# Provider Insider

Alabama Medicaid Bulletin January 2016

## MATERNITY CARE CHANGES EFFECTIVE JANUARY 1, 2016

**District Six changed Maternity Care Primary Contractors**
As of 12:01 a.m., on January 1, 2016, Quality of Life Health Services, Inc. is replacing Gift of Life Foundation, Inc. as the provider of maternity care services in District Six. Therefore, effective for dates of service as of 12:01, January 1, 2016, and thereafter reimbursement for maternity care services in the following counties will be paid by Quality of Life Health Services, Inc.:

- Clay
- Coosa
- Randolph
- Talladega
- Tallapoosa

**District Ten changed to Fee for Service**
Effective for dates of service as of 12:01, January 1, 2016, and thereafter, reimbursement for maternity care services in the following counties will be paid as fee-for-service claims:

- Autauga
- Bullock
- Butler
- Crenshaw
- Elmore
- Lowndes
- Montgomery
- Pike

Maternity providers will send their claims to Medicaid for reimbursement.
If the delivery occurred as of 12:01, January 1, 2016, and thereafter, but ancillary services (such as ultrasounds) related to the pregnancy were provided prior to this date, the ancillary services that are not part of the delivery payment would be paid fee-for-service too. In order for the ancillary services that are not part of the delivery payment to be paid fee-for-service, the provider must submit a paper claim to Medicaid for an override. Medicaid will NOT override an ancillary service until the delivery is paid by Medicaid. These paper claims should be sent to:

Alabama Medicaid Agency
Maternity Care Program
P.O. Box 5624
Montgomery, AL 36104

For more details, refer the ALERTS posted on the Medicaid website.

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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.**

## *HOSPICE BILLING CHANGES EFFECTIVE DATE OF SERVICE JANUARY 1, 2016*

CMS has mandated changes to hospice reimbursement effective January 1, 2016. There will be a higher reimbursement for hospice provided in the community for the first 60 days of the 1st hospice certification period. For example if you have a recipient receiving hospice in the community who elected hospice on December 1st then the 31 days in December will be billed at your standard Medicaid rate and starting January 1st you will bill hospice services for that recipient to Medicaid for 29 days at the higher rate barring any revocations. Then starting on January 30th you will return to billing the standard Medicaid rate for routine care in the community.

If there are any revocations and returns during the 1st election benefit period during the 1st 60 days, then count of days paid at the higher rate will stop and begin again when the recipient returns to hospice care. If the recipient is out of hospice care for more than 60 days then when the patient returns to hospice care it will indicate a new 1st election benefit period. If the recipient had elected hospice prior to qualifying for Alabama Medicaid coverage and does not receive retroactive coverage, if the recipient is already past the 1st 60 days then Medicaid will not be responsible for paying the higher rate. If the Alabama Medicaid recipient transfers to another hospice during or after the 1st 60 days that does not change the 1st hospice election benefit election date.

In order to receive this higher reimbursement you will need to use State defined modifier U9 with revenue code 651 with T2042 to designate that you are billing for services within the first 60 days of the 1st hospice election benefit period. In addition Occurrence Code 27 Date of Hospice Certification with the election date for the 1st Election Benefit Period.

CMS has also mandated during the last 7 days of the patient's life the hospice may bill a new service intensity rate for RN or social worker service up to 4 hours per day. This will be when the facility does not qualify for continuous care billing during these last 7 days. The hospice will need to first bill the routine care in community with the appropriate patient status indicating death. Then the facility can submit their outpatient billing for code G0299 for Register Nurse or G0155 for Social Worker with revenue code 651 for the service intensity rate.

The codes are:

**Occurrence Code:**
27 - Date of Hospice Certification

**Rev:**
651 - HOSPICE/ROUTINE HM

**Procedure Codes:**
T2042 - HOSPICE ROUTINE HOME CARE
G0155 - SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS

G0299 - DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING

**Modifier:**
U9 - M/CAID CARE LEV 9 STATE DEF – INCREASE HOSPICE RATE FOR 1ST 60 DAYS IN FIRST ELECTION BENEFIT PERIOD

Please contact your Provider Representative if you have any questions.

# ATTENTION: HOSPITALS

Effective October 20, 2015, hospitals may now file inpatient nursery stay claims for multiple births (twins and triplets) electronically. A valid multiple birth diagnosis code must be billed.

# ATTENTION: EYE CARE PROVIDERS

Reminder when submitting prior authorization requests:

**DO** include in the internal text:

1. Acuity measurements for both eyes
2. Both old and new prescription data with dates of service
3. All pertinent medical facts supporting medical necessity
4. Diagnoses
5. Exception requested and reason for request of exception

**Do NOT** include:

1. Copies of provider specific examination forms

## *ALABAMA MEDICAID AGENCY RADIOLOGY AND CARDIOLOGY PRIOR AUTHORIZATION CONTACT INFORMATION*

Providers must obtain prior authorization from contractor before performing procedure(s) in order for Medicaid to cover the cost.

1. Radiology Services Contractor: eviCore (formerly MedSolutions)
   (CTA Scans, CT Scans, PET Scans, MRA, MRI)

   - Phone 1-888-693-3211
   - FAX 1-888-693-3210
   - Web portal www.MedSolutions.com
     (Click myportal.medsolutions.com)

2. Cardiology Services Contractor: eviCore (formerly CareCore National)
   (Nuclear Cardiology, Diagnostic Heart Catheterization, Stress Echocardiography, Transesophageal Echocardiography, Transthoracic Echocardiography)

   - Phone 1-855-774-1318
   - Web portal www.carecorenational.com

## *LTC SOFTWARE UPGRADE*

The AL LTC Admission Notification Software Upgrade to version 2.05 will be available in mid-January 2016. This is the first software change since 2012. Long Term Care providers who use the software will be able to get the upgrade by clicking the Check for Upgrades when it pops up when you log into the Software or by selecting Get Upgrades from the Options menu.

The most signification change in this upgrade is that it renames the field 'Reason 7 Explanation' to 'Discharge Reason'. The following items will show on the drop down menu:

D - Death
G - Recipient participating in Gateway to Community Living
H - Discharge Home
M - Medicare Days
P - Spend Down
R - Recipient is Transferring/Reassigned to another Facility or Program
S - Short Term Hospital Stay
T - Terminated from Program
V - Revoked

The original codes D, H and T will designate a long term discharge while the new codes will designate that the recipient is expected to return to the same facility or move to another LTC facility/ program.

Please contact your Provider Representative if you need assistance with upgrading your software.
http://www.medicaid.alabama.gov/CONTENT/8.0_Contact /8.2.6_Provider_Representatives.aspx

The Long Term Care Admission Notification Manual has also been updated and will be available for downloading when the software is updated.
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers /6.7_Manuals.aspx

# REMINDER:

## *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. Goold Health Systems (GHS), a Maine-based firm, was selected to be Alabama Medicaid's Recovery Audit Contractor (RAC) effective January 1, 2013.

The RAC program is designed to improve payment accuracy by identifying under and overpayments in Medicaid. The Medicaid RAC program is a separate program from the Medicare RAC which is overseen by the Centers for Medicare and Medicaid Services.

Reviews will be conducted by GHS staff to include full time medical directors, pharmacists, certified professional coders, and experienced clinicians. Audits will be conducted by GHS using a "top down" approach where data analysis, through data mining, is applied against the universe of paid claims to identify patterns of utilization or billing which look atypical based on Alabama Medicaid and/or national standards. Following the high-level claims analysis, GHS may expand its review by requesting clinical records and/or other documents in accordance with state and federal regulations.

GHS has been informed of the critical role that all providers play in a successful Medicaid program and requires that auditors be professional, objective, and consistent in performing all required audits/reviews.

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

Yulonda Morris, RAC Program Manager,
at (334) 242-5161 or
Yulonda.morris@medicaid.alabama.gov
or
Bakeba Thomas, Provider Review Associate Director,
at (334) 242-5634 or
Bakeba.thomas@medicaid.alabama.gov.

## *SYNAGIS® UPDATE*

Effective 1/1/2016, Synagis® must be prescribed through a pharmacy. Allowances were made during the beginning of the 2015-2016 season for prescribers' offices to directly bill CPT code 90378 and utilize existing stock; however, CPT code 90378 will be discontinued effective 1/1/2016.

## *PATIENT 1ST WEB PORTAL CHANGES*

Effective January 1, 2016, Medicaid will REQUIRE providers to use the Medicaid Interactive Web Portal to dismiss patients from their panels. Paper dismissal requests will no longer be accepted after December 31, 2015.

**Steps to dismiss a patient off of a panel:**

1) Go to the secure web portal at: https://www.medicaid.alabamaservices.org/ALPortal/Account/Secure%20Site/tabId/66/Default.aspx

2) Select ***Provider/PMP Dismiss***

3) Enter the recipient's **13-digit Medicaid number**

4) Select **Dismiss**

***Providers are required to notify the recipient 30 days prior to the dismissal and continue to provide services and/or make referrals until the assignment has ended. Refer to Chapter 39 of the Medicaid Provider Manual for additional information on dismissing patients.***

If you have further questions on how to use the web portal, please contact your HPE Provider Relations Representatives at: http://www.medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6_Provider_Representatives.aspx

Patient 1st
Health Care Close To Home

# ATTENTION: PSYCHOLOGISTS

### *UPCOMING CHANGES TO CHAPTER 34 OF THE PROVIDER MANUAL*

During the past few months, a workgroup consisting of Alabama Medicaid Agency staff and appointed representatives from the Alabama Psychological Association has collaborated to identify changes to provide clarity to the Chapter 34 Psychologists standards. This will enable the agency to maintain a basic package of services while preserving the health care safety net for our most vulnerable citizens.

The Provider Manual is updated quarterly (as needed) in January-April-July-October. Providers will need to check the website at www.medicaid.alabama.gov each quarter and see if there are any new changes that pertain to Psychologists. As a result of this ongoing effort, there has been a lot of changes. Please refer to the provider manual Chapter 34 Psychologists for the most current and completed information. Listed below are some changes that we would like to bring to your attention:

- Service Documentation
  - The time started and time ended for each Medicaid reimbursable service (regardless if the CPT or HCPCS description requires a time) must be specifically documented.
  - All service documentation must be signed and dated prior to being submitted for reimbursement.
- Allied Mental Health Professionals (AMHPs)
  - All licensed AMHPs must operate within the scope of practice as outlined/defined by their licensing board.
  - Unlicensed or Non-licensed AMPH's must send in a copy of their graduate diplomas with their Supervisory Contracts in addition to a copy of graduate transcripts (which demonstrate clinical practicum completion) or letter(s) of supervision that indicate completion of clinical supervision requirements.
- A copy of the most current version of the Supervision Contract or Supervision Contract Termination must be utilized when sending in a request. This can be found at the link below: http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.4.0_Medical_Services/4.4.9.2_Clinical_Psychologists.aspx
- Group supervision of AMHP's is now permissible. However, an individual note must be documented for each supervisee.
- A current completed Alabama Medicaid Agency Referral Form (used for EPSDT referrals) must be current and appropriately completed by the screening physician. All referrals become in valid one year from the "Screening Date" not the "Referral Date". It is the psychologists' responsibility to make sure that you have a valid correct form on file.

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# ATTENTION: TARGETED CASE MANAGEMENT AND WAIVER PROVIDERS

Before providing Targeted Case Management (TCM) services, make sure that the recipient is not receiving waiver services. If a recipient is in a waiver, TCM services should not be billed to Medicaid. Medicaid will pay for one case management fee per month and will recoup any claims paid in error.

## STATE OF ALABAMA

# OFFICIAL STATE HOLIDAYS

Alabama Medicaid offices are closed on the following days in 2016

| Holiday | Date in 2016 |
|---|---|
| New Year's Day | January 1 |
| Robert E. Lee<br>Martin Luther King, Jr's Birthday | January 18 |
| Mardi Gras * | February 9 |
| George Washington<br>Thomas Jefferson's Birthday | February 15 |
| Confederate Memorial Day | April 25 |
| National Memorial Day | May 30 |
| Jefferson Davis' Birthday | June 6 |
| Fourth Day of July | July 4 |
| Labor Day | September 5 |
| Columbus Day<br>Fraternal Day<br>American Indian Heritage Day | October 10 |
| Veterans' Day | November 11 |
| Thanksgiving | November 24 |
| Christmas Day ** | December 25 |

* Mardi Gras is observed only in Baldwin and Mobile Counties.

** As Christmas Day falls on Sunday, offices will be closed on Monday, December 26, 2016.

# *HP PROVIDER REPRESENTATIVES*

## 855-523-9170

HP Provider Representatives may be reached by dialing 1-855-523-9170 and entering the appropriate seven digit extension. Provider Representatives travel throughout the state of Alabama and into bordering states within a 30 mile radius. They are available for onsite training for issues related to billing, Medicaid Interactive Web Portal, or Provider Electronic Solutions software. Please contact any Provider Representative for assistance with billing related issues.

**ALEETRA ADAIR**
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Alabama Medicaid Bulletin

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## Check Write Schedule Reminder:

| | | |
|---|---|---|
| 12/04/15 | 03/18/16 | 07/08/16 |
| 12/11/15 | 04/08/16 | 07/22/16 |
| 01/08/16 | 04/22/16 | 08/05/16 |
| 01/22/16 | 05/06/16 | 08/19/16 |
| 02/05/16 | 05/20/16 | 09/09/16 |
| 02/19/16 | 06/03/16 | 09/16/16 |
| 03/04/16 | 06/17/16 | |

The release of funds is normally the second Monday after the check write (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.