

Provider Insider

Alabama Medicaid Bulletin

April 2026

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CHANGES RELATED TO SUBMITTING PAPER CLAIMS

As of March 1, 2010, the Alabama Medicaid Agency (Medicaid) requires all claims which do not require attachments or an Administrative Review override to be submitted electronically.

Effective January 27, 2026, all paper claims received by Gainwell Technologies that do not meet these requirements below will be securely destroyed without being processed.

Which claims require attachments?

The only attachment requiring paper claims submission is an NCCI Redetermination Request. All other claims must be filed electronically beginning March 1, 2010.

*Some claims may require administrative or manual review. If you submit claims which require an administrative or manual review, these claims will continue to be filed on paper, following guidelines set forth in your specific chapter of the billing manual.

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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.

Options available for Electronic Claims Submission:

- Medicaid's Interactive Web Portal allows claims to be submitted in an online real time environment. This service is available at no charge to providers.
- Provider Electronic Solutions (PES) software allows claims to be submitted in batch mode for processing. This service is available at no charge to providers.
- Providers can select a private software vendor for electronic claims submission. This service would involve a fee determined by the selected vendor.



EMAIL CONTACT INFORMATION NOW REQUIRED FOR PROVIDERS

Medicaid now requires all providers to supply email address information for the following provider contact information fields: service location, pay to, mail to, patient contact/directory and contact person.

Effective July 1, 2025, initial enrollment applications and/or revalidation documentation must include required email contact information. Failure to provide this information will result in applications and/or revalidation being denied and returned to the provider.

Accurate and complete provider information is important for Medicaid, providers and recipients. The provider file is utilized for revalidation, remittance payments, directories and publication communications. Please log in to the Medicaid Interactive Web Portal today to verify and/or provide updated information. For more information, please see [ALERT 04 07 2025 Email Contact Information Required for Providers](#).



NEW PROVIDER DIRECTORY INFORMATION

Effective July 1, 2025, the Medicaid provider directory includes the following added information for providers:

- The provider's cultural and linguistic capabilities including languages offered (such as American Sign Language and the availability of interpretation/translation services by a skilled medical interpreter who provides interpretation services at the provider's office.
- Whether the provider is accepting new Medicaid patients and/or accepting new CHIP patients.
- Accommodation available at the provider's office or facility for individuals with physical disabilities. This includes offices, exam rooms and equipment.
- The provider's website (if applicable).
- Whether the provider offers covered services via telehealth.

Providers in the process of becoming a Medicaid provider may provide this information in the appropriate fields of the electronic enrollment application. This information will also be verified for currently enrolled providers during the revalidation process.

Currently enrolled providers may view, update and/or provide this information via the Medicaid Interactive Web Portal by following the steps outlined in the ALERT below.

For more information, please see [ALERT 05 09 2025 Provider Directory Information Request for Providers](#).



EPSDT REMINDER: KEY REQUIREMENTS

Medicaid continues to emphasize the importance of **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)** services for eligible children and youth under the age of 21. Providers are encouraged to review Appendix A (Well Child Visits/EPSDT) in the current Provider Billing Manual for complete guidance.

Effective for dates of service on or after October 1, 2025 (Fiscal Year 2026), Medicaid aligned the EPSDT periodicity schedule with the American Academy of Pediatrics' Bright Futures guidelines. The updated schedule now includes the following visits:

EPSDT Periodicity Schedule		
3-5 day old	6 months	18 months
1 month	9 months	24 months
2 months	12 months	30 months
4 months	15 months	

Annually (per calendar year) for beneficiaries aged 3 - 20 beginning with the third birthday.

Required components at each periodic screening include a comprehensive unclothed physical exam, updated medical history, history of immunizations and administration as indicated per the Advisory Committee on Immunization Practices (ACIP) schedule, developmental surveillance and assessment, vision and hearing screenings, lead screenings and anticipatory guidance.

Billing for periodic screenings: Use preventive E&M codes 99381-99385 (new patient) or 99391-99395 (established patient) with the EP modifier. These services do not count against the 14-physician office visit limit.

Interperiodic screenings are problem-focused screenings outside the scheduled periodicity. Bill 99202-99215 with the EP modifier when medically necessary to identify or address suspected problems. These services do not count against the 14-visit limit.

All members with full Medicaid coverage, regardless of age, have a benefit limit of 14 outpatient physician office visits per calendar year. EPSDT services are not subject to visit limits. Periodic screenings and interperiodic screenings via the use of the EP modifier are not subject to the 14-physician office visit limit. Similarly, EPSDT referred services (as indicated on the claim as described below) are also not subject to the 14-physician office visit limit.

Note: The EP modifier is used only for screenings by participating EPSDT providers. It is not used to indicate a referred service.

How to indicate “EPSDT Referred” on claims (to bypass visit limits):

1. CMS-1500 (Professional claims):

- Enter the referring EPSDT provider’s NPI in Block 17b.
- Enter value code “1” in Block 24h (apply to every line item in the claim).

2. UB-04 (Institutional claims):

- Enter the referring EPSDT provider’s NPI in Block 78.
- Enter condition code “A1” in Block 18.

3. Web Portal claims:

- Enter the referring provider’s NPI in the “Referring Physician” field.
- Select “Yes” in the “EPSDT Ref” field (professional) or “A1” in the “Condition” field (institutional).

All line items on the same date of service must carry the EPSDT indicator or the claim will be denied.

Additional reminders:

- Primary Care Physician (PCP) referrals for adults are no longer required for most services, however, EPSDT screenings and referrals are required for services tied to an identified EPSDT need.
- Encourage families to keep well-child visits on schedule and follow through on referrals.
- The EPSDT Screening Report is available in the provider portal to help identify members who are due or overdue for screenings.

For the most current details, refer to Appendix A – Well Child Visits (EPSDT) in the Provider Billing Manual and the updated EPSDT Referral Form 362 on the Forms Library page.

Questions? Contact the Provider Assistance Center at (800) 688-7989 or review the latest Provider ALERTs at www.medicaid.alabama.gov.

Pass it on! Route this to your billing staff, clinical team and office manager.



MATERNITY CARE PROVIDERS REIMBURSEMENT VIA USE OF UPDATED HYSTERECTOMY CONSENT FORM

Effective March 31, 2026, Medicaid will no longer accept the old Hysterectomy Consent Form for administrative reviews. Any hysterectomy claim submitted for review using the old consent form will be denied.

The new consent form can be found at the following link:

https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.3_ConsentForms.aspx

For questions related to the Hysterectomy Consent form and the administrative review process, contact Physicians.Program@medicaid.alabama.gov

PCP Referrals Reminder

Medicaid no longer requires a PCP referral for services rendered for Medicaid beneficiaries. However, 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 management services for Medicaid beneficiaries.



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 2026:

Attribution Period	Attribution Run Month	Attribution Reports Available
October 1, 2025 – December 31, 2025 (Quarter 1)	August 2025	First or second week of September 2025
January 1, 2026 – March 31, 2026 (Quarter 2)	November 2025	First or second week of December 2025
April 1, 2026 – June 30, 2026 (Quarter 3)	February 2026	First or second week of March 2026
July 1, 2026 – September 30, 2026 (Quarter 4)	May 2026	First or second week of June 2026

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.



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 April 2026.**



MATERNITY BONUS PAYMENT OPPORTUNITIES FOR MATERNITY CARE PROVIDERS (MCPS)

Effective October 1, 2024, Maternity Care Providers (MCPs) 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 who 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



SCHOOL CAMPUS FACILITY

Federally Qualified Health Clinics (FQHCs) are now required during enrollment to identify each satellite clinic that is a School Campus Facility (SCF), providing school-based services. This is for informational purposes only. FQHC satellite clinics that provide school-based services have been assigned specialty type 082 (SCF/FQHC) as of March 1, 2025. FQHC SCFs should contact Provider Enrollment at (888) 223-3630 to have the SCF 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 SCF.

Rural Health Clinic (RHC) SCFs may now enroll as a SCF using specialty type 082. This will be for informational purposes only. The specialty type 082 for RHCs became effective the week of March 11, 2025. Existing RHC SCFs should contact Provider Enrollment at (888) 223-3630 to have the SCF specialty type added to their provider enrollment file. New RHC provider groups during the online enrollment process may select the specialty type 082 if the provider group wishes to enroll as a SCF. To enroll as a new RHC, visit https://medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts/10.3.4_Provider_Enrollment.aspx.

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 www.medicaid.alabama.gov >ACHN>ACHN Quality Measures. The next Provider Profiler Reports will be released in April 2026.



FISCAL YEAR (FY) 2027 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 2027 (October 1, 2026-September 30, 2027) is October 1, 2026. ALL participating ACHN PCP Groups that would like to start or continue to receive the PCMH bonus payment for FY 2027 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 About Maternity Medicaid Eligibility

Medicaid provides full Medicaid benefits for eligible pregnant women and girls during pregnancy and 12 months postpartum. Providers should be reminded that Medicaid does not require positive confirmatory pregnancy testing for maternity Medicaid coverage. Pregnant women and girls 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, at an FQHC, at a regional ACHN, or at some local hospitals.

The Alabama Legislature passed Senate Bill 102 (Act 2025-204) during the 2025 legislative session establishing **Presumptive Eligibility for Pregnancy (PEP)** which was implemented on October 1, 2025. PEP allows pregnant women early access to ambulatory prenatal care while their application for Medicaid is under review. For more information, please refer to Chapter 24 of the Medicaid Provider Billing Manual and the PEP website at Alabama Medicaid.

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

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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.

FISCAL YEAR 2026:

- October 3, 2025
 - October 17, 2025
 - October 31, 2025
 - November 14, 2025
 - November 28, 2025
 - December 5, 2025
 - December 12, 2025
 - January 2, 2026
 - January 16, 2026
 - January 30, 2026
 - February 6, 2026
 - February 20, 2026
 - March 6, 2026
 - March 20, 2026
 - April 3, 2026
 - April 17, 2026
 - May 1, 2026
 - May 15, 2026
 - May 29, 2026
 - June 5, 2026
 - June 19, 2026
 - July 3, 2026
 - July 17, 2026
 - July 31, 2026
 - August 14, 2026
 - August 28, 2026
 - September 11, 2026
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