


	ISSUE	QUESTION	RESPONSE
1	Reimbursement	I noticed preventative visits were scored higher than regular e/m visits. Does this mean Alabama Medicaid will start accepting preventative codes? Like 99395-99397? As of now these are not accepted."	The agency has updated the reimbursement code list on the presentation, slide 46. Regular visits: CPT 99202-99205, 99211-99215 Preventative visits: CPT 99381-99385, 99391-99395. 99396 and 99397 are not covered.
2	Participation	Are all Medicaid patients included in the ACHN program?	No, please refer to Chapter 40, of the Medicaid Billing Manual.
3	Enrollment	Is Pediatrics considered as a PCP?	Yes, please refer to Chapter 40, of the Medicaid Billing Manual.
4	General	Will we receive the slides?	The slides for the ACHN Webinar held Wednesday, September 11, 2024, Noon-1:00PM referencing: Patient Attribution, Provider Enrollment, & Maternity Care have been posted on the Medicaid website, under the ACHN Providers tab/the ACHN Providers page (See FY 2025 Presentations).
5	Quality Measure	For the Chlamydia screening, should we be doing this on all females above 16 years of age, even if they are not sexually active?	The specifications do not require Chlamydia screening for females above 16 years of age if they are not sexually active.
6	Quality Measure	Chlamydia screening only in girl not boys? We have complex cases will they be taken into consideration?	The measure specifies "women who were identified as sexually active". Certainly, providers will provide medically appropriate care--but male recipients will not be counted in the measure.
7	Quality Measure	If a patient is sexually active but decline chlamydia and STI testing? What diagnosis code and how do we document?	The specification does not provide for an exemption due to a recipient declining testing.
8	Quality Measure	If patient states they are not sexually active do we still screen for chlamydia? If not how do we document that so it will not affect our measurement?	The measure is determined by specification, not by recipient attestation. The specification defines sexually active as being on contraceptive medicines and pregnancy testing.
9	Quality Measure	Can you please inform me as to how do we report the A1C level so that we can meet our quality measure. My staff has been using cpt code ranging from 3044f-3052f...however these codes are rejected on the remit and i am not sure what do so to insure that this quality measure is reported.	Continue to file 3044F, 3046F, 3051F and 3052F level II CPT codes and the specification does not require that the code be paid. Level II CPT codes are used for informational purposes only. No reimbursement rate will be paid for Level II CPT codes.
10	Quality Measure	I had a few questions on the Quality Measures for children and the scorecards. For the Adolescent Imms, HPV is included before age 13. How do we document or get counted for the patients who refuse the HPV vaccine since it is an optional vaccine?	The specification does not provide for an exemption due to a recipient declining the vaccine. However, the benchmark rate is set to take into account that there will be those who are offered but decline the vaccine.
11	Bonus Distribution	Clarification question to be answered: Will all providers receive 100% of the QM payment until April 2026?	All providers enrolled in the ACHN program will receive their full bonus amount for quality measures based on their attribution through January 2026. Then beginning April 2026, bonus payments are distributed based on calculated quality measures performance.

12	Bonus Distribution	<p>There is some confusion on my part regarding the PCP Quality Payment Timeline provided during today's Webinar addressing Quality Payment & Attribution.</p> <p>1. Can you confirm that the PCP Quality Measures payment will be based on the Jul 24 – June 25 Months data and not on the January-December 31 Quality Measure timeline identified in the technical specification or the ACHN Contract FY Oct 1, 2024 – Sept 31, 2025?</p>	<p>The provider quality measures bonus will be calculated on a rolling timeline for the observation period the individual measure specifies (typically 12-months), and there will be a "lag period" of 9 months to allow for claims runoff.</p> <p>Beginning October 1, 2024, the provider bonus will be calculated based on a rolling 12-months of claims data with a 9-month claim lag period.</p> <p>For the October 2024 bonus payment, calculations are based on the claims that occurred between January 01, 2023 to December 31, 2023. In a similar way, the January 2025 bonus payment calculations are based on the claims that occurred between April 01, 2023 to March 31, 2024.</p>
13	Bonus Distribution	<p>For the payment structure, I am confused as to the Quality metric performance. It was stated that the payment is not until April 2026 but it looks back at a 12 month period? Can you explain that? I am not sure how that is changing from what was already going on now. When I look at the Quality measure scorecard for us from July 2024, we did get a bonus payment.</p>	<p>The quality measure bonus payments will continue to be issued on a quarterly basis in October, January, April, and July. The quarterly bonus payments are calculated based on attribution only, until April 2026.</p> <p>The quality measure measurement period for the bonus payments will vary each quarter. Here is the example: For the April 2026 bonus payout, calculations will be based on claims that occurred between July 2024 through June 2025 with a claims lag period from July 2025 through March 2026. Likewise, for the July 2026 bonus payout, the claims timeline will be October 2024 through September 2025 with a claims lag period from October 2025 through June 2026. Prior bonuses, although based solely on attribution, will also look at the 12 months of claims that occurred before the 9-month claims lag period before the bonus payout month.</p>
14	Bonus Distribution	<p>Will Emergency Medicaid pay? We have Baldwin County facilities that see mostly Emergency Medicaid patients. Will these patients qualify for the bonus payments for our maternity patients?</p>	<p>Emergency Medicaid patients are not eligible to participate in the ACHN program. They will not be assigned or attributed to the ACHN Program. Hence, they will not be included in the calculations for quality measure bonus payments.</p>

15	Bonus Distribution	How can we see our score?	<p>As ACHN enrolled providers, these reports are available to you for view/download. The scorecards are released on a quarterly basis after the bonus payments are issued (typically towards the end of the month).</p> <ol style="list-style-type: none"> 1. Provider Profiler Quality Measure Scorecard: MGD-S362-Q Report (this is a summary level report that illustrates your current scoring) 2. Provider Profiler Supplemental Member Summary File – Quality Measures: MGD-M362-Q Report (this is a report that reveals how each individual affects your score) 3. Provider Profiler Cost Effectiveness Scorecard: MGD-S364-Q Report (this is a summary level report that illustrates your current scoring) 4. Provider Profiler Supplemental Member Summary File – Cost Effectiveness: MGD-M364-Q Report (this is a report that reveals how each individual affects your score) <p>How to Access the Provider Profiler Reports</p> <ol style="list-style-type: none"> 1. Go to Web Portal Link: https://www.medicaid.alabamaservices.org/ALPortal/ 2. Log-in to the portal using your log-in information for your group (If you need assistance with this step, contact the Electronic Media Claims (EMC) at Gainwell Technologies at 1-800-456-1242). 3. After logging in, Click on Trade Files Tab and Download Options 
16	Attribution	Quarterly Attribution Lists- do these come out on a certain date of the quarter? Are we notified of this or do we just have to keep checking each beginning of the quarter?	<p>Yes, please refer to Chapter 40, of the Medicaid Billing Manual. The FY2025 timeframe for Attribution Reports are posted in the October 2024 Provider Billing Manual.</p>
17	SDoH	Will social determination of health such as single parent and grandparent caring be taken into consideration of quality measurement cost effectiveness. How does burden of disease be calculated?	<p>The best way to make sure that Social Determinants of Health are accounted for and communicated to the agency is to use the appropriate diagnosis code. These are used in both Medicaid processes and the risk scoring methodology.</p>
18	General	Is the correct email for slides achn@alabamamedicaid.gov/	<p>All Provider webinar presentations and slides may be found by going to www.medicaid.alabama.gov. Then click on ACHN and then click on ACHN Providers and scroll down to FY 2025 Presentations. Questions may be sent to ACHN@medicaid.alabama.gov.</p>
19	General	Where can I find a copy of the slides?	<p>All Provider webinars and slides may be found by going to www.medicaid.alabama.gov. Then click on ACHN and then click ACHN Providers and scroll down to FY 2025 Presentations.</p>

20	Cost Effectiveness	For the cost effectiveness scores, I am not sure about the bonus payment for this. When I look at the last scorecard for our practice in July, it says that the bonus payment was 0 but we were not below the threshold. I am confused as to why we didn't get a bonus for this then.	To qualify for the Cost Effectiveness bonus, PCP groups must have a cost effectiveness score less than 1.0000.
21	Cost Effectiveness	<p>I see that on our CE scorecard from 7-1-24 to 9-30-24 we did not meet the threshold. Are those measures going to change starting Oct 1 for the bonus payment? I understand the look back period is 7/1/23 to 6/30/24.</p> <p>When I review our scorecard, it looks like our issue that we are not meeting falls under the "other" category. I am not sure what else is in this category. I know the presenter said DME, labs, Xrays,etc. But can I get some clarification on that and what are you looking for us to meet?</p> <p>I would like to work on this so that our practice can meet these requirements and get the bonus payments. Thank you!</p>	<p>The cost effectiveness methodology remains the same. The Other category includes the following (although not exhaustive, these are the most common); Dental costs, Emergency Room Costs, Family Planning, FQHC/RHC, Home Health, Hospice, Lab/Rad, Transplant, DME.</p> <p>The cost effectiveness scores are directly related to the quality of patient care.</p> <p>Please contact the ACHN in your area for assistance with improving your performance.</p>
22	Program Structure	How do we find out what is the criteria for High risk OB that will require the extra meetings?	Please provide more details so that the question can be answered accurately. Send information to ACHN@medicaid.alabama.gov .