Provider Insider

Alabama Medicaid Bulletin October 2017

NEW MEDICARE CARD PROJECT

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires Medicare to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. The SSN is being removed from the Medicare number to protect the beneficiary's personal information and fight medical identity theft for people with Medicare. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status.

Under the new system each beneficiary will be assigned a new alpha/numeric MBI and a new Medicare card will be issued. This change will not affect the beneficiary's benefits.

Individuals will get information about the new cards in the September 2017 Medicare Handbook. Medicare should begin mailing new Medicare cards to individuals as soon as April 2018.

During a transition period between April 1, 2018 and December 31, 2019, Providers can use either the HICN or the MBI for claims processing or data transactions. Medicare does not plan to allow the use of the old HICN after January 1, 2020.

Alabama Medicaid and DXC will be testing with federal systems to ensure our systems are able to process claims correctly with the new numbers.

How can providers get ready for the changes?

- Ask your billing and office staff if your system can accept the new 11 digit alpha numeric MBI. If your system cannot accept the new number, system changes should be made by April 2018
- If providers use vendors to bill Medicare, ask them about their MBI practice management system changes and make sure they are ready for the change
- Verify your patients' addresses:
  If the address you have on file is different than the address you get in electronic eligibility transaction responses, ask your patients to contact Social Security and update their Medicare records. This may require coordination between your billing and office staff.
  For news go to: https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html

Check Write Schedule Reminder:

09/08/17	10/20/17	12/01/17	01/19/18	03/02/18	04/20/18	06/01/18
09/15/17	11/03/17	12/15/17	02/02/18	03/16/18	05/04/18	06/15/18
10/06/17	11/10/17	01/05/18	02/16/18	04/06/18	05/18/18	07/06/18

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.

In This Issue

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.

SYNAGIS® CRITERIA FOR 2017 – 2018 SEASON

- The Alabama Medicaid Agency has updated its prior authorization (PA) criteria for the Synagis® 2017-2018 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

- The approval timeframe for Synagis® will begin October 1, 2017, and will be effective through March 31, 2018. Up to five doses will be allowed per recipient in this timeframe. 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 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) and completed forms may be accepted beginning September 1, 2017 (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.

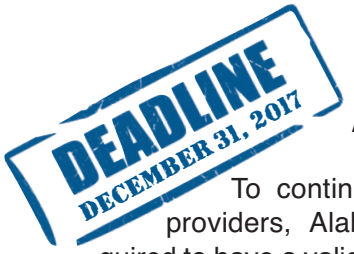
- A copy of the hospital discharge summary from birth or documentation of the first office visit with pertinent information (gestational age, diagnosis, etc.) is required on all Synagis® PA requests.

- 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 2017-2018 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.



ALABAMA PHYSICIANS MUST RENEW LICENSES ANNUALLY TO AVOID MEDICAID DISENROLLMENT

To continue as Alabama Medicaid providers, Alabama physicians are required to have a valid license. The yearly deadline for physicians to renew their medical license with the Board of Medical Examiners (BME) is December 31, 2017. Failure to have a current license on file can result in a physician being disenrolled from the Medicaid program.

Alabama Medicaid physicians are encouraged to take advantage of the automated Medicaid file update process for 2018 when they renew their licenses before the BME's deadline. Each physician who renews his or her medical license by December 31, 2017, will automatically appear on a list of licensed physicians provided to the Alabama Medicaid Agency in January.

Any late license renewals will not appear on the list and will have to be manually uploaded to the Alabama Medicaid secure provider portal along with a letter of request on company letterhead. Each letter must be in PDF format and include the provider's name, NPI number, Alabama Medicaid number, and a copy of their current state license.

To prevent disruption to patient assignment in the Patient 1st Program, a certified letter will be sent to Primary Medical Providers (PMPs) prior to disenrollment as a reminder to upload license information. Any provider without valid license information in the Medicaid's system by February 14, 2018, will be disenrolled from the Medicaid program.

For additional information, contact DXC Provider Enrollment at 1-888-223-3630.

ATTENTION: IRHC PROVIDERS

PLEASE SHARE THE MESSAGE BELOW WITH YOUR BILLING STAFF FOR RESPONSE

Some important changes are coming that impact how IRHCs file claims to Medicaid for payment. Please carefully read the following information and share with all appropriate staff who are involved with your Medicaid billing, as well as any vendor or clearinghouse you use for claims submission.

Effective for claims with date of service **January 1, 2018**, Medicaid will eliminate the billing of a small range of services for the encounter rate. Currently, IRHCs are paid an encounter rate, by billing 99211-SE and 99231-SE, or the appropriate EPSDT screening codes. Effective for claims with date of service **January 1, 2018**, instead of billing a limited range of codes, IRHCs will bill the actual procedure code for the services performed. This means IRHCs will refer to the Current Procedure Terminology (CPT) code book and bill the most appropriate code to reflect the services provided. Appropriate medical documentation must be present in the patient's chart to support the level of care billed. When the claim is received for processing, DXC will add the T1015 procedure code to the claim and you will be reimbursed the encounter rate for services.

Services payable outside of the encounter rate will not be affected by this change, and will continue to be paid outside the encounter rate, under the non RHC NPI. These services include Vaccines for Children, deliveries, surgeries with place of service 21 or 22, lab, technical component for Electrocardiograms (EKG's) and radiology, IUDs and smoking cessation products (under family planning). Do not submit services outside of the encounter rate on the same claim as services within the encounter or the claim will deny. Because such services are paid separately they must be billed separately from the services that are part of the encounter. IRHCs should not mix the 2 types of services on claims – those that are part of the encounter and those outside of the encounter.

As with any new process, the Agency performs testing to find issues that would prevent non-payment to providers. Testing will help ensure IRHC providers understand the changes, and the encounter submission requirements, in order to avoid disruption in payment. DXC Technology (formerly HPE) would like to test the new payment methodology with IRHCs before implementation. This testing will be open to any facility that would like to participate.

If you have any questions, please contact the Provider Assistance Center at 1-800-688-7989.

DRUG TESTING COVERAGE CHANGES

Effective for dates of service on and after **October 1, 2017**, Alabama Medicaid will place limitations on Laboratory Assay Drug Testing, Presumptive Drug Testing and Definitive Drug Testing.

For Presumptive Testing, 3 codes will continue to be covered:

1. 80305 2. 80306 3. 80307

For Definitive Testing, the following four 'G' Codes will continue to be covered:

1. G0480 2. G0481 3. G0482 4. G0483

Limits:

1. Laboratory Assay Drug Testing will have a benefit limit of 24 per calendar year.
   - Presumptive Testing 12 per calendar year
   - Definitive Testing 12 per calendar year
2. The procedure codes must be billed with a quantity of one per date of service regardless of the number of collective/testing items used, the number of procedures, and/or the drug testing screened.
3. Specimen validity testing is not eligible to be separately billed under any procedure code. The procedure code descriptions indicate that this testing is included if it was performed.

Some examples include:

1. If Dr. A bills PC 80305 on 10/01/2017, and Dr. B bills PC 80307 on 10/01/2017, only one claim will be paid. If Dr. A bills PC 80305 or 80307 six (6) times and Dr. B bills PC 80306 seven (7) times by 12/31/2017, then one claim will be denied because limit for these three codes is 12 per year.)
2. If Dr. A bills G0480 on 10/01/2017, and Dr. B bills G0483 on 10/01/2017, only one claim will be paid. If Dr. A bills G0482 or G0481 six (6) times and Dr. B bills G0483 seven (7) times by 12/31/2017, then one claim will be denied because the limit for these four codes is 12 per year.)

For questions regarding the Laboratory Program, contact Russell Green at Russell.Green@medicaid.alabama.gov or Susan Watkins at Susan.Watkins@medicaid.alabama.gov.

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Alabama Medicaid Bulletin

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DXC PROVIDER REPRESENTATIVES • 855-523-9170

DXC 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 on site 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.

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PROVIDER ENROLLMENT UPDATES

When sending in updates to your provider enrollment file, please do not send in multiple copies of the same update request. Sending in multiple copies may cause your updates to be delayed. If you have questions on how to correctly send provider enrollment updates for processing, please call the Provider Enrollment Department at 1-888-223-3630, Option 1.

ATTENTION ALL PROVIDERS

Beginning October 1, 2017, providers will no longer be able to upload or fax Electronic Funds Transactions (EFT) or Ordering, Prescribing, and Referring (OPR) enrollment supporting documentation via the Forms menu of the Alabama Medicaid Interactive Web Portal. Please use the Electronic Provider Enrollment Application Portal found at https://medicaidhcp.alabamaservices.org/providerenrollment/Home/ProviderEnrollment/tabid/477/Default.aspx.