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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. If the assigned worker is unable to assist you, please contact 334-242-5257 or 334-242-5268 for assistance.

To fax updated information:

- Print out and complete Insurance Update Form
- Fax Number: 334-353-2922

To mail updated information:

- · Print out and complete Insurance Update Form
- Mail your completed form to: Insurance Update – Third Party Alabama Medicaid Agency
 P.O. Box 5624
 Montgomery, AL 36103-5624



REMINDERS FOR HOSPICE PROVIDERS

Provider Manual Chapter 18 for Hospice Care states:

When a recipient is discharged from Hospice and transfers to a nursing facility, Hospice should bill for the date of discharge and the nursing facility should bill for the next day. The nursing facility is paid for the admission date and the hospice provider is paid for the day of discharge. Hospice is responsible for reimbursing the nursing facility for the room and board for every day that the Hospice is on the Level of Care file as rendering services. The nursing facility should submit a new admission for the first day that the nursing facility would have billed the Agency for rendered services.

Claims Processing for the Hospice Program:

For a dually eligible recipient in a nursing facility, for each day service is rendered, the recipient is on the Level of Care panel; however, Hospice only bills Medicaid for 95% room and board for the days Medicaid would have reimbursed if the nursing facility was billing Medicaid directly. Hospice is to bill Medicare for routine care services.

Therefore, Medicaid does not reimburse for room and board for the date of discharge (physically leaving the facility), or the date of death.

For questions, please contact Cheryl Cardwell at 334-242-5578.

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 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 instructions 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 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.

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 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), that actively participate with the ACHN may qualify to receive bonus payments. **The next quarterly bonus payments will be issued on the second checkwrite of April 2025**.

School Campus Facility

FQHCs are now required during enrollment to identify each satellite clinic that is a school campus facility providing school-based services. This is for informational purposes only. FQHC satellite clinics that provide school-based services have been assigned specialty type 082 (School Campus Facility/FQHC) as of March 1, 2025. FQHC satellite school campus facilities should contact Provider Enrollment at 1-888-223-3630 to have the school campus facility specialty type added to their provider enrollment file. New facilities enrolling with Medicaid will be prompted during the application process to indicate whether the new satellite clinic is a school campus facility.

Medicaid is also working to ensure that RHC school campus facilities are identified. This will be for informational purposes only. Please contact Health Clinics program staff via email, <u>Nikki.Brennan@medicaid.alabama.gov</u>, to report RHC school campus facilities if this information has not already been reported. Further details regarding the specialty type for RHCs are forthcoming.

ACHN 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 <u>www.medicaid.alabama.gov</u> >ACHN>ACHN Quality Measures. The next Provider Profiler Reports will be released in April 2025.

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. 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.

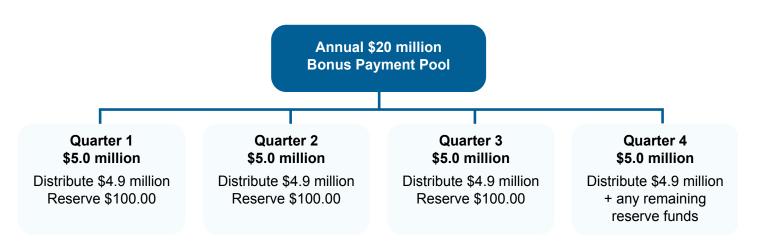


Fiscal Year (FY) 2026 Patient-Centered Medical Home (PCMH) Recognition Bonus Payment

PCP Groups may be eligible for the PCMH bonus payment based on actual PCMH recognition and attestation. Medicaid will review attestation of PCMH recognition on an annual basis. The deadline to qualify for FY 2026 (October 1, 2025-September 30, 2026) is October 1, 2025. ALL participating ACHN PCP Groups that would like to start or continue to receive the PCMH bonus payment for FY 2026, 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 <u>www.medicaid.alabama.gov</u> >ACHN>ACHN Providers>ACHN/PCP Forms. For questions or assistance with the PCMH attestation process, you may contact <u>ACHN@medicaid.alabama.gov</u>. In addition, you may refer to Chapter 40 of the Provider Billing Manual for detailed information regarding the PCMH attestation process.

Increase to the ACHN Bonus Payment Pool for Fiscal Year 2025

Medicaid Fiscal Year (FY) 2025 ACHN bonus payment pool has increased from \$15 million to \$20 million. Effective with the April 2025 bonus distribution, bonuses will be distributed based on the new \$20 million bonus pool. Missed payments for October 2024 and January 2025 were made during the second quarter of FY 2025 (between January 1, 2025 – March 31, 2025) for actively-participating ACHN PCP Groups. The reserve fund of \$400,000 annually remains the same as illustrated below in the chart. See chart below for FY 2025 quarterly bonus pool payments.





Reminder about Maternity Medicaid Eligibility

Medicaid provides full Medicaid benefits for eligible pregnant individuals during pregnancy and 12 months postpartum. Providers should be reminded that Medicaid does not require positive confirmatory pregnancy testing for maternity Medicaid coverage. Pregnant individuals may apply for Medicaid programs using the single streamlined Medicaid application. For fast service, applicants may apply online at https://insurealabama.adph.state.al.us/. Applicants may also mail their application. For a paper application, applicants may contact the Recipient Call Center (toll-free) at 1-800-362-1504, Monday through Friday, 8:00 a.m. until 4:30 p.m. Applicants can also apply in person at their local county health department, FQHC, their regional ACHN, or some local hospitals.

For questions related to maternity Medicaid eligibility, providers may contact Gainwell Technologies at 1-800-688-7989.

GAINWELL TECHNOLOGIES PROVIDER REPRESENTATIVES

Provider Representatives may be reached by dialing 1-855-523-9170 and entering the appropriate seven-digit extension.



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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.

FISCAL YEAR 2025:

- October 4, 2024
- October 18, 2024
- November 1, 2024
- November 15, 2024
- December 6, 2024
- December 13, 2024
- January 3, 2025

- January 17, 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 12, 2025