



**Hewlett Packard  
Enterprise**

# **Claims Filing Overview**

# Agenda

- Eligibility Verification
- Claim Submission Methods
- Claims Filing Information
- Questions Related to Fee-For-Service Claims Processing
- Resources for Providers
- Contact Information
- Questions



# Purpose

To provide OB/GYN providers general information on filing claims.

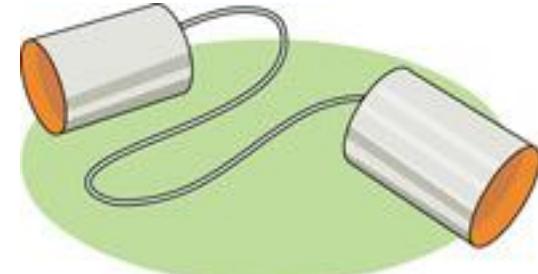


Hewlett Packard Enterprise is the fiscal agent for Alabama Medicaid. Claims are filed to HPE for processing, unless an administrative review is warranted.

# Teleconference Expectations

## – PHONE

- Do not put phones on hold
- Do not hold conversations or take other calls
- The leader will mute all lines until the Q/A section – to remove your phone from mute please press \*6 and to re-mute your line after asking your questions please press \*6
- Presentation is available on Medicaid website under ICD-10/ICD-10 Teleconference Training for viewing later.



## – QUESTIONS

- Please submit questions through the My Room Questions or Hands Up Button
- Please hold all verbal questions until the Q/A section of the presentation

# Eligibility Verification

Providers should ALWAYS verify eligibility prior to rendering services.

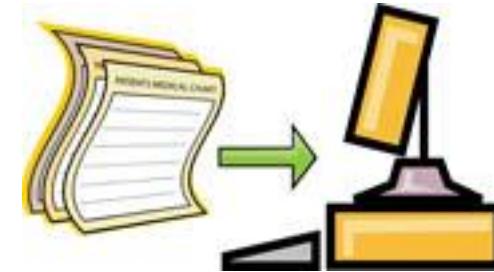
- Tools to verify eligibility:
  - Medicaid Interactive Web Portal
  - Provider Electronic Solutions
  - Automated Voice Response System
  - Vendor Software Product



# Claims Submission Methods

Alabama Medicaid requires all claims be filed electronically.

- Tools to claims submission:
  - Medicaid Interactive Web Portal
  - Provider Electronic Solutions Software
  - Vendor Software Product
- In some cases, a provider may have to file a claim on paper, for example, an administrative review or a commercial insurance denies a claim.
  - Claims filed on paper must be submitted on a CMS-1500 claim form. Instructions for paper claim submission can be found in Chapter 5 of the provider billing manual.



# Questions Related to FFS Claims Processing



- Is Alabama Medicaid taking the maternity care program over?
  - Yes
- Who will enroll patients in the Maternity Program?
  - Patients will not be enrolled in the Maternity Program. Services will be reimbursed fee-for-service under the Physician Program guidelines.
- Who will supply encounter data?
  - For deliveries prior to 1/1/16 providers will continue to send their encounter claims for District 10 to Gift of Life. Gift of Life will continue to submit encounter claims to Medicaid's fiscal agent (HPE). For deliveries on or after 1/1/16, the provider will send their claims directly to HPE to be paid as fee-for-service.
- How will we get reimbursed and how can we locate the fee schedule?
  - Reimbursement will be fee-for-service according to the established fee schedule. The fee schedule is posted on Medicaid's website: [http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.6\\_Fee\\_Schedules.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.6_Fee_Schedules.aspx)

# Questions Related to FFS Claims Processing Cont'd

- Where can CPT codes be located?
  - The current version of the American Medical Association's CPT book. Refer to Chapter 28 (Physician Program) of the Alabama Medicaid Provider Manual for details concerning fee-for-service maternity services. See website:  
[http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.7\\_Manuals/6.7.1\\_Provider\\_Manuals\\_2015/6.7.1\\_Provider\\_Manuals\\_2015.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2015/6.7.1_Provider_Manuals_2015.aspx)
- How do we submit claims?
  - Providers should submit claims via 837 transactions. If you submit claims related to family planning services today; then you would submit your claims related to maternity care the same way.
- For claims with date of service after 1/1/16 for maternity services, who should we contact for billing questions?
  - Provider Assistance Center at 1-800-688-7989.



# Questions Related to FFS Claims Processing Cont'd

- If a deliver occurred as of 12:01, January 1, 2016, and thereafter, but the 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 will also be fee-for-service. 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. The paper claim should be a clean, error free original CMS-1500 claim form. Providers should write in block 19 'Ancillary services provided before 1/1/16'. 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  
PO Box 5624  
Montgomery, AL 36104



# Questions Related to FFS Claims Processing Cont'd

Are providers allowed to bill for a patient's postpartum visit, if we do Family Planning/Contraceptive counseling during the visit. Will that still be allowed if we change to FFS billing?

Yes, Providers may still bill for an Extended Family Planning Counseling Visit (99212-FP)

The extended family planning counseling visit is a separate and distinct service consisting of a minimum of 10 face-to-face minutes of extended contraceptive counseling using the PT+3 teaching method. The extended family planning counseling visit is performed in conjunction with the 6-week postpartum visit in the office/clinic setting. The counseling services are those provided above and beyond the routine contraceptive counseling that is included in the postpartum visit. The purpose of this additional counseling time is to take full advantage of the window of opportunity that occurs just after delivery when the physical need for pregnancy delay is at a peak. Extended family planning counseling is limited to once during the 60-day post-partum period, and is not available for women who have undergone a sterilization procedure. An extended family planning counseling visit is not covered for Plan First recipients. If you are having difficulty receiving reimbursement for this service, please contact the Provider Assistance Center at HPE.

Reference the Provider Manual, Appendix C Family Planning at the following link:

[http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.7\\_Manuals/6.7.1\\_Provider\\_Manuals\\_2015/6.7.1\\_Provider\\_Manuals\\_2015.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2015/6.7.1_Provider_Manuals_2015.aspx) for additional information.



# Questions Related to FFS Claims Processing Cont'd

- Will the provider be limited to take Medicaid patients for pregnancy just within those counties listed like we are now, or is this just open for anyone to come to our physicians as long as they're pregnancy Medicaid?
  - If a recipient does not live in Autauga, Elmore, Lowndes, Montgomery, Bullock, Butler, Crenshaw, or Pike counties, that recipient must enroll with the Primary Contractor assigned to her county. Only recipients living in District 10 may go to any Medicaid enrolled physician for their maternity care services.
- As far as the fee-for-service after January 1, can you clarify if the individual prenatal visits are to be billed individually or are they to be billed according to 1-3 visits, bulk codes 59425 or 59426 then the delivery billed as a delivery code?
  - Please see Provider Billing Manual Chapter 28.
- Shall charges be submitted to Medicaid as they are rendered?
  - Providers should file charges as they always have using one of the methods discussed for claims processing. Filing limits are one year from date of service.



# Questions Related to FFS Claims Processing Cont'd

- Will the SOBRA representative enroll the patients with a particular practice? We have been told that once the patient enrolls the patient will call for an appointment.
  - No, Outstation Workers assist with establishing Medicaid eligibility only. The Outstation Worker will NOT enroll any recipients with a practice. The recipient must call the provider to make her appointment. The recipient may even call the provider before she is eligible for Medicaid but it is the provider's responsibility to ensure that the recipient has Medicaid eligibility.
- Will we be notified if the patient swaps to another practice?
  - No
- Will we be paid for UAs, Hgb/Hct? How many are we allowed of each?
  - Yes, labs may be billed fee-for-service. There are no limits.
- What is the reimbursement for each?
  - Reimbursement will be fee-for-service according to the established fee schedule. The fee schedule is posted on Medicaid's website: [http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.6\\_Fee\\_Schedules.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.6_Fee_Schedules.aspx)



# Questions Related to FFS Claims Processing Cont'd

- Will Medicaid "Delivery Only" include post/antepartum care?
  - Please see Provider Billing Manual Chapter 28, page 35.
- What is the reimbursement?
  - Reimbursement will be fee-for-service according to the established fee schedule. The fee schedule is posted on Medicaid's website: [http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.6\\_Fee\\_Schedules.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.6_Fee_Schedules.aspx)
- Will we be reimbursed for the second twin in a vaginal twin delivery?
  - More than one delivery fee may not be billed for a multiple birth (twins, triplets, etc.) delivery, regardless of the delivery method(s). Please reference Chapter 28, Physician Chapter at the following link:  
[http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.7\\_Manuals/6.7.1\\_Provider\\_Manuals\\_2015/6.7.1.4\\_October\\_2015.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2015/6.7.1.4_October_2015.aspx)



# Questions Related to FFS Claims Processing Cont'd

- Will we be reimbursed for 2 ultrasounds? What is the reimbursement?
  - Medicaid recipients that are not participating in the maternity care program are allowed up to two obstetrical ultrasounds per pregnancy without prior authorization. Greater than two OB ultrasounds per pregnancy must be supported with a medical diagnosis, medical benefit of the procedure and prior authorization. Please see Provider Billing Manual Chapter 28 for details and visit [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) for the physician's fee schedule.
- What is the reimbursement for both vaginal and c-section deliveries?
  - The fee schedule is posted on Medicaid's website:  
[http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.6\\_Fee\\_Schedules.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.6_Fee_Schedules.aspx)
- Will the process for Sterilization Consent remain the same?
  - Yes
- What is the reimbursement for the Tubal procedure?
  - The fee schedule is posted on Medicaid's website:  
[http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.6\\_Fee\\_Schedules.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.6_Fee_Schedules.aspx)



# Questions Related to FFS Claims Processing Cont'd

- What is the reimbursement for Nexplanon and IUD (Paragard, Skyla, Mirena, Liletta) both device and insertion?
  - The fee schedule is posted on Medicaid's website:  
[http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.6\\_Fee\\_Schedules.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.6_Fee_Schedules.aspx)
- Will physicians be paid for a patient's extended, antepartum, postpartum or ICU visits/ hospital care? What is the reimbursement for each?
  - Physicians will be reimbursed fee for service for covered services, please see Provider Billing Manual Chapter 28 as well as the Medicaid website for the physician fee schedule.
- Will physicians be reimbursed at a higher rate for high risk patients?
  - Reimbursement rates are available on the Medicaid website for the physician fee schedule.
- What is the reimbursement?
  - The fee schedule is posted on Medicaid's website:  
[http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.6\\_Fee\\_Schedules.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.6_Fee_Schedules.aspx)
- Will OB patients younger than 18 be able to receive flu shots (or any immunizations) at our clinic?
  - Alabama Medicaid may provide reimbursement to eligible providers, with eligible recipients for covered services.



# Alabama Medicaid Provider Manual

Provider manuals are updated quarterly (January, April, July and October). The updates are indicated in the margins of the revised chapter and on the “Quarterly Revisions” page. Updates are posted to the Alabama Medicaid website at the following

link: [http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.7\\_Manuals.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx).

- Important Chapters/Appendix for Physicians

- 3 Verifying Recipient Eligibility
- 5 Filing Claims
- 28 Physicians
- C Family Planning



# Alabama Medicaid Administrative Code

Alabama Administrative Code outlines the rules and regulations for all providers. It is updated as changes are identified. Currently the Alabama Administrative Code contains 63 chapters.

- Important Chapters for Physicians
  - 1 General, High level information for all providers
  - 2 Assuring High Quality Care
  - 3 Fair Hearings
  - 6 Physicians
  - 20 Third Party
  - 25 Medicaid Eligibility
  - 26 Rules for Practice
  - 27 Confidential Materials
  - 28 Forms
  - 29 Definitions
  - 30 Emergency Rule Procedures
  - 31 Declaratory Rulings
  - 33 Recoupments and Liens



# Contact Information

- Provider Assistance Center 1-800-688-7989
- Electronic Media Claims Helpdesk 1-800-456-1242
- Recipient Call Center 1-800-362-1504
- Provider Representative Contact Information may be found at the following link:

[http://medicaid.alabama.gov/CONTENT/8.0\\_Contact/8.2.6\\_Provider\\_Representatives.aspx](http://medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6_Provider_Representatives.aspx)



# Questions

