Nursing Home Training Checklist

This is a training checklist designed to provide an outline for Nursing Facility providers to understand the tools available as an Alabama Medicaid provider. This is not an all-inclusive document; rather a guide to assist you with obtaining information for following policy, procedures, rules and regulations for Alabama Medicaid.

Top Five denials for Nursing Facilities

Code	Explanation	Resolution
4240	Procedure Code Cannot Be Span Dated	Refer to the provider manual for specific information. Some procedure codes may not be billed for multiple dates of service
1065	Billing Provider Name and Number Disagree	Ensure claims are being filed with the provider name as it appears in the HP claims processing system
2504	Recipient Covered by Private Insurance	Medicaid is always the payor of last resort. Please file other insurance prior to filing Medicaid
4939	BPA-PC-REV Assignment Plan Restriction	Ensure patients are on the level of care file prior to submission of claims
5013	Institutional Duplication Exact	Ensure RA's are worked timely, correct denied claims prior to resubmission

As an enrolled Alabama Medicaid provider, you are responsible for ensuring that you and your employees or agents acting on your behalf comply with all of the requirements in the applicable provisions of State and Federal laws governing the Medicaid Program, the Alabama Medicaid Administrative Code and the Alabama Medicaid Provider Manual as amended.

Alabama Administrative Code

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. The table below includes but is not limited to important chapters for Nursing Facilities and staff.

Chapter	Overview
1 General	High level information for all providers-includes Administrative Code
2 Assuring High Quality Care	Discusses Medicaid's procedure for ensuring quality care for all recipients
3 Fair Hearings	Outlines Medicaid's procedures for fair hearing process
4 Program Integrity	Overview of Medicaid's Program Integrity Division
10 Long Term Care	Overview of Long Term Care Facilities
20 Third Party	Outlines policies related to recipient's with other insurance coverage
22 Nursing Facility Reimbursement	Outlines Medicaid policy regarding nursing facility reimbursement
25 Medicaid Eligibility	General information related to recipient eligibility
26 Rules for Practice	Outlines general rules for Medicaid recipients

Chapter	Overview
27 Confidential Materials	Information on how recipient information should be protected
28 Forms	Outlines forms used by the Medicaid Agency
29 Definitions	Outlines common definitions used in Administrative Code
30 Emergency Rule Procedures	Outlines emergency rules for the Medicaid Agency
31 Declaratory Rulings	Outlines Declaratory Rulings for the Medicaid Agency
33 Recoupments and Liens	Information on how recoupments and liens are handled
63 Ventilator Dependent and Qualified Tracheostomy Care	Outlines policies for ventilator dependent and qualified tracheostomy care recipients

Alabama Medicaid Provider Billing 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. The table below includes but is not limited to important chapters for Nursing Facilities and staff.

Chapter/Appendix	Overview
1 Introduction	How to use provider manual
2 Becoming a Medicaid Provider	How to enroll as a Medicaid Provider
3 Verifying Recipient Eligibility	How to verify recipient eligibility and how to decipher eligibility information
4 Obtaining Prior Authorization	How to obtain authorization on services which require approval prior to being furnished
5 Filing Claims	How to properly complete claim forms for submission to Alabama Medicaid
6 Receiving Reimbursement	Information on understanding your Remittance Advice
7 Understanding Your Rights and Responsibilities as a Medicaid Provider	Explains important rules and regulations providers must follow with Alabama Medicaid
26 Nursing Home	This is one of your essential tools for information related to the Nursing Home Program. This chapter contains important billing and policy information
Appendix B- Electronic Media Claims Guidelines	Important information related to filing claims electronically
Appendix E- Medicaid Forms	Contains copies of forms required for filing requests to Medicaid and instructions for completion of the forms
Appendix F- Internal Control Numbers	How to read Internal Control Numbers assigned in claims processing
Appendix G- Non-Emergency Transportation	Explains how recipients can receive assistance getting to Medicaid covered appointments
Appendix J- Explanation of Benefit Codes	Table of claims processing codes

Chapter/Appendix	Overview
Appendix K – Top 200 Third Party Carrier Codes	Contains a list of other insurance carrier codes needed for claims processing when other insurance is involved
Appendix L- Auto Voice Response System (AVRS)	How to use Medicaid's Automated Voice Response System, a tool to check eligibility, claims status and other functions
Appendix N- Medicaid Contact Information	Provides important contact information

Tools Available for Providers at no Charge

Tool	Function
Medicaid Interactive Web Portal	Allows providers to submit a multitude of transactions and receive immediate response. Transactions include, but are not limited to: eligibility verification, claims submission, claim status, Prior Authorization submission and status, Remittance Advice download
Provider Electronic Solutions Software (PES)	Allows providers to submit a multitude of transactions in batch mode and receive responses within 15 minutes-2 hours, transactions include: eligibility verification, claims submission, claim status, Prior Authorization submission and status
Automated Voice Response System (AVRS)	Allows providers to submit a multitude of transactions telephonically and receive fax back information, if requested, some transactions include: Eligibility verification, claims submission, procedure code pricing information
LTC Admission Notification Software	Allows Nursing Home providers to submit electronic LTC Admission Notifications on behalf of Alabama Medicaid recipients

Personal Contact Information for Billing Assistance

HP Enterprise Services is the fiscal agent for Alabama Medicaid. The following services are available through HP at no charge to Providers.

Department	Function	Contact Number
Provider Assistance Center	Assist with basic billing questions, procedure code reimbursement information and general questions	1-800-688-7989
Electronic Media Claims Helpdesk	Assist providers with Provider Electronic Solutions, vendor related issues, electronic transmission and pharmacy-related billing issues. This unit also issues user ID's and passwords for the Agency's secure website portal	1-800-456-1242
Provider Enrollment	Assists with new provider enrollment and basic provider enrollment functions	1-888-223-3630 Option 1
Provider Re-enrollment	Assists with ongoing re-enrollment of providers	1-888-223-3630 Option 2
Provider Relations Representatives	Assists providers with in-depth billing issues and training on Provider Electronic Solutions and Medicaid's Interactive Web Portal.	1-855-523-9170 Refer to Medicaid website for 7 digit extensions. Go to

Department	Function	Contact Number
	Available for telephonic consultation, e-mail assistance or on-site training and workshops.	http://www.medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6.1_Provider_Reps_G1.aspx