



Alabama Care Network Mid-State
Medical Management Meeting
March 5th and March 12th

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
- ACHN Quality Measures



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. Can start preparing for FY 2027.
 - 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 member to discuss member's needs and goals.
 - Members stratified high risk.
 - Medicaid requires PCP and member participation 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
 - Member care plan and ACHN MCT Provider Participation Attestation Form will be sent for every member 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: _____

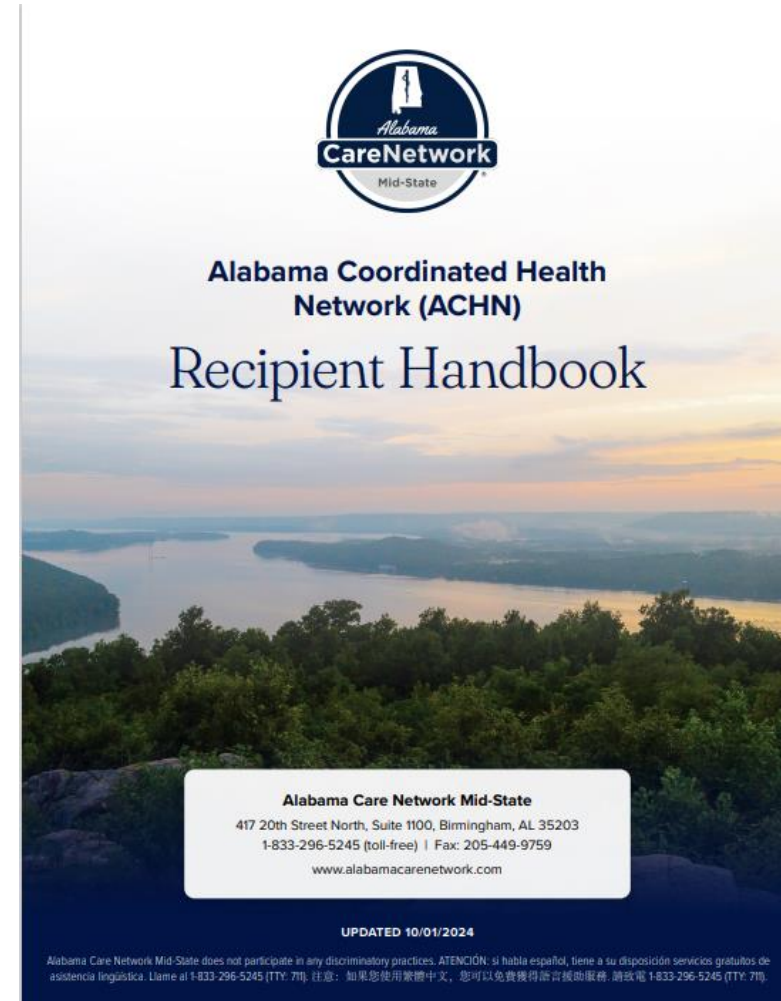
Provider Printed Name: _____ NPI No. _____

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

ACHN Midstate Updates



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



Recent Provider ALERTs



– 12/18/25: **Additional Diagnoses Information via CPT 99499**

- Effective January 1, 2026, physicians, nurse practitioners, physician assistants, and EPSDT screening providers can submit up to 24 additional diagnosis codes per date of service by submitting up to two claims for CPT 99499 (unlisted/unspecified) per date of service as a claim detail.

Claims for this code should not include other procedure codes.

Medicaid will pay \$0.00 on claims for CPT 99499.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) should bill CPT 99499 as a fee-for-service claim. Prospective payment rates will not be reimbursed for claims for this code.



- **1/12/2026: Fiscal Year (FY) 2027 (October 1, 2026-September 30, 2027) Patient-Centered Medical Home (PCMH) Attestation**
 - Alabama Medicaid Primary Care Physician (PCP) Groups actively participating with an Alabama Coordinated Health Network (ACHN) may be eligible to receive a quarterly **Patient-Centered Medical Home (PCMH) Bonus Payment**. The PCMH Bonus will be based on actual achievement of or progress towards achievement of PCMH Certification through a nationally recognized entity such as the National Committee for Quality Assurance (NCQA), the Joint Commission, or the Compliance Team, among others. **Attestation for this certification must be received annually by the Agency no later than October 1st to ensure eligibility for the PCMH Bonus for the upcoming fiscal year.**
 - Attestation for the 2027 fiscal year for PCMH is now open

ACHN Quality Measures



- Like providers, Medicaid incentivizes ACHNs to improve quality measure performance. Bonus payments provide additional resources for quality initiatives.
- 12 quality measures (new for 2025-2029 contract) that each ACHN region is monitored for
- Different from the provider quality measures
- Midstate analyzes claims data to identify members with quality gaps
- Care managers work with providers to schedule appointments, provide education and connect members with services
- Care managers connect members with resources that address Social Determinants of Health

ACHN Quality Measures



- [BCS-AD: Breast Cancer Screening](#)
- [CCW-AD: Contraceptive Care - All Women Ages 21 to 44 \(MMEBC & LARC\)](#)
- [CCW-CH: Contraceptive Care - All Women Ages 15 to 20 \(MMEBC & LARC\)](#)
- [DEV-CH: Developmental Screening in the 1st Three Years of Life](#)
- [FUH-AD: Follow-Up After Hospitalization for Mental Illness \(30-day Follow-Up\)](#)
- [FUM-AD: Follow-Up After Emergency Department Visit for Mental Illness \(30-day Follow-Up\)](#)
- [IET-AD: Initiation & Engagement of Substance Use Disorder Treatment \(Initiation & Engagement\)](#)
- [LBW-CH: Live Births Weighing Less than 2,500 Grams](#)
- [ODU-AD: Use of Pharmacotherapy for Opioid Use Disorder](#)
- [PPC-CH: Prenatal and Postpartum Care: Timeliness of Prenatal Care](#)
- [W30-CH: Well-Child Visits in the First 30 months of Life \(1st 15 months & 15 - 30 months\)](#)
- [WCC-CH: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents \(BMI\)](#)



BCS-AD: Breast Cancer Screening

- Measures the **percentage of women ages 52–74** who received a mammogram for breast cancer screening
- Screening must occur within a **2-year, 3-month lookback period** (October 1 two years prior through December 31 of the measurement year)
- **Numerator:** One or more qualifying mammograms identified using **CPT/HCPCS and imaging-related codes**
- **Why it matters:** Regular mammography supports **early detection of breast cancer**, leading to earlier treatment, improved survival rates, and reduced healthcare costs

BCS-AD: Breast Cancer Screening



Breast Cancer Screening Denominator (Adult)	2,087
Breast Cancer Screening Numerator	919
Breast Cancer Screening Rate	44.00%
Breast Cancer Screening Baseline	41.00%

CCW-CH and CCW-AD: Contraceptive Care – Women Ages 15-20 and 21-44



- Measures contraceptive care among **women ages 21-44 at risk of unintended pregnancy and adolescents and young adults ages 15-20**
- Reports **two rates**:
 - **Rate 1**: Mostly or moderately effective contraception (e.g., pills, injectables, patch, ring, diaphragm)
 - **Rate 2**: Long-acting reversible contraception (LARC) only (IUDs, implants)
- **Numerators** identified using **CPT, HCPCS, ICD-10, and NDC codes** for contraceptive services and prescriptions
- **Why it matters**: Access to effective contraception reduces unintended pregnancies, supports reproductive autonomy, and improves maternal and child health outcomes while highlighting gaps in access and equity

CCW-CH and CCW-AD: Contraceptive Care – Women Ages 15-20 and 21–44



Contraceptive Care (Most/Mod Eff) Denominator (Adult)	9,184
Contraceptive Care (Most/Mod Eff) Numerator	2,569
Contraceptive Care (Most/Mod Eff) Rate	28.00%
Contraceptive Care (Most/Mod Eff) Baseline	25.40%
Contraceptive Care (LARC) Denominator (Adult)	9,184
Contraceptive Care (LARC) Numerator	539
Contraceptive Care (LARC) Rate	5.90%
Contraceptive Care (LARC) Baseline	4.90%
Contraceptive Care (Most/Mod Eff) Denominator (Child)	8,616
Contraceptive Care (Most/Mod Eff) Numerator	1,889
Contraceptive Care (Most/Mod Eff) Rate	21.90%
Contraceptive Care (Most/Mod Eff) Baseline	23.80%
Contraceptive Care (LARC) Denominator (Child)	8,616
Contraceptive Care (LARC) Numerator	252
Contraceptive Care (LARC) Rate	2.90%
Contraceptive Care (LARC) Baseline	2.60%

* Resource Tool

Data claims FY 2024 Rates for October 2023 – September 2024

DEV-CH: Developmental Screening in the First Three Years of Life



- **What the Measure Looks At**
 - Percentage of children screened for **developmental, behavioral, and social delays**
 - Screening must occur:
 - By the **1st, 2nd, and 3rd birthdays**
 - Uses a **standardized, validated developmental screening tool**
 - Identified primarily through **CPT code 96110**
- **Why It Matters**
 - Early childhood is a **critical window for brain development**
 - Early identification allows for **timely intervention and support services**
 - Improves long-term outcomes in **education, behavior, and health**
 - Supports adherence to **AAP and Bright Futures guidelines**
 - Helps reduce disparities by ensuring **consistent screening across populations**

DEV-CH: Developmental Screening in the First Three Years of Life



Developmental Screening Denominator (Child)	12,566
Developmental Screening Numerator	6,830
Developmental Screening Rate	54.40%
Developmental Screening Baseline	45.40%

* Resource Tool

Data claims FY 2024 Rates for October 2023 – September 2024

FUH-AD: Follow-Up After Hospitalization for Mental Illness



- **What's Measured:** Percentage of discharges from the hospital for mental illness or self-harm that resulted in a follow-up visit with a mental health provider within **7 days** and **30 days**.
- **How it's Measured (Codes):**
 - **Denominator:** Inpatient discharge codes (UB, CPT).
 - **Numerator:** Follow-up codes including **CPT** (90791, 90832), **HCPCS**, and specific **Place of Service (POS)** codes for behavioral health settings.
- **Why It Matters:** The period immediately following discharge is the highest risk window for suicide and relapse; timely follow-up ensures continuity of medication and therapy.

FUH-AD: Follow-Up After Hospitalization for Mental Illness



Follow-Up Hospital Mental Illness Denominator (30 day)	563
Follow-Up Hospital Mental Illness Numerator	234
Follow-Up Hospital Mental Illness Rate	41.60%
Follow-Up Hospital Mental Illness Baseline	46.80%

* Resource Tool

Data claims FY 2024 Rates for October 2023 – September 2024

FUM-AD: Follow-Up After Emergency Department (ED) Visit for Mental Illness



- **Core Objective:** Measures the percentage of ED visits for beneficiaries age 18+ with a principal diagnosis of mental illness or intentional self-harm that result in a follow-up visit with a practitioner.
- **Two-Part Metric:**
 - **30-Day Follow-Up:** A follow-up visit occurring within 30 days of the ED visit (31 total days).
 - **7-Day Follow-Up:** A follow-up visit occurring within 7 days of the ED visit (8 total days).
- **Administrative Tracking (Codes):** Compliance is identified using a combination of **CPT, HCPCS, ICD-10-CM, ICD-10-PCS, POS, SNOMED, and UB** codes found on facility and professional claims.
- **Qualifying Follow-Up Services:** Follow-up can occur through various settings, including **outpatient visits, intensive outpatient encounters, partial hospitalizations, telehealth, telephone visits, and e-visits.**
- **Why It Matters:** Timely follow-up after an ED visit for mental illness is critical for patient safety and continuity of care, helping to reduce the risk of future crises or re-hospitalization.

FUM-AD: Follow-Up After Emergency Department (ED) Visit for Mental Illness



Follow-Up ED MI Denominator 30-day	288
Follow-Up ED MI Numerator	138
Follow-Up ED MI Rate	47.90%
Follow-Up ED MI Baseline	45.00%

* Resource Tool

Data claims FY 2024 Rates for October 2023 – September 2024

IET-AD: Initiation and Engagement of Substance Use Disorder (SUD) Treatment



- **Core Objective:** Measures the percentage of new SUD episodes (Alcohol, Opioid, or other drug disorders) for beneficiaries age 18+ that result in timely treatment initiation and ongoing engagement.
- **Two-Part Metric:**
 - **Initiation:** Starting treatment via inpatient admission, outpatient visit, telehealth, or medication within **14 days** of a new diagnosis.
 - **Engagement:** Having at least two additional treatment events (or long-acting medication) within **34 days** after the initiation visit.
- **Administrative Tracking (Codes):** Performance is tracked using a wide array of standardized medical coding systems, including **CPT, HCPCS, and ICD-10-CM** for services and diagnoses, and **NDC/RxNorm** for medications.
- **Why It Matters:** This measure identifies critical gaps in the transition from initial SUD diagnosis to active recovery, emphasizing that a single visit is insufficient for long-term clinical success.

IET-AD: Initiation and Engagement of Substance Use Disorder (SUD) Treatment



Engagement SUD Treatment Denominator	1,638
Engagement SUD Treatment Numerator	86
Engagement SUD Treatment Rate	5.30%
Engagement SUD Treatment Baseline	6.30%

* Resource Tool

Data claims FY 2024 Rates for October 2023 – September 2024

OUD-AD: Pharmacotherapy for Opioid Use Disorder



- **What's Measured:** The percentage of beneficiaries (ages 18–64) with OUD who were dispensed or administered an FDA-approved medication assisted treatment (MAT) during the year.
- **How it's Measured (Codes):** Tracks four specific medication types using **NDC** (pharmacy claims) and **HCPCS** (medical claims):
 - Buprenorphine
 - Oral Naltrexone
 - Long-acting Injectable Naltrexone
 - Methadone (tracked via HCPCS J-codes as it is administered in certified programs).
- **Cohort Definition:** The denominator is identified by an **ICD-10-CM** diagnosis of opioid abuse, dependence, or remission.
- **Why It Matters:** MAT is the "gold standard" for OUD; it reduces illicit opioid use, criminal activity, and overdose deaths while increasing retention in treatment programs.

OUD-AD: Pharmacotherapy for Opioid Use Disorder



Pharmacotherapy OUD Denominator	834
Pharmacotherapy OUD Numerator	582
Pharmacotherapy OUD Rate	69.80%
Pharmacotherapy OUD Baseline	70.80%

* Resource Tool

Data claims FY 2024 Rates for October 2023 – September 2024

PPC-CH: Prenatal and Postpartum Care



- **What's Measured:** Focuses on the **Timeliness of Prenatal Care**—the percentage of live birth deliveries where the mother received a prenatal visit in the first trimester (or within 42 days of enrollment).
- **How it's Measured (Codes):** Tracks **CPT/HCPCS** for prenatal bundled services (e.g., 59400, 59425, H1005) or standalone visits (99201-215). Medical records must show a pregnancy diagnosis plus physical evidence (e.g., fetal heart tones or fundal height). Virtual visits are counted.
- **Why It Matters:** Early prenatal care is the primary tool for identifying high-risk pregnancies, reducing neonatal complications, and preventing low birth weight.

PPC-CH: Prenatal and Postpartum Care



Timeliness of Prenatal Care Denominator	2,926
Timeliness of Prenatal Care Numerator	2,134
Timeliness of Prenatal Care Rate	72.90%
Timeliness of Prenatal Care Baseline	75.90%

* Resource Tool

Data claims FY 2024 Rates for October 2023 – September 2024

LBW-CH: Low Birth Weight



- **What's Measured:** The percentage of live births weighing less than **2,500 grams** (approximately 5.5 lbs) at birth.
- **How it's Measured:** This is unique as it is calculated using **State Vital Records (Birth Certificates)** linked to Medicaid claims data, rather than medical procedure codes.
- **Denominator:** Live births where Medicaid/CHIP is the principal source of payment.
- **Performance Direction:** Unlike most measures, a **lower rate** indicates better performance.
- **Why It Matters:** Low birth weight is a leading cause of neonatal mortality and long-term developmental disabilities; it serves as a macro-indicator of the health of the pregnant population and the efficacy of prenatal care.

LBW-CH: Low Birth Weight



Live Births < 2,500g Denominator	3,263
Live Births < 2,500g Numerator	423
Live Births < 2,500g Rate	13.00%
Live Births < 2,500g Baseline	13.30%

* Resource Tool

Data claims FY 2024 Rates for October 2023 – September 2024

W30-CH: Well-Child Visits in the First 30 Months



- **What's Measured:** The frequency of well-child visits at two developmental milestones:
 - **Rate 1:** 6 or more visits by the 15-month birthday.
 - **Rate 2:** 2 or more visits between 15 and 30 months of age.
- **How it's Measured (Codes):** Identified via **CPT** (99381–99385, 99391–99395), **HCPCS** (G0438-39, S0302), and **ICD-10-CM** (Z00 series) codes.
- **Provider Type:** Visits must occur with a Primary Care Practitioner (PCP), though it does not need to be the child's assigned lead doctor.
- **Why It Matters:** Frequent early-life visits allow for critical vaccinations, physical and behavioral screenings, and parental education (anticipatory guidance) during a period of rapid brain development.

W30-CH: Well-Child Visits in the First 30 Months



Well Child Visits 1st 15 Months Denominator (Child)	3,736
Well Child Visits 1st 15 Months Numerator	2,302
Well Child Visits 1st 15 Months Rate	61.60%
Well Child Visits 1st 15 Months Baseline	56.60%

* Resource Tool

Data claims FY 2024 Rates for October 2023 – September 2024

WCC-CH: Weight Assessment and Counseling



- **What's Measured:** The percentage of children/adolescents (ages 3–17) who had an outpatient visit and received: 1) BMI percentile documentation, 2) Counseling for nutrition, and 3) Counseling for physical activity.
- **How it's Measured (Codes):** Uses **ICD-10-CM** for BMI percentile and documentation for nutritional and physical activity counseling.
- **Why It Matters:** Childhood obesity is a significant predictor of adult chronic conditions; early tracking allows for timely intervention and healthy lifestyle habit formation.

WCC-CH: Weight Assessment and Counseling



Weight Assessment BMI Denominator (Child)	51,120
Weight Assessment BMI Numerator	50,088
Weight Assessment BMI Rate	98.00%
Weight Assessment BMI Baseline	94.40%

* Resource Tool

Data claims FY 2024 Rates for October 2023 – September 2024

**Mid-State
Quality
Baselines and
Targets for
FY2025 - FY2029**

Alabama Coordinated Health Network Entity Quality Baselines and Targets for FY2025 - FY2029								
Measure Name	Baseline	Equitable Annual Improvement Target					Annual Improvement Needed	Target Source and National Benchmark
		Year 1 FY25*	Year 2 FY26	Year 3 FY27	Year 4 FY28	Year 5 FY29**		
BCS-AD: Breast Cancer Screening	41.0	42.4	43.8	45.2	46.6	48.0	1.4	FY2022 Chart Pack Mean
CCW-AD1: Contraceptive Care - All Women Ages 21 to 44 (Most Effective or Moderately Effective Method of Contraception)	25.4	26.3	27.2	28.1	29.0	29.9	0.9	Alabama Medicaid Agency
CCW-AD2: Contraceptive Care - All Women Ages 21 to 44 (Long-Acting Reversible Method of Contraception)	4.9	5.0	5.1	5.2	5.3	5.4	0.1	FY2022 Chart Pack Mean
CCW-CH1: Contraceptive Care - All Women Ages 15 to 20 (Most Effective or Moderately Effective Method of Contraception)	23.8	24.9	26.0	27.1	28.2	29.3	1.1	Alabama Medicaid Agency
CCW-CH2: Contraceptive Care - All Women Ages 15 to 20 (Long-Acting Reversible Method of Contraception)	2.6	3.0	3.4	3.8	4.2	4.6	0.4	FY2022 Chart Pack Mean
DEV-CH: Developmental Screening in the 1st Three Years of Life	45.4	47.6	49.8	52.0	54.2	56.4	2.2	FY2022 Chart Pack Top Quartile
FUH-AD: Follow-Up After Hospitalization for Mental Illness (30-day Follow-Up)	46.8	47.7	48.6	49.5	50.4	51.3	0.9	FY2022 Chart Pack Mean
FUM-AD: Follow-Up After Emergency Department Visit for Mental Illness (30-day Follow-Up)	45.0	45.9	46.8	47.7	48.6	49.5	0.9	Alabama Medicaid Agency
IET-AD1: Initiation & Engagement of Substance Use Disorder Treatment (Initiation)	41.7	42.4	43.1	43.8	44.5	45.2	0.7	FY2022 Chart Pack Mean
IET-AD2: Initiation & Engagement of Substance Use Disorder Treatment (Engagement)	6.3	7.2	8.1	9.0	9.9	10.8	0.9	FY2023 Chart Pack Bottom Quartile
LBW-CH: Live Births Weighing Less than 2,500 Grams [Lower is better]	13.3	12.8	12.3	11.8	11.3	10.8	-0.5	FY2022 Chart Pack Mean
OD-AD: Use of Pharmacotherapy for Opioid Use Disorder	70.8	72.5	74.2	75.9	77.6	79.3	1.7	Alabama Medicaid Agency
PPC-CH: Prenatal and Postpartum Care: Timeliness of Prenatal Care	75.9	76.3	76.7	77.1	77.5	77.9	0.4	FY2022 Chart Pack Mean
W30-CH1: Well-Child Visits in the First 30 months of Life (1st 15 months)	56.6	58.6	60.6	62.6	64.6	66.6	2.0	Alabama Medicaid Agency
W30-CH2: Well-Child Visits in the First 30 months of Life (15 months - 30 months)	69.0	70.2	71.4	72.6	73.8	75.0	1.2	Alabama Medicaid Agency
WCC-CH: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (BMI)	94.4	94.9	95.4	95.9	96.4	96.9	0.5	Alabama Medicaid Agency



ACHN Mid-State Focus for 2026



- Focusing on 6 Measures
 - Breast Cancer Screening
 - Prenatal Care
 - Mental Health follow up for ER and Hospital
 - Opioid Use Pharmacotherapy
 - Substance Use Disorder Treatment



**THANK
YOU!**