

Medicaid Matters

Proof of citizenship required for Medicaid eligibility starting July 1



Beginning July 1, federal law requires individuals to prove citizenship or nationality when first applying for Medicaid or upon a recipient's first Medicaid re-determination after July 1. Guidelines for the types of documents that state Medicaid agencies can accept as proof of citizenship and identity were issued June 9 by the Centers for Medicare and Medicaid. [Click here to view CMS Fact Sheet for state Medicaid programs.](#)

Based on the new federal guidelines, the Alabama Medicaid Agency has developed a handout for use by applicants, recipients and others to determine what types of documents can be accepted. The document is currently in draft form pending final approval by CMS. Additionally, the

Agency is looking into potential data matches or other methods to streamline the process for recipients. [Click here to see Citizenship and Identity handout.](#)

Kay Keeshan retires after more than 36 years' service

Kay M. Keeshan, director of Alabama Medicaid's Third Party Division, retired May 31, concluding a distinguished career that paralleled the Agency's more than 36-year history and resulted in millions of dollars in savings for the Agency and state taxpayers.

Hired two months before the Alabama's Medicaid program began in January, 1970, the Auburn University graduate's career has centered around third party collections and activities. In 1978, she was named director of the state Medicaid agency's Third Party program where she continued her efforts to ensure the efficient coordination of benefits with primary payers as well as to oversee required cost avoidance activities. In FY 2005 alone, Alabama Medicaid third party savings exceeded \$800 million under Mrs. Keeshan's leadership.

In addition to her efforts in Alabama, Mrs. Keeshan has also been recognized as a leader among her peers in other states, serving as a mentor for other state Medicaid program officials and on the National Third Party Liability Technical Advisory Group (TAG) since the mid-1980s.



Hurricane evacuee health care claims due to Medicaid by June 30

Alabama health care providers have only a few days left before the June 30 deadline for filing claims to the Alabama Medicaid Agency's uncompensated care pool plan. As of June 16, only \$126,100 in claims had been submitted, according to Commissioner Carol A. Herrmann-Steckel.

Continued on Page Two



- Inside:
- ◆ In-Home Monitoring Designed to Improve Health Outcomes
 - ◆ Helpful Resources and Links on Medicaid's Website

Hurricane evacuee health care claims due by June 30

Continued from Page One

Nearly \$6 million in unclaimed funds for hurricane evacuee health care needs in Alabama will soon revert to the federal government unless more health care providers meet the June 30 deadline for submitting claims to Alabama Medicaid. All forms and information needed to file a claim are available on the agency's website. [Click here for more information.](#)

Improved Health Outcomes goal of In-Home Monitoring effort

Combining new technology with a personal touch, Alabama Medicaid's In-Home Monitoring program is helping Patient 1st physicians improve health outcomes for their patients with chronic diseases or conditions while potentially reducing emergency room visits, inpatient hospital utilization, prescription drug costs or high cost procedures.

A joint effort of the Alabama Medicaid Agency, the Alabama Department of Public Health and the University of South Alabama's Center for Strategic Health Innovation, the In-Home Monitoring program is designed to provide consistent patient information to physicians on an ongoing basis. Patients on the program use specially-designed equipment to measure their blood sugar, blood pressure and/or weight from the privacy and convenience of their home and automatically transmit the data via a toll-free telephone line to the monitoring center. There is no charge to the patient or physician to participate in the statewide program.



"The system allows a physician to get specific, real-time information on the patient between office visits," said RN Susan Malone, Clinical Coordinator for USA's Center for Strategic Health Innovation. She noted that this is particularly important when physicians are trying to stabilize a patient's condition, such as a diabetic whose blood sugar is not well controlled.

If any of the submitted data is outside the limits set for a patient by his or her physician, the system triggers a follow-up phone call or visit to the patient. In some cases, the patient may have forgotten to take their medicine that morning while other changes may be more gradual and warrant a different response, Malone said. Patients who fail to submit data are also targeted for follow-up.

Program participants are referred to the program by their Patient 1st physician. ADPH nurses help patients set up, test and learn to use the equipment in the home, and make follow-up visits as needed. As program coordinator, USA furnishes the equipment, monitors the data submitted by the patient and provides referring physicians with printed monthly reports for patients' charts.

For more information on the In-Home Monitoring program, contact Kim Davis-Allen at 334-242-5011 or Susan Malone at 251-461-1810 or [click here for more information.](#)

Click below for helpful resources and links on Medicaid's website:

[Annual Reports - New FY05 Report!](#)
[Billing Information](#)

[Applying for Medicaid](#)
[Contact Information](#)

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