

Provider Insider

Alabama Medicaid Bulletin

July 2026

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ELIMINATION OF THE OUT-OF-STATE HOSPITAL UPDATE FORM

Effective May 1, 2026, the Alabama Medicaid Agency (Medicaid) will discontinue use of the *Out-of-State ASC and Hospital Update Form* for granting extensions of enrollment dates for out-of-state hospital providers. All in-state, out-of-state and bordering hospital providers will be actively enrolled for a five-year enrollment period. If the provider does not have a paid claim within a 24-month period, the provider may be purged, and a new application will be required to reopen the enrollment file.

Please note, all active out-of-state hospital providers must complete their revalidation by the end of their current six-month extension. All providers who meet the criteria will receive a notification letter at the *pay-to* and *mail-to* addresses on the enrollment file when their revalidation is due. The revalidation facsimile will be available for download via the secure web portal. The instructions are at https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.16_Provider_Enrollment/9.4.16_PE_Download_Reenrollment_FAX_7-12-12.pdf.

If you have questions, please contact Provider Enrollment at (888) 223-3630 between Monday and Friday from 8:00 a.m. until 4:30 p.m. (Central Standard Time).

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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.



PROVIDERS: KEEP YOUR CONTACT INFORMATION UP TO DATE WITH THE ALABAMA MEDICAID AGENCY

To ensure enrolled providers with the Alabama Medicaid Agency receive important updates and information about upcoming changes, providers should regularly review and update their contact information with the Agency.

Providers can securely view and update contact information through the Interactive Web Portal. Please note that access to update contact information is limited to account administrator users only.

To Add or Update Information:

1. Log onto the <https://www.medicaid.alabamaservices.org/alportal/>
 2. Select **Secure Site**.
 3. Under the Providers tab, select **Provider Maintenance**.
 4. In the Provider Maintenance panel, select:
 - a. **Provider Location Contact Information**, or
 - b. **Provider Payer Information**
 5. Review all completed fields for accuracy and update any incorrect or outdated information.
 6. Complete any blank fields by providing missing information, such as patient contact email addresses or service location email addresses.
 7. Select **Save** to submit updated information.
- Contact **Provider Enrollment** at **(888) 223-3630** with any questions or for assistance updating contact information.

Updating a Service Location Address:

To update a service location address, providers should upload a request on official letterhead that includes:

- The current address on file
- The new address
- The provider's NPI number
- The Medicaid identification number

Requests should be uploaded through the secure web portal by selecting: **Trade Files > Forms > ERU**.



ALABAMA MEDICAID 2026 OFF-CYCLE REVALIDATION

In response to a request from the Centers for Medicare and Medicaid Services (CMS), the Alabama Medicaid Agency (Medicaid) will conduct two types of off-cycle revalidations for providers:

1. A High-risk provider at risk for fraud, waste and abuse will undergo revalidation immediately.
2. Moderate and Limited-risk providers will revalidate over the next twenty-four (24) months in accordance with federal guidance.

Which provider types are subject to High-risk off-cycle revalidation?

1. Durable Medical Equipment (DME)/Medical Supply Dealer (including POP providers)
2. Home Health Agency
3. Hospice
4. Nursing Facility
5. Applied Behavior Analysis (ABA) Therapy
6. Behavioral Health

Which provider types are subject to Moderate and/or limited risk off-cycle revalidation?

1. Ambulatory Surgical Center (ASC)
2. Anesthesiology Assistant (AA)/Physician Assistant (PA) Physician Employed
3. Audiology/Hearing Service
4. Certified Registered Nurse Anesthetist (CRNA)/Certified Registered Nurse Practitioner (CRNP)/Nurse Midwife
5. Chiropractor
6. CRS Physician – State Agency
7. Dentist
8. End-Stage Renal Dialysis (ESRD) Clinic
9. Eye Care (Optician, Optometrist, Ophthalmologist)
10. Federally Qualified Health Centers (FQHC)
11. Hospital
12. Independent Lab
13. Independent Radiology (X-ray Clinic)
14. Independent Rural Health Clinic (IRHC)
15. Mental Health Provider
16. Nurse-Family Partnership (NFP)
17. Oral Surgeon
18. Ordering, Prescribing and Referring (OPR)
19. Pharmacy
20. Physician
21. Podiatrist
22. Private Duty Nursing
23. Provider-Based Rural Health Clinic
24. Psychiatric Hospital (Under 21)
25. Psychiatric Hospital (Beneficiaries 65 and over)
26. Psychologist
27. Public Health Agency – State Agency
28. Registered Dietitian/Nutrition Professional
29. Remote Patient Monitoring (RPM)
30. Targeted Case Management (TCM)
31. Therapist (Occupational, Physical and Speech)
32. Transportation (Emergency Air & Ambulance)
33. Waiver Provider – State Agency

Some off-cycle revalidations may be exempted from this project. Once those exemptions are determined, Medicaid will post any exempted provider categories on its website.

How will a provider know when to complete the off-cycle revalidation?

If you must complete the off-cycle revalidation, Medicaid will issue revalidation notices to providers in phases.

Important: Providers must respond timely as the revalidation notice specifies. Failure to complete revalidation timely could affect a provider's enrollment with Medicaid.

What steps are necessary to complete revalidation?

Upon receiving a Revalidation Notice, a provider must:

1. **Download** the Revalidation Facsimile from the Medicaid Secure Web Portal at <https://www.medicaid.alabamaservices.org/alportal/Account/Secure%20Site/tabId/22/Default.aspx>.
2. **Complete** the Revalidation Facsimile and all applicable forms.
3. **Submit** the Revalidation Facsimile and all forms via the Medicaid Secure Web Portal.

Which forms should a provider submit for revalidation?

1. Provider Agreement
2. Individual Disclosure Form (required for individual providers completing revalidation)
3. Facility/Group Disclosure Form (required for providers who operate as a corporation, organization, institution, agency, partnership, professional association or similar entity)
4. W-9 Tax Form (if tax name or service location address changes apply)
5. CLIA Certificate (if applicable changes)
6. DEA Certificate (if applicable changes)
7. EPSDT Agreement (required if the provider is or would like to participate as an EPSDT provider)
8. Plan First Agreement (required if the provider is or would like to render services to Plan First beneficiaries)
9. Certification of Mammography Systems (required if the provider is or would like to render mammography services)
10. Corporate Board of Directors Resolution (required for physician groups that operate as a corporation)

Some revalidation resources available for a provider include:

Resource	Description	Link
Provider Enrollment Forms and Information	Required forms for revalidation	https://www.medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.16_Provider_Enrollment_Forms.aspx
Revalidation Facsimile Download Instructions	Steps to download revalidation facsimile	https://www.medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.16_Provider_Enrollment/9.4.16_PE_Download_Reenrollment_FAX_7-12-12.pdf
Revalidation Upload Instructions	Steps to submit completed revalidation and required forms	https://www.medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.16_Provider_Enrollment/9.4.16_PE_Upload_Revalidation_Instructions_1-5-21.pdf
Disclosure Form Tips	Guidance for completing Disclosure Form	https://www.medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.16_Provider_Enrollment/9.4.16_Disclosure_Form_Tips_8-1-24.pdf

Resource	Description	Link
Provider Application Fee Information	Determine application fee requirements	https://www.medicaid.alabama.gov/documents/10.0_Contact/10.3_HP_Contact_Information/10.3.4_Provider_Enrollment/10.3.4_Providers_Required_to_Submit_an_Application_Fee.pdf

For questions regarding or assistance with revalidation, please contact Provider Enrollment at (888) 223-3630.



PCP REFERRALS REMINDER

Medicaid no longer requires a Primary Care Physician (PCP) referral for services rendered for Medicaid beneficiaries. 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. Beneficiaries who are in lock-in will be required to obtain a lock-in referral from their lock-in provider. To verify a beneficiary's lock-in status and provider, you may view the beneficiary'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

According to 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 beneficiaries 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 2027:

Attribution Period	Attribution Run Month	Attribution Reports Available
October 1, 2026 – December 31, 2026 (Quarter 1)	August 2026	First or second week of September 2026
January 1, 2027 – March 31, 2027 (Quarter 2)	November 2026	First or second week of December 2026

Attribution Period	Attribution Run Month	Attribution Reports Available
April 1, 2027 – June 30, 2027 (Quarter 3)	February 2027	First or second week of March 2027
July 1, 2027 – September 30, 2027 (Quarter 4)	May 2027	First or second week of June 2027

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 July 2026.**

School Campus Facility

During enrollment, FQHCs are now required to identify each satellite clinic operating as a School Campus Facility (SCF) that provides clinic services. This is for informational purposes only. FQHC satellite clinics that provide clinic services at a School Campus Facility 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 SCF.

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. Provider groups seeking to enroll as a new RHC may complete the enrollment process at https://medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts/10.3.4_Provider_Enrollment.aspx.



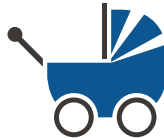
ACHN PROVIDER PROFILER REPORTS

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.medicare.alabama.gov >ACHN>ACHN Quality Measures. The next Provider Profiler Reports will be released in July 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 benefits for eligible pregnant women throughout pregnancy and for 12 months postpartum. Providers should be reminded that a positive confirmatory pregnancy test is not required for maternity Medicaid coverage. Pregnant women may apply for Medicaid coverage using the single streamlined Medicaid application. For faster service, applications may be submitted online at <https://insurealabama.adph.state.al.us/>. Applications may also be submitted by mail. To request a paper application, contact the Recipient Call Center (toll-free) at (800) 362-1504, Monday through Friday, 8:00 a.m. until 4:30 p.m. In addition, applicants can apply in person at their local county health department, FQHC, at a regional ACHN, or at participating local hospitals.

During the 2025 legislative session, the Alabama Legislature passed Senate Bill 102 (Act 2025-204), establishing **Presumptive Eligibility for Pregnancy (PEP)**, which was implemented October 1, 2025. PEP allows pregnant women to receive early access to ambulatory prenatal care while their Medicaid application is being reviewed.

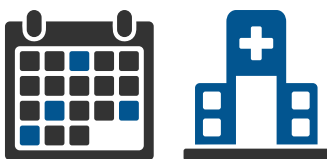
For more information about PEP, providers should refer to Chapter 24 of the Medicaid Provider Billing Manual and the [Medicaid website](#).

Providers with questions related to maternity Medicaid eligibility may contact Gainwell Technologies at (800) 688-7989.

Alabama Medicaid Bulletin

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