

Provider Insider

Alabama Medicaid Bulletin

October 2018

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KEEP IN TOUCH

WITH DXC STAFF!

On October 1, 2018, DXC employees will no longer receive e-mails forwarded from the @hpe.com address. Please make sure you update your contact information for DXC staff members. Contact information can be found by following this link: http://www.medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts.aspx.

OPIOID NAÏVE EDIT COMING THIS FALL

The Alabama Medicaid Agency is working on implementing limits on short-acting opiates for opioid naïve recipients. The limit should go into effect this fall.

The Agency defines “opioid naïve” as a recipient with no opioid claim in the past 180 days. Recipients age 19 and older will be limited to a 7-day supply for initial opioid claims while children 18 and under will be limited to a 5-day supply. In addition to the days’ supply limit, a maximum of 50 morphine milligram equivalents (MME) per day will be allowed on a claim for an opioid naïve patient. Claims for a short acting opioid for an opioid naïve recipient exceeding the maximum days’ supply limit or MME limit will be denied. Claims prescribed by an oncologist will bypass the edit. Long term care and hospice patients are also excluded.

Refills of remaining quantities and/or new prescriptions for short acting opiates filled within 180 days of the initial naïve opioid claim **will require an override**. Overrides for quantities exceeding the maximum days’ supply limit or MME limit may be submitted to Health Information Designs (HID). Information regarding override requirements and MME examples will be made available on the Alabama Medicaid Agency website closer to the implementation of the new limitations.

Partial filling of a schedule II prescription will be allowed per state and federal law*. Please visit the Alabama Board of Pharmacy website at <http://www.albop.com/FAQ.aspx> for more information. The refill of the quantity remaining on the partial fill will not count towards the monthly adult prescription limit if filled within 30 days of the original prescription. Monthly maximum unit quantities still apply.

Additional information will be disseminated to all impacted providers through a provider ALERT closer to implementation; please check the Alabama Medicaid Pharmacy webpage for additional information.

http://www.medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME.aspx

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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.

ATTENTION ALL PROVIDERS:

SYNAGIS® CRITERIA FOR 2018 - 2019 SEASON

- The Alabama Medicaid Agency has updated its prior authorization (PA) criteria for the Synagis® 2018-2019 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 time frame for Synagis® will begin October 1, 2018, and will be effective through March 31, 2019. 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, 2018 (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 2018-2019 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.



ATTENTION:

All Psychologists, and Allied Mental Health Professional (AMHP) staff employed by or supervised by an Alabama Medicaid Agency (Medicaid) enrolled Psychologist and/or psychology office manager/billing staff completing forms on behalf of the Psychologist/AMHP. Effective April 16, 2018, Stephanie Logan began working with the Mental Health Programs Unit. Please direct all e-mail/fax communications to: stephanie.logan@medicaid.alabama.gov or Contracts@medicaid.alabama.gov fax: 334-353-2296.

HOSPICE PROVIDERS: MANDATORY CLAIM REPROCESSING HAPPENING SOON!

Hospice procedure code T2046 claims are being reprocessed for the period 1/1/2017 - 4/30/2017 to ensure the proper payment of enhanced rates for the first 60 days of the Hospice Election period per CMS guidelines. In order to correctly reprocess, providers need to review their Hospice in the Nursing Home claims for this period to ensure that they have the correct Nursing Home NPI in the service location field. These claims can be adjusted to add this information via the secure provider web portal.

Providers have until October 1, 2018, to adjust claims. If the claims are not corrected before the reprocessing occurs then they will be recouped. Since this time period is past the yearly filing limit, the claims would have to be resubmitted via paper claims per current filing limit guidelines. Your prompt attention to this matter is required. All effected claims have been identified for your convenience. If you have questions contact La'Quita Robinson, Hospice Program Manager at (334) 353-5153.

ATTENTION:

ALL PSYCHOLOGISTS, LPCs, ALCs, LMFTs, LMSWs, AND LICSWs PROVIDER ENROLLMENT REQUIREMENTS FOR LPCs, ALCs, LMFTs, LMSWs, AND LICSWs

Currently LPCs, ALCs, LMFTs, LMSWs, and LICSWs are required to file claims (with an appropriate modifier) using the psychologists' NPI when providing EPSDT referred services. This also requires a Supervisory Contract to be on file with the Alabama Medicaid (Medicaid).

Effective for dates of service **October 1, 2018**, Medicaid will begin enrolling LPCs, ALCs, LMFTs, LMSWs, and LICSWs with their own NPI numbers as Medicaid providers. This enrollment must be complete prior to March 31, 2019. To allow providers adequate time to complete the enrollment process, Medicaid will allow providers to continue billing using modifiers U6, U7 and AJ through March 31, 2019.

For claims to pay on or after **April 1, 2019**, an LPC, ALC, LMFT, LMSW and LICSW must be enrolled individually with Medicaid.

What steps are necessary for a provider to take?

1. Visit http://www.medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts/10.3.4_Provider_Enrollment.aspx to complete a provider enrollment application. Providers associated with more than one group, or seeing patients at multiple locations, must submit a separate application for each location where services are rendered. The enrollment process can take up to 40 days to complete and providers are encouraged to begin the enrollment process as soon as possible to prevent delays in payment. All information on the enrollment application must be complete and accurate to be approved.
2. Submit claims with the individual provider NPI number and discontinue billing using the psychologist's NPI and appropriate modifier.

How will Medicaid visit you?

Please note, some providers may require a site visit prior to completion of an enrollment application. Site visits are unscheduled, unannounced visits conducted by DXC Provider Representatives. DXC Provider Representatives, will wear a name badge with picture identification and provide a DXC business card at the time of visit. If you are selected for a visit, please take a few moments to answer the questions and provide additional documentation needed.

Medicaid will review and verify claims through a post payment review process to ensure claims meet necessary requirements for a provider enrolled as LPC, ALC, LMFT, LMSW and LICSW. Claims that do not meet requirements may be subject to recoupment.

Whom should a provider call for further information?

1. Enrollment questions should be directed to DXC provider enrollment at 1-888-223-3630 and select Option 2.
2. Billing questions should be directed to DXC, please visit DXC Technology Provider Representatives at http://medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts/10.3.5_Provider_Reps.aspx.
3. Contact Medicaid for policy related questions at karen.watkins-smith@medicaid.alabama.gov or stephanie.logan@medicaid.alabama.gov.

DXC PROVIDER REPRESENTATIVES MAY BE REACHED BY DIALING 1-855-523-9170 AND ENTERING THE APPROPRIATE SEVEN DIGIT EXTENSION.



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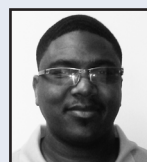
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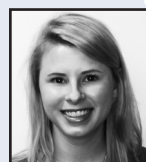
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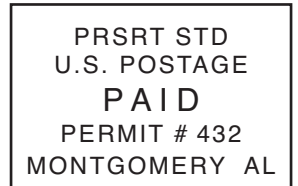
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RY 2020 PERM CYCLE UNDERWAY

The Payment Error Rate Measurement (PERM) program measures improper payments in Medicaid and the State Children's Health Insurance Program (SCHIP) and produces state and national-level error rates for each program. PERM audits authorized by the Centers for Medicare and Medicaid Services (CMS) for Reporting Year 2020 (RY 2020) are in progress. CMS has contracted with NCI AdvanceMed, Inc. (AdvanceMed) to serve as the Review Contractor (RC) to conduct the data processing and medical records reviews for this cycle. AdvanceMed will start contacting providers soon to request medical records for claims and payments originally paid between July 1, 2018, and June 30, 2019. If providers are contacted by AdvanceMed requesting medical records, providers 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. For questions or additional information, please contact Patricia Jones, PERM Program Manager at 334-242-5609 or Patricia.Jones@medicaid.alabama.gov.



Alabama Medicaid Bulletin



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MEDICAID, QUITLINE OFFER HELP FOR RECIPIENTS TO QUIT SMOKING

Medicaid recipients who wish to stop smoking may benefit from Medicaid coverage of prescription medications and free online counseling available through the Alabama Tobacco Quitline.

The Alabama Tobacco Quitline is a free telephone (800-784-8669) and online counseling service (www.quitnowalabama.com) for patients who are ready to quit any type of tobacco use. The Quitline is open from 6 a.m. to midnight seven days a week.

Quitline services are free to all Alabama residents including telephone and online coaching, printed support materials, and up to eight weeks of nicotine replacement therapy (NRT) patches, if enrolled in coaching and medically eligible.

Medicaid pays for any of the seven approved cessation medications for its recipients if the following documentation is submitted: **both** the Medicaid Pharmacy Smoking Cessation Prior Authorization Request form **and** Quitline referral form. Both forms should be faxed to Health Information Design at 1-800-748-0116 **and** the Quitline referral form should be faxed to the Quitline at 1-800-692-9023. Plan First recipients are not required to have a Prior Authorization form submitted.

Approved cessation medications include nicotine patches, gum, lozenges, inhalers, nasal spray, varenicline and bupropion SR, according to Treating Tobacco Use and Dependence, U.S. Clinical Practice Guidelines, 2008.

Healthcare providers are encouraged to refer patients directly to the Quitline by faxing a referral form to 1-800-692-9023 or completing an electronic referral form. Both forms are available at www.quitnowalabama.com. The Quitline will contact the referred patient within 24 hours of receiving a referral to enroll the patient into the Quitline counseling program.

The Quitline fax referral forms, both English and Spanish versions, and the Medicaid Pharmacy Smoking Cessation Prior Authorization Request Form can be found at www.quitnowalabama.com. The website also has a referral portal for providers, a list of covered nicotine products and other resources. Resources are also available on the Medicaid website at http://www.medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.9_Smoking_Cessation.aspx.

The Quitline is funded through the Alabama Department of Public Health and the Centers for Disease Control and Prevention. For more information about the Alabama Tobacco Quitline, or to order Quitline materials for your office, call Julie Hare at 334-206-3830 or email Julie.Hare@adph.state.al.us.

