

A L E R T

November 18, 2016

TO: Physicians, Nurse Midwives, Plan First/Family Planning Providers, FQHC, IRHC, PBRHC, Hospitals, Nurse Practitioners and Maternity Care Primary Contractors

RE: Maternity Care Program District 12 Changes Announced

1. Changes in District Twelve (Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe and Washington Counties).

As of 12:00 midnight on December 31, 2016, Southwest Alabama Maternity Care Program, L.L.C., (District Twelve) will no longer provide maternity care services to Medicaid-eligible pregnant women in Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe and Washington Counties.

Recipients who need assistance in locating a provider on or after January 1, 2017, may call the Alabama Medicaid Agency toll-free at 1-800-362-1504.

Recipients with questions about their maternity services on or before December 31, 2016, may contact Southwest Alabama Maternity Care Program, L.L.C., at 1-877-826-2229 or (334) 593-8888.

2. Claims Processing

Claims with Dates of Service Before or at 12:00 Midnight December 31, 2016

Providers should contact Martha Jinright, Director of Southwest Alabama Maternity Care Program, L.L.C., (District Twelve) at 1-877-826-2229 or (334) 593-8888 regarding claims with dates of service before or at 12:00 midnight December 31, 2016.

Claims with Dates of Service as of 12:01 a.m., on January 1, 2017, and Thereafter

As of 12:01 a.m., on January 1, 2017, and thereafter, covered services for maternity care provided by a Medicaid enrolled provider to a Medicaid-eligible recipient residing in the following counties will be paid fee-for-service according to Medicaid's fee schedule.

- Baldwin (02)
- Clarke (13)
- Conecuh (18)
- Covington (20)
- Escambia (27)
- Monroe (50)
- Washington (65)

A L E R T

If maternity care provided by the provider as a subcontractor with Southwest Alabama Maternity Care Program, L.L.C., (District Twelve) and the same provider chooses to continue to provide maternity care as of 12:01, on January 1, 2017, and thereafter, the appropriate global code shall be billed. The global codes includes services normally provided in maternity cases (antepartum care, delivery, and postpartum care). Reference Chapter 28 (Physician) for additional information regarding billing for maternity services.

If the provider of maternity services subcontracting with Southwest Alabama Maternity Care Program, L.L.C., (District Twelve) as of midnight December 31, 2016, **WILL NOT BE** the provider of care for the recipient after this date, claims for prenatal care and ultrasounds may be submitted fee-for-service by completing a CMS 1500 Claim form. Indicate in block 19 of the CMS 1500 claim form "*will no longer provide maternity care in 2017, services provided prior to January 1, 2017*". Paper claims can be sent to the address listed below.

Ultrasounds

Ultrasounds, related to the pregnancy, performed prior to 12:01, January 1, 2017, will be paid fee-for-service and will not fall under the prior authorization (PA) requirements. In order for the ultrasound claims to be paid fee-for-service, the provider must submit a CMS 1500 claim form to Medicaid for consideration of an override. Indicate in block 19 of the CMS 1500 claim form "*ultrasound provided prior to January 1, 2017*", *services provided prior to January 1, 2017*". Paper claims can be sent to:

**Alabama Medicaid Agency
Maternity Care Program
P.O. Box 5624
Montgomery, AL 36104**

Ultrasounds performed after 12:01, January 1, 2017, must be submitted according to Medicaid's guidelines and are subject to the prior authorization approval process. Refer to Chapter 28, Physicians, of the Provider Manual for prior authorization criteria, and Chapter 4, Obtaining Prior Authorization, for information about the PA process. PAs for services rendered during January 2017, must be submitted to HPE by March 30, 2017. Effective for dates of service February 1, 2017, and after, the normal submission timeframes in Chapter 4 apply.

For questions about fee-for-service billing, contact Hewlett Packard Enterprise (HPE) at:

- Provider Assistance Center 1-800-688-7989
- Electronic Media Claims Helpdesk 1-800-456-1242

Provider Representative Contact Information may be found at the following

link: http://www.medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts/10.3.5_Provider_Reps.aspx