
# Alabama Care Network Mid-state
# Medical Management Meeting
# December 8th and December 16th

# Welcome and Introductions

**Presenters**

- Jim Hotten – Executive Director
- Melissa O'Brien, LICSW – Manager of Care Management
- Dr. Peily Soong, MD – Medical Director
  - Pediatrician, Pediatrics East

# Agenda

- Medicaid Updates
- ACHN Updates
- Medical Management Meeting Requirements
- Provider Changes- Fall 2025

# Medicaid Updates

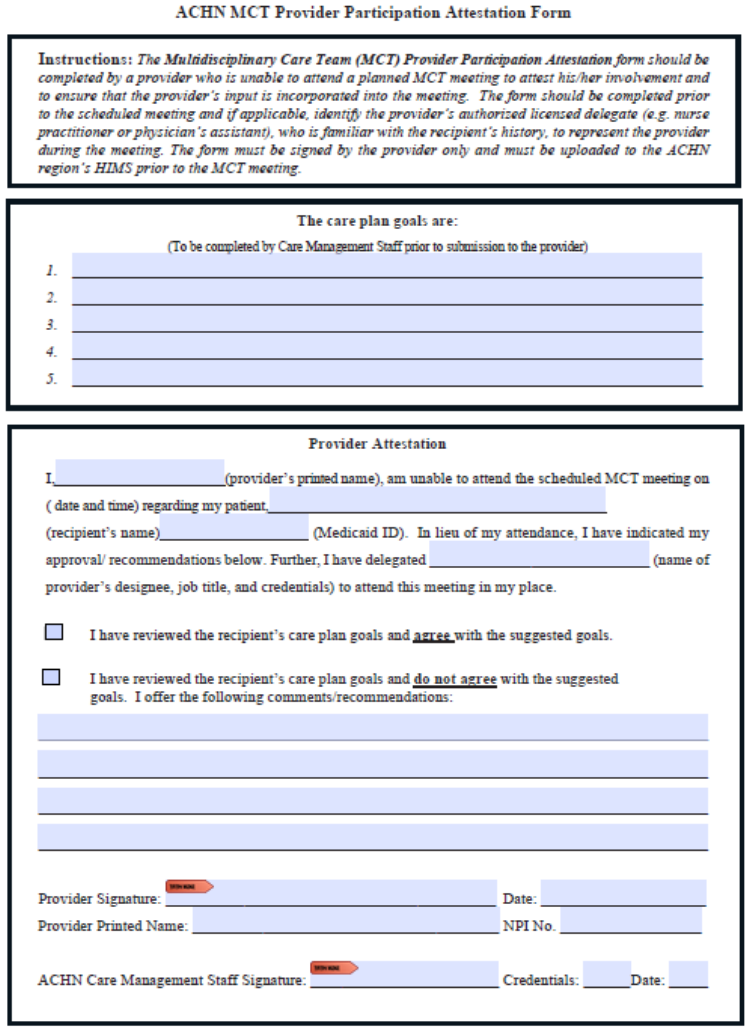
- Patient Centered Medical Home
  - Fiscal Year (FY) 2026 (October 1, 2025-September 30, 2026) Patient-Centered Medical Home (PCMH) Attestation Form deadline was 10/1/25. If you have any questions, please contact Medicaid.
  - Email: ACHN@medicaid.alabama.gov or Fax: 334-353-3856 if interested in participating in the future.

# ACHN-Midstate Updates

- MCTs
  - Meeting with PCP and other providers (as needed) with ACHN team (Case Manager, Behavioral Health Nurse, and Pharmacist) and recipient to discuss recipient's needs and goals.
  - Recipients stratified high risk.
  - Medicaid asks for PCP and recipient attendance in meetings
    - Meeting for provider can be in person at ACHN office or virtual through zoom link.

# ACHN-Midstate Updates

- Medicaid has provided form in Provider absence
  - Recipient care plan and ACHN MCT Provider Participation Attestation Form will be sent for every recipient who is scheduled for MCT- by fax or email at least 10 days before scheduled MCT.
  - Care plan must be reviewed and ACHN MCT Provider Participation Attestation Form filled out and returned before MCT date for this to count in provider absence.
  - After MCT, documentation with summary notes from MCT meeting will be sent to provider to close loop.
  - Who is a good contact for your office?



**ACHN MCT Provider Participation Attestation Form**

**Instructions:** *The Multidisciplinary Care Team (MCT) Provider Participation Attestation form should be completed by a provider who is unable to attend a planned MCT meeting to attest his/her involvement and to ensure that the provider's input is incorporated into the meeting. The form should be completed prior to the scheduled meeting and if applicable, identify the provider's authorized licensed delegate (e.g. nurse practitioner or physician's assistant), who is familiar with the recipient's history, to represent the provider during the meeting. The form must be signed by the provider only and must be uploaded to the ACHN region's HIMS prior to the MCT meeting.*

**The care plan goals are:**

(To be completed by Care Management Staff prior to submission to the provider)

1. _____
2. _____
3. _____
4. _____
5. _____

**Provider Attestation**

I,_____(provider's printed name), am unable to attend the scheduled MCT meeting on ( date and time) regarding my patient,_____ (recipient's name)_____ (Medicaid ID). In lieu of my attendance, I have indicated my approval/ recommendations below. Further, I have delegated _____ (name of provider's designee, job title, and credentials) to attend this meeting in my place.

☐ I have reviewed the recipient's care plan goals and **agree** with the suggested goals.

☐ I have reviewed the recipient's care plan goals and **do not agree** with the suggested goals. I offer the following comments/recommendations:

_____

_____

_____

_____

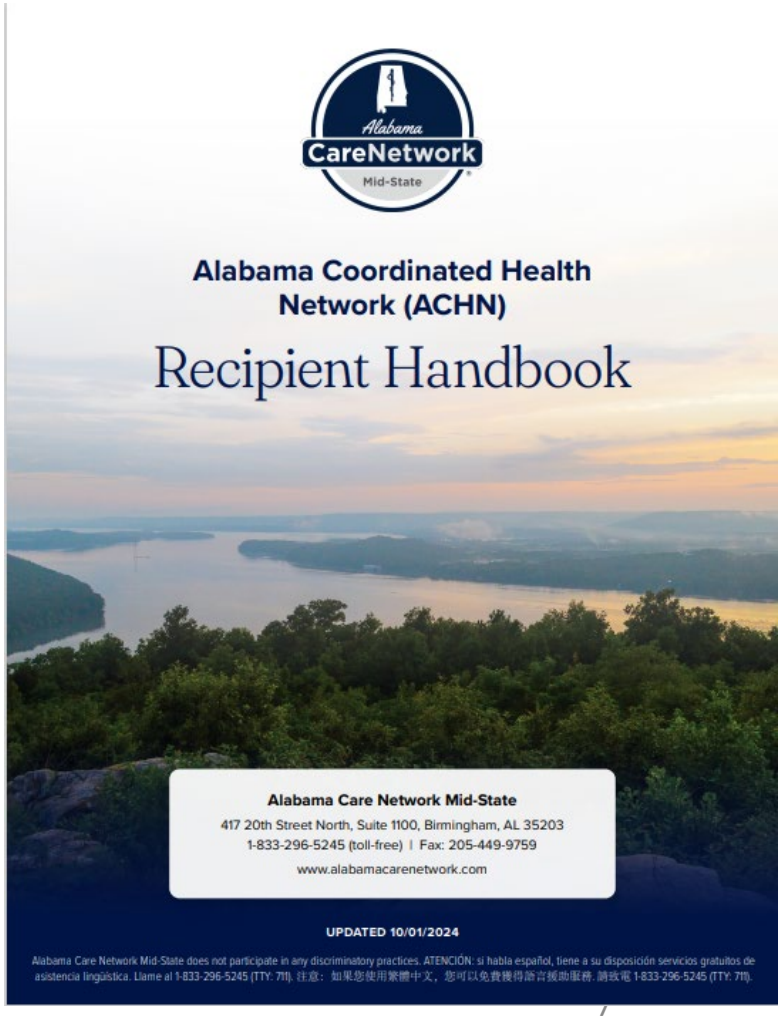
Provider Signature: _____ Date: _____

Provider Printed Name: _____ NPI No. _____

ACHN Care Management Staff Signature: _____ Credentials: _____ Date: _____

# ACHN Midstate Updates

- New QR Code for Recipients
  - Link to ACHN Midstate website with recipient handbook and updated program information.



# Medical Management Meeting Requirements

- Reminder
  - A PCP or physician extender (NP or PA) from each contracted clinic must attend 3 of 4 yearly Medical Management Meetings to remain in compliance.
  - An average of 2-3 meetings are held per quarter
  - Each meeting is recorded and will be made available for playback to review after the meeting.

# Provider Changes - Fall 2025

Peily Soong, MD

ACHN Mid-State Medical Director

# Age of Consent Change

Alabama Senate Bill SB101

- Starting October 1, 2025, age of medical consent changed.
  - Raised age of medical consent from 14 years old to 16 years old
  - Exceptions:
    - Graduated high school
    - Pregnant or have had child
    - Emancipated
    - Visit related to STI, drug dependency, ETOH toxicity
    - Visit related to reportable disease
    - Visit related to determine pregnancy

# Bump Rate Increase

Increase for ACHN Members and Primary Care “Bump” Rate

- Started October 1, 2025

| CPT Code | Short Description | FY 2026 ACHN Rate | Previous ACHN Rate |
|---|---|---|---|
| 99211 | OFF/OP EST MAY X REQ JU/QHP | $19.56 | $19.00 |
| 99212 | OFFICE O/P EST SF 10MIN | $48.26 | $41.00 |
| 99213 | OFFICE O/P EST LOW 20 MIN | $78.19 | $72.00 |
| 99214 | OFFICE O/P EST MOD 30 MIN | $110.62 | $108.00 |
| 99215 | OFFICE O/P EST HI 40 MIN | $155.91 | $146.00 |

# Bump Rate Increase

•Primary Care "Bump" Rates

## Increase for ACHN Members and Primary Care "Bump" Rate

| CPT Code | Short Description | FY 2026 Bump Rate |
|---|---|---|
| 99231 | SBSQ HOSP IP/OBS SF/LOW 25 | $45.25 |
| 99232 | SBSQ HOSP IP/OBS MODERATE 35 | $72.25 |
| 99233 | SBSQ HOSP IP/OBS HIGH 50 | $108.72 |
| 99238 | HOSP IP/OBS DSCHRG MGMT 30/< | $73.95 |
| 99239 | HOSP IP/OBS DSCHRG MGMT >30 | $104.52 |
| 99306 | 1ST NF CARE HIGH MDM 50 | $167.02 |
| 99308 | SBSQ NF CARE LOW MDM 20 | $67.88 |
| 99309 | SBSQ NF CARE MODERATE MDM 30 | $98.32 |
| 99310 | SBSQ NF CARE HIGH MDM 45 | $140.41 |
| 99315 | NF DSCHRG MGMT 30 MIN/LESS | $74.62 |
| 99316 | NF DSCHRG MGMT 30 MIN+ | $120.06 |
| 99350 | HOME/RES VST EST HIGH MDM 60 | $170.20 |

# Lab/Radiology Changes

•Primary Care "Bump" Rates

Starting October 1st – Alabama Medicaid updated the fee schedule for labs. Fee changes are related to a percentage of the Medicare rates. Some notable labs:

| CPT | Description | New Rate | Old Rate |
|---|---|---|---|
| 81003 | URINALYSIS AUTO W/O SCOPE | 1.57 | 3 |
| 81025 | URINE PREGNANCY TEST | 6.02 | 3 |
| 83655 | ASSAY OF LEAD | 8.47 | 15 |
| 85025 | COMPLETE CBC W/AUTO DIFF WBC | 5.43 | 10 |
| 86580 | TB INTRADERMAL TEST | 6.1 | 6 |
| 87070 | CULTURE OTHR SPECIMN AEROBIC | 6.03 | 11 |
| 87086 | URINE CULTURE/COLONY COUNT | 5.64 | 10 |
| 87426 | SARSCOV CORONAVIRUS AG IA | 24.73 | 26.37 |
| 87428 | SARSCOV & INF VIR A&B AG IA | 49.2 | 51.44 |
| 87804 | INFLUENZA ASSAY W/OPTIC | 11.58 | 11 |
| 87807 | RSV ASSAY W/OPTIC | 9.17 | 11 |
| 87880 | STREP A ASSAY W/OPTIC | 11.57 | 14 |
| 87635 | SARS-COV-2 COVID-19 AMP PRB | 35.91 | 43.61 |
| 87502 | INFLUENZA DNA AMP PROBE | 67.06 | 48.29 |
| 87634 | RSV DNA/RNA AMP PROBE | 49.14 | 49.14 |
| 87651 | STREP A DNA AMP PROBE | 24.56 | |
| 80061 | Lipid Panel-Cholesterol,Lipoprot,Triglyc | 9.37 | 14 |
| 82247 | BILIRUBIN TOTAL | 3.51 | 5 |
| 83036 | HgB A1C | 6.79 | 12 |

# Maternal Depression Screening

•Primary Care "Bump" Rates

- 96127 (approx. $3) will be billable for perinatal and postnatal maternal depression screening starting 1/1/26.
  - Allows 4 billed codes in a 12-month period
  - Claims will require a pregnancy or postpartum diagnosis **and** diagnosis code Z13.30
  - Claims will be paid outside of the maternity global payment

# Maternal Depression Screening

•Primary Care "Bump" Rates

- The following screening tools are eligible for reimbursement under this provision:
  - Patient Health Questionnaire-2 or Patient Health Questionnaire-9 (PHQ-2 or PHQ-9)
  - Edinburgh Postnatal Depression Scale (EPDS)
  - Hamilton Rating Scale for Depression (HAM-D)
  - Montgomery-Asberg Depression Rating Scale (MADRS)
  - Beck's Depression Inventory (BDI)
  - Generalized Anxiety Disorder 7 (GAD-7)
  - Mood Disorder Questionnaire (MDQ)
  - Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)
  - Duke Anxiety-Depression Scale (DUKE-AD)

# Changes to Provider Manual

•Primary Care "Bump" Rates

## Appendix A: EPSDT

- Added 3-5 day old and 30-month EPSDT

**Periodicity Schedule**

Periodic screenings must be performed in accordance with the schedule listed below. This schedule is based upon the recommendations of the American Academy of Pediatrics.

- 3-5 day old
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Then annually (per calendar year) through 20 years of age beginning with the third birthday

# Changes to Provider Manual

## Appendix A: EPSDT

- Note about 3-5 day EPSDT
  - Must be done in the age range (e.g., cannot do at 1 week of age)
  - Must have required EPSDT documentation: physical exam, documentation of medical/family history, review of immunizations, developmental surveillance, nutritional screening, health education/anticipatory guidance.
  - No specific ICD-10 code needed but would bill normal codes used for EPSDT at other ages

# Changes to Provider Manual

## Appendix A: EPSDT

- Changed developmental screening at 24 months to 30 months

EPSDT providers are allowed to bill for an objective developmental screening in addition to an EPSDT screening at the 9-month, 18-month, and 30-month well-child visit. EPSDT providers also have the option of providing the developmental screening anytime that surveillance (medical history of developmental risk factors, parental/caregiver concern) identifies a need. Providers are encouraged to use standardized screening tools that have a moderate to high sensitivity, specificity, and validity level and are culturally sensitive. The following code, which is limited to five (5) units per date of service (five different screening tools used), may be used to bill for this screening:

96110 - Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation scoring and reporting documentation per standardized instrument (provider must document description of score).

96127 – Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument (Provider must document description of score).

# Changes to Provider Manual

Appendix A: EPSDT

- Remember to use 96110 for general developmental testing and 96127 for autism testing.

# Changes to Provider Manual

Appendix A: EPSDT

- EPSDT reimbursement rate changed to $80.
- Recommended to do Hgb/HCT + lead screening at 12 months (not at 9 months **or** 12 months).
- Lead should be done in all babies 24 to 72 months who have not had a previous lead test done.
- Elevated lead testing recommendations are as follows now:

| BLL (ug/dL) | COMMENTS |
|---|---|
| 3.5-9 | CONFIRM with venous sample within **3 months** |
| 10-19 | CONFIRM with venous sample within **1 months** |
| 20-44 | CONFIRM with venous sample within **2 weeks** |
| ≥45 | CONFIRM with venous sample within **48 hours** |

# Changes to Provider Manual

## Changes to Lead Protocols: For Venous Confirmed Samples

| | |
|---|---|
| < 3.5 | • EDUCATE families about preventing lead exposure<br>• During well-child visits, check development to make sure age-appropriate milestones are being met and discuss diet and nutrition with a focus on iron and calcium intake.<br>• SCREEN BLL at 12 and 24 months of age, or as indicated by risk status. |
| 3.5-19 | • OBTAIN confirmatory diagnostic (venous) test within 3 months, even if the initial sample was venous.<br>• CONTINUE follow-up testing as follows: >3.5-9 in 3 months and 10-19 in 1 month.<br>• EDUCATE families concerning lead absorption and sources of lead exposure (ADPH pamphlet available). Case management services<br>• EXPLAIN that there is no safe level of lead in the blood.<br>• PROVIDE nutritional counseling.<br>• COMPLETE history and physical exam.<br>• TEST for anemia and iron deficiency.<br>• PROVIDE neurodevelopmental monitoring.<br>• SCREEN all siblings under age 6.<br>• OBTAIN abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated. |
| 20-44 | • Follow recommendations for BLL >3.5-19 ug/dL.<br>• REFER for targeted case management and environmental investigation via mailing ADPH-FHS-135, *Environmental Surveillance Form,* to the address on the bottom of the form within 3 days of notification of results.<br>• Perform a complete history and physical exam, assessing the child for signs and symptoms related to lead exposure.<br>• Consider performing an abdominal X-ray to check for lead-based paint chips or other radiopaque foreign bodies. This is important for young children who tend to swallow or eat non-food items. Child may also put their mouths on surfaces that could be covered with lead dust. Initiate bowel decontamination if indicated.<br>• PROVIDE parental education and nutritional counseling.<br>• RETEST within 2 weeks – 1 month with venous sample or more often as determined by physician. |
| ≥45 | • Follow recommendations for BLL 20-44 ug/dL.<br>• If the patient exhibits signs or symptoms of lead poisoning, including confusion, weakness, seizures, coma, nausea, vomiting and abdominal pain, admit them to a hospital as soon as possible.<br>• Consider admitting the patient to a hospital if one of these conditions exists: The patient's home is not lead-safe, and they are unable to find a lead-free living space, or the source of lead exposure had not been identified, and the potential for further lead exposure is still possible.<br>• The healthcare provider is consulting with a medical toxicologist or pediatrician with experience in treating lead poisoning to initiate gastrointestinal decontamination or chelation therapy.<br>• REFER for targeted case management and environmental investigation via faxing ADPH-FHS-135, *Environmental Surveillance Form,* to 334-206-2983 immediately upon notification of results.<br>• PROVIDE parental education and nutritional counseling.<br>• RETEST as soon as possible. |

# Changes to Provider Manual

## Appendix A: EPSDT

- RSV shot Enfosia added and Penbraya

| ***CPT Procedure Code*** | ***Procedure Description*** | ***Lay Term Description*** | ***Brand Name Example(s)*** |
|---|---|---|---|
| 90380 | RSV MAB IM 0.5 ML | RSV Monoclonal Antibody | Beyfortus |
| 90381 | RSV MAB IM 1 ML | RSV Monoclonal Antibody | Beyfortus |
| 90382 | RSV MONOC ANTB SEASN IM 0.7ML | RSV Monoclonal Antibody | Enfosia |
| 90623 | MENACWY-TT MENB-FHBP | Meningococcal serogroup A, B, C, W, Y vaccine | |

# Changes to Provider Manual

## Appendix A: EPSDT

- Vision and Hearing aligning with Bright Futures now

| Age[1] | 3-5 d[2] | 1 Mo | 2 Mo | 4 Mo | 6 Mo | 9 Mo | 12 Mo | 15 Mo | 18 Mo | 24 Mo | 30 Mo | 3 Yr | 4 Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| History and Physical Exam[3] | X | X | X | X | X | X | X | X | X | X | X | X | X |
| **Sensory Screening** | | | | | | | | | | | | | |
| Vision | S | S | S | S | S | S | S | S | S | S | S | X | X |
| Hearing | X[5] | --- | --- | S | S | S | S | S | S | S | S | S | X |
| Developmental Screening[7] | | | | | | X | | | X | | X | | |
| Autism Spectrum Disorder Screening[8] | | | | | | | | | X | X | | | |

X = required
S = subjective assessment

# Changes to Provider Manual

•Primary Care "Bump" Rates

## Appendix A: EPSDT

- Vision and Hearing aligning with Bright Futures now

| | Middle Childhood | | | | | |
|---|---|---|---|---|---|---|
| **Age[1]** | **5 Yr** | **6 Yr** | **7 Yr** | **8 Yr** | **9 Yr** | **10 Yr** |
| **Sensory Screening** | | | | | | |
| Vision | X | X | S | X | S | X |
| Hearing | X | X | S | X | S | X |

| **Age[1]** | **11 Yr** | **12 Yr** | **13 Yr** | **14 Yr** | **15 Yr** | **16 Yr** | **17 Yr** | **18 Yr** | **19 Yr** | **20 Yr** |
|---|---|---|---|---|---|---|---|---|---|---|
| Vision | S | X | S | S | X | S | S | S | S | S |
| Hearing | ---- | ----- | -X[26]- | ----- | --- | -X[26]- | --- | ---- | ------- | --X[26] |

Note that vision and hearing testing will not be covered except for the specific ages with "X"

# Changes to Provider Manual

Changes to Tuberculosis Protocols

- In line with CDC guidelines.
- Mostly changes to wording of who is considered high-risk patients.

# Other Recent Medicaid ALERTs

- Recent Medicaid (MCD) Provider ALERTs (continued)
  - 10/6/25 ALERT: EPSDT Services for Justice Involved Youth
    - The Alabama Medicaid Agency (Medicaid) posted a recorded webinar for Medicaid providers regarding Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) services for justice involved youth (JIY) in Alabama. State Medicaid programs are required to implement coverage described in section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023) which was signed into law on December 29, 2022.
      - The recording is located at https://youtu.be/Zxl85lACe4c?si=wm8U1MGRcpK2lgTk
  - 12/2/25 ALERT: REVISED- Continuous Glucose Monitor Policy Updates
    - Effective October 1, 2025, Continuous Glucose Monitors (CGMs) will be covered through the Durable Medical Equipment (DME) Program with prior authorization (PA) for recipients (children and adults) with one of the following:
      - type 1 diabetes mellitus
      - type 2 diabetes mellitus or gestational diabetes AND are insulin treated with multiple (three or more) daily injections of insulin
  - **NOTE: CGMs are not covered through the pharmacy benefit; requests must be submitted by a DME-enrolled provider with an active National Provider Identifier (NPI).** Please review the full coverage criteria located on the durable medical equipment (DME) webpage at https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.17_CGM.aspx.
  - An updated checklist is available on the DME webpage. https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.16_DME_PA_Checklists.aspx.
  - The Provider Billing Manual will be updated with the new criteria as soon as possible. Policy questions concerning this ALERT should be directed to the DME Program at (334) 242-5050

# Other Recent Medicaid ALERTs

- Recent Medicaid Changes
  - 9/18/2025: Policy on hysterectomy changes. A recording of the webinar is posted at https://medicaid.alabama.gov/content/5.0_Managed_Care/5.2_Other_MC_Programs/5.2.2_Maternity.aspx
  - 9/24/2025: Presumptive Eligibility for Pregnant Women
    - 60-day coverage with ambulatory PNC visits. Not full MCD coverage.

# Other Recent Medicaid ALERTs

- Recent Medicaid Changes
  - 12/5/25 ALERT- Changes to Non-Pharmacy Prior Authorization Process

Beginning January 1, 2026, the Alabama Medicaid Agency (Medicaid) will implement changes to the prior authorization (PA) process for non-pharmacy PAs to comply with the CMS Interoperability and Prior Authorization Final Rule. This Final Rule **does not apply to pharmacy PA requests**.

- To ensure compliance to the Final Rule, the following changes will be made to the PA process:
- The rule requires Medicaid to respond to expedited and non-expedited PA requests within a defined timeline. Medicaid will have 72 hours to provide a response for expedited requests and seven calendar days to provide a response for non-expedited requests.
- Expedited Field – A new field will be available in the provider web portal to indicate when a request is expedited. By marking a PA as expedited, the provider is attesting that the recipient's condition requires an urgent PA determination. **Medicaid will monitor provider use of the expedited field for potential abuse or overuse.** Web Portal: Select "Y" for Yes for the Expedited field
- 278 Transaction: Use Loop 2000E – UM06 Level of Service value "Urgent"
- Additional Documentation Timeline – When additional documentation is requested to support a PA decision, providers will have up to 14 **calendar** days to submit it (reduced from the current 30 **business** days). If the required documentation is not received within this time frame, the PA will be denied. Providers are encouraged to submit all supporting documentation promptly to avoid delays or denials.

# Reminder of Provider Quality Measures

| # | MEASURE ABBREVIATION | MEASURE DESCRIPTION |
|---|---|---|
| 1 | CHL-CH | Chlamydia Screening in Women rates include CPT 87801, the AMA multi STI test policy [Ages 16 - 20] |
| 2 | CIS-CH (Combo 3) | Childhood Immunization Status: [Combo 3: DTaP; IPV; MMR; HIB; HEP B; VZV; PCV] |
| 3 | IMA-CH (Combo 2) | Immunizations for Adolescents [Combo 2: Meningococcal, Tdap; HPV] |
| 4 | WCV-CH1 | Child and Adolescent Well-Care Visits [Ages 3-11] |
| 5 | WCV-CH2 | Child and Adolescent Well-Care Visits [Ages 12 - 17] |

# Reminder of Provider Quality Measures

| # | MEASURE ABBREVIATION | MEASURE DESCRIPTION |
|---|---|---|
| 1 | CHL-AD | Chlamydia Screening in Women rates include CPT 87801, the AMA multi STI test policy [Ages 21 - 24] |
| 2 | HBD-AD (controlled) | Hemoglobin A1C Control for Patients with Diabetes HbA1c Control <8% [Ages 18 - 75] |
| 3 | PPC-AD | Postpartum Visits [7-84 Days After Delivery] |

Starting October 1, 2024, MCPs have an opportunity to earn an additional maternity postpartum bonus payment worth a total of $250 per recipient. MCPs who 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.


Alabama
CareNetwork
Mid-State
THANK YOU!