

Provider *Insider*

Alabama Medicaid Bulletin

October 2016

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FORM 471 – PRIOR AUTHORIZATION (PA) CHANGE REQUEST FORM

Effective October 01, 2016, Form 471 must be faxed to the Agency’s medical and quality review services contractor, **Qualis Health**, at (888) 213-8548 for DME, surgical, vision, ambulance and PDN PAs ONLY.

☛ For dental PAs, fax to: 334-353-3426.

☛ Providers must continue to contact **eviCore** (formerly CareCore National and MedSolutions) for cardiology PAs at 1-855-774-1318 and radiology PAs at 1-888-693-3211.

Form 471 is to be used for PA requests in evaluation status, or for simple changes to an approved PA (such as adding appropriate modifiers). **The form is NOT to be used for reconsiderations of denied PAs or for procedure code changes.** Form 471 may also NOT be used for pharmacy PAs. PA documents must support the requested change(s) or the request will be denied. Form 471 must be received within 90 days of the date on the PA approval letter.



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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.

DIGITAL SUBMISSION OF CONSENT FORMS AND SUPPORTING DOCUMENTATION



On July 1, 2016, Alabama Medicaid implemented fillable Portable Document Format (PDF) versions of the Abortion (PHY-96-2) and Hysterectomy (PHY-81243) Consent forms that enable faster processing of provider submitted information. Providers **must** use these fillable consent forms with the digital submission of Consent Forms and supporting documentation. Any form received that is not in a fillable format will be returned to the provider.

Note: The Sterilization form (193) was already available in a fillable pdf format and required no updates.

The fillable consent forms are available on the Forms Library page of the Alabama Medicaid website **in the section labeled Consent Forms** at: http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.1_Billing_Forms.aspx.

Effective October 26, 2016, providers will be able to upload or fax their fillable Consent Forms (Abortion, Hysterectomy, and Sterilization) and supporting documentation for review and processing via the Forms menu of the Alabama Medicaid Interactive Web Portal. A new form will allow providers the ability to upload Consent Forms and supporting documents in PDF format or create a fax barcode cover sheet from the Web Portal. Providers may submit additional documentation via fax at a later time and have that documentation combined with original document through the use of the same barcode cover sheet.

Consent Forms and supporting documentation will continue to be accepted in paper format **until November 26, 2016**. After that date, Consent Forms and supporting documents received on paper will be returned to the provider.

IMPORTANT NOTICE FOR MICROSOFT EDGE USERS

For providers using Microsoft Edge the following process should be used to successfully complete a fillable PDF Consent form:

1. Open the form from the Medicaid Forms Library page.
2. Save the form to personal computer (PC).
3. Complete the form from the PC version (not the web browser).
4. Follow **Steps to Upload Documentation** section of this article to complete the submission process.

ACCESSING THE MEDICAID INTERACTIVE WEB PORTAL

A secure logon to the Alabama Medicaid Interactive Web Portal is required to access the new attachment option. Consent Form and supporting documentation may be submitted in two different ways:

- Upload via Medicaid Interactive Web portal (preferred) <https://www.medicaid.alabamaservices.org/ALPortal/Account/Secure%20Site/tabId/66/Default.aspx>
- Fax information using barcode cover sheet

BROWSER COMPATIBILITY

Follow the below instructions to set your browser compatibility settings for use with the Medicaid Interactive Web portal:

- Navigate to the Medicaid Interactive Web Portal using the URL provided above.
- Select **Tools** from upper right hand corner of browser. The feature is displayed as a wheel.
- Choose **Compatibility View Settings**.
- Click **Add**.
- Click **Close**.
- Refresh Browser to apply setting.



DOCUMENTS MUST BE IN A PDF

Documents must be in a PDF for upload through the Web Portal. If you do not currently have the ability to create PDF versions of supporting documentation, you may perform an internet search and find free downloadable utilities that can be installed to create a PDF. For your convenience,

HPE is including a list of three PDF creation utilities that can be installed to create PDF documents at no charge:

- PrimoPDF - <http://www.primopdf.com/>
- Solid PDF Creator - <http://www.freepdfcreator.org/>
- PDF24 - <http://pdf24-pdf-creator.en.softonic.com/>

STEPS TO UPLOAD DOCUMENTATION

Follow the steps below to upload through the Web Portal. Failure to follow the steps will result in delays in approval and corresponding reimbursements/payments.

1. Log on to Medical Interactive Web portal: <https://www.medicaid.alabamaservices.org/ALPortal/Account/Secure%20Site/tabId/66/Default.aspx>
2. Select **Trade Files/Forms**.
3. Select **CS1 – Consent Form** from the drop down list and click on **Search**.
4. Complete all fields (Record ID and ICN fields will auto populate). Required fields are indicated with an asterisk (*).
 - a. **Recipient Medicaid ID** - Number must be numeric and contain 13 characters.
 - b. **Form Type** – Select Abortion, Hysterectomy, and Sterilization from the drop down list.
 - c. **Date of Surgery** – Must be in XX/XX/XXXX format.
5. Click **Browse** and select the required consent form or supporting documentation from your network drive or PC.

Note: For a listing of approved supporting documents by consent form type, please see Chapter 28 of the October 2016 Provider Manual at: http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx

6. Review all the values entered for completion and accuracy as no further updates will be allowed once the Submit button is pressed. **Note: If any error messages are presented, resolution of the identified errors are required to complete submission.**
7. Press **Submit**.
8. A message will be generated at the top of the page that states “Your form was submitted successfully”.
9. A barcode cover sheet is generated and will be displayed. *It is imperative that you **save** a copy of this cover sheet should you be requested to submit additional documentation for this packet.*
10. Select the **Print Friendly View** button to print the barcode cover sheet.



STEPS TO FAX DOCUMENTATION

If a PDF document cannot be created, information may also be faxed in for review. A barcode fax cover sheet is required with each submission. Providers should follow the instructions below to fax documentation:

1. Follow steps 1-10 documented in “STEPS TO UPLOAD DOCUMENTATION”.
2. Include the barcode cover sheet as page one of the fax transmission for the corresponding Record ID. Any articles related to this recipient/surgery must use the same barcode cover sheet.
3. Fax the required documentation with the barcode cover sheet on top to (334) 215-7416.

Important: Barcode cover sheets are unique to **each** Record ID. **DO NOT** use it for another Record ID.

4. **DO NOT** place anything over the barcode on the cover sheet or alter it in any manner.
5. **DO NOT** fax double sided pages.
6. **DO NOT** fax multiple sets of records at the same time, each fax should be sent separately.

NOTE: A fax submission cannot be processed without the barcode cover sheet.

Providers with questions concerning the upload supporting documentation should contact one of their Provider Representatives. A link to the Provider Representative’s contact information may be found at the following link: http://www.medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6.1_Provider_Reps_G1.aspx

DIGITAL SUBMISSION OF PROVIDER ENROLLMENT SUPPORTING DOCUMENTATION

Effective December 2016, providers will be able to upload or fax Enrollment supporting documentation for review and processing via the Forms menu on the Alabama Medicaid Interactive Web Portal. A new form will allow providers the ability to upload Enrollment supporting documents in PDF format, including the following:

- Electronic Funds Transfer (EFT) Supporting Documentation
- Enrollment Update Supporting Documentation
- Ordering, Prescribing, and Referring (OPR) Supporting Documentation
- Re-Enrollment Application Supporting Documentation

The new form mentioned above will also allow providers the ability to create a fax barcode coversheet from the Web Portal. Providers may use this same barcode coversheet to submit additional documentation via fax at a later time and have that documentation combined with original documents.

Instructions for Digital Submission of Enrollment supporting documentation will be made available within the Forms Library on the Alabama Medicaid Website and Forms menu on the Alabama Medicaid Interactive Web Portal.

Additional information will be communicated in a future Provider Alert closer to implementation.



FILING CLAIMS FOR UNCLASSIFIED J CODES

These instructions pertain to unlisted, unclassified drugs that have not been assigned a J code. Check the Physician's Drug List for both generic and brand names for a specific code for the drug given prior to submitting a claim for an unclassified J code.

Instructions for Unclassified J codes are in Appendix H, page 4 of the 2016 Medicaid Provider Manual.

- J3490 - Unclassified Drug
- J3590 - Unclassified Biologics
- J9999 - Not otherwise classified, antineoplastic/chemotherapy drugs

Claims for unclassified J codes must be submitted on a red drop-out, paper claim with an attachment. Include ON THE CLAIM, the National Drug Code (NDC), name of the drug, and the total dosage given.

Policy for the attachment is stated as "a description of the drug." This may be a copy of the package insert or medical records showing the medication given. An invoice may be included but isn't required.

The Alabama Medicaid Agency supports the avoidance of wasted (discarded) medicine whenever possible.

Medicaid accepts the use of modifier JW on a second line item to indicate the wasted (discarded) amount of medication.

Claim(s) and attachment(s) should be mailed to:

HPE
Attention: Medical Policy
P.O. Box 244032
Montgomery, AL 36124-4032



ADMINISTRATOR OF ESTATE DESIGNATION FORM



The Alabama Medicaid Estate Recovery Program has provided additional information and/or clarification on the Agency's website regarding credit balances and how to handle the funds remaining in the patient/resident trust fund accounts after a Medicaid recipient has passed away.

A Nursing Home FAQ document is located on the Agency's website under "Providers". Here, you will select "Frequently Asked Questions". The document containing questions and answers regarding credit balances and the handling of funds remaining in the patient/resident trust fund accounts after a Medicaid recipient has passed away is located under "Nursing Home FAQ". The Agency will be happy to accept additional questions and will update this document when and if necessary.

A direct link: http://www.medicaid.alabama.gov/documents/4.0_Programs/4.3_LTC_Services/4.3.2_LTC_Facilities/4.3.2.1_Nursing_Hm_Care/4.3.2.1_Q&A_Alert_3-23-15.pdf

A few helpful hints for the most common mistakes/issues presented thus far:

1. The Administrator of Estate Designation Form can only be signed by (1) Medicaid recipient or (2) a Person who has legal authority (i.e. Power of Attorney, Conservator, or Guardian). Please remember that a Medicaid or NH sponsor does not have any authority to sign this form unless they have legal authority to sign on the Medicaid recipient's behalf.
2. The Administrator of Estate Designation Form must be witnessed by two adults over the age of 18. This form will not be valid if there aren't signatures for the Medicaid recipient (or person with legal authority) and two witnesses.
3. If the Medicaid recipient cannot sign the form and does not have anyone with legal authority to sign on their behalf—the funds must be released to the State's Unclaimed Property Division (unless an estate is opened).
4. At NO TIME should the funds be released to a funeral home. The beneficiary designated on the Administrator of Estate Designation Form is allowed to pay the funds to the funeral home after they receive them; however, no check should be sent directly from the nursing home to the funeral home (even if the beneficiary requests it).
5. The beneficiary designated on the Administrator of Estate Designation Form must be the adult next of kin. No exceptions!

If you are unsure of how to handle a particular disbursement or have any other questions/issues, please feel free to contact Codie Rowland, Medicaid Eligibility Supervisor at (334) 242-5652 or by emailing Codie.Rowland@Medicaid.Alabama.Gov.



NEW PERM CONTRACTOR FOR FY2016

The Centers for Medicare and Medicaid Services (CMS) has contracted with CNI Advantage, LLC (CNI) of Rockville, MD (formerly APlus Government Solutions) to conduct the Payment Error Rate Measurement (PERM) medical record reviews for this cycle. **NOTE: Requests for medical records began on July 20, 2016.** If providers are contacted by CNI requesting medical records, they are required to comply with the request as referenced in the Administrative Code, the Provider Manual, as well as their provider agreements. Providers are asked to submit accurate and complete documentation in a timely manner. The top errors cited during the last cycle include: no documentation, incomplete documentation, no physician signatures, and incorrect dates of service. For questions, please contact Patricia Jones, PERM Program Manager, at 334-242-5609 or Patricia.Jones@medicaid.alabama.gov.

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. Change Healthcare (CH), formerly known as Goold Health Systems (GHS), 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.

Audits will be conducted by CH staff which includes full time medical directors, pharmacists, certified professional coders, and experienced clinicians. CH uses 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, CH may expand its review by requesting clinical records and/or other documents in accordance with state and federal regulations.

CH 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, the Provider Manual and their Provider Agreements require compliance with requests for medical records for Medicaid program audits.

The Top Recoupment Reasons by Provider Type for Quarter Three, FY2016 are as follows:

Provider Type Reviewed	Top 5 Recoupment Codes by Number of Occurrences
Dental	D50b: No Pre Treatment Radiograph
	D50c: No Post Treatment Radiograph
	D59b: Radiograph Non-Diagnostic for Pre Treatment
	No other recoupment codes identified
Psychology	B1: No Recipient Signature
	B3: Insufficient Documentation to Support Billing
	B4: No Documentation
	B22: No Valid Treatment Plan
	B33: No Time In/Time Out
DME	M1: No Recipient Signature
	M4: No Documentation
	M7: No Valid or Current Prescription
	M11: Billed and Paid in Excess of Allowed Amount
	M12: Billed Amount/Service Does Not Match Documented Amount/Service

This year-to-date report is based on provider reviews initiated by the Agency’s RAC contractor during the above referenced fiscal year. Provider reviews that have not completed the Final Audit phase of the review process are not included in this report.

Questions regarding the audits should be directed to:

Yulonda Morris, RAC Program Manager,
(334) 242-5161 or
Yulonda.morris@medicaid.alabama.gov

Patricia Jones, Recipient Review Associate Director,
(334) 242-5609 or
Patricia.jones@medicaid.alabama.gov



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.



CATHERINE JACKSON
catherine.jackson@hpe.com
Ext. 1121067



KARITA WORTHY
Karita.worthy@hpe.com
Ext. 1121047



WHITNEY ANDERSON
whitney.anderson@hpe.com
Ext. 1121025



LAURYN MORGAN
lauryn.morgan@hpe.com
Ext. 1121048



MISTY NELSON
misty.nelson@hpe.com
Ext. 1121077



MELISSA GILL
Melissa.gill@hpe.com
Ext. 1121058



GAYLE SIMPSON-JONES
gayle.simpson-jones@hpe.com
Ext. 1121065



TORI NIX
Tori.nix@hpe.com
Ext. 1121064



CEDRIC RICHARDSON
cedric.richardson@hpe.com
Ext. 1121043



**Alabama
Medicaid
Bulletin**

PRSR STD
U.S. POSTAGE
PAID
PERMIT # 77
MONTGOMERY AL

Post Office Box 244032
Montgomery, AL 36124-4032

Check Write Schedule Reminder:

09/09/16	12/16/16	04/07/17
09/16/16	01/06/17	04/21/17
10/07/16	01/20/17	05/05/17
10/21/16	02/03/17	05/19/17
11/04/16	02/17/17	06/02/17
11/11/16	03/03/17	06/16/17
12/02/16	03/17/17	07/07/17

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.