

Provider Insider

Alabama Medicaid Special Bulletin

February 2008

New Medicaid Claims Payment System To Go Live

The Alabama Medicaid Agency and EDS have worked to develop a new system (interChange) that will provide better service to the provider community, and enhance technology for the Medicaid Agency. The new system goes live on February 25, 2008, and features a fully functional web portal, and an NPI compliant system. The following are some of the enhancements and changes that are being implemented with the new system:

Enhancements

- Added features to the Web Portal
- Better electronic Remittance Advice (RA) Retention
- Easier electronic void/adjust claim process
- All claims submitted will be accepted into the system for processing
- Ability to check PA status on-line (Requesting provider only) and check PA status for non-pharmacy claims
- Compound Drug Billing Allowed for Pharmacy Providers

Changes

- Updated CMS-1500 form will be the only accepted claim form for professional providers
- New UB-04 form will be the only accepted claim form for institutional providers
- Only NPI numbers will be used on claim forms *(Unless you are not required by CMS to obtain an NPI). This includes referral numbers for Patient 1st, EPSDT Lock-in and anesthesia referrals
- Recipients will now be assigned by distance from a patient's home to a physician's office, not by county. (New assignments only)
- All providers will receive new log-on IDs for the web portal, Provider Electronic Solutions Software and some vendor software products. (See page 2 for more information)
- Interactive Transactions are no longer allowed through the current interactive toll free number which is (866) 627-0017 (See page 2 for more information)
- Prior Authorization Numbers will no longer be required on claims. As long as the units and services are approved, the claim will go through the system and process
- Interactive Claim Status Requests will no longer be available through Provider Electronic Solutions or your software vendor. To check claim status, providers will need to access the web portal or submit a batch 276 transaction
- Recipients and providers will be able to search for Patient 1st providers serving a recipient's area via the web portal
- NPI number must be used for all referrals. This includes Patient 1st, EPSDT, Lock-in and referrals for anesthesia providers
- Alabama specific RA codes will now print on Remittance Advice



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Determining Service Location on a Claim

With the implementation of the new interChange and the usage of NPI, providers will only have a single provider number. Medicaid will use the zip+4 code on the claim to determine a provider's service location. Should the zip+4 be the same for two locations, a taxonomy code will be required on the claim.

Changes to Provider Electronic Solutions

Along with the exciting upgrades that involve interChange, the Provider Electronic Solutions software has been upgraded. A complete software user guide is available on the new web portal, under AL Links. The new 2.07 version includes the following changes:

- It will require the 10-digit NPI number
- No interactive transactions will be accepted (includes eligibility verification, household inquiry, pharmacy claims and claim status)
- No Claim Submission Responses (CSR's) for batch transactions
- When entering provider lists, zip+4 is now required
- When adding a provider to the list that operates at multiple service locations, a separate entry using the taxonomy code will be required

Changes to the LTC Software

Along with the exciting upgrades that involve interChange, the Provider Electronic Solutions LTC software will also be upgraded. A complete software user guide is available on the new web portal, under AL Links. The new 2.02 version will include the following changes:

- The Provider ID fields (performing and provider ID) updated to accept the 10-digit NPI number
- Trading Partner ID is now different from the web login ID
- Response files are now in 'landscape' mode. To print correctly, change default settings on printer to landscape
- Each recipient on the report now has an individual heading section, making it easier to separate for inserting patient records

Providers Must Have the New NPI Number

Effective February 25, all claims must be submitted using the NPI number, regardless of the date of services.

We have received the majority of NPI numbers from providers, but we are not at 100% complete. To confirm we have your NPI information on file, you can call the Provider Assistance Center at (800) 688-7989 to verify the information.

EDS has mailed several alerts to providers requesting NPI information. The last few mailouts were just to providers which had not sent in NPI information. If you received a letter from EDS and it had a specific provider number on the letter, you need to send the NPI information in for the provider number on the letter. Failure to follow-up on this will result in denied claims on February 25, 2008.

If you are a provider which currently has both a payee and a performing provider number in the current system, you must do one of two things for interChange:

- Enumerate yourself through the NPI with both an individual and organizational NPI. Send the information to EDS to add to your file.
- If you choose not to enumerate yourself as you currently are, you must complete an updated provider enrollment form. In some cases (change of tax ID information) you will have to re-enroll.

Toll Free Number for Interactive Transactions Will Be Discontinued

Beginning on February 22, 2008 the following interactive transactions will no longer be available through the current toll-free number (866) 627-0017:

- 270/271 transaction – Eligibility inquiry
- 276/277 transaction – Claim status inquiry
- Household Inquiry
- NCPDP drug claim submission, reversal or eligibility inquiry

Vendors that currently utilize this toll-free number to connect to the EDS data center via Business Exchange Server (BES) will no longer have this capability. These vendors MUST contact a clearinghouse that has an established connection with the EDS data center if they wish to continue a similar service on or after February 22, 2008. This alert was originally sent out to all providers and vendors on August 21, 2006, and we requested vendors begin to plan for this change at that time.

The following clearinghouses currently connect with the EDS data center:

- | | |
|----------------------------|------------------------|
| • Emdeon | www.emdeon.com |
| • Per-Se | www.per-se.com |
| • Healthcare Data Exchange | www.hdx.com |
| • Nebo | www.nebo.com |
| • TeraHealth | www.terahealth.com |
| • eRx | www.erxnetwork.com |
| • Passport Health | www.passporthealth.com |

Impact to Providers

Providers will be able to complete an interactive request, such as an eligibility or claim status inquiry, by using the Medicaid Website.

Remote Access Server (RAS) Changes

EDS currently has a Remote Access Server in place for providers without an Internet Service Provider to utilize when submitting batch transactions. To obtain access to the RAS, call (800) 456-1242 or (334) 215-0111. If you use the RAS server, the new phone number will be (866) 421-1763.



Remittance Changes Due to interChange

With the implementation of the new interChange system, there are a number of changes for the EOP to be noted to avoid any issues.

- Explanation of Payment (EOP) is now called Remittance Advice (RA)
- Alabama specific Explanation of Benefit (EOB) codes will appear on paper RAs instead of the generic HIPAA standard codes.
- Crossover claim details will not be displayed upon implementation. They will be added back after implementation.

Claim Data Pages

Claim page sort order is different. First sort is by claim type: Inpatient Crossover, Medical Crossover, Outpatient Crossover, Dental, Inpatient, Inpatient Encounter, Inpatient Nursing Home, Medical, Outpatient, Drug, Compound Drug. Second sort is by claim status: Adjustment, Denied, Paid, Suspended.

- Example: A doctor's RA sorts as: Crossovers, then Mediical (each with the Adjusted, Denied, Paid, Suspended sort).
- Example: A hospital's RA sorts as: Inpatient Crossover, Outpatient Crossover, Inpatient, Inpatient Encounter, and Outpatient (each with the Adjusted, Denied, Paid, Suspended sort).

Adjustment Pages

The sort is only by recipient last name. There is no page change for type of adjustment. Each adjustment will have a single 'mother' line with the ICN (Internal Control Number) of the claim that is adjusted, followed by the 'daughter' claim with the adjustment ICN. With the exception of crossovers, details will appear on the daughter.

- Additional Payment: If the adjustment generates an additional payment, the additional amount is displayed below that adjustment.
- Net Overpayment (AR): If the adjustment generates an accounts receivable, the amount due is displayed below that adjustment.
- Refund: If a cash receipt is posted for a claim, the amount applied is displayed below that adjustment.

Financial Transaction Page

There are three sections.

- Payouts: Lists non-claim expenditures made to the provider.
- Refunds: Lists cash receipts received from the provider.
- Accounts Receivable: Lists both non-claim and claim account receivables. interChange has the added ability to set up a non-claim AR so that it reduces over several financial cycles. This section displays the amount applied and remaining balances.

Summary page

There are two sections. Claims activity reports first, followed by payment reporting. Payment reporting has the most significant changes.

- The 'top' of the payment section is where to look for your check (or EFT) amount. It will appear visually in the middle of the page as NET PAYMENT. Warning: You will NOT see a negative amount here if you have a credit balance due to Medicaid. It will appear as 0.00 The amount due will only appear on the CREDIT BALANCE DUE 'letter' that would be the last page of your RA.
- If you are to receive a Capitation Payment, it will appear as a single line and amount in this 'top' section.
- The 'bottom' of the payment section displays any other financial data that may affect your NET EARNINGS.
- If any of your payment is being sent to the IRS, the deduction amount is noted in the 'bottom' section, and detailed in a message at the very bottom of the page.



Providers: Look for the New Web Portal PIN

Web Portal Provider PIN's will be issued to all active providers on our file. If you have group and individual provider numbers, you will only receive one Web Portal Provider PIN for the group.

When will I use my Web Portal Provider PIN?

The web portal provider PIN will be used to access the secure website to perform transactions. It will also be accessed to register your trading partner ID's (If required to obtain one).

How do I activate the web portal PIN?

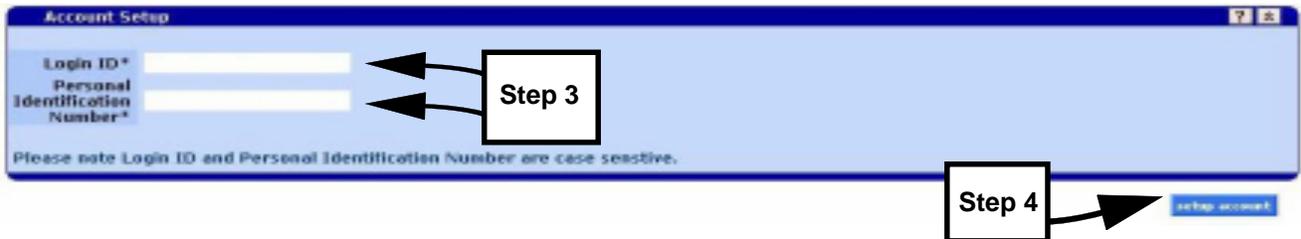
Step 1: Go to the new Medicaid web portal at: <https://www.medicaid.alabamaservices.org/ALPortal>

Step 2: Click on account, then click on account setup.



Step 3: Enter the information from the Web Portal PIN letter exactly as it appears. It will contain both upper and lower case values, the information is case sensitive.

Step 4: Click Setup Account.



Step 5: Complete all fields with an *Asterisk on the screen. Passwords must be at least 8 characters in length, with 6 alpha characters and two numeric characters.

The screenshot shows the 'Account Setup' form with the following fields filled out: Login ID (1004737B) and Personal Identification Number (ET5D6UmfW). Below these fields is a note: 'Please note Login ID and Personal Identification Number are case sensitive. Required fields are indicated with an asterisk (*).'. The form includes several other fields, all marked with an asterisk to indicate they are required: User Name*, Contact Last Name*, Contact First Name*, Phone Number*, 1st Secret Question*, 1st Answer*, 2nd Secret Question, 2nd Answer, Password*, Confirm Password*, EMail*, and Confirm EMail*. At the bottom right, there are 'submit' and 'cancel' buttons.

Trading Partner PIN Setup Instructions

Trading partner PIN's will be issued to providers upon request. Providers must obtain a new trading partner PIN if they submit claims through Provider Electronic Solutions or a vendor that connects directly to EDS for claims submission. If you use a switch or a clearinghouse to submit your claims, you will not need to obtain a new trading partner PIN.

How do I register my Trading Partner PIN?

- Step 1: Access the new Medicaid web portal at: <https://www.medicaid.alabamaservices.org/ALPortal>
- Step 2: Go to Account then click on account setup
- Step 3: Enter the log in ID exactly as it appears on the letter in the logon ID field. Enter PIN from the letter in the Personal Identification Number field.
- Step 4: Click Setup Account.

The screenshot shows the 'Account Setup' form with the following fields: Login ID* and Personal Identification Number*. A box labeled 'Step 3' has arrows pointing to both fields. A 'Setup Account' button is visible at the bottom right, with a box labeled 'Step 4' pointing to it. A note at the bottom states: 'Please note Login ID and Personal Identification Number are case sensitive.'

- Step 5: Complete all fields with an asterisk on the next screen. Passwords must be at least 8 characters in length, with 6 alpha characters and 2 numeric characters.

The screenshot shows the 'Account Setup' form with the following fields: Login ID (1004737B), Personal Identification Number (ET5D6UmfW), User Name*, Password*, Confirm Password*, EMail*, Confirm Email*, Contact Last Name*, Contact First Name*, Phone Number*, 1st Secret Question*, 1st Answer*, 2nd Secret Question, and 2nd Answer. A note at the top states: 'Please note Login ID and Personal Identification Number are case sensitive. Required fields are indicated with an asterisk (*).'

- Step 6: Go to Provider Electronic Solutions or your vendor product and enter the information. In Provider Electronic Solutions, go to tools, options. See example below.
- Step 7: Enter your Login ID from the PIN letter in the Trading Partner ID field.
- Step 8: Enter your Web Logon ID. This is your user name you created on the Setup Account page. information you entered. (For sake of simplicity, you may want to consider making your web logon ID the same as your trading partner ID.
- Step 9: This is the web password you entered for your web logon user name on the Setup Account page.

The screenshot shows the 'Options' dialog box with the following fields: Trading Partner ID, Web Logon ID, Last/Org Name, Requester Communication (Contact Name, E-Mail*), Entity Type Qualifier (1), Web Password, First Name, Fax*, and Telephone. A box labeled 'Step 7' points to the Trading Partner ID field, a box labeled 'Step 8' points to the Web Logon ID field, and a box labeled 'Step 9' points to the Web Password field. Buttons for Help, Print, OK, and Close are visible on the right side.

CMS-1500 Claim Form Filing Instructions

The instructions describe information that must be entered in each of the block numbers on the CMS-1500 Claim Form. **Block numbers not referenced in the table may be left blank. They are not required for claims processing by EDS.**

Block No.	Description	Guidelines
1a	Insured's ID no.	Enter the patient's 13-digit recipient number (12 digits plus the check digit) from the Medicaid identification card and/or eligibility verification response.
2	Patient's name	Enter the recipient's name exactly as it is given to you as a result of the eligibility verification transaction. Please note that the recipient name on the claim form must match the name on file for the RID number you entered in Block 1. If a recipient has two initials instead of a first name, enter the first initial along with a long space, then the second initial and no periods. If a recipient's first name contains an apostrophe, enter the first name including the apostrophe. Examples: For recipient A. B. Doe, enter "Doe A B" with no punctuation. For recipient D'Andre Doe, enter "Doe D'Andre" with an apostrophe and no spaces.
3	Patient's date of birth Patient's sex	Enter the month, day, and year (MM/DD/YY) the recipient was born. Indicate the recipient's sex by checking the appropriate box.
5	Patient's address	Enter the patient's complete address as described (city, state, and ZIP code).
9-9d	Other insured's name	If the recipient has other health insurance coverage, enter all pertinent information. Providers must submit the claim to other insurers prior to submitting the claim to Medicaid.
10	Was condition related to: A) Patient's employment B) Auto accident C) Other accident	Indicate by checking the appropriate box. If applicable, enter all available information in Block 11, "Other Health Insurance Coverage."
17	Name of referring physician or other source	Enter one of the following, if applicable: <ul style="list-style-type: none"> • The name of the referring PMP provider • The EPSDT referring provider if the services are the result of an EPSDT screening • The referring lock-in physician if the eligibility verification response indicates the recipient has Lock-In status
17B	Referring NPI number	A referring provider number should only be included for lock-in, Patient 1 st , EPSDT or anesthesia referrals. (Referral form updated in January 2007 with field for provider's NPI number)
19	Reserved for Local use	Use this block to provide remarks, as appropriate. Examples include, but are not limited to the following: <ul style="list-style-type: none"> • Home accident • Treatment due to disease • TPL paid (MM/DD/YY) • TPL denied (MM/DD/YY) • Retroactive eligibility award date The substitute provider's name may also be indicated here.
21	Diagnosis or nature of illness or injury	Enter the ICD-9 diagnosis code to the highest number of digits possible (3, 4, or 5). Do not include diagnosis descriptions. Do not use decimal points in the diagnosis code field.
24a	Date of service (DOS)	Enter the date of service for each procedure provided in a MM/DD/YY format. If identical services (and charges) are performed on the same day, enter the same date of service in both "from" and "to" spaces, and enter the units perform in Block 24g. Exception: Provider visits to residents in nursing facilities must be billed showing one visit per line.
24b	Place of service (POS)	Enter a valid place of service (POS) code for each procedure. For program-specific POS values, refer to the chapter in Part II that corresponds to your provider or program type.
24c	EMG	This field was located in field 24I. It is now in 24C. This field is used to indicate certain co-Payment exemptions, exemption for a certified emergency. Enter an 'E' for emergency, or 'P' for pregnancy, if applicable. Do not enter Y or N.

CMS-1500 Claim Form Filing Instructions

(Continued From Page 6)

Block No.	Description	Guidelines
24d	Procedures, Services, or Supplies CPT/HCPCS and MODIFIER	Enter the appropriate five-digit procedure code (and two-digit modifier, as applicable) for each procedure or service billed. Use the current CPT-4 book as a reference. Note: Up to 4 modifiers can be entered per procedure code.
24e	Diagnosis code	Enter the line item reference (1, 2, 3, or 4) for each service or procedure as it relates to the primary ICD-9 code identified in Block 21. If a procedure is related to more than one diagnosis, the primary diagnosis to which the procedure is related must be the one identified. Enter only one digit in this block.
24f	Charges	Indicate your usual and customary charges for each service listed. Charges must not be higher than fees charged to private-pay patients.
24g	Units	Enter the appropriate number of units. Be sure that span-billed daily hospital visits equal the units in this block. Use whole numbers only.
24h	EPSDT Family Planning	Enter one of the following values, if applicable: <ul style="list-style-type: none"> • "1" if the procedure billed is a result of an EPSDT referral • "2" if the procedure is related to Family Planning • "3" if the procedure is a Patient 1st (PMP) referral –Effective April 1, 2005 the referral requirement for Patient 1st recipients was reinstated. • "4" if the procedure is EPSDT and PMP referral
24I	ID Qual	Enter in the shaded area of 24I the qualifier identifying if the number is a non-NPI. This will only be used for providers that are not required to obtain an NPI. These providers should use the following identifier in 24I: 1D which identifies the number being used as a Medicaid provider number. Should a provider need to use a taxonomy code on a claim, use the following: <ul style="list-style-type: none"> ▪ ZZ which identifies the number being used is a provider taxonomy code.
24J	Rendering provider ID	The individual provider performing the service is reported in 24J. If not entering an NPI, the number should appear in the shaded area of the field. The NPI number should be entered in the non-shaded area.
26	Patient account number	This field is optional. Up to 20 alphanumeric characters may be entered in this field. If entered, the number appears on the provider's Explanation of Payment (EOP) to assist in patient identification.
28	Total charge	Enter the sum of all charges entered in Block 24f lines 1-6.
29	Amount paid	Enter any amount paid by an insurance company or other sources known at the time of submission. Do not enter Medicaid copayment amount. Do not enter Medicare payments.
30	Balance due	Subtract Block 29 from Block 28 and enter the balance.
31	Signature of physician or supplier	After reading the provider certification on the back of the claim form, sign the claim. In lieu of signing the claim form, you may sign a Medicaid Claims Submission Agreement, to be kept on file by EDS. The statement "Agreement on File" must be entered in this block. The provider or authorized representative must initial the provider's stamped, computer generated, or typed name.
33	Billing Provider Info and Phone Number	1st Line: Name of the Payee provider as it appears in the EDS system 2nd Line: Address 3rd Line: City, State and Zip Code (include zip+4) 33A: Enter the payee (group) NPI 33B: Enter the two-digit qualifier identifying the non-NPI number followed by the ID number. Do not enter a space, hyphen or other separator between the qualifier and the number. (Only for providers who do not qualify to receive an NPI).

UB-04 Claim Form Filing Instructions

The instructions describe information that must be entered in each of the block numbers on the UB-04 Claim Form. **Block numbers not referenced in the table may be left blank. They are not required for claims processing by EDS.**

Block No.	Description	Guidelines
1	Provider name, address, and telephone number	Enter the provider name, street address, city, state, ZIP code, and telephone number of the service location.
2	Pay to name/address	Required when the pay-to name and address information is different from the billing information in block 1. If used, providers must include, name, address, city, state and zip.
3A 3B	Patient control number	Optional: Enter patient's unique number assigned by the provider to facilitate retrieval of individual's account of services containing the financial billing records. 3B: Enter the patient's medical record number assigned to the hospital. This number will be referenced on the provider's EOP for patient identification. Up to twenty-four numeric characters may be entered in this field. .
4	Type of bill (TOB) Most commonly used: 111 Inpatient hospital 131 Outpatient hospital 141 Non-patient (laboratory or radiology charges) 211 Long Term Care 331 Home health agency 811 Hospice 831 Ambulatory Surgical Center	Enter the four-digit type of bill (TOB) code: 1st Digit – Type of Facility 1 Hospital 2 Long Term Care 3 Home Health Agency 7 Clinic (RHC, FQHC) * see note 8 Special Facility ** see note 2nd Digit – Bill Classification 1 Inpatient (including Medicare Part A) 2 Inpatient (Medicare Part B only) 3 Outpatient 4 Other (for hospital-reference diagnostic services; for example, laboratories and x-rays) 3rd Digit – Frequency 0 Nonpayment/zero claim 1 Admit through discharge 2 Interim – first claim 3 Interim – continuing claim 4 Interim – last claim 5 Late charge(s) only claim *Clinic requires one of the following as the 2nd Digit – Bill Classification: 1 Rural Health 2 Hospital-Based or Independent Renal Dialysis Center 3 Free-Standing 4 Outpatient Rehabilitation Facility (ORF) 5 Comprehensive Outpatient Rehabilitation Facility (CORF) 6-8 Reserved for National Assignment 9 Other **Special Facility requires one of the following as the 2nd Digit – Bill Classification: 1 Hospice (non-hospital-based) 2 Hospice (hospital-based) 3 Ambulatory Surgical Center 4 Free-Standing Birthing Center 5 Critical Access Hospital 6 Residential Facility 7-8 Reserved for national assignment 9 Other
6	Statement covers period	Enter the beginning and ending dates of service billed. For inpatient hospital claims, these are usually the date of admission and discharge.

UB-04 Claim Form Filing Instructions

(Continued From Page 8)

Block No.	Description	Guidelines
8	Patient's Name	<p>Enter the recipient's name exactly as it is given to you as a result of the eligibility verification transaction. Please note that the recipient name on the claim form must match the name on file for the RID you entered in Block 60.</p> <p>If a recipient has two initials instead of a first name, enter the first initial along with a space, then the second initial and no periods. If a recipient's first name contains an apostrophe, enter the first name including the apostrophe.</p> <p>Examples: For recipient A. B. Doe, enter "Doe A B" with no punctuation. For recipient D'Andre Doe, enter "Doe D'Andre" with an apostrophe and no spaces.</p>
12	Admission Date/Start Date of Care	<p>Enter the total days represented on this claim that are not covered. This is not required for outpatient claims.</p> <p>Enter numerically the date (MM/DD/YY) of admission for inpatient claims; date of service for outpatient claims; or start of care (SOC) for home health claims.</p>
13	Admission hour (required field)	<p>Military time (00 to 23) must be used for the time of admission for inpatient claims or time of treatment for outpatient claims. Code 99 is not acceptable. This block is not required for outpatients (TOB 141) or home health claims (TOB 331).</p>
14	Type of admission	<p>Enter the appropriate type of admission code for inpatient claims:</p> <ul style="list-style-type: none"> 1 Emergency 2 Urgent 3 Elective 4 Newborn (This code requires the use of special source of admission code in Block 20) 5 Trauma Center
15	Source of admission	<p>Enter the appropriate source of admission code for inpatient claims.</p> <p>For type of admission 1, 2, or 3</p> <ul style="list-style-type: none"> 1 Physician referral 2 Clinic referral 3 HMO referral 4 Transfer from a hospital 5 Transfer from a skilled nursing facility 6 Transfer from another health care facility 7 Emergency room 8 Court/Law enforcement 9 Information not available <p>For type of admission 4 (newborn)</p> <ul style="list-style-type: none"> 1 Normal delivery 2 Premature delivery 3 Sick baby 4 Extramural birth 5 Information not available 6 Transfer from another health care facility
16	Discharge hour	<p>For inpatient claims, enter the hour of discharge or death. Use military time (00 to 23) to express the hour of discharge. If this is an interim bill (patient status of "30"), leave the block blank. Code 99 is not acceptable.</p>
17	Patient discharge status	<p>For inpatient claims, enter the appropriate two-digit code to indicate the patient's status as of the statement "through" date. Refer to the UB-04 Billing Manual for the valid patient status codes.</p> <p>If status code 30, the total days in blocks 7 and 8 should include all days listed in the statement covers period. If any other status code is used, do not count the last date of service (discharge date).</p>
18-28	Condition Codes	<p>The following UB-04 condition codes are valid for EPSDT referrals:</p> <ul style="list-style-type: none"> A1 Denotes services rendered as the result of an EPSDT screening. Block 78 must also contain the screening 10-digit NPI number. A4 Denotes family planning and will exempt the claim from the \$3 copay. <p>If A1 is entered here, a referring provider number must be indicated in block 78.</p>

UB-04 Claim Form Filing Instructions

(Continued From Page 9)

Block No.	Description	Guidelines
29	Accident State	REQUIRED ONLY IF AUTO ACCIDENT: Indicate two-digit state abbreviation where the accident occurred.
31-34	Occurrence Codes	Accident related occurrence codes are required for diagnoses between 80000-99499.
39-41	Value Codes and Amounts	Enter the appropriate value code and amount according to the following: 80 Covered Days 81 Non-Covered Days (These codes took the place of form locators 7-8 of the old UB-92). Medicaid continues to require the use of the crossover form for any Medicare related claims.
42, 43	Revenue codes, revenue description	Enter the revenue code(s) for the services billed.
44	HCPCS/Rates	Inpatient Enter the accommodation rate per day. Home Health Home Health agencies must have the appropriate HCPCS procedure code. Outpatient Outpatient claims must have the appropriate HCPCS, procedure code.
45	Service date	Outpatient: Enter the date of service that the outpatient procedure was performed. Nursing Homes: Enter the beginning date of service for the revenue code being billed. Span Billing: When filing for services such as therapies, home health visits, dialysis, hospice, and private duty nursing within a month, the time period being billed should be entered in form locator (FL) 6 (statement covers period). In FL 45, the service date should be the first date in the statement covers period. The number of units should match the number of services reflected in the medical record.
46	Units of service	Enter total number of units of service for outpatient and inpatient services. For inpatient claims, this will be same as covered plus non-covered days.
47	Total charges	Enter the total charges for each service provided.
48	Non-covered charges	Enter the portion of the total that is non-covered for each line item.
50	Payer	Enter the name identifying each payer organization from which the provider might accept some payment for the charges.
54	Prior payments	Enter any amounts paid by third party commercial insurance carrier(s). Do not enter Medicaid co-payment amount. Do not enter Medicare payment amount.
56	NPI Number	Enter the 10- digit NPI Number
58	Insured's name	Enter the insured's name.
60	Insurance identification number	Enter the patient's 13-digit RID from the Medicaid eligibility verification response and the policy numbers for any other insurance on file.
61	Insured group's name	Enter the name of the group or plan through which the insurance is provided to the insured.
62	Insurance group number	Enter the group number of the other health insurance.
66	ICD Version Indicator	The qualifier denotes the version of the ICD reported. 9=Ninth Revision 0=Tenth Revision.
67	Principal diagnosis code	Enter the ICD-9 diagnosis code for the principal diagnosis to the highest number of digits possible (3, 4, or 5). Do not use decimal points in the diagnosis code field.
67A-67Q	Other diagnosis codes	Enter the ICD-9 diagnosis code to the highest number of digits possible (3, 4, or 5) for each additional diagnosis. Do not use decimal points in the diagnosis code field. Enter one diagnosis per block.
69	Admitting diagnosis	For Inpatient Claims: Enter the admitting ICD-9 diagnosis code to the highest number of digits possible (3, 4, or 5). Do not use decimal points in the diagnosis code field.
70	Patient Reason DX	For Outpatient claims only- Enter the diagnosis for reason the recipient came in for treatment. NOTE: , This diagnosis is not always the same as the primary diagnosis.

UB-04 Claim Form Filing Instructions

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Block No.	Description	Guidelines
73	Medicaid emergency/accident indicator	Enter an "H" to indicate that the service was rendered as a result of a home accident or treatment due to disease. Enter "E" to indicate a certified emergency. Both values may be entered, as applicable. A certified emergency ER claim must be certified by the attending physician.
74a-74e	Principal and other procedure codes and dates	For inpatient hospital claims only, enter the ICD-9 procedure code for each surgical procedure and the date performed. Up to 5 surgical procedure codes and dates may be entered into this field.
76	Attending Physician ID	Enter the attending physician's NPI number and the appropriate qualifier "0B" followed by the physician's license number. Refer to the Alabama Medicaid Agency Provider License Book for a complete listing of valid license numbers.
77	Operating physician ID	For inpatient hospital claims only, if surgical procedure codes are entered in Block 74, enter the surgeon's NPI number and the appropriate qualifier "0B" followed by the surgeon's license number.
78	Other physician ID	Enter the referring physician's NPI number followed by the appropriate qualifier "DN" for the following types of referrals: <ul style="list-style-type: none"> • EPSDT referrals • Patient 1st referrals • Lock-in Physician referrals If not applicable, leave blank
80	Remarks	Use this block to provide remarks, as appropriate. Examples include, but are not limited to the following: <ul style="list-style-type: none"> • TPL paid (MM/DD/YY) • TPL denied (MM/DD/YY) • Retroactive eligibility award date

Revised State Fiscal Year 2008-2009 Checkwrite Schedule

Due to the implementation of the new interChange system, the Checkwrite schedule for February has changed from February 1 and February 15 to February 8 and February 22. The change is bolded in the dates below:

10/05/07	01/04/08	04/04/08	07/11/08
10/19/07	01/18/08	04/18/08	07/25/08
11/02/07	02/08/08	05/02/08	08/08/08
11/16/07	02/22/08	05/16/08	08/22/08
12/07/07	03/07/08	06/06/08	09/05/08
12/14/07	03/21/08	06/20/08	09/12/08

Schedule for Upcoming Provider Workshops for the New System

February 4, 5 - Huntsville, AL

Trinity United Methodist Church
607 Airport Road Huntsville, AL

February 4

8:30-10:30 CMS-1500
11:30-1:30 UB-04
2:30-4:30 Dental
5:15-7:15 Pharmacy

February 5

8:30-10:30 UB-04
11:30-1:30 CMS-1500
2:30-4:30 CMS-1500

February 6, 7 - Gadsden, AL

Gadsden Regional Medical Center 300 Building
1007 Goodyear Avenue Building 300

February 6

8:30-10:30 UB-04
11:30-1:30 UB-04
2:30-4:30 CMS-1500
5:15-7:15 Pharmacy

February 7

8:30-10:30 Dental
11:30-1:30 CMS-1500
2:30-4:30 CMS-1500

February 12, 13 - Dothan, AL

Troy University Dothan Harrison Room
500 University Drive

February 12

8:30-10:30 Dental
11:30-1:30 CMS-1500
2:30-4:30 UB-04
5:15-7:15 Pharmacy

February 13

8:30-10:30 CMS-1500
11:30-1:30 UB-04
2:30-4:30 CMS-1500

February 18, 19 - Birmingham, AL

Embassy Suites
2300 Woodcrest Place

February 18

8:30-10:30 CMS-1500
11:30-1:30 UB-04
2:30-4:30 CMS-1500
5:15-7:15 Pharmacy

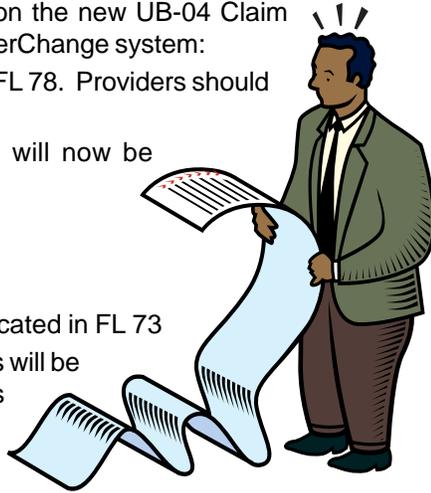
February 19

8:30-10:30 UB-04
11:30-1:30 Dental
2:30-4:30 CMS-1500

UB-04 Field Changes

The following are field changes on the new UB-04 Claim form for the new Alabama Medicaid interChange system:

- Referring Provider's NPI is now in FL 78. Providers should use qualifier DN.
- Covered and Non-covered days will now be located in FL 39-41
 - ♦ Appropriate values codes:
 - 80 - Covered Days
 - 81 - Non-covered days
- Emergency indicator "E" is now located in FL 73
- Attending and operating physicians will be located in FL 76 and 77. Providers should use NPI number, and the license number with qualifier code 0B
- Outpatient claims only: Patient reason diagnosis code will be required in FL 70. The patient reason diagnosis indicates the reason the recipient came in for treatment and may not always the same as principle dianosis.



Important Mailing Addresses

All Claim forms, Consent forms, and other mail	EDS Post Office Box 244032 Montgomery, AL 36124-4032
Inquiries, Provider Enrollment Information, and Provider Relations	EDS Post Office Box 241685 Montgomery, AL 36124-1685
Adjustments	EDS Post Office Box 241684 Montgomery, AL 36124-1684

EDS Contact Information

Provider Assistance Center
(800) 688-7989

Provider Representatives

Group 1: Debbie Smith, Denise Baez, Kiki Hinton

Group 2: Laquita Thrasher

Group 3: Shermeria Harvest, Ann Miller

The Provider Representatives may be contacted via e-mail firstname.lastname@eds.com or by calling the Provider Assistance Center and asking for your Provider Representative.

New System Changes Quick List

The following is a quick list of the changes providers will see with the new interChange system:

- Providers must use NPI number for claims submission in interChange.
- Providers may need upgrade from software vendor to make system NPI ready.
- Make sure your vendor has tested in with EDS prior to going live.
- Web portal PIN letters will be mailed to all providers.
- Trading partner PINS available upon request. Interactive submission will continue through the web portal or clearinghouses with direct connections.
- Interactive transmissions will stop through the following interactive toll-free number: (866) 627-0017. Providers and software vendors were notified of this via an Alert sent on August 21, 2006. Please check with your software vendor if you are affected.
- Prior Authorization Number no longer required on claims.
- CSR's no longer available through Provider Electronic Services or vendor.
- All claims will be accepted in the new system (no 'upfront' rejections).
- Only UB-04 form or new CMS-1500 form accepted. Medicaid/Medicare related claim form is still required for crossovers.
- Alabama specific RA codes will now print on RA and will be available in the web portal.
- Check Prior Authorization status through web portal.

Alabama Medicaid
ONLINE



www.medicaid.alabama.gov

New Alabama Interactive Website will Replace Current Medicaid Website

The new web portal will be available for you to begin registering your trading partner personal identification number (PINS) and web portal PINS beginning February 1, 2008 and will be available for processing transactions beginning on February 25, 2008.

PIN's will be mailed to all providers beginning in early February. When you receive the letter, you may go to the new web portal and begin setting up your account. **DO NOT DISCARD THIS PIN LETTER.** The provider web portal PIN will be mailed to all providers. If a provider has a payee and performing provider number, one letter will be sent to the group number. The recipient of the letter is considered the administrator of the account. You will use this ID to go to the new Medicaid web portal to perform the following tasks: check claim status, verify eligibility, submit interactive claims, adjustments and check or submit PA requests

You may also set up clerks and assign roles for users on the web portal. With interChange, office staff members may only perform the transactions you authorize. For example, if you only select the role of eligibility verification for your front desk receptionist, that is the only function he/she can perform.

If you have a billing service that does billing for you, you will have to select the roles they can perform for your provider.

If you are a billing service, you must ask the administrator (the person who receives the PIN letter) to set up the roles you may perform for that provider. If you bill for several providers, each person that will do the billing must have roles set up and transactions they may perform. A complete web portal user guide is available on the new web portal under AL Links.



www.medicaid.alabama.gov

Important Information Regarding Compound Drug Billing

Effective February 25, 2008, EDS will begin to accept compound drugs on one claim for processing. The following is a list of helpful information to assist you in filing your claims.

- Compound drug billing with up to 25 ingredients will be allowed on a single claim.
- Claim will be priced based on NDC, multiply the quantity on the compound segment. Subtract co-pay and TPL amount.
- One dispensing fee will be paid based on the claim total.
- Pharmacy providers will continue to be paid 25 cents per minute for mixing the compound drug. This will require PA, and should be billed with an NDC code of 9999999999. The compounding time must be billed on the same claim as the compound drug. The mixing NDC must be billed on the same claim as the compound drugs
- If some drugs in the compound drug are non-covered they may still be billed. In order for the covered drugs to pay, an '8' must be indicated as the Submission Clarification Code (NCPDP field #420-DK). This will allow the covered ingredients to pay. If other ingredients are non-covered or fail another edit, they will zero pay, the other lines without an error will pay according to the outlined methodology. If the "8" is not indicated, the entire claim will deny.



Inpatient Hospitals Should Follow PHP Guidelines

All in-state inpatient claims follow Partnership Hospital Program (PHP) payment guidelines. PHP requires all claims to be filed by the last day of February of the following year. We strongly encourage you to file all claims which will reach the PHP filing limit electronically before the implementation of the new claims processing system. If you are required to file a paper claim, we strongly urge you to make sure those claims are received by EDS on February 8, 2008 to allow processing in the current system.



SPECIAL NOTICE **Patient 1st Providers**



For Patient 1st providers who electronically receive the initial Patient 1st report and the enrollment roster, and you want to continue to receive the reports together you must:

- Use your trading partner ID issued through ECS or your software vendor, or obtain a managed care trading partner ID

Instructions for the Final Checkwrite in the Current System

The final checkwrite in the current system will be February 22, 2008. The cutoff date to receive UB-92 and CMS paper claims for processing in the current system are as follows:

All PAPER claims on the current UB-92 and CMS-1500 claim form must be received by February 8, 2008 using the Medicaid provider number.

The implementation date to receive new UB-04 and updated CMS-1500 paper claims is **February 9, 2008** and all paper claims **MUST** be on the new UB-04 claim form and the revised CMS-1500 claim form.

Beginning on February 9, 2008, all paper claims received (including dental, pharmacy, UB-04, CMS-1500, or Medicare/Medicaid related claim form) **MUST** use the NPI number. All paper claims received on the old claim forms or with the Medicaid provider number instead of the NPI number, will be returned to the provider without being processed.

Paper claims received between February 9 and February 22 will be held until the new interChange system is officially activated. On February 25, 2008, claims processing will resume.

Electronic claims submission will continue in the current electronic format using the Medicaid provider numbers until 5 PM CST on February 22, 2008. Beginning on February 25, 2008, the NPI number must be used instead of the provider number. Should your electronically received claim suspend for manual review on February 22, it will be denied and the provider must resubmit using the new format and NPI number.

Conversion of data to the new system will begin on February 22, 2008 at 5:01 PM CST and will continue through February 24, 2008. Because of conversion, non-pharmacy claims will be accepted until 5 PM and pharmacy claims will be accepted until 6 PM. The new system will begin accepting claims at 8:00 am February 25, 2008. Non-pharmacy claims will not be available for claims status checks until February 27, 2008. Eligibility verification will be up through the current methods throughout conversion.

Eligibility verification will be available using the current website through February 24, 2008. After this date, providers must use the current web portal, as the existing secure website for eligibility verification will cease. Other eligibility methods, such as Provider Electronic Solutions and AVRS, will continue without change.

The updated Provider Manual will be distributed to providers in April 2008. This release of the billing manual will contain the updated information needed for NPI. Providers will want to pay close attention to Chapter 5, claims filing instructions, to note the information that changed for NPI. Information regarding the updated CMS-1500 claim form and the new UB-04 claim form is included in the Provider Insider..

A Provider Electronic Solutions Upgrade will be made available to providers on February 23, 2008. **Providers should NOT install this upgrade until you have completed all your claims for the current system.** Once Provider Electronic Solutions has been upgraded to version 2.07 providers will only be able to submit claims using NPI information. Additionally, providers must be on the current version on Provider Electronic Solutions (version 2.06) before upgrading to the new NPI Compliant Version of Provider Electronic Solutions. To determine which version of Provider Electronic Solutions you are operating, open the software, go to help, click on about, the version of Provider Electronic Solutions will display. You may refer to the Medicaid website for upgrade instructions, and to download the upgrade. The link is: <http://www.medicaid.alabama.gov/billing/pes.aspx?tab=6>



Trading Partner ID Request Form

Trading Partner ID Request Form

PROVIDER NAME: _____

NPI NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: () _____

CONTACT NAME: _____

E-MAIL: _____

Please check which software solution is used for the submission and retrieval of Medicaid information.

- | | |
|--------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Provider Electronic Solutions | <input type="checkbox"/> Vendor Software Solutions |
| <input type="checkbox"/> Clearinghouse | <input type="checkbox"/> Other* |

*Other: Please Explain _____

Please fill out the form in its entirety and return to the EMC Help Desk via mail: EMC Help Desk, 301 Technacenter Drive Montgomery, AL 36117; Email: AlabamaSystemsEMC@eds.com Fax: (334) 215-4272 Phone: (800) 456-1242 (334) 215-0111

Any provider that submits claims directly to EDS through Provider Electronic Solutions or a vendor with a direct connection, will need to obtain a new trading partner PIN. If you submit claims through a clearinghouse or a switch, you will not need to obtain a new ID. If you are unsure of how you connect to submit claims, contact your software vendor. When you receive your trading partner ID, you must access the web portal using the information in this letter to register the trading partner ID. You will then enter the user name and password in Provider Electronic Solutions or vendor product.

Once you set up the user name and passwords to access the web portal or to submit claims with your trading partner ID, you must remember the user name and password.

Users will be allowed to setup one or two security questions during the account setup process. If two security questions are created, then both answers are required in order to reset a web password in the event your password is lost. If you are unable to recall your password or are unable to answer your security questions, please contact the EMC Helpdesk for assistance where your account will be disabled and a new PIN letter will be issued in an overnight job. Therefore, please keep track of your account information and note that security answers and passwords are case sensitive.

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