

Provider Insider

Alabama Medicaid Bulletin

July 2016

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DIGITAL SUBMISSION OF MEDICAL AND DENTAL PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION

Providers will be able to upload or fax Medical and Dental Prior Authorization (PA) supporting documentation via the Forms menu of the Alabama Medicaid Interactive Web Portal starting:

- **July 18th for Medical PA support documentation**
- **August 11th for Dental PA supporting documentation.**

A new form will allow providers the ability to upload Medical or Dental PA supporting documents in PDF format or create a fax barcode coversheet from the Web Portal. Providers may submit additional documentation via fax at a later time and have that documentation combined with original documents through the use of the same barcode coversheet.

Medical and Dental PA supporting documentation will continue to be accepted in paper format **until November 15, 2016**. After that date, supporting documents received via paper will be returned to the provider.

Please note: The submission process for paper/original Dental X-Ray/Radiograph images will remain as it occurs today.

Accessing the Medicaid Interactive Web Portal

A secure logon or access to the Medicaid Interactive Web Portal must be established if one does not already exist to access this new attachment option. Documents may be submitted in two different ways:

- Medicaid Interactive Web portal (preferred)
<https://www.medicaid.alabamaservices.org/ALPortal/Account/Secure%20Site/tabId/66/Default.aspx>
- Fax information in for processing (bar coded cover sheet required)

Documents must be in a Portable Document Format (PDF)

Documents must be in a Portable Document Format (PDF) for upload through the Web Portal. If you do not currently have the ability to create PDF versions of supporting documentation, you may perform an internet search and find free downloadable utilities that can be installed to create a PDF. For your convenience, HPE is including a list of three PDF creation utilities that can be installed to create PDF documents at no charge:

- PrimoPDF - <http://www.primopdf.com/>
- Solid PDF Creator - <http://www.freepdfcreator.org/>
- PDF24 - <http://en.pdf24.org/creator.html>

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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.

Steps to Upload Documentation

Once a PDF utility has been successfully downloaded and the PDF document created, providers should follow these steps to upload documentation for review:

1. Log on to Medical Interactive Web portal:
<https://www.medicaid.alabamaservices.org/ALPortal/Account/Secure%20Site/tabId/66/Default.aspx>
2. Select Trade Files/Forms.
3. Select a form from the drop down list and click on 'Search'. The following is a list of forms available for selection. Note: The newly added Dental and Medical PA Supporting Documentation choices are noted in bold print in blue.
 - LTC – Hospice Records
 - LTC – LTC Records
 - LTC – PEC Swing Bed Records
 - LTC – Psychiatric/Retrospective Review Records
 - **PA1 – Dental PA Supporting Documentation**
 - **PA2 – Medical PA Supporting Documentation**
4. Complete all fields (record ID field will auto populate). Required fields are indicated with an asterisk (*).
 - a. **PA Number** - A valid PA number must exist prior to submitting supporting documentation.
 - b. **Detail Line Item Number** - Select the detailed line item this documentation is being submitted for. If this documentation applies to all line items associated with this PA, please check 'ALL'
5. Click on 'Browse' and select the required medical records documentation from your network drive or PC.
6. Review all the values entered for completion and accuracy as no further updates will be allowed once the Submit button is pressed.
7. Press 'Submit'.
8. A message will be generated that states 'Your form was submitted successfully. It is imperative that you save a copy of this coversheet, should you be requested to submit additional documentation for this packet' at the top of the page.
9. A barcode coversheet is generated and will be displayed.
10. Select the 'Print Friendly View' button to print the barcode coversheet or to save as a PDF. A copy of this barcode coversheet should be saved in the event additional documentation is required.

Steps to Fax Documentation

If a PDF document of the documentation cannot be created, information may also be faxed in for review. A barcode fax cover sheet will be required with each submission; providers should follow the instructions below to fax documentation:

1. Follow steps 1-7 documented above.
2. Fax the required documentation with the barcode cover-sheet on top of the documentation to 334-215-7416. Include the bar coded cover sheet as page one of the fax transmission for the same prior authorization number.
3. Do not fax double sided pages.
4. Do not fax multiple sets of records at the same time, each fax should be sent separately.

The bar code cover sheet is required for each fax submission for the same recipient. A fax submission cannot be processed without the bar coded cover sheet. DO NOT place anything on the bar code on the cover sheet or alter it in any manner.



Providers with questions concerning the upload supporting documentation should contact one of their Provider Representatives. A link to the Provider Representative's contact information may be found at the following link: http://www.medicaid.alabama.gov/CONTENT/8.0_Contract/8.2.6.1_Provider_Reps_G1.aspx.

COMING THIS SUMMER!

DIGITAL SUBMISSION OF CONSENT FORM SUPPORTING DOCUMENTATION

Effective July 1, 2016, Alabama Medicaid converted the Abortion and Hysterectomy Consent forms on the Forms Library page of the Alabama Medicaid website to fillable PDF to enable faster processing of provider submitted information due to the ability to enforce entry of required data and read the information provided. Detailed information regarding the implementation of the converted Abortion and Hysterectomy forms can be found on the Medicaid website at: <http://medicaid.alabama.gov/news.aspx?t=26>.



Coming this September providers will be able to fax or upload Consent forms and their supporting documentation for review via the Forms menu of the Alabama Medicaid Interactive Web Portal. A new form will allow providers the ability to upload Consent Form supporting documents in PDF format or create a fax barcode coversheet from the Web Portal. Providers may submit additional documentation via fax at a later time and have that documentation combined with original document through the use of the same barcode coversheet. The following fields will be required to submit supporting documentation for review: Medicaid ID, Form Type (Abortion, Hysterectomy, Sterilization), Recipient First Name, Recipient Last Name, Date of Surgery, Provider / Group Name, Submitter First Name, Submitter Last Name, Submitter Phone, and Submitter Email.

Please note an Alabama Medicaid Interactive Web Portal account is required to access this functionality.

The start date and instructions for Digital Submission will be available on the Forms Library of the Alabama Medicaid Website. Instructions for Digital Submission will also be available via the Forms menu of the Alabama Medicaid Interactive Web Portal. Additional information will be communicated in subsequent *Provider Insiders*.

COMING THIS FALL!

DIGITAL SUBMISSION OF ENROLLMENT SUPPORTING DOCUMENTATION

Providers will be able to fax or upload Enrollment supporting documentation for review via the Forms menu of the Alabama Medicaid Interactive Web Portal starting November 2016. A new form will allow providers the ability to create a fax barcode coversheet or upload supporting documentation in PDF format from the Web Portal, including:

- Electronic Funds Transfer (EFT) Supporting Documentation
- Ordering, Prescribing, and Referring (OPR) Supporting Documentation
- Enrollment Update Supporting Documentation and
- Re-Enrollment Application Supporting Documentation

Providers may submit additional documentation via fax at a later time and have that documentation combined with original documents through the use of the same barcode coversheet.

Please note an Alabama Medicaid Interactive Web Portal account is required to access this functionality.

The start date and instructions for Digital Submission will be available on the Forms Library of the Alabama Medicaid Website. Instructions for Digital Submission will also be available via the Forms menu of the Alabama Medicaid Interactive Web Portal. Additional information will be communicated in subsequent *Provider Insiders*.



NEW PERM CONTRACTOR FOR FY2016

CMS has contracted with CNI Advantage, LLC (CNI) of Rockville, MD (formerly APlus Government Solutions) to conduct the Payment Error Rate Measurement (PERM) medical record reviews for this cycle. If providers are contacted by CNI requesting medical records, they are required to comply with the request as referenced in the Administrative Code, the Provider Manual, as well as their provider agreements. Providers are asked to submit accurate and complete documentation in a timely manner. The top errors cited during the last cycle include: no documentation, incomplete documentation, no physician signatures, and incorrect dates of service.

PERM (FY2016) PROVIDER EDUCATION SESSIONS

The Centers for Medicare & Medicaid Services (CMS) will host two Payment Error Rate Measurement (PERM) provider education sessions during the month of July. The purpose is to provide opportunities for the providers of the Medicaid and Children's Health Insurance Program (CHIP) communities to enhance their understanding of specific provider responsibilities during the PERM cycle.

The PERM program is designed to measure improper payments in the Medicaid Program and the Children's Health Insurance Program (CHIP), as required by the Improper Payments Information Act (IPIA) of 2002 (amended in 2010 by the Improper Payments Elimination and Recovery Improvement Act or IPERA, and the Improper Payments Elimination and Recovery Improvement Act of 2012 IPERIA).

Education session participants will learn from presentations that feature:

- The PERM process and provider responsibilities during a PERM review
- Recent trends, frequent mistakes, and best practices

The presentations will be repeated for each session. You will have the opportunity to ask questions live through the conference lines, via the webinar, and through the dedicated PERM Provider email address at: PERMProviders@cms.hhs.gov.

Presentation materials will be posted as downloads on the Providers tab of the PERM website at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html>

Both the audio and interactive webinars are being conducted using the WebEx Platform.

Webinar: Tuesday, July 19, 2016, 2:00 - 3:00pm CST

Access Information

1. Please call the following number:
WebEx: 1-877-267-1577
2. Follow the instructions you hear on the phone.
Your WebEx Meeting Number: 997 909 667

To join this meeting online

1. Go to <https://meetings.cms.gov/orion/joinmeeting.do?MeetingKey=997909667>
2. If requested, enter your name and email address.
3. If a password is required, enter the meeting password: This meeting does not require a password.
4. Click "Join".
5. Follow the instructions that appear on your screen

****You MUST call in on the phone to hear the audio presentation****

Webinar: Wednesday, July 27, 2016, 2:00 - 3:00pm CST

Access Information

1. Please call the following number:
WebEx: 1-877-267-1577
2. Follow the instructions you hear on the phone.
Your WebEx Meeting Number: 999 454 534

To join this meeting online

1. Go to <https://meetings.cms.gov/orion/joinmeeting.do?MeetingKey=999454534>
2. If requested, enter your name and email address.
3. If a password is required, enter the meeting password: This meeting does not require a password.
4. Click "Join".
5. Follow the instructions that appear on your screen.

****You MUST call in on the phone to hear the audio presentation****

Please check the CMS Website and PERM Provider's page regularly for helpful education materials, FAQs, and updates at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html>.

REMINDER: RECOVERY AUDIT CONTRACTOR (RAC) AUDITS

Mandatory provisions of the Affordable Care Act require the Alabama Medicaid Agency to select and provide oversight for a Medicaid Recovery Audit Contractor (RAC) to perform provider audits. Goold Health Systems (GHS), a Maine-based firm, was selected to be Alabama Medicaid's Recovery Audit Contractor (RAC) effective January 1, 2013.

The RAC program is designed to improve payment accuracy by identifying under and overpayments in Medicaid. The Medicaid RAC program is a separate program from the Medicare RAC which is overseen by the Centers for Medicare and Medicaid Services.

Audits will be conducted by GHS staff which includes full time medical directors, pharmacists, certified professional coders, and experienced clinicians. GHS uses a "top down" approach where data analysis, through data mining, is applied against the universe of paid claims to identify patterns of utilization or billing which look atypical based on Alabama Medicaid and/or national standards. Following the high-level claims analysis, GHS may expand its review by requesting clinical records and/or other documents in accordance with state and federal regulations.

GHS has been informed of the critical role that all providers play in a successful Medicaid program and requires that auditors be professional, objective, and consistent in performing all required audits/reviews.

Providers are reminded that the Alabama Administrative Code, the Provider Manual and their Provider Agreements require compliance with requests for medical

records for Medicaid program audits.

The Top Recoupment Reasons by Provider Type for Quarter Two, FY2016 are as follows:

Provider Type Reviewed	Top 5 Recoupment Codes by Number of Occurrences
Dental	D50C: No Post Treatment Radiograph
	D59b: Radiograph Non-Diagnostic for Pre Treatment
	D50b No Pre Treatment Radiograph
	No other recoupment codes identified
Psychology	B33: No Time In/Time Out
	B1: No Recipient Signature
	B22: No Valid Treatment Plan
	B4: No Documentation
	B3: Insufficient Documentation to Support Billing

The above year to date report is based on provider reviews initiated by the Agency's RAC contractor during the above referenced fiscal year. Provider reviews that have not completed the Final Audit phase of the review process are not included in this report.

Questions regarding the audits should be directed to:

Yulonda Morris, RAC Program Manager
(334) 242-5161

Yulonda.morris@medicaid.alabama.gov

or

Patricia Jones, Recipient Review Associate Director
(334) 242-5609

Patricia.jones@medicaid.alabama.gov

REMINDERS: TO DENTAL PROVIDERS

- Radiographs submitted must be of diagnostic quality.
- For treatment in outpatient/inpatient hospital or nursing facility: when completing the Alabama Prior Review and Authorization Dental Request (Paper or Electronic), list **ALL** procedures planned even if they do not normally require prior authorization.
- Medicaid reimburses for services that are determined to be medically necessary. Refer to Chapters 4 (Section 4.2), 7 (Section 7.1.1), and 13 (Section 13.5) regarding medical necessity.
- For further information on covered dental services, refer to Chapter 13 in the Provider Manual which is updated quarterly.



PROVIDERS ARE NOW REQUIRED TO SUBMIT FINGERPRINTS

Federal regulations now require States to conduct a fingerprint based criminal background check on providers or any person with 5 percent or more direct or indirect ownership interest in the provider who meet any of the criteria below pursuant to 42 C.F.R. § 455.450.

1. Providers whose screening categorical risk level is set at “high”.
2. Providers whose screening categorical risk level has been adjusted to “high” due to a payment suspension based on a credible allegation of fraud, waste, or abuse.
3. Providers whose screening categorical risk level has been adjusted to “high” because they have an existing Medicaid overpayment.
4. Providers who have been excluded by the Office of Inspector General or another State’s Medicaid program within the previous 10 years.
5. Providers who were prevented from enrolling during a state or federal moratorium and apply for enrollment as a provider at any time within 6 months from the date the moratorium was lifted.

FCBCs will be conducted at the following times:

- Initial enrollment - All providers designated as a “high” categorical risk will be screened for an FCBC. If an FCBC has already been conducted by Medicare, Alabama Medicaid may be able to rely on Medicare’s information.
- Currently enrolled providers – These providers will be requested to complete an FCBC at the time their risk level is elevated to “high”.

- Application for enrollment by previously sanctioned providers – After a provider’s sanction has been lifted, they will be required to complete an FCBC before again enrolling in the Alabama Medicaid program.

Providers who are required to submit to an FCBC will be notified individually by letter requesting them to visit the Alabama Law Enforcement Agency or their nearest law enforcement agency within 30-days from the date of their notification letter to submit their fingerprints for processing. The Medicaid Agency will supply the provider with all necessary documentation to complete the fingerprint process.

Any provider who is required to submit to an FCBC and does not comply with Medicaid’s request to complete the process will either be denied enrollment or their Medicaid participation will be terminated. Additionally, the results of a provider’s FCBC may impact the provider’s participation in the Medicaid program.

Alabama Medicaid is working on policies and procedures as well as system changes to accommodate this new process. Projected implementation for FCBCs is December 31, 2016.

Questions concerning this new screening process should be directed to Medicaid Provider Enrollment at (334) 242-5141.

CIVIL RIGHTS COMPLIANCE FOR PROVIDERS

The Alabama Medicaid Agency is responsible for enforcing several civil rights laws as they apply to applicants and/or recipients of federal financial assistance from the United States Department of Health and Human Services (US DHHS). These laws prohibit discrimination based on race, color, national origin, age, disability, limited English proficiency, and in some instances, sex and religion.

As part of the application process for the Alabama Medicaid program, providers must be evaluated for compliance with the civil rights laws as described above. In order to determine a provider’s eligibility to participate in federally financed programs, providers will be asked to complete and submit information concerning their compliance with the requirements of Title VI of the Civil Rights Act of 1964 (race, color, national origin or limited English proficiency), Section 504 of the Rehabilitation Act of 1973 (disability), and the Age Discrimination Act of 1975.

This Medicaid requirement for civil rights compliance mirrors the Medicare compliance review requirements as both programs are recipients of federal financial assistance and are monitored by the Office of Civil Rights for non-discrimination. Some providers may have achieved a civil rights clearance and received a Medicare certification approval letter. Other providers who have not enrolled with Medicare and have not received a civil rights clearance will have to submit their information to Medicaid for review at the time of their initial enrollment and/or change of ownership, if applicable.

The implementation for the submission of the civil rights compliance information is October 1, 2016. For any questions concerning this requirement, please contact the Enrollment & Sanctions Unit at (334) 242-5000.

HP PROVIDER REPRESENTATIVES

855-523-9170

HP 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 onsite 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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**Alabama
Medicaid
Bulletin**

PRSR STD
U.S. POSTAGE
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PERMIT # 77
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Post Office Box 244032
Montgomery, AL 36124-4032

Check Write Schedule Reminder:

12/04/15	03/18/16	07/08/16
12/11/15	04/08/16	07/22/16
01/08/16	04/22/16	08/05/16
01/22/16	05/06/16	08/19/16
02/05/16	05/20/16	09/09/16
02/19/16	06/03/16	09/16/16
03/04/16	06/17/16	

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.