

# Provider Insider

Alabama Medicaid Bulletin

October 2019

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## ALABAMA COUNTS! 2020 CENSUS



The 2020 Census is very important to the future of our state. We all need to stand up and say “I Count” by completing and submitting our census forms in April 2020.

Many Alabamians directly benefit from the federal programs whose funding allocations are determined in part by census data. In fact, it is about \$1,600 per person in Alabama. Completing a census form will help ensure that Alabama receives its fair share of funding.

The assistance programs tied to census data are critical to all Alabamians. They support children, education, hospitals, health care, rural development and community programs that are important to rural communities. If this funding is reallocated to other states due to a poor census count, then the funding for the missing services will have to be made up in some way at the local or state level. This affects everyone.

Alabama is currently at risk of losing a Congressional representative in the 2020 Census due to projected slow growth. That means one less voice for Alabama values at the federal level. We need maximum census participation to retain our current Congressional representation.

Your voice matters. We all have a say in the outcome of the 2020 Census, and it can end with Alabama’s fair share of funding secured and with fair Congressional representation. All you have to do is complete and return your 2020 census form. It is a simple civic duty.

In mid-March 2020, the U.S. Census Bureau will mail a packet to every Alabama household. It will include information on how to complete your census form in three ways:

- Online via computer or smart phone
- Call a toll-free number and complete it over the phone with a U.S. Census Bureau employee
- Call the toll-free number and request a traditional paper form. Some rural areas with low internet access will receive a paper form in the first mailing.

The information you submit will be basic household information, is private, and will not be used against you in any way or for any other purpose. It is against the law for your information to be shared or used by another agency.

Take action! Participation by both rural and urban Alabama will be key to the state’s success in 2020 Census. More than 40 percent of Alabamians live in rural areas. In 2010, many rural areas, particularly in west Alabama, had among the lowest response rates in the state. Pockets of the state’s urban areas also experienced lower response rates. We need everyone’s help to raise the participation level for 2020. The goal is maximum participation. Don’t sit on the sidelines. Show that you count; that Alabama Counts by completing your census form.

More information is available through the Alabama Counts! 2020 Census campaign website: [www.census.alabama.gov](http://www.census.alabama.gov).

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## Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- Office Manager
- Billing Department
- 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.

## SYNAGIS® CRITERIA FOR 2019 – 2020 SEASON

- The Alabama Medicaid Agency has updated its prior authorization (PA) criteria for the Synagis® 2019- 2020 season. Complete criteria can be found on the website at the following link:  
[http://www.medicaid.alabama.gov/content/4.0\\_Programs/4.3\\_Pharmacy-DME/4.3.10\\_Synagis.aspx](http://www.medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.10_Synagis.aspx)
- The approval timeframe for Synagis® will begin October 1, 2019, and will be effective through March 31, 2020. Up to five doses will be allowed per recipient in this time frame. There are no circumstances that will result in the approval of a 6th dose.
- If a dose was administered in an inpatient setting, the date the dose was administered must be included on the PA request form. Subsequent doses will be denied if the recipient experiences a breakthrough Respiratory Syncytial Virus (RSV) hospitalization during the RSV season.
- **Prescribers**, not the pharmacy, manufacturer or any other third-party entity, are to submit requests for Synagis® on a specific prior authorization form (Form 351) **directly** to Health Information Designs (HID). Completed forms may be accepted beginning September 1, 2019 (for an October 1 effective date). The fax number for Synagis® requests is **1-800-748-0116**.
- All signatures must meet the requirements of Alabama Medicaid Administrative Code Rule 560-X-1-.18(2)(c). Please note, stamped or copied prescriber signatures will not be accepted and will be returned to the provider.
- A copy of the hospital discharge summary from birth or documentation of the first office visit with pertinent information (gestational age, diagnosis, etc.) is required on all Synagis® PA requests.
- If approved, each subsequent monthly dose will require submission of the recipient's current weight and last injection date and may be faxed to HID by the prescriber or dispensing pharmacy utilizing the original PA approval letter.
- Prescribers must prescribe Synagis® through a specialty pharmacy. CPT code 90378 remains discontinued for the 2019-2020 season.
- Medicaid is the payor of last resort. Claims must be billed to the primary payor if other third-party coverage exists. Use of NCPDP Other Coverage Codes will be reviewed and inappropriately billed claims will be recouped.

### Criteria

Alabama Medicaid follows the 2014 American Academy of Pediatrics (AAP) Redbook guidelines regarding Synagis® utilization. For more details, please review a copy of the guidelines found at <http://pediatrics.aappublications.org/content/early/2014/07/23/peds.2014-1665>. Additional questions regarding Synagis® criteria can be directed to the Agency's Prior Authorization contractor, Health Information Designs at 1-800-748-0130.

## ATTENTION: ALL PHARMACY PROVIDERS REIMBURSEMENT FOR COVERED DRUGS

As a reminder, the below paragraph was an ALERT disseminated to all pharmacy providers on 10/26/2006, and it has been posted on the Agency website since that date. This policy continues to be in effect. Per Alabama Medicaid Administrative Code, Rule No. 560-X-16-.06 "Reimbursement for Covered Drugs and Services," Usual and Customary is defined as the "charge to the general public regardless of program fees."

**In response to pharmacy retailers' recent announcements of reduced prices for specific generic drugs, the Alabama Medicaid Agency will consider these reduced prices to be the "usual and customary" price for these retailers. Retrospective audits identifying claims that are inappropriately charging Alabama Medicaid any amount over the usual and customary amount will be recouped. Please refer to our Administrative Code Rule No. 560-X-16-.06, "Reimbursement for Covered Drugs," as well as Provider Billing Manual Chapter 27, for more information on our reimbursement policy.**

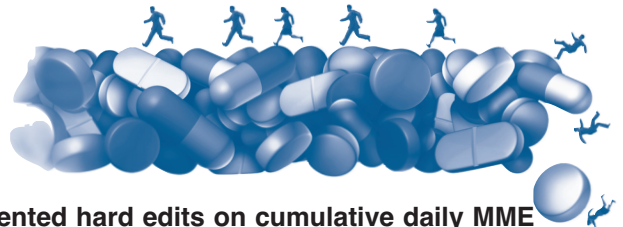
**For additional questions regarding this ALERT, please contact Pharmacy Services at (334) 242-5050.**

## RY 2020 PERM CYCLE UNDERWAY

The Payment Error Rate Measurement (PERM) audits authorized by the Centers for Medicare and Medicaid Services (CMS) for Reporting Year 2020 (RY 2020) are in progress. The PERM program measures improper payments in Medicaid and the State Children's Health Insurance Program (CHIP) and produces state and national-level error rates for each program. NCI AdvanceMed, Inc. (AdvanceMed) is the CMS Review Contractor (RC) conducting data processing and medical record reviews for this cycle. AdvanceMed has begun contacting providers to request medical records for claims and payments originally paid between July 1, 2018 and June 30, 2019. If providers are contacted by AdvanceMed requesting medical records, providers are required to comply with the request as referenced in the Administrative Code, the Provider Manual, as well as

their provider agreements. It is important that providers submit accurate, legible, and complete documentation (i.e. physician signatures, correct dates, treatments plans, progress notes, etc.) in a timely manner. For questions or additional information, please contact Patricia Jones, PERM Program Manager via email: [Patricia.Jones@medicaid.alabama.gov](mailto:Patricia.Jones@medicaid.alabama.gov).

## OPIOID CUMULATIVE DAILY MORPHINE MILLIGRAM EQUIVALENTS (MME) LIMIT – MME DECREASE



**Effective August 1, 2019, the Alabama Medicaid Agency implemented hard edits on cumulative daily MME claims exceeding 250 MME/day. A phase-in period for claims exceeding 200 MME/day, but less than 250 MME/day, was also implemented.**

Higher doses of opioids are associated with higher risk of overdose and death - even relatively low dosages (20-50 MME per day) may increase risk.<sup>1</sup> Therefore, Alabama Medicaid will limit the amount of cumulative MME allowed per day on opioid claims. The edit will begin at 250 cumulative MME per day and will gradually decrease over time. The final cumulative MME target is scheduled to be 90 MME per day.

### **Hard Edit Implementation (Greater than 250 MME):**

Effective August 1, 2019, opioid claims that exceed a cumulative MME of 250 MME/day will be denied. **The universal PA 0009996321 will no longer be valid to bypass the 250 MME edit.** Pharmacy override requests for quantities exceeding the MME limit may be submitted to Health Information Designs (HID) and will be reviewed for medical necessity. See the link below for an override form.

### **Phase-In Period (200 MME – 250 MME):**

Effective August 1, 2019, claims that exceed the cumulative daily MME limit of 200 MME/day, but are less than 250 MME/day, will be denied. The dispensing pharmacist will be provided a universal prior authorization (PA) number on the rejection screen and may enter this universal PA number on the claim to allow it to be paid. **Pharmacists are urged to notify the affected patient/prescriber to develop a plan to decrease the patient's total daily MME.**

### **Edit Details:**

- The universal PA number to override the 200 MME (but less than 250 MME) edit will be 0009996322.
- The universal PA number will be provided on each cumulative MME rejection screen for the pharmacist's convenience.
- Additional edits, such as therapeutic duplication, maximum quantity limitations, early refill, non-preferred edits, etc., will still apply.
- Claims prescribed by oncologists will bypass the edit.
- Long term care and hospice recipients are excluded.
- Children are included in the edit.
- A Recipient Information Sheet for prescribers and pharmacists to provide to recipients can be found at [http://www.medicaid.alabama.gov/content/4.0\\_Programs/4.3\\_Pharmacy-DME.aspx](http://www.medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME.aspx).

### **Anticipated Phase Down:**

The Agency plans to gradually decrease the daily cumulative MME limit every 4 months. The next decrease will be a hard edit on claims exceeding 200 MME/day with a phase-in edit for claims that exceed 150 MME/day. This will be implemented on December 1, 2019. Prior to each decrease, a new universal PA number will be assigned to override claims that exceed the new threshold. Providers will be notified via an ALERT prior to each decrease. **Again, pharmacists are urged to notify the affected patient/prescriber to develop a plan to decrease the patient's total daily MME.**

A link with more information regarding MME calculations is [https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf).

**IMPORTANT: Only when the override is denied will the excess quantity above the maximum unit limit be deemed a non-covered service. Then the recipient can be charged as a cash recipient for that amount in excess of the limit. A prescriber must not write separate prescriptions, one to be paid by Medicaid and one to be paid as cash, to circumvent the override process. FAILURE TO ABIDE BY MEDICAID POLICY MAY RESULT IN RECOUPMENTS AND/OR ADMINISTRATIVE SANCTIONS. Source: Provider Billing Manual 27.2.3**

### **Override Requests:**

Once the hard edit is implemented, the MME Override Request Form will be used by the prescriber when requesting an override. The form will be found at: [http://medicaid.alabama.gov/content/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.13\\_Pharmacy\\_Forms.aspx](http://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx).

Any policy questions concerning this provider ALERT should be directed to the Pharmacy Program at (334) 242-5050.

<sup>1</sup> <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>



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## ATTENTION: ALL PROVIDERS THIRD PARTY LIABILITY

In the Provider Manual, Chapter 3, Verifying Recipient Eligibility: Providers should verify whether a Medicaid recipient has other insurance prior to submitting a claim to Medicaid. Because federal Medicaid regulations require that any resources currently available to a recipient are to be considered in determining liability for payments of medical services, providers have an obligation to investigate and report the existence of other insurance or liability to Medicaid. Cooperation is essential to the functioning of the Alabama Medicaid Program. When the recipient eligibility verification response provides, “Other payer/insurance” information, please review the table below from Chapter 3 for an explanation of the “Coverage Type” on the response. See page 20 of Chapter 3 at [https://medicaid.alabama.gov/content/Gated/7.6.1G\\_Provider\\_Manuals/7.6.1.3G\\_July2019/Jul19\\_03.pdf](https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.3G_July2019/Jul19_03.pdf). Review **Section 3.3.7 Third Party Liability (TPL)**, for additional, important information about other insurance.

**Note:** If the services being billed do not relate to the coverage code listed for the other payer/insurance, then the claim will not deny for TPL based on the other insurance that is listed.

### COVERAGE TYPE DESCRIPTION COVERAGE TYPE

- |  |                                  |
|--|----------------------------------|
| 01 MEDICARE PART A                           | 11 DENTAL MANAGED CARE           |
| 02 MEDICARE PART B                           | 12 ACCIDENT                      |
| 03 MAJOR MEDICAL MATERNITY                   | 13 CANCER                        |
| 04 MAJOR MEDICAL NO MATERNITY                | 14 HOSPITAL/SURGICAL             |
| 05 MAJOR MEDICAL MATERNITY – MANAGED CARE    | 15 HOSPITAL INDEMNITY            |
| 06 MAJOR MEDICAL NO MATERNITY – MANAGED CARE | 16 LONG TERM CARE                |
| 07 PRESCRIPTION DRUGS – COST AVOID           | 17 LONG TERM CARE – SKILLED ONLY |
| 08 PRESCRIPTION DRUGS PAY – PAY AND CHASE    | 18 OPTICAL                       |
| 09 MAIL ORDER PRESCRIPTION DRUGS             | 19 MEDICARE SUPPLEMENT           |
| 10 DENTAL                                    |                                  |

To report changes to third party liability, use this link for options to submit this information,  
[https://medicaid.alabama.gov/content/7.0\\_Providers/7.1\\_Third\\_Party/7.1.5\\_Update\\_Insurance\\_Info.aspx](https://medicaid.alabama.gov/content/7.0_Providers/7.1_Third_Party/7.1.5_Update_Insurance_Info.aspx)  
**E-mails containing PHI must be sent through a secure server.**