

Provider Insider

Alabama Medicaid Bulletin

April 2012

The Remittance Advice (RA) schedule is as follows:

04/06/12 04/20/12 05/04/12 05/18/12 06/08/12 06/22/12

The release of funds is normally the second Monday after the RA date. Please verify direct deposit status with your bank. Go to www.medicaid.alabama.gov to view the payment delay update details. Payment alerts will be posted only if there will be a payment delay. As always, the release of direct deposits and checks depends on the availability of funds.

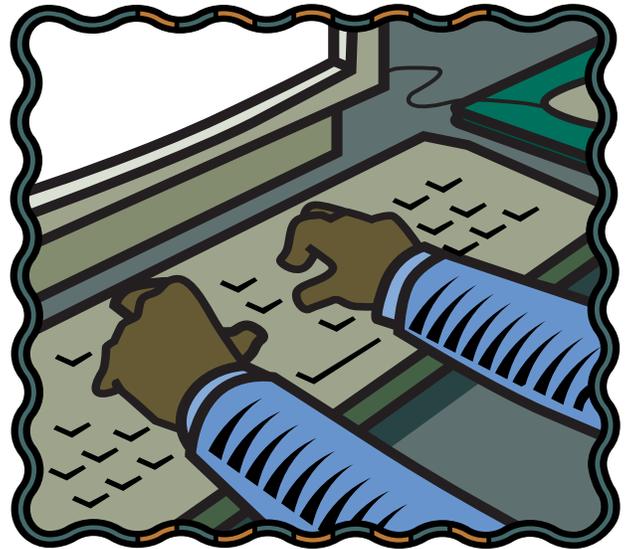
Alabama Medicaid's ePrescribe System is Now Available

Medicaid formulary and prescribing history are now available to any provider utilizing an eprescribing tool. Additionally, any prescriber can now enroll to transmit prescriptions electronically through the existing Medicaid web portal.

To use the HPES Healthcare ePrescribe System, available through the Medicaid web portal, providers must be a Medicaid registered provider and request a log-on which is separate from the web portal log-on. A form is available on page 2 of this Insider to complete and send in to obtain an ePrescribe ID. If the provider is permitted to prescribe electronically, the ePrescribe link will appear on the provider page of the provider portal.

A provider is required to register with the Healthcare ePrescribe System. The one-time ePrescribe prescriber registration process requires entry of several key pieces of information. This includes name and contact information, DEA number (for prescribing controlled substances on paper), provider specialty and a self-created Personal Identification Number (PIN) which is used by the prescriber to finalize prescriptions written using this system. In addition, the prescriber must indicate if he/she grants access to portal delegates to perform clerical functions such as updating the patient profile or performing an eligibility transaction. If the Grant Delegate Access is set to 'Yes', provider portal delegates for that prescriber can have the ability to access the clerical functions of ePrescribe. Please note that delegates do not have the capability to finalize a prescription because the prescriber PIN is needed to complete this process. Upon completion of the prescriber profile, the only time the prescriber needs to access the profile is to update any profile information.

For questions please contact the EMC helpdesk at 1-800-456-1242.



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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.

Alabama Medicaid's ePrescribe System is Now Available

(Continued from Page 1)

ePrescribe ID Request Form

Please fill out the form in its entirety and return to the EMC Help Desk via mail, email or by fax.

EMC Help Desk
HP Enterprise Services
301 Technacenter Drive
Montgomery, AL 36117
Email: AlabamasystemsEMC@hp.com
Fax: (334) 215 – 4272
Phone: (800) 456 – 1242 / (334) 215 – 0111

Provider Name _____

NPI Number _____

Medicaid Number _____

DEA # _____

Address _____

City, State, Zip _____

Telephone Number _____

Email _____

Contact Name _____

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

Provider Electronic Solutions

Vendor software solution

Clearinghouse

ePrescribe

Other, please explain:

New “My Medicaid” Web Site to Benefit Recipients and Applicants

With the February 6 launch of a new user-friendly web site for Alabama Medicaid applicants and recipients, state Medicaid officials hope to better meet the needs of its customers while saving money for the Agency.

Known as “My Medicaid,” the Web site is now available to expedite the process of requesting a replacement ID card, checking benefit limits, changing Patient 1st primary care doctors and updating address or other personal information, according to Lee Rawlinson, Deputy Commissioner, Beneficiary Services. The site, which also allows applicants to track the status of a pending application, is available on the Agency’s Web site at www.medicaid.alabama.gov under “Recipients” and may be accessed from any computer.

The launch of “My Medicaid” website for applicants and recipients is an important milestone in the Agency’s strategic plan to reduce costs and increase efficiency through innovation and technology, she said. Previously, applicants and recipients were limited to calling a toll-free telephone line for help, sending information in via regular mail or by making a personal visit to a worker’s office.

“Before the “My Medicaid” Web site, recipients had to make multiple calls or remain on hold before getting the help they needed because of the volume of requests. With “My Medicaid,” recipients now have 24/7 direct access,” Ms. Rawlinson said. “As more people learn about this Web site, we hope it will result in a more positive experience for our recipients and their families.”

Address Update Capability on Secure Provider Web Portal

The Medicaid Agency has implemented the capability within the secure Provider Web Portal, www.medicaid.alabamaservices.org/ALPortal/, to allow providers to update Service Location contact information, Payee and Mailing addresses and phone numbers. To access this functionality after signing into the secure web portal, click “Providers” on the top menu bar. The current Payee and Mailing address and service location contact information will be displayed. Providers can make changes to the displayed information. The changes will be made to the provider’s file immediately.

Prior to March 12, 2012, providers were able to submit written requests to update the above information. Now, any written requests received by Provider Enrollment after March 12, 2012 will be returned to the provider directing them to the secure Provider Web Portal to make requested updates. Providers are not presently allowed to update the service location address and must continue to contact Provider Enrollment to make those changes.

Face-to-Face Communication Requirement for the Hospice Program

With passage of the Affordable Care Act in March 2010, Congress required hospice physicians or hospice nurse practitioners to have a face-to-face encounter with Medicare hospice patients prior to the 180th day recertification and every recertification thereafter, and to attest that the encounter occurred. This new face-to-face encounter requirement became effective for Medicare on January 1, 2011.

The Alabama Medicaid Agency will not require the Face-to-Face Communication for Medicaid hospice recipients. However, if a face-to-face visit has been performed for a Medicaid-only hospice recipient, Alabama Medicaid highly recommends that any documentation pertaining to the face-to-face visit be submitted to the Agency or its designee with the complete medical record. Submission of this information may provide important supporting documentation to validate the terminal status of the Medicaid hospice recipient and may also expedite review of the hospice record. Therefore, although not a requirement, hospice providers are strongly encouraged to submit face-to-face documentation, if available.

For questions or concerns regarding the Face-to-Face Communication for the Hospice Program, please contact Felicha Fisher at (334) 353-5153.

Attention!

Effective February 22, 2012, patients less than 21 years of age are authorized two pair of glasses each year if indicated by an examination. A prior authorization will be required for subsequent pairs requested in the calendar year.

REMINDER

When a physical therapist and an occupational therapist perform the same procedure for the same recipient for the same day of service, the maximum units reimbursed by Medicaid will be the daily limit allowed for procedure, not the maximum units allowed for both providers.

Lead Screening Requirements for Children

While lead screening is required for all Medicaid children at 12 and 24 months of age, 20% do not receive this vital test even though children on Medicaid or WIC benefits face a higher risk for lead poisoning than the general population. When not detected early, even low levels of lead exposure may cause damage to the brain and central nervous system, learning/behavioral problems and even mental disabilities.

Because children's blood lead levels increase most rapidly at 9-12 months and peak at 18-24 months, Alabama Medicaid requires that all children have a blood lead toxicity screening at 12 and 24 months. Providers have the option of obtaining the initial lead screening at 9 or 12 months. A lead toxicity screening is also required for any child 36 to 72 months of age who has not previously received a blood lead toxicity screening or who presents with symptoms of possible lead poisoning. Additionally, providers should assess a child's risk of blood lead poisoning beginning at 9 months; those determined to be at high risk of lead poisoning should receive parental education and nutritional counseling.

The screening test of choice is the blood lead measurement and replaces the erythrocyte protoporphyrin (EP) test. EPSDT care coordination is initiated for children with a confirmed blood lead level of more than 10 µg/dL. EPSDT care coordinators will assess the family's social and environmental needs; develop a case plan with a goal of reducing blood lead levels; educate family members regarding lead risk behaviors; schedule blood lead level retest; and refer providers to appropriate resources regarding lead screening guidelines. An environmental investigation is initiated for children with a confirmed venous blood lead level of more than 15 µg/dL. The child's residence will be investigated to identify lead hazards and recommend interim control or abatement measures, if necessary.

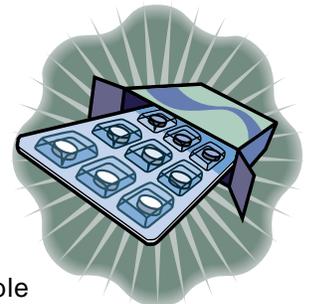
The State Laboratory will supply microvettes, mailing containers and forms for obtaining blood lead levels at no cost to providers upon request. Please call (334) 260-3400 for additional information. For clinical consultation, contact Case Management Coordinator, Alabama Childhood Lead Poisoning Prevention Project at (334) 206-2966 and/or Pediatric Lead Poisoning Consultant, University of Alabama at Birmingham at (800) 222-1222.

Implantable Contraceptive Capsules

Effective December 31, 2011, two CPT® codes (11975 and 11977) for reporting removal and insertion of implantable contraceptive capsules (e.g., Implanon, Nexplanon) were deleted.

As a result, Medicaid providers should use the following codes:

- 1 To bill insertion of a non-biodegradable drug delivery implant for contraception, use:
 - 11981 – Insertion, non-biodegradable drug delivery implant
 - This replaces deleted code 11975: Insertion, implantable contraceptive capsules
- 2 To bill removal of implantable contraceptive capsules with subsequent insertion of non-biodegradable drug delivery implant, use:
 - 11976 – Removal, implantable contraceptive capsules
 - 11981 – Insertion, non-biodegradable drug delivery implant
 - These codes replace deleted code 11977: Removal with reinsertion, implantable contraceptive capsules



If a provider is enrolled with the Alabama Medicaid Plan First program, the – FP modifier must be appended to family planning service claims.

Refer to Medicaid Provider Manual Appendix C: Family Planning for additional details; the CPT code changes will be reflected in the April quarterly update.

For questions, contact Laura Hamilton, Associate Director, Maternity Care and Plan First at (334) 353-5539 or laura.hamilton@medicaid.alabama.gov

DME Manual Administrative Review of Paper Claims Changes

In an effort to expedite provider payment and decrease the manual administrative review process for Agency staff, the following procedures are being implemented. Effective February 1, 2012, K0739 (Repair) procedure code's allowable units have been increased to 12. However, providers must continue to submit justification when billing more than four units. Please include all units over four on the PA request with justification for repairs. The request will be reviewed by Qualis Health. The PA letter will state the total units approved in the analyst's remarks section.

Effective March 1, 2012, DME diabetic testing supplies claims billed for recipients with Gestational Diabetes must contain a diagnosis code in the range of 64880-64884. Units will be increased for procedure code A4259 to two (2) per calendar month and for A4253 to four (4) per calendar month. These claims should be submitted electronically to HP for processing. All documentation must be kept in the recipient's file and will be monitored by Alabama Medicaid on a quarterly basis.

Effective April 1, 2012, Disaster claims (fire and theft) should be submitted electronically to HP for processing. Provider must file these claims with the appropriate procedure code and Modifier CR. The provider must keep all documentation (fire report, theft report, etc) in the recipient's file. These claims will be monitored by Alabama Medicaid on a quarterly basis.

Submission of Hospice Records

All recipients who have only Medicaid eligibility and those with a third party insurance, other than Medicare, must submit medical documentation for approval of hospice services. Please refer to the Administrative Code, Chapter 51 for criteria: http://medicaid.alabama.gov/documents5.0_Resources5.2_Administrative_CodeChapters_51_615.2_Adm_Code_Chap_51_Hospice_12-19-11.pdf.

Pediatric cases and other diagnoses not found in the Administrative Code are reviewed on a case-by-case basis. Each record must have a complete and accurate HP Hospice Cover Sheet, along with the required medical documentation and Hospice Election Form 165. Note that the "Recipient Medicaid ID" requires all 13 digits on the coversheet. Coversheet and/or mailing packet from provider must contain correct mailing address in the event the record must be returned to the provider.

Mail the packet to: Hospice Records / HP Enterprise Services
PO Box 244032, Montgomery, AL 36124-4032

Agency's contractor, Qualis Health, will be able to review hospice records more efficiently if the below guidelines are followed:

- Submit medical records pertinent to the terminal illness
- Do NOT send the entire medical record, only information that supports the request for hospice services
- Do NOT send with pages that are double-sided; these records are scanned electronically, and the scanner is unable to scan double-sided pages. This results in blank pages in the electronic record.
- Initial and recertification documentation MUST include:
 - Form 165A coversheet
 - Form 165-Medicaid Hospice Election and Physician's Certification Form
 - Physicians' orders, including medication(s) taken by the recipient
 - Assessment and a plan of care
 - Specific terminal illness must be documented and substantiated by labs, x-rays and other medical documentation specific to the terminal disease as set forth by the Alabama Medicaid criteria
 - For six-month recertification records, please submit documentation that supports progression, rapid decline at or prior to, the time of recertification



Please refer to the ALERT dated February 6, 2012 for information regarding face-to-face communication, http://medicaid.alabama.gov/news_detail.aspx?ID=6127.

Recovery Audit Contractor (RAC) Audits

Mandatory provisions of the Affordable Care Act require the Alabama Medicaid Agency to select and provide oversight for a Medicaid Recovery Audit Contractor (RAC) to perform provider audits. These audits will begin immediately for this contract year. OptumInsight, a Minnesota-based firm which has previously performed program integrity audits on behalf of the Agency, has been selected to conduct audits using at least three approaches: computer-based analysis of billing errors across all providers, in-depth desk audit reviews of targeted areas, and broad-based audits based on statistical methods used to select providers and extrapolate findings from random sample audits to the universe of a provider's claims. These approaches are designed to ensure a comprehensive review of claims while minimizing the administrative burden on the provider of supplying medical records when requested. In addition to the three approaches mentioned above, OptumInsight will also conduct second pass credit balance audits.

Health Management Systems (HMS), a Texas-based firm has been selected to conduct long-term care audits. The purpose of the Long Term Care audit is to identify and recover payments made incorrectly according to the Alabama Medicaid Agency's long term care claim reimbursement policy. These efforts to identify and obtain reimbursement from long term care audits will supplement not duplicate, other Agency long term care audits and other activities.

Providers are reminded that the Alabama Administrative Code and their Provider Agreements require compliance with requests for medical records for Medicaid program audits.

Questions regarding the audits should be directed to Vanesia Boyd, RAC Program Manager, at (334) 242-5339 or vanesia.boyd@medicaid.alabama.gov or Jacqueline Thomas, Program Integrity Division Director, at (334) 242-5318 or jacqueline.thomas@medicaid.alabama.gov.

Post-Operative Eye Care

Medicaid will not pay post-operative management claims until the referring ophthalmologist has received payment for surgery. The surgeon must first submit a modifier 54 with the appropriate surgical code. The optometrist should then submit a modifier 55 with the appropriate surgical code after the ophthalmologist has been paid in order to be paid for post-operative care. Medicaid will deny post-operative claims when the surgeon (ophthalmologist) receives payment for the global amount. It is the responsibility of the optometrist to confer with the surgeon for appropriate claim corrections and/or submissions.

The date of service for post operative care cannot be greater than 7 days after the global surgical procedure. For example, if the surgery was performed on December 1, then the follow up must be performed on or before December 8.

Payment Error Rate Measurement (PERM) Results For FY 2010 And Announcement Of FY 2013 PERM Review

The PERM program measures improper payments in Medicaid and the State Children’s Health Insurance Program (SCHIP) and produces state and national-level error rates for each program. The Centers for Medicare and Medicaid Services (CMS) developed PERM to comply with the Improper Payments Information Act (IPIA) of 2002.

Results are in for the FY 2010 PERM review. The top three reasons for Medicaid FFS Medical Review errors in terms of projected dollars in error are: policy violation, insufficient documentation, and no documentation. These errors account for over 83% of Alabama’s Medical Review errors. Other errors include number of units, policy violation, pricing errors, and non-covered service. Alabama’s overall error rate is 1.5% for the fee-for-service component.

The measurement for the FY 2013 cycle will begin October 1, 2012. Once the medical record review process begins, it is very important for providers to comply with the requests and submit documentation in a timely manner. Providers should ensure records are complete (i.e. physician signatures, correct dates, treatments plans, progress notes, etc.).

CMS uses contractors to conduct both the data processing (DP) reviews and the medical records (MR) reviews. For FY 2010, CMS used Livanta, LLC as the statistical contractor and APlus Government Solutions for the DP and MR reviews. If there is a change in contractors for the FY 2013 cycle, the Agency will provide updated information. The contacts are Patricia Jones at (334) 242-5609 and Jacqueline Thomas at (334) 242-5318.

Estate Recovery Reviews

Health Management Systems (HMS) has been contracted by Alabama Medicaid to perform estate recovery services. These services are for the recovery of medical assistance payments from the estates of certain deceased Medicaid recipients and/or their spouses who previously received nursing home care paid for by Medicaid. Nursing home providers may soon be receiving letters or a questionnaire from HMS requesting information in order to recover the costs of Medicaid services, when it is appropriate. HMS is working as an authorized agent for the Alabama Medicaid Agency and security agreements are in place for a provider to be able to release recipient and sponsor information to HMS.

Providers are asked to complete requests from HMS within two weeks of receipt of the notice. Questionnaires must be completely filled out with all requested documentation and faxed to (855) 809-3983 or mailed to HMS, the Alabama Medicaid Estate Recovery Contractor, P. O. Box 166709, Irving, TX 75016-6709. Any questions about any letter or questionnaire should be referred to HMS at (855) 543-8395. Any questions that need to be directed to the Agency regarding the estate recovery services being performed by HMS can be directed to Keith Thompson at (334) 242-5248.

UB-04 Paper Claims: Form Locator 78

Form locator 78 is used to identify other provider name and identifiers. Medicaid uses this form locator to identify the referring provider or other operating physician, as applicable.

78 OTHER	NPI	QUAL	
LAST		FIRST	

Enter the referring physician’s NPI number preceded by the appropriate qualifier “DN” (referring provider) for the following types of referrals: EPSDT referrals, Patient 1st referrals, Lock-in Physician referrals.

Enter “G2” (provider commercial number) followed by the Medicaid provider number.

78 OTHER	DN NPI 1234567890	QUAL	G2 111222
LAST Doe		FIRST John	

Enter the other operating physician’s NPI number preceded by “ZZ” (other operating physician) and enter “OB” (license number) followed by the surgeon’s license number.

78 OTHER	ZZ NPI 1234567890	QUAL	OB 123
LAST Doe		FIRST John	

If not applicable, leave blank.

Provide Assistance for:

Ambulance
Ambulatory Surgical Centers
CRNA
Chiropractors
Dental
DME
EPSDT (Physicians)
ESWL
Free Standing Radiology
FQHC
Hearing Services
Waiver Services
Home Health
Hospice
Hospital
Independent Labs
Maternity Care
Mental Health
Nursing Home
Nurse Midwives
Nurse Practitioners
Opticians
Optometrists
PEC
Personal Care Services
Physicians
Podiatrists
Prenatal Clinics
Private Duty Nursing
Public Health *Including:*

- Elderly and Disabled Waiver
- Home and Community Based Services
- EPSDT
- Family Planning
- Prenatal
- Preventive Education

Rehabilitation Services

- Home Bound Waiver
- Therapy Services (OT, PT, ST)
- Children's Specialty Clinics

Renal Dialysis Facilities
Rural Health Clinic
Swing Bed

HP Provider Representatives



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Ext. 2334583



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Ext. 2334588



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Ext. 2334532

State Fiscal Year 2011-2012 Checkwrite Schedule

10/07/11	01/06/12	04/06/12	07/06/12
10/21/11	01/20/12	04/20/12	07/20/12
11/04/11	02/03/12	05/04/12	08/03/12
11/18/11	02/17/12	05/18/12	08/17/12
12/02/11	03/02/12	06/08/12	09/07/12
12/16/11	03/16/12	06/22/12	09/14/12

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Medicaid
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