ALABAMA MEDICAID

April 2015 Provider

Manual EOP Mini Messages

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March 20, 2015 EOP Mini-Messages

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March 06, 2015 EOP Mini-Messages

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February 20, 2015 EOP Mini-Messages

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 # 1 ATTENTION: All Providers that submit 837 Professional (HCFA) medical crossover claims to COBA (2015-037 SV)

Alabama Medicaid has identified an issue with the processing of the COBA 837 Professional claim files, not all of the claims submitted within a COBA file completed processing therefore many crossover claims failed to adjudicate with Alabama Medicaid. This issue will require COBA files to be reprocessed over the next couple of weeks. In reprocessing these COBA files you may see an increase in the number of COBA claims on your remittance advice as denied duplicates and/or paid or denied claims not previously seen before. If you have any concerns with this information please contact your provider representative.

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The listing of providers selected to re-enroll for the current month is listed on Medicaid’s website under Provider / Re-Enrollment Forms entitled "List of Providers Scheduled to Re-Enroll."

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#15 ATTENTION: ALL PROVIDERS (2008-067 SMJ)
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#16 ATTENTION: All Providers (2014-261 MS)

Affordable Care Act (ACA) Related Changes

Section 1104 of the Patient Protection and Affordable Care Act (ACA) establishes new requirements for administrative transactions that will improve the effectiveness of the existing Health Insurance Portability and Accountability Act (HIPAA) transactions and reduce administrative costs.

Effective Summer 2015, Alabama Medicaid Agency and HP will implement updates to comply with Phase III - Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Operating Rules.

The rules should be reviewed by all providers and their trading partners to determine impacts to their systems. The rules are available on the CAQH Web site at http://www.caqh.org/ORMandate_EFT.php. (Click on CAQH CORE EFT & ERA Operating Rules to access the page.)

Medicaid now has a section on our website (www.medicaid.alabama.gov) dedicated to the implementation of the CAQH CORE Operating Rules. (Go to Providers then select CAQH CORE Operating Rules. Scroll down to Phase III - EFT & ERA Operating Rules. Click on link to access page.) The website will be updated regularly as new information is made available for providers.

We encourage providers to access the CAQH CORE Operating Rules page on the Medicaid website as there are specific actions required by providers at this time. These actions include:

- Enrolling for ERA (Rule 350 - Health Care Claim Payment/Advice (835) Infrastructure)
- Requesting Reassociation Information (Rule 370 - EFT & ERA Reassociation (CCD+/835))

Please contact alabamaictesting@hp.com if you have any questions regarding Phase III Operating Rules.

February 06, 2015 EOP Mini-Messages

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 # 1 ATTENTION: All Providers that submit 837 Professional (HCFA) medical crossover claims to COBA (2015−037 SV)

Alabama Medicaid has identified an issue with the processing of the COBA 837 Professional claim files, not all of the claims submitted within a COBA file completed processing therefore many crossover claims failed to adjudicate with Alabama Medicaid. This issue will require COBA files to be reprocessed over the next couple of weeks. In reprocessing these COBA files you may see an increase in the number of COBA claims on your remittance advice as denied duplicates and/or paid or denied claims not previously seen before. If you have any concerns with this information please contact your provider representative.

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 # 3 ATTENTION: All Providers (2015−028 MS):

Rule 350: Enroll for Electronic Remittance Advice (ERA) − Action Required by Providers
Electronic Remittance Advice (ERA), or the 835, is the HIPAA−compliant detailed explanation of how a submitted health care claim was processed.

All providers will be required to obtain a trading partner ID or identify a trading partner to receive 835s on their behalf, and complete the ERA enrollment.

If you are not yet enrolled in 835/ERA follow the below steps:

If you DO NOT have a trading partner ID, visit the Alabama Medicaid Interactive Portal at: https://www.medicaid.alabamaservicesorg/ALPortal/Tab/41/content/InformationLinks/InformationLinks.html.spage . Click on Information/Alabama Links and download the trading partner ID Request Form. Complete the appropriate sections and submit to the Electronic Media Claims (EMC) Help Desk as directed on the form.

If you DO have a trading partner ID visit the Administrative Forms section of the Alabama Medicaid website at http://medicaid.alabamagov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.6_Provider_Enrollment_Forms.aspx. Download the Electronic Remittance Agreement.

Complete the appropriate sections and submit to the EMC Help Desk as directed on the form. Providers can contact the EMC Help Desk toll−free at: (800) 456−1242 for more information.

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 # 4 ATTENTION: All Providers (2015−028 MS):

Rule 370: EFT & ERA Reassociation (CCD+/835) − Action Required by Providers
To comply with the EFT & ERA Reassociation (CCD+/835) Operating Rule, Alabama Medicaid will provide standardized data to match the EFTpayment to the 835 Remittance Advice detail. Reassociation is a process that supports matching of payments with claim data for posting to your patient accounts.Alabama Medicaid implemented CCD+ changes September 2013.

New and current EFT and ERA users should contact their financial institutions to request that the necessary data for reassociation is sent with each payment.
CAQH CORE has developed a sample letter you may customize and email to your bank or use as talking points for a phone or in person meeting with bank contacts. The sample letter is available in the CORE section of the CAQH website at http://www.caqh org/Host/CORE/EFT−ERA/Sample_Provider_EFT_Reassociation_Data_Request_Letter.pdf

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 # 5 ATTENTION: All Providers (2015−022 RB):

Alabama Medicaid Physicians Primary Care Enhanced Rates "Bump" When will the provider receive the Primary Care Enhanced Physician Rates? An eligible provider with 2015 self−attestation form on file at HPES by January 31, 2015, will receive payment at the enhanced rates retroactive to January 1, 2015.

An eligible provider with 2015 self−attestation form on file at HPES on or after February 1, 2015, will receive payment at the enhanced rates for dates of service beginning with the date of the self−attestation is entered into the system by HPES.

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 # 8 ATTENTION: All Providers (2014−345 MS)

Beginning January 2015, Appendix J: Provider Remittance (RA) Codes of the Alabama Medicaid Provider Manual will be replaced with a dedicated link on the Alabama Medicaid Agency website at http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx.

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 # 9 ATTENTION: All Ambulatory Surgical Centers and Outpatient Hospitals (2014−344 RB)

Prior to Surgical services being rendered to a recipient in an Ambulatory Surgical Center (ASC) or Outpatient Hospital, an Alabama Medicaid Referral Form (Form 362) must be obtained from the patient's Primary Medical Provider (PMP). If an authorizing referral is given verbally, then a written referral form from the PMP to the consultant must follow within 72−hours of the verbal authorization. A Patient 1st referral form may be obtained via Medicaid's website at: http://www.medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.7_Referral_Forms/5.4.7_Referral_Form362_fillable_7−10 Revised.pdf

The referral form must provide the following: name and national provider identification number of the PMP making the referral, the reason for the referral and the authorized dates of service(s). If an EPSDT screening is needed, the provider (if different from the primary physician) must complete and sign the referral as the result of an EPSDT screening being done. Refer to Chapter 39, for further information regarding the Patient 1st program. Refer to Appendix A of Medicaid's provider manual for further information regarding the EPSDT program.

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#11 ATTENTION: All Providers (2014−080 MS)

Effective October 1, 2014, the user acceptance testing (UAT) dates for ICD−10 have been changed in order to facilitate testing both the end of ICD−9 code submission and the beginning of ICD−10 code submission, Alabama Medicaid has provided testing dates different than

the CMS mandate date that will allow a provider to submit claims with ICD−9 codes and claims with ICD−10 codes to ensure processing will work as expected in anticipation of the CMS implementation.
NEW TEST DATES:
ICD−9 END DATE −− 09/30/2014
ICD−10 START DATE −− 10/01/2014

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#12 ATTENTION: All Providers (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page.
Providers and Trading Partners may update their email by logging onto the Provider Web Portal. Website: https://www.medicaid alabamaservices.org/ALPortal/default.aspx Navigation: Account > Account Maintenance

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#13 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2015 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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#14 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#15 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
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Affordable Care Act (ACA) Related Changes

Section 1104 of the Patient Protection and Affordable Care Act (ACA) establishes new requirements for administrative transactions that will improve the effectiveness of the existing Health Insurance Portability and Accountability Act (HIPAA) transactions and reduce administrative costs.

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− Requesting Reassociation Information (Rule 370 − EFT & ERA Reassociation (CCD+/835))
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January 16, 2015 EOP Mini-Messages

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 # 3 ATTENTION: All Providers (2014−345 MS)

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 # 4 ATTENTION: All Ambulatory Surgical Centers and Outpatient Hospitals (2014−344 RB)

Prior to Surgical services being rendered to a recipient in an Ambulatory Surgical Center (ASC) or Outpatient Hospital, an Alabama Medicaid Referral Form (Form 362) must be obtained from the patient's Primary Medical Provider (PMP). If an authorizing referral is given verbally, then a written referral form from the PMP to the consultant must follow within 72−hours of the verbal authorization. A Patient 1st referral form may be obtained via Medicaid's website at: http://www.medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.7_Referral_Forms/5.4.7_Referral_Form362_fillable_7−10Revised.pdf

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 # 6 ATTENTION: All Providers (2014−080 MS)

Effective October 1, 2014, the user acceptance testing (UAT) dates for ICD−10 have been changed in order to facilitate testing both the end of ICD−9 code submission and the beginning of ICD−10 code submission, Alabama Medicaid has provided testing dates different than the CMS mandate date that will allow a provider to submit claims with ICD−9 codes and claims with ICD−10 codes to ensure processing will work as expected in anticipation of the CMS implementation.

NEW TEST DATES:
ICD−9 END DATE −− 09/30/2014
ICD−10 START DATE −− 10/01/2014

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 # 7 ATTENTION: All Providers (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page.

Providers and Trading Partners may update their email by logging onto the Provider Web Portal.
Website: https://www.medicaidalabamaservices.org/ALPortal/default.aspx

Navigation: Account > Account Maintenance

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 # 8 ATTENTION: ALL PROVIDERS (2009−093)

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 # 9 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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Forms entitled "List of Providers Scheduled to Re−Enroll."

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#11 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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January 02, 2015 EOP Mini-Messages

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 # 3 ATTENTION: All Providers (2014−345 MS)

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 # 4 ATTENTION: All Ambulatory Surgical Centers and Outpatient Hospitals (2014−344 RB)

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ICD−10 START DATE −− 10/01/2014

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 # 9 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

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December 12, 2014 EOP Mini Messages

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 # 1 ATTENTION: All Providers (2014−345 MS)

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 # 2 ATTENTION: All Ambulatory Surgical Centers and Outpatient Hospitals (2014−344 RB)

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NEW TEST DATES:
ICD−9 END DATE −− 09/30/2014
ICD−10 START DATE −− 10/01/2014

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 # 5 ATTENTION: All Providers (2013−002 SV)

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 # 6 ATTENTION: ALL PROVIDERS (2009−093)

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#7 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

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December 5, 2014 EOP Mini Messages

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#7 ATTENTION: ALL PROVIDERS (2008-067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov

November 14, 2014 EOP Mini Messages

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 # 2 ATTENTION: All Providers (2014−080 MS)

Effective October 1, 2014, the user acceptance testing (UAT) dates for ICD−10 will change in order to facilitate testing both the end of ICD−9 code submission and the beginning of ICD−10 code submission, Alabama Medicaid has provided testing dates different than the CMS mandate date that will allow a provider to submit claims with ICD−9 codes and claims with ICD−10 codes to ensure processing will work as expected in anticipation of the CMS implementation.
NEW TEST DATES:
ICD−9 END DATE −− 09/30/2014
ICD−10 START DATE −− 10/01/2014

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 # 3 ATTENTION: All Providers (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page.

Providers and Trading Partners may update their email by logging onto the Provider Web Portal.
Website: https://www.medicaidalabamaservices.org/ALPortal/default.aspx
Navigation: Account > Account Maintenance

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 # 4 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE JULY 2014 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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#5 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#6 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN

END-DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE-ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

The listing of providers selected to re-enroll for the current month is listed on Medicaid's website under Provider / Re-Enrollment
Forms entitled "List of Providers Scheduled to Re-Enroll."
****

#7 ATTENTION: ALL PROVIDERS (2008-067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov

October 31, 2014 EOP Mini Messages

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 # 1 ATTENTION: All Providers (2014−261 MS)

Affordable Care Act (ACA) Related Changes
Section 1104 of the Patient Protection and Affordable Care Act (ACA) establishes new requirements for administrative transactions that will improve the effectiveness of the existing Health Insurance Portability and Accountability Act (HIPAA) transactions and reduce administrative costs.

Effective Summer 2015, Alabama Medicaid Agency and HP will implement updates to comply with Phase III − Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Operating Rules.

The rules should be reviewed by all providers and their trading partners to determine impacts to their systems. The rules are available on the CAQH Web site at http://www.caqh.org/ORMandate_EFT.php . (Click on CAQH CORE EFT & ERA Operating Rules to access the page.)

Medicaid now has a section on our website (www.medicaid.alabama.gov) dedicated to the implementation of the CAQH CORE Operating Rules. (Go to Providers then select CAQH CORE Operating Rules. Scroll down to Phase III − EFT & ERA Operating Rules. Click on link to access page.) The website will be updated regularly as new information is made available for providers.
We encourage providers to access the CAQH CORE Operating Rules page on the Medicaid website as there are specific actions required by providers at this time. These actions include:
− Enrolling for ERA (Rule 350 − Health Care Claim Payment/Advice (835) Infrastructure)
− Requesting Reassociation Information (Rule 370 − EFT & ERA Reassociation (CCD+/835))
Please contact alabamaictesting@hp.com if you have any questions regarding Phase III Operating Rules.

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 # 3 ATTENTION: All Providers (2014−080 MS)

Effective April 1, 2014, the user acceptance testing (UAT) dates for ICD−10 will change in order to facilitate testing both the end of ICD−9 code submission and the beginning of ICD−10 code submission, Alabama Medicaid has provided testing dates different than the CMS mandate date that will allow a provider to submit claims with ICD−9 codes and claims with ICD−10 codes to ensure processing will work as expected in anticipation of the CMS implementation.
NEW TEST DATES:
ICD−9 END DATE −− 09/30/2013
ICD−10 START DATE −− 10/01/2013

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 # 4 ATTENTION: All Providers (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page.

Providers and Trading Partners may update their email by logging onto the Provider Web Portal.
Website: https://www.medicaidalabamaservices.org/ALPortal/default.aspx
Navigation: Account > Account Maintenance
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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE JULY 2014 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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#6 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#7 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012 FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment
Forms entitled "List of Providers Scheduled to Re−Enroll."
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#8 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov

TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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October 17, 2014 EOP Mini Messages

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 # 1 ATTENTION: All Providers (2014−261 MS)

Affordable Care Act (ACA) Related Changes
Section 1104 of the Patient Protection and Affordable Care Act (ACA) establishes new requirements for administrative transactions that will improve the effectiveness of the existing Health Insurance Portability and Accountability Act (HIPAA) transactions and reduce administrative costs.

Effective Summer 2015, Alabama Medicaid Agency and HP will implement updates to comply with Phase III − Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Operating Rules.

The rules should be reviewed by all providers and their trading partners to determine impacts to their systems. The rules are available on the CAQH Web site at http://www.caqh.org/ORMandate_EFT.php . (Click on CAQH CORE EFT & ERA Operating Rules to access the page.)

Medicaid now has a section on our website (www.medicaid.alabama.gov) dedicated to the implementation of the CAQH CORE Operating Rules. (Go to Providers then select CAQH CORE Operating Rules. Scroll down to Phase III − EFT & ERA Operating Rules. Click on link to access page.) The website will be updated regularly as new information is made available for providers.
We encourage providers to access the CAQH CORE Operating Rules page on the Medicaid website as there are specific actions required by providers at this time. These actions include:
− Enrolling for ERA (Rule 350 − Health Care Claim Payment/Advice (835) Infrastructure)
− Requesting Reassociation Information (Rule 370 − EFT & ERA Reassociation (CCD+/835))
Please contact alabamaictesting@hp.com if you have any questions regarding Phase III Operating Rules.

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 # 2 ATTENTION: Hospitals (2014−248 BP)

Claims that overlap September 30 and October 1 must be split billed. Services prior to 10/01 must be billed on one claim and services on or after 10/01 must be on a separate claim.

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 # 3 ATTENTION: All Providers (2014−233 RB)

Beginning October 1, 2014, CareCore National, LLC (CareCore) will implement the Alabama Medicaid Agency prior authorization (PA) program for Cardiology procedures listed below:
1. Nuclear Cardiology − 78451, 78452, 78453, 78454
2. Diagnostic Heart Catheterization − 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461
3. Stress Echocardiography − 93350, 93351
4. Transesophageal Echo − 93312, 93313, 93314
5. Transthoracic Echo − 93303, 93304, 93306, 93307, 93308
Any of the procedures specified above will require a PA from CareCore. Information will be accepted (i.e., online submissions, or via telephone) beginning September 15, 2014, for services scheduled to be rendered on or after October 1, 2014.

Training Available:
CareCore will provide a training webinar on September 9, 2014, 11 a.m. − 12 p.m. CDT, and September 11, 2014, 12 p.m. − 1 p.m. CDT, to help you learn more about our program.
Please see the ALERT on Medicaid's website (http://medicaid.alabama.gov/news.aspx?t=26) dated 8−29−14 entitled Alabama Medicaid Cardiology Prior Authorization Program Effective October 1, 2014 for more details.
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 # 4 ATTENTION: All Providers (2014−232 CC)

Changes have been implemented which now require dental, outpatient and inpatient claims to follow guidelines on the October 2013
Provider Insider related other insurance and the use of Form ALTPL−01 10 12 (Medicaid Other Insurance Attachment).
See Page 4 of the October 2013 Provider Insider for more information:
http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.3.7_Provider Newsletter_Archive.aspx
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 # 6 ATTENTION: Primary Care Providers (2014−094 BP)

Beginning May 1, 2014, the Alabama Medicaid Agency will be conducting audits of the primary care providers receiving the ACA Primary Care Rate (aka BUMP) for the calendar year 2013 claims. If the audit reveals the requirements were not met, the enhanced payment will be subject to recoupment and/or the enhanced payments will be stopped.
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 # 7 ATTENTION: All Providers (2014−080 MS)

Effective April 1, 2014, the user acceptance testing (UAT) dates for ICD−10 will change in order to facilitate testing both the end of ICD−9 code submission and the beginning of ICD−10 code submission, Alabama Medicaid has provided testing dates different than the CMS mandate date that will allow a provider to submit claims with ICD−9 codes and claims with ICD−10 codes to ensure processing will work as expected in anticipation of the CMS implementation.
NEW TEST DATES:
ICD−9 END DATE −− 09/30/2013
ICD−10 START DATE −− 10/01/2013
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 # 8 ATTENTION: All Providers (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page.

Providers and Trading Partners may update their email by logging onto the Provider Web Portal.
Website: https://www.medicaidalabamaservices.org/ALPortal/default.aspx
Navigation: Account > Account Maintenance

 # 9 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE JULY 2014 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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#10 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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#11 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment
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#12 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov

TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

October 3, 2014 EOP Mini Messages

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 # 1 ATTENTION: All Providers (2014−261 MS)

Affordable Care Act (ACA) Related Changes
Section 1104 of the Patient Protection and Affordable Care Act (ACA) establishes new requirements for administrative transactions that will improve the effectiveness of the existing Health Insurance Portability and Accountability Act (HIPAA) transactions and reduce administrative costs.

Effective Summer 2015, Alabama Medicaid Agency and HP will implement updates to comply with Phase III − Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Operating Rules.

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Medicaid now has a section on our website (www.medicaid.alabama.gov) dedicated to the implementation of the CAQH CORE Operating Rules. (Go to Providers then select CAQH CORE Operating Rules. Scroll down to Phase III − EFT & ERA Operating Rules. Click on link to access page.) The website will be updated regularly as new information is made available for providers.
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− Requesting Reassociation Information (Rule 370 − EFT & ERA Reassociation (CCD+/835))
Please contact alabamaictesting@hp.com if you have any questions regarding Phase III Operating Rules.

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 # 2 ATTENTION: Hospitals (2014−248 BP)

Claims that overlap September 30 and October 1 must be split billed. Services prior to 10/01 must be billed on one claim and services on or after 10/01 must be on a separate claim.

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 # 3 ATTENTION: All Providers (2014−233 RB)

Beginning October 1, 2014, CareCore National, LLC (CareCore) will implement the Alabama Medicaid Agency prior authorization (PA) program for Cardiology procedures listed below:
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4. Transesophageal Echo − 93312, 93313, 93314
5. Transthoracic Echo − 93303, 93304, 93306, 93307, 93308

Any of the procedures specified above will require a PA from CareCore. Information will be accepted (i.e., online submissions, or via telephone) beginning September 15, 2014, for services scheduled to be rendered on or after October 1, 2014.

Training Available:
CareCore will provide a training webinar on September 9, 2014, 11 a.m. − 12 p.m. CDT, and September 11, 2014, 12 p.m. − 1 p.m. CDT, to help you learn more about our program.
Please see the ALERT on Medicaid's website (http://medicaid.alabama.gov/news.aspx?t=26) dated 8−29−14 entitled Alabama Medicaid Cardiology Prior Authorization Program Effective October 1, 2014 for more details.
****

 # 4 ATTENTION: All Providers (2014−232 CC)

Changes have been implemented which now require dental, outpatient and inpatient claims to follow guidelines on the October 2013
Provider Insider related other insurance and the use of Form ALTPL−01 10 12 (Medicaid Other Insurance Attachment).
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 # 6 ATTENTION: Primary Care Providers (2014−094 BP)

Beginning May 1, 2014, the Alabama Medicaid Agency will be conducting audits of the primary care providers receiving the ACA Primary Care Rate (aka BUMP) for the calendar year 2013 claims. If the audit reveals the requirements were not met, the enhanced payment will be subject to recoupment and/or the enhanced payments will be stopped.
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 # 7 ATTENTION: All Providers (2014−080 MS)

Effective April 1, 2014, the user acceptance testing (UAT) dates for ICD−10 will change in order to facilitate testing both the end of ICD−9 code submission and the beginning of ICD−10 code submission, Alabama Medicaid has provided testing dates different than the CMS mandate date that will allow a provider to submit claims with ICD−9 codes and claims with ICD−10 codes to ensure processing will work as expected in anticipation of the CMS implementation.
NEW TEST DATES:
ICD−9 END DATE −− 09/30/2013
ICD−10 START DATE −− 10/01/2013
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 # 8 ATTENTION: All Providers (2013−002 SV)

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Navigation: Account > Account Maintenance

 # 9 ATTENTION: ALL PROVIDERS (2009−093)

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#10 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

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#11 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
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#12 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

September 12, 2014 EOP Mini Messages

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 # 1 ATTENTION: Hospitals (2014−248 BP)

Claims that overlap September 30 and October 1 must be split billed. Services prior to 10/01 must be billed on one claim and services on or after 10/01 must be on a separate claim.

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 # 2 ATTENTION: All Providers (2014−233 RB)

Beginning October 1, 2014, CareCore National, LLC (CareCore) will implement the Alabama Medicaid Agency prior authorization (PA) program for Cardiology procedures listed below:

1. Nuclear Cardiology − 78451, 78452, 78453, 78454

2. Diagnostic Heart Catheterization − 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461

3. Stress Echocardiography − 93350, 93351

4. Transesophageal Echo − 93312, 93313, 93314

5. Transthoracic Echo − 93303, 93304, 93306, 93307, 93308

Any of the procedures specified above will require a PA from CareCore. Information will be accepted (i.e., online submissions, or via telephone) beginning September 15, 2014, for services scheduled to be rendered on or after October 1, 2014.

Training Available:

CareCore will provide a training webinar on September 9, 2014, 11 a.m. − 12 p.m. CDT, and September 11, 2014, 12 p.m. − 1 p.m. CDT, to help you learn more about our program.

Please see the ALERT on Medicaid's website (http://medicaid.alabama.gov/news.aspx?t=26) dated 8−29−14 entitled Alabama Medicaid Cardiology Prior Authorization Program Effective October 1, 2014 for more details.

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 # 3 ATTENTION: All Providers (2014−232 CC)

Changes have been implemented which now require dental, outpatient and inpatient claims to follow guidelines on the October 2013

Provider Insider related other insurance and the use of Form ALTPL−01 10 12 (Medicaid Other Insurance Attachment).

See Page 4 of the October 2013 Provider Insider for more information:
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Newsletter_Archive.aspx

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 # 5 ATTENTION: Primary Care Providers (2014−094 BP)

Beginning May 1, 2014, the Alabama Medicaid Agency will be conducting audits of the primary care providers receiving the ACA Primary Care Rate (aka BUMP) for the calendar year 2013 claims. If the audit reveals the requirements were not met, the enhanced payment will be subject to recoupment and/or the enhanced payments will be stopped.

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 # 6 ATTENTION: All Providers (2014−080 MS)

Effective April 1, 2014, the user acceptance testing (UAT) dates for ICD−10 will change in order to facilitate testing both the end of ICD−9 code submission and the beginning of ICD−10 code submission, Alabama Medicaid has provided testing dates different than the CMS mandate date that will allow a provider to submit claims with ICD−9 codes and claims with ICD−10 codes to ensure processing will work as expected in anticipation of the CMS implementation.

NEW TEST DATES:

ICD−9 END DATE −− 09/30/2013

ICD−10 START DATE −− 10/01/2013

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 # 7 ATTENTION: All Providers (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page.

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Navigation: Account > Account Maintenance

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 # 8 ATTENTION: ALL PROVIDERS (2009−093)

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 # 9 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

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WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

#10 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012

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Forms entitled "List of Providers Scheduled to Re−Enroll."

****

#11 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

September 05, 2014 EOP Mini Messages

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 # 1 ATTENTION: Hospitals (2014−248 BP)

Claims that overlap September 30 and October 1 must be split billed. Services prior to 10/01 must be billed on one claim and services on or after 10/01 must be on a separate claim.

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 # 2 ATTENTION: All Providers (2014−233 RB)

Beginning October 1, 2014, CareCore National, LLC (CareCore) will implement the Alabama Medicaid Agency prior authorization (PA) program for Cardiology procedures listed below:

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3. Stress Echocardiography − 93350, 93351

4. Transesophageal Echo − 93312, 93313, 93314

5. Transthoracic Echo − 93303, 93304, 93306, 93307, 93308

Any of the procedures specified above will require a PA from CareCore. Information will be accepted (i.e., online submissions, or via telephone) beginning September 15, 2014, for services scheduled to be rendered on or after October 1, 2014.

Training Available:

CareCore will provide a training webinar on September 9, 2014, 11 a.m. − 12 p.m. CDT, and September 11, 2014, 12 p.m. − 1 p.m. CDT, to help you learn more about our program.

Please see the ALERT on Medicaid's website (http://medicaid.alabama.gov/news.aspx?t=26) dated 8−29−14 entitled Alabama Medicaid

Cardiology Prior Authorization Program Effective October 1, 2014 for more details.

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 # 3 ATTENTION: All Providers (2014−232 CC)

Changes have been implemented which now require dental, outpatient and inpatient claims to follow guidelines on the October 2013

Provider Insider related other insurance and the use of Form ALTPL−01 10 12 (Medicaid Other Insurance Attachment).

See Page 4 of the October 2013 Provider Insider for more information:
http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.3.7_Provider

Newsletter_Archive.aspx

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 # 5 ATTENTION: Primary Care Providers (2014−094 BP)

Beginning May 1, 2014, the Alabama Medicaid Agency will be conducting audits of the primary care providers receiving the ACA Primary Care Rate (aka BUMP) for the calendar year 2013 claims. If the audit reveals the requirements were not met, the enhanced payment will be subject to recoupment and/or the enhanced payments will be stopped.

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 # 6 ATTENTION: All Providers (2014−080 MS)

Effective April 1, 2014, the user acceptance testing (UAT) dates for ICD−10 will change in order to facilitate testing both the end of ICD−9 code submission and the beginning of ICD−10 code submission, Alabama Medicaid has provided testing dates different than the CMS mandate date that will allow a provider to submit claims with ICD−9 codes and claims with ICD−10 codes to ensure processing will work as expected in anticipation of the CMS implementation.

NEW TEST DATES:

ICD−9 END DATE −− 09/30/2013

ICD−10 START DATE −− 10/01/2013

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 # 7 ATTENTION: All Providers (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your

Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page.

Providers and Trading Partners may update their email by logging onto the Provider Web Portal. Website: https://www.medicaidalabamaservices.org/ALPortal/default.aspx

Navigation: Account > Account Maintenance

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 # 8 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY

2014 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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 # 9 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD

PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014)

WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#10 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012 FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment Forms entitled "List of Providers Scheduled to Re−Enroll."

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#11 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS

IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov

TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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August 22, 2014 EOP Mini Messages

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 # 1 ATTENTION: All Providers (2014−233 RB)

Beginning October 1, 2014, CareCore National, LLC (CareCore) will implement the Alabama Medicaid Agency prior authorization (PA) program for Cardiology procedures listed below:

1. Nuclear Cardiology − 78451, 78452, 78453, 78454
2. Diagnostic Heart Catheterization − 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461
3. Stress Echocardiography − 93350, 93351
4. Transesophageal Echo − 93312, 93313, 93314
5. Transthoracic Echo − 93303, 93304, 93306, 93307, 93308

Any of the procedures specified above will require a PA from CareCore. Information will be accepted (i.e., online submissions, or via telephone) beginning September 15, 2014, for services scheduled to be rendered on or after October 1, 2014.

The PA requirements will apply to Medicaid recipients for the State of Alabama:
1. SOBRA Children
2. Medicaid for Low Income Families Program
3. Refugees, or
4. Supplemental Security Income

Please note that no PA is required for the following:

1. Medicare patients
2. Cardiology services performed as an inpatient hospital service, or
3. Cardiology services performed as an emergency room service

This Program is applicable to services provided in the following settings:
− Freestanding imaging facilities
− Hospital outpatient facilities
− Physician offices
− Public Health Clinics
− Rural Health Clinics
− Federally Qualified Health Clinics

Physicians may request a PA by contacting CareCore using one of the following methods:

1. Telephone (Alabama Medicaid) 1−800−918−8924, or
2. Online: www.carecorenational.com

Training Available:

CareCore will provide a training webinar on September 9, 2014, 11 a.m. − 12 p.m. CDT, and September 11, 2014, 12 p.m. − 1 p.m. CDT, to help you learn more about our program. The webinars will address the scope of the cardiology PA process; provide guidance on obtaining a PA, and answer providers' questions. The webinar link will be transmitted to providers on September 5, 2014. To learn more, please visit the Tools and Criteria Page at: www.carecorenational.com. You may find additional information about CareCore, and their policies, procedures, and plan specific information you and your staff will need to participate in the program on their website at: www.carecorenational.com. Providers may register on−line to set up an account to use CareCore's web site to submit PA requests.
Questions

Frequently Asked Question (FAQ) will be available on CareCore's website on or about September 15, 2014, along with a complete list of Cardiology procedures at: www.carecorenational.com. You may also telephone CareCore at 1−800−918−8924, and then choose option "2".

Providers with additional questions may contact Russell Green, Associate Director, Medical Services Division, at (334) 353−4783.

Thank you for your participation with the Alabama Medicaid Cardiology PA program.

 # 1 ATTENTION: Outpatient hospitals, physicians, nurse practitioners, nurse midwives, health departments, federally qualified healthcare centers (FQHCs), rural health clinics, opticians, optometrists, and pharmacies (2014−169 BP)

System Changes are now in place to accept claims for reimbursement of Tobacco Cessation Counseling Services for Pregnant Women. Claims may be retrospectively billed effective January 1, 2014.

The following CPT Codes are applicable:

99406 − Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes

99407 − Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
The following diagnosis codes must be billed on the claim (UB−04 or CMS−1500 claim form) in order to be reimbursed by Medicaid:
V220−V222 − Normal pregnancy
V230−V233 − Supervision of high−risk pregnancy
V2341−V237 − Pregnancy with other poor obstetric history, or
V242 − Routine postpartum follow−up
AND
3051 − Tobacco use disorder
Pharmacies must bill for these specific services through their DME NPI.

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 # 3 ATTENTION: All Providers (2014−108 BP)

On April 1, 2014, President Obama signed into law legislation (HR 4302) that delayed the ICD−10 compliance date until at least October 2015. As we learn more, we will keep you informed. The Alabama Medicaid Agency's claims processing system was updated in October 2013 to accommodate ICD−10.
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 # 4 ATTENTION: All Patient 1st Primary Medical Physicians (PMPs) (2014−108 BP)

Patient 1st PMPs can now view lab claims, filled prescriptions, emergency room visits, and other information on their patients at a glance using a new PMP Portal developed for Alabama Medicaid providers. All information on the PMP Portal is taken from Medicaid's MMIS claims system. Designed by the Center for Strategic Health Innovation at the University of South Alabama, the portal is free to PMPs. The Alabama Regional Extension Center team at USA is now available to assist providers in signing up for and using the new portal. The ALREC team will be contacting providers in the near future. For questions or more information, contact the ALREC team via e−mail at info@al−rec.org. If you would like to go ahead and get signed up, go to https://pmp.rmede.net/account/register. Fill out the information requested on the registration page, following any instructions given.
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 # 5 ATTENTION: Primary Care Providers (2014−094 BP)

Beginning May 1, 2014, the Alabama Medicaid Agency will be conducting audits of the primary care providers receiving the ACA Primary Care Rate (aka BUMP) for the calendar year 2013 claims. If the audit reveals the requirements were not met, the enhanced payment will be subject to recoupment and/or the enhanced payments will be stopped.

 # 6 ATTENTION: All Providers (2014−094 SV)

In support of the changes for ICD−10 all paper claim forms submitted must have the new ICD Version field populated with either a '9' indicating ICD−9 or '0' indicating ICD−10. ICD−9 and ICD−10 diagnosis codes and/or surgical procedure codes may not be billed on the same claim. The ICD Version entered on the claim form applies to all diagnosis codes and/or surgical procedure codes entered.
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 # 7 ATTENTION: All Providers (2014−080 MS)

Effective April 1, 2014, the user acceptance testing (UAT) dates for ICD−10 will change in order to facilitate testing both the end of ICD−9 code submission and the beginning of ICD−10 code submission, Alabama Medicaid has provided testing dates different than the CMS mandate date that will allow a provider to submit claims with ICD−9 codes and claims with ICD−10 codes to ensure processing will work as expected in anticipation of the CMS implementation.

NEW TEST DATES:
ICD−9 END DATE −− 09/30/2013
ICD−10 START DATE −− 10/01/2013

#8 ATTENTION: All Providers (2014−080 MS)

Effective April 1, 2014, Alabama Medicaid will ONLY accept the revised version of the CMS−1500 (02/12) paper claim form. Paper claims submitted on the CMS−1500 (08/05) form after March 31, 2014, will not be processed and will be returned to the provider.
Note: HP Enterprise Services does not supply this form. Providers should obtain this form from a vendor supplying CMS−1500 forms.

REMINDER: Alabama Medicaid requires all claims be submitted electronically. The only time a provider should submit a paper claim is for administrative review or when attachments are required. If you have any questions, please contact the Provider Assistance Center at 1−800−688− 7989.
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#9 ATTENTION: All Providers (2014−063 SV/MS)

Beginning April 2014, the HP team will offer virtual training sessions on ICD−10 for providers and vendors. The sessions are being conducted as a means of providing support for existing testing partners as well as encouraging new providers and vendors to join the testing effort. Each session will cover the Alabama Medicaid specific changes being implemented and testing considerations in order to be ready for the October 1, 2014, implementation of ICD−10.

A schedule of session dates is now available on the Alabama Medicaid website. The schedule indicates dates and times for each session being offered. Due to limited space available for each session, registration is required. Details on how to register are available on the "ICD−10 Teleconference Training Information" page at:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD−10/6.12.6_ICD−10_Teleconference_Training.aspx
If you have a suggestion on a topic to be covered during the teleconferences or need assistance with ICD−10 testing, contact the HP ICD−10 team via email at alabamaictesting@hp.com.
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#10 ATTENTION: All Providers (2014−052 SV/BP)

As communicated previously through a COBVA Alert, The Budget Control Act of 2011 requires, among other things, mandatory across the board reductions in Federal spending, also known as sequestration. Medicare FFS claims will incur a 2% sequestration reduction in payment. Alabama Medicaid is now including the 2% reduction amount as part of the calculations for Medicare Allowed Amount when adjudicating COBA crossover claims and provider submitted crossover claims through HIPAA X12 837 Claim files as of 02/11/2014. During the week of 02/24/2014 the 2% reduction changes will be implemented and available on the Provider Web Portal crossover claim forms and on crossover claims submitted on paper. The Provider Electronic Solutions software is currently under construction to include these changes and will be available soon. For further details on the 2% sequestration reduction please see the CMS website.

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#12 ATTENTION: All Providers (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page. Providers and Trading Partners may update their email by logging onto the Provider Web Portal. Website: https://www.medicaidalabamaservices.org/ALPortal/default.aspx Navigation: Account > Account Maintenance

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#13 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2014 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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#14 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#15 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012 FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment Forms entitled "List of Providers Scheduled to Re−Enroll."

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#16 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
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August 08, 2014 EOP Mini Messages

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 # 1 ATTENTION: Outpatient hospitals, physicians, nurse practitioners, nurse midwives, health departments, federally qualified healthcare centers (FQHCs), rural health clinics, opticians, optometrists, and pharmacies (2014−169 BP)

System Changes are now in place to accept claims for reimbursement of Tobacco Cessation Counseling Services for Pregnant Women. Claims may be retrospectively billed effective January 1, 2014.

The following CPT Codes are applicable:

99406 − Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes

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The following diagnosis codes must be billed on the claim (UB−04 or CMS−1500 claim form) in order to be reimbursed by Medicaid:
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V2341−V237 − Pregnancy with other poor obstetric history, or
V242 − Routine postpartum follow−up
AND
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Pharmacies must bill for these specific services through their DME NPI.

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 # 3 ATTENTION: All Providers (2014−108 BP)

On April 1, 2014, President Obama signed into law legislation (HR 4302) that delayed the ICD−10 compliance date until at least October 2015. As we learn more, we will keep you informed. The Alabama Medicaid Agency's claims processing system was updated in October 2013 to accommodate ICD−10.
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 # 4 ATTENTION: All Patient 1st Primary Medical Physicians (PMPs) (2014−108 BP)

Patient 1st PMPs can now view lab claims, filled prescriptions, emergency room visits, and other information on their patients at a glance using a new PMP Portal developed for Alabama Medicaid providers. All information on the PMP Portal is taken from Medicaid's MMIS claims system. Designed by the Center for Strategic Health Innovation at the University of South Alabama, the portal is free to PMPs. The Alabama Regional Extension Center team at USA is now available to assist providers in signing up for and using the new portal. The ALREC team will be contacting providers in the near future. For questions or more information, contact the ALREC team via e−mail at info@al−rec.org. If you would like to go ahead and get signed up, go to https://pmp.rmede.net/account/register. Fill out the information requested on the registration page, following any instructions given.
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 # 5 ATTENTION: Primary Care Providers (2014−094 BP)

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July 25, 2014 EOP Mini Messages

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 # 1 ATTENTION: Outpatient hospitals, physicians, nurse practitioners, nurse midwives, health departments, federally qualified healthcare centers (FQHCs), rural health clinics, opticians, optometrists, and pharmacies (2014−169 BP)

System Changes are now in place to accept claims for reimbursement of Tobacco Cessation Counseling Services for Pregnant Women. Claims may be retrospectively billed effective January 1, 2014.

The following CPT Codes are applicable:

99406 − Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes

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V2341−V237 − Pregnancy with other poor obstetric history, or
V242 − Routine postpartum follow−up
AND
3051 − Tobacco use disorder
Pharmacies must bill for these specific services through their DME NPI.

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 # 2 ATTENTION: All Providers (2014−147 CC)

Effective with the passing of the Affordable Care Act, CMS requires States to collect an application fee from all reenrolling or newly enrolling institutional providers. Physicians and non−physician practitioners are not subject to the fee. The application fee amount is established by CMS and is updated annually. Currently the FY2014 fee amount is $542.

Institutional providers who are required to submit a fee include, but are not limited to the following: ambulance service suppliers, ambulatory surgical centers, hospitals, community mental health centers, DME suppliers, rural health clinics, outpatient therapy groups, hospices, home health agencies, rehabilitation facilities, extended care facilities, laboratories, federally qualified health centers, end stage renal disease centers, etc. (A complete list can be viewed on the Agency website.)

Institutional providers must submit the application fee in the form of a certified or cashier's check at the time of their initial enrollment or reenrollment. Those institutional providers who have paid the application fee to Medicare or another State's Medicaid or CHIP Program will be exempt from paying the fee to Alabama Medicaid. If such a fee has been paid, proof of this payment must be submitted by the provider at the time of initial enrollment or reenrollment. Providers may also request a hardship exception from CMS as needed. If a hardship exception is granted by CMS, proof of the exception should be submitted to Alabama Medicaid at the time of initial enrollment or reenrollment.

Changes to Medicaid's provider enrollment system and the enrollment web portal are being implemented effective July 1, 2014. Any initial applications or revalidations from institutional providers already submitted or to be submitted will be subject to the application fee. If you have any questions, please contact Provider Enrollment at 1

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 # 3 ATTENTION: All Providers (2014−147 BP)

Clarification on Provider Signatures on the Alabama Medicaid Referral Form (362 form):
The Alabama Medicaid Administrative Code, Rule No. 560−X−1−.18 (2) (d), Provider/Recipient Signature Requirements, Referral Forms, states: "For hard copy referrals, the printed, typed, or stamped name of the primary care physician with an original signature of the physician or designee is required. Photocopied signatures will not be accepted. For electronic referrals, provider certification shall be in accordance with the electronic signature policy in subsection (1) (a) of this rule." This means that a signature signed by the physician's designee, must be a complete signature, NOT initials.
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 # 5 ATTENTION: All Providers (2014−108 BP)

On April 1, 2014, President Obama signed into law legislation (HR 4302) that delayed the ICD−10 compliance date until at least October 2015. As we learn more, we will keep you informed. The Alabama Medicaid Agency's claims processing system was updated in October 2013 to accommodate ICD−10.
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 # 6 ATTENTION: All Patient 1st Primary Medical Physicians (PMPs) (2014−108 BP)

Patient 1st PMPs can now view lab claims, filled prescriptions, emergency room visits, and other information on their patients at a glance using a new PMP Portal developed for Alabama Medicaid providers. All information on the PMP Portal is taken from Medicaid's MMIS claims system. Designed by the Center for Strategic Health Innovation at the University of South Alabama, the portal is free to PMPs. The Alabama Regional Extension Center team at USA is now available to assist providers in signing up for and using the new portal. The ALREC team will be contacting providers in the near future. For questions or more information, contact the ALREC team via e−mail at info@al−rec.org. If you would like to go ahead and get signed up, go to https://pmp.rmede.net/account/register. Fill out the information requested on the registration page, following any instructions given.
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 # 7 ATTENTION: Primary Care Providers (2014−094 BP)

Beginning May 1, 2014, the Alabama Medicaid Agency will be conducting audits of the primary care providers receiving the ACA Primary Care Rate (aka BUMP) for the calendar year 2013 claims. If the audit reveals the requirements were not met, the enhanced payment will be subject to recoupment and/or the enhanced payments will be stopped.

 # 8 ATTENTION: All Providers (2014−094 SV)

In support of the changes for ICD−10 all paper claim forms submitted must have the new ICD Version field populated with either a '9' indicating ICD−9 or '0' indicating ICD−10. ICD−9 and ICD−10 diagnosis codes and/or surgical procedure codes may not be billed on the same claim. The ICD Version entered on the claim form applies to all diagnosis codes and/or surgical procedure codes entered.
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 # 9 ATTENTION: All Providers (2014−080 MS)

Effective April 1, 2014, the user acceptance testing (UAT) dates for ICD−10 will change in order to facilitate testing both the end of ICD−9 code submission and the beginning of ICD−10 code submission, Alabama Medicaid has provided testing dates different than the CMS mandate date that will allow a provider to submit claims with ICD−9 codes and claims with ICD−10 codes to ensure processing will work as expected in anticipation of the CMS implementation.

NEW TEST DATES:
ICD−9 END DATE −− 09/30/2013
ICD−10 START DATE −− 10/01/2013

#10 ATTENTION: All Providers (2014−080 MS)

Effective April 1, 2014, Alabama Medicaid will ONLY accept the revised version of the CMS−1500 (02/12) paper claim form. Paper claims submitted on the CMS−1500 (08/05) form after March 31, 2014, will not be processed and will be returned to the provider.
Note: HP Enterprise Services does not supply this form. Providers should obtain this form from a vendor supplying CMS−1500 forms.

REMINDER: Alabama Medicaid requires all claims be submitted electronically. The only time a provider should submit a paper claim is for administrative review or when attachments are required. If you have any questions, please contact the Provider Assistance Center at 1−800−688− 7989.
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Beginning April 2014, the HP team will offer virtual training sessions on ICD−10 for providers and vendors. The sessions are being conducted as a means of providing support for existing testing partners as well as encouraging new providers and vendors to join the testing effort. Each session will cover the Alabama Medicaid specific changes being implemented and testing considerations in order to be ready for the October 1, 2014, implementation of ICD−10.

A schedule of session dates is now available on the Alabama Medicaid website. The schedule indicates dates and times for each session being offered. Due to limited space available for each session, registration is required. Details on how to register are available on the "ICD−10 Teleconference Training Information" page at:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD−10/6.12.6_ICD−10_Teleconference_Training.aspx
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To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page. Providers and Trading Partners may update their email by logging onto the Provider Web Portal. Website: https://www.medicaidalabamaservices.org/ALPortal/default.aspx Navigation: Account > Account Maintenance
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PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#17 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012 FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment Forms entitled "List of Providers Scheduled to Re−Enroll."

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#18 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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July 11, 2014 EOP Mini Messages

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 # 1 ATTENTION: Outpatient hospitals, physicians, nurse practitioners, nurse midwives, health departments, federally qualified healthcare centers (FQHCs), rural health clinics, opticians, optometrists, and pharmacies (2014−169 BP)

System Changes are now in place to accept claims for reimbursement of Tobacco Cessation Counseling Services for Pregnant Women. Claims may be retrospectively billed effective January 1, 2014.

The following CPT Codes are applicable:

99406 − Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes

99407 − Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
The following diagnosis codes must be billed on the claim (UB−04 or CMS−1500 claim form) in order to be reimbursed by Medicaid:
V220−V222 − Normal pregnancy
V230−V233 − Supervision of high−risk pregnancy
V2341−V237 − Pregnancy with other poor obstetric history, or
V242 − Routine postpartum follow−up
AND
3051 − Tobacco use disorder
Pharmacies must bill for these specific services through their DME NPI.

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 # 2 ATTENTION: All Providers (2014−147 CC)

Effective with the passing of the Affordable Care Act, CMS requires States to collect an application fee from all reenrolling or newly enrolling institutional providers. Physicians and non−physician practitioners are not subject to the fee. The application fee amount is established by CMS and is updated annually. Currently the FY2014 fee amount is $542.

Institutional providers who are required to submit a fee include, but are not limited to the following: ambulance service suppliers, ambulatory surgical centers, hospitals, community mental health centers, DME suppliers, rural health clinics, outpatient therapy groups, hospices, home health agencies, rehabilitation facilities, extended care facilities, laboratories, federally qualified health centers, end stage renal disease centers, etc. (A complete list can be viewed on the Agency website.)

Institutional providers must submit the application fee in the form of a certified or cashier's check at the time of their initial enrollment or reenrollment. Those institutional providers who have paid the application fee to Medicare or another State's Medicaid or CHIP Program will be exempt from paying the fee to Alabama Medicaid. If such a fee has been paid, proof of this payment must be submitted by the provider at the time of initial enrollment or reenrollment. Providers may also request a hardship exception from CMS as needed. If a hardship exception is granted by CMS, proof of the exception should be submitted to Alabama Medicaid at the time of initial enrollment or reenrollment.

Changes to Medicaid's provider enrollment system and the enrollment web portal are being implemented effective July 1, 2014. Any initial applications or revalidations from institutional providers already submitted or to be submitted will be subject to the application fee. If you have any questions, please contact Provider Enrollment at 1

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 # 3 ATTENTION: All Providers (2014−147 BP)

Clarification on Provider Signatures on the Alabama Medicaid Referral Form (362 form):
The Alabama Medicaid Administrative Code, Rule No. 560−X−1−.18 (2) (d), Provider/Recipient Signature Requirements, Referral Forms, states: "For hard copy referrals, the printed, typed, or stamped name of the primary care physician with an original signature of the physician or designee is required. Photocopied signatures will not be accepted. For electronic referrals, provider certification shall be in accordance with the electronic signature policy in subsection (1) (a) of this rule." This means that a signature signed by the physician's designee, must be a complete signature, NOT initials.
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 # 5 ATTENTION: All Providers (2014−108 BP)

On April 1, 2014, President Obama signed into law legislation (HR 4302) that delayed the ICD−10 compliance date until at least October 2015. As we learn more, we will keep you informed. The Alabama Medicaid Agency's claims processing system was updated in October 2013 to accommodate ICD−10.
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 # 6 ATTENTION: All Patient 1st Primary Medical Physicians (PMPs) (2014−108 BP)

Patient 1st PMPs can now view lab claims, filled prescriptions, emergency room visits, and other information on their patients at a glance using a new PMP Portal developed for Alabama Medicaid providers. All information on the PMP Portal is taken from Medicaid's MMIS claims system. Designed by the Center for Strategic Health Innovation at the University of South Alabama, the portal is free to PMPs. The Alabama Regional Extension Center team at USA is now available to assist providers in signing up for and using the new portal. The ALREC team will be contacting providers in the near future. For questions or more information, contact the ALREC team via e−mail at info@al−rec.org. If you would like to go ahead and get signed up, go to https://pmp.rmede.net/account/register. Fill out the information requested on the registration page, following any instructions given.
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 # 7 ATTENTION: Primary Care Providers (2014−094 BP)

Beginning May 1, 2014, the Alabama Medicaid Agency will be conducting audits of the primary care providers receiving the ACA Primary Care Rate (aka BUMP) for the calendar year 2013 claims. If the audit reveals the requirements were not met, the enhanced payment will be subject to recoupment and/or the enhanced payments will be stopped.
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 # 8 ATTENTION: All Providers (2014−094 SV)

In support of the changes for ICD−10 all paper claim forms submitted must have the new ICD Version field populated with either a '9' indicating ICD−9 or '0' indicating ICD−10. ICD−9 and ICD−10 diagnosis codes and/or surgical procedure codes may not be billed on the same claim. The ICD Version entered on the claim form applies to all diagnosis codes and/or surgical procedure codes entered.
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June 20, 2014 EOP Mini Messages

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Clarification on Provider Signatures on the Alabama Medicaid Referral Form (362 form):

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AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012

FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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June 06, 2014 EOP Mini Messages

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The Alabama Regional Extension Center team at USA is now available to assist providers in signing up for and using the new portal. The ALREC team will be contacting providers in the near future. For questions or more information, contact the ALREC team via e−mail at info@al−rec.org. If you would like to go ahead and get signed up, go to https://pmp.rmede.net/account/register. Fill out the information requested on the registration page, following any instructions given.

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6 ATTENTION: Primary Care Providers (2014−094 BP)

Beginning May 1, 2014, the Alabama Medicaid Agency will be conducting audits of the primary care providers receiving the ACA Primary Care Rate (aka BUMP) for the calendar year 2013 claims. If the audit reveals the requirements were not met, the enhanced payment will be subject to recoupment and/or the enhanced payments will be stopped.

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In support of the changes for ICD−10 all paper claim forms submitted must have the new ICD Version field populated with either a '9' indicating ICD−9 or '0' indicating ICD−10. ICD−9 and ICD−10 diagnosis codes and/or surgical procedure codes may not be billed on the same claim. The ICD Version entered on the claim form applies to all diagnosis codes and/or surgical procedure codes entered.
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NEW TEST DATES:
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Note: HP Enterprise Services does not supply this form. Providers should obtain this form from a vendor supplying CMS−1500 forms. REMINDER: Alabama Medicaid requires all claims be submitted electronically. The only time a provider should submit a paper claim is for administrative review or when attachments are required. If you have any questions, please contact the Provider Assistance Center at 1−800−688− 7989.

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TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

May 16, 2014 EOP Mini Messages

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Alabama Medicaid Agency has established policy guidelines for Private Duty Nursing (PDN) providers who have a home business location. This policy will be effective April 1, 2014.
The following guidelines are to be followed:

1. A room specified for the business must be separate from the personal dwelling area in the home. This room must be designated as the work space and can be closed off from the rest of the house.

2. Furniture, equipment, and supplies shall be distinctly related to a business office. Bedroom furniture, clothing, gym equipment, etc. shall not be stored in this space.

3. Business and confidential files must be kept in a locked file cabinet.

4. Children, friends, or family members shall not utilize or occupy the office area unless they are employed by the business.

5. A telephone line with a phone number different from the home residence is required. This number shall also have voicemail or an answering service.

6. A sitting area must be included in the office space to meet with clients and business associates.

The PDN policy may be retrieved from the Alabama Medicaid Agency website at www.medicaid.alabama.gov under Programs/Long Term Care/Other Long Term Care Programs/Private Duty Nursing. If you have any questions, please contact Renee Adams, at 334−242−5040 or Renee.Adams@medicaid.alabama.gov

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#12 ATTENTION: Outpatient Hospital−Based Clinics (2014−052 BP)

Hospital Outpatient Clinic Visits: Effective January 1, 2014, CMS made changes to the CY 2014 Hospital Outpatient prospective payment system for hospital outpatient clinic visits, which the Alabama Medicaid Agency will follow effective for dates of service April 1, 2014, and thereafter.

CMS's policy calls for hospital to bill for all outpatient hospital clinic visits using a single HCPCS code, G0463 (Hospital outpatient clinic visit for assessment and management of a patient), which replaces CPT E&M codes 99201 − 99205 and 99211 − 99215.

For claims with dates of service through March 31, 2014, the hospital will continue to bill the CPT E&M codes 99201 − 99205 and 99211 − 99215 for outpatient hospital−based clinic visits.

For claims with dates of service April 1, 2014, and thereafter the hospital will bill G0463 for outpatient hospital−based clinic visits The reimbursement amount for G0463 is $51.81.

For questions, contact Solomon Williams, Associate Director, Institutional Services at 334−353−3206 or solomon.williams@medicaid alabama.gov

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May 2, 2014 EOP Mini Messages

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April 18, 2014 EOP Mini Messages

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PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 4 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE APRIL 2014 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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 # 5 ATTENTION: All Providers (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page. Providers and

Trading Partners may update their email by logging onto the Provider Web Portal. Website: https://www.medicaid alabamaservices.org/ALPortal/default.aspx Navigation: Account > Account Maintenance
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 # 7 ATTENTION: Outpatient Hospital−Based Clinics (2014−052 BP)

Hospital Outpatient Clinic Visits: Effective January 1, 2014, CMS made changes to the CY 2014 Hospital Outpatient prospective payment
system for hospital outpatient clinic visits, which the Alabama Medicaid Agency will follow effective for dates of service April 1,2014, and thereafter. CMS's policy calls for hospital to bill for all outpatient hospital clinic visits using a single HCPCS code, G0463 (Hospital outpatient clinic visit for assessment and management of a patient), which replaces CPT E&M codes 99201 − 99205 and 99211 − 99215.

For claims with dates of service through March 31, 2014, the hospital will continue to bill the CPT E&M codes 99201 − 99205 and 99211 − 99215 for outpatient hospital−based clinic visits. For claims with dates of service April 1, 2014, and thereafter the hospital will bill G0463 for outpatient hospital−based clinic visits The reimbursement amount for G0463 is $51.81. For questions, contact Solomon Williams, Associate Director, Institutional Services at 334−353−3206 or solomon.williams@medicaid
alabama.gov
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 # 8 ATTENTION: All Providers (2014−052 SV/BP)

As communicated previously through a COBVA Alert, The Budget Control Act of 2011 requires, among other things, mandatory across the board reductions in Federal spending, also known as sequestration. Medicare FFS claims will incur a 2% sequestration reduction in payment. Alabama Medicaid is now including the 2% reduction amount as part of the calculations for Medicare Allowed Amount when adjudicating COBA crossover claims and provider submitted crossover claims through HIPAA X12 837 Claim files as of 02/11/2014. During the week of 02/24/2014 the 2% reduction changes will be implemented and available on the Provider Web Portal crossover claim forms and on crossover claims submitted on paper. The Provider Electronic Solutions software is currently under construction to include these changes and will be available soon. For further details on the 2% sequestration reduction please see the CMS website.
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If you have a suggestion on a topic to be covered during the teleconferences or need assistance with ICD−10 testing, contact the HP ICD−10 team via email at alabamaictesting@hp.com.
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#10 ATTENTION: Private Duty Nursing Providers (2014−063 BP)

Alabama Medicaid Agency has established policy guidelines for Private Duty Nursing (PDN) providers who have a home business location.

This policy will be effective April 1, 2014. The following guidelines are to be followed:
1. A room specified for the business must be separate from the personal dwelling area in the home. This room must be designated as the work space and can be closed off from the rest of the house.
2. Furniture, equipment, and supplies shall be distinctly related to a business office. Bedroom furniture, clothing, gym equipment, etc. shall not be stored in this space.
3. Business and confidential files must be kept in a locked file cabinet.
4. Children, friends, or family members shall not utilize or occupy the office area unless they are employed by the business.
5. A telephone line with a phone number different from the home residence is required. This number shall also have voicemail or an answering service.
6. A sitting area must be included in the office space to meet with clients and business associates.
The PDN policy may be retrieved from the Alabama Medicaid Agency website at www.medicaid.alabama.gov under Programs/Long Term Care/Other Long Term Care Programs/Private Duty Nursing. If you have any questions, please contact Renee Adams, at 334−242−5040 or
Renee.Adams@medicaid.alabama.gov
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#11 ATTENTION: All Providers (2014−080 MS)

Effective April 1, 2014, Alabama Medicaid will ONLY accept the revised version of the CMS−1500 (02/12) paper claim form. Paper claims submitted on the CMS−1500 (08/05) form after March 31, 2014, will not be processed and will be returned to the provider.

Note: HP Enterprise Services does not supply this form. Providers should obtain this form from a vendor supplying CMS−1500 forms.

REMINDER: Alabama Medicaid requires all claims be submitted electronically. The only time a provider should submit a paper claim is for administrative review or when attachments are required. If you have any questions, please contact the Provider Assistance Center at 1−800−688− 7989.
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#12 ATTENTION: All Providers (2014−080 MS)

Alabama Medicaid and HP would like software vendors to log on to the Medicaid website between April 1 and April 30, 2014 to complete a brief survey on ICD−10 readiness. The surveys should take less than five minutes to complete and will provide Medicaid with information on provider and vendor readiness to implement ICD−10. The survey is located at the following link:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD−10/6.12.1_ICD−10_Surveys.aspx

A similar survey for providers will be available between May 9 and May 28, 2014. HP has implemented the changes related to ICD−10, but will not accept nor require ICD−10 codes until October 1, 2014. Please stay abreast of updates by visiting the ICD−10 page on the Medicaid website located at the following link:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD−10/6.12_ICD−10.aspx .
If you have any questions about ICD−10 please send an email to alabamaictesting@hp.com.
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#13 ATTENTION: All Providers (2014−080 MS)

Effective April 1, 2014, the user acceptance testing (UAT) dates for ICD−10 will change in order to facilitate testing both the end of ICD−9 code submission and the beginning of ICD−10 code submission, Alabama Medicaid has provided testing dates different than the CMS mandate date that will allow a provider to submit claims with ICD−9 codes and claims with ICD−10 codes to ensure processing will work as expected in anticipation of the CMS implementation.

NEW TEST DATES:
ICD−9 END DATE −− 09/30/2013
ICD−10 START DATE −− 10/01/2013
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#14 ATTENTION: All Providers (2014−094 SV)

In support of the changes for ICD−10 all claim forms submitted must have the new ICD Version field populated with either a ’9’ indicating ICD−9 or ’0’ indicating ICD−10. ICD−9 and ICD−10 diagnosis codes and/or surgical procedure codes may not be billed on the same claim. The ICD Version entered on the claim form applies to all diagnosis codes and/or surgical procedure codes entered.

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#15 ATTENTION: Primary Care Providers (2014−094 BP)

Beginning May 1, 2014, the Alabama Medicaid Agency will be conducting audits of the primary care providers receiving the ACA Primary Care Rate (aka BUMP) for the calendar year 2013 claims. If the audit reveals the requirements were not met, the enhanced payment will be subject to recoupment and/or the enhanced payments will be stopped.

April 04, 2014 EOP Mini Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov
TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment
Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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Trading Partners may update their email by logging onto the Provider Web Portal. Website: https://www.medicaid alabamaservices.org/ALPortal/default.aspx Navigation: Account > Account Maintenance
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 # 6 ATTENTION: All Providers (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10
mandated implementation date of 10/01/2014.
Please review these Medicare Learning Network Articles published by CMS:
http://www.cms.gov/Outreach−and−Education/Medicare−Learning−Network−MLN/MLNMatters Articles/Downloads/SE1325.pdf
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 # 8 ATTENTION: Outpatient Hospital−Based Clinics (2014−052 BP)

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As communicated previously through a COBVA Alert, The Budget Control Act of 2011 requires, among other things, mandatory across the board reductions in Federal spending, also known as sequestration. Medicare FFS claims will incur a 2% sequestration reduction in payment. Alabama Medicaid is now including the 2% reduction amount as part of the calculations for Medicare Allowed Amount when adjudicating COBA crossover claims and provider submitted crossover claims through HIPAA X12 837 Claim files as of 02/11/2014. During the week of 02/24/2014 the 2% reduction changes will be implemented and available on the Provider Web Portal crossover claim forms and on crossover claims submitted on paper. The Provider Electronic Solutions software is currently under construction to include these changes and will be available soon. For further details on the 2% sequestration reduction please see the CMS website.
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#10 ATTENTION: All Providers (2014−063 SV/MS)

Beginning April 2014, the HP team will offer virtual training sessions on ICD−10 for providers and vendors. The sessions are being conducted as a means of providing support for existing testing partners as well as encouraging new providers and vendors to join the testing effort. Each session will cover the Alabama Medicaid specific changes being implemented and testing considerations in order to be ready for the October 1, 2014, implementation of ICD−10.
A schedule of session dates is now available on the Alabama Medicaid website. The schedule indicates dates and times for each session being offered. Due to limited space available for each session, registration is required. Details on how to register are available on the "ICD−10 Teleconference Training Information" page at:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD−10/6.12.6_ICD−10_Teleconference_Training.aspx
If you have a suggestion on a topic to be covered during the teleconferences or need assistance with ICD−10 testing, contact the HP ICD−10 team via email at alabamaictesting@hp.com.
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#11 ATTENTION: Private Duty Nursing Providers (2014−063 BP)

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#16 ATTENTION: Primary Care Providers (2014−094 BP)

Beginning May 1, 2014, the Alabama Medicaid Agency will be conducting audits of the primary care providers receiving the ACA Primary Care Rate (aka BUMP) for the calendar year 2013 claims. If the audit reveals the requirements were not met, the enhanced payment will be subject to recoupment and/or the enhanced payments will be stopped.

March 07, 2014 EOP Mini Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014)
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 # 4 ATTENTION: ALL PROVIDERS (2009−093)

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 # 6 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10 mandated implementation date of 10/01/2014.

Please review these Medicare Learning Network Articles published by CMS:
http://www.cms.gov/Outreach−and−Education/Medicare−Learning−Network−MLN/MLNMatters Articles/Downloads/SE1325.pdf
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 # 7 ATTENTION: All Physicians (2013−089 BNP)

UPDATE 10/18/13: Unfortunately, the Agency did not finish reprocessing by the end of September as anticipated. The Agency is continuing to reprocess claims paid under the old rate. We appreciate your patience and apologize for any inconvenience this may have caused.***
On June 8, 2013, the Alabama Medicaid Agency will begin paying the Primary Care Physician Rate Increase (BUMP) to qualified providers.
Qualifying physicians who submit their self−attestation to HPES on or after June 8, 2013, will be paid the enhanced reimbursement for dates of service beginning with the date the attestation is entered into the system by HPES. In July 2013, Medicaid will begin reprocessing claims paid under the old rate and should have all reprocessing completed by the end of September 2013.
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 # 8 ATTENTION: All Physicians and Patient 1st Providers (2013−340 BP)

The Affordable Care Act is requiring each state's Medicaid program to cover all children ages 6−18, whose family income is up to 133% of the Federal Poverty Level (FPL). This will require approximately 25,000 recipients enrolled in the Children's Health Insurance Plan (CHIP) ALL Kids to transition to the Alabama Medicaid Program beginning January 1, 2014.
Patient 1st providers currently enrolled with Medicaid and CHIP will continue to provide care to the same recipients. CHIP recipients
that are not seeing a physician that is an enrolled Alabama Medicaid PMP will be enrolled as a fee for service recipient for a 30 day period. If the recipient/parent does not choose an enrolled PMP within this period of time, the system will auto assign one for them. If an enrolled Medicaid physician who is not a Patient 1st provider would like to participate, please refer to the following link:
http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.4_Medical_Services_Program_Forms/5.4.4.7_Patient1st/5.4.4.7
Patient_1st_App_Revised_FINAL_fillable_4−1−11.pdf
For questions regarding enrollment, please call (888) 223−3630 (Nationwide Toll−Free) or (334) 215−0111. For questions regarding the Patient 1st program, contact Latonda Cunningham, Associate Director, Patient 1st Program, at 334−353−4122
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 # 9 ATTENTION: All Providers (2013−365 BP)

Effective for claims received on or after April 1, 2014, Alabama Medicaid will accept only the revised version of the CMS−1500 (02/12) paper claim form. Paper claims received on the current version of the CMS−1500 (08/05) after March 31, 2014, will not be processed and will be returned to the provider. Both current (08/05) and revised (02/12) paper forms will be accepted during the transition period from January 6, 2014, through March 31, 2014.
The effective dates for transition to the new form are based on date of claim receipt by HPES rather than date of service.
REMINDER: Alabama Medicaid requires all claims be submitted electronically. The only time a provider should submit a paper claim is for administrative review or other exceptions outlined in the Alabama Medicaid Provider Manual. If you have any questions, please
contact the Provider Assistance Center at 1−800−688−7989.

HP Enterprise Services does not supply this form. Providers should obtain this form from a vendor supplying current CMS−1500 forms.
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#11 ATTENTION: All Providers (2014−041 BP)

Effective January 15, 2014, Modifiers 76 and 77 will no longer be authorized for billing with CPT Code 76942 (Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injections, etc.). This action makes Medicaid's policy consistent with Medicare and Blue Cross and Blue Shield policies to only authorize CPT Code 76942, once per provider, per recipient, per date of service. If you have further questions, please direct them to Russell Green at (334) 353−4783, or via e−mail at Russell.Green@medicaid.alabama.gov.
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#13 ATTENTION: Outpatient Hospital−Based Clinics (2014−052 BP)

Hospital Outpatient Clinic Visits: Effective January 1, 2014, CMS made changes to the CY 2014 Hospital Outpatient prospective payment system for hospital outpatient clinic visits, which the Alabama Medicaid Agency will follow effective for dates of service April 1, 2014, and thereafter.
CMS's policy calls for hospital to bill for all outpatient hospital clinic visits using a single HCPCS code, G0463 (Hospital outpatient clinic visit for assessment and management of a patient), which replaces CPT E&M codes 99201 − 99205 and 99211 − 99215.
For claims with dates of service through March 31, 2014, the hospital will continue to bill the CPT E&M codes 99201 − 99205 and 99211 −99215 for outpatient hospital−based clinic visits.

For claims with dates of service April 1, 2014, and thereafter the hospital will bill G0463 for outpatient hospital−based clinic visits The reimbursement amount for G0463 is $51.81.

For questions, contact Solomon Williams, Associate Director, Institutional Services at 334−353−3206 or solomon.williams@medicaidalabama.gov
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#14 ATTENTION: All Providers (2014−052 SV/BP)

As communicated previously through a COBVA Alert, The Budget Control Act of 2011 requires, among other things, mandatory across the board reductions in Federal spending, also known as sequestration. Medicare FFS claims will incur a 2% sequestration reduction in payment. Alabama Medicaid is now including the 2% reduction amount as part of the calculations for Medicare Allowed Amount when adjudicating COBA crossover claims and provider submitted crossover claims through HIPAA X12 837 Claim files as of 02/11/2014. During the week of 02/24/2014 the 2% reduction changes will be implemented and available on the Provider Web Portal crossover claim forms and on crossover claims submitted on paper. The Provider Electronic Solutions software is currently under construction to include these changes and will be available soon. For further details on the 2% sequestration reduction please see the CMS website.
****

#15 ATTENTION: All Providers (2014−063 SV/MS)

Beginning April 2014, the HP team will offer virtual training sessions on ICD−10 for providers and vendors. The sessions are being conducted as a means of providing support for existing testing partners as well as encouraging new providers and vendors to join the testing effort. Each session will cover the Alabama Medicaid specific changes being implemented and testing considerations in order to be ready for the October 1, 2014, implementation of ICD−10.

A schedule of session dates will be made available on the Alabama Medicaid website in March 2014. The schedule will indicate dates and times for each session being offered. Due to limited space available for each session, registration is required. Details on how to register will be provided when the schedule of session dates is published.
If you have a suggestion on a topic to be covered during the teleconferences or need assistance with ICD−10 testing, contact the HP ICD−10 team via e−mail at alabamaictesting@hp.com

#16 ATTENTION: Private Duty Nursing Providers (2014−063 BP)

Alabama Medicaid Agency has established policy guidelines for Private Duty Nursing (PDN) providers who have a home business location.This policy will be effective April 1, 2014.
The following guidelines are to be followed:
1. A room specified for the business must be separate from the personal dwelling area in the home. This room must be designated as the work space and can be closed off from the rest of the house.
2. Furniture, equipment, and supplies shall be distinctly related to a business office. Bedroom furniture, clothing, gym equipment,
etc. shall not be stored in this space.
3. Business and confidential files must be kept in a locked file cabinet.
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5. A telephone line with a phone number different from the home residence is required. This number shall also have voicemail or an
answering service.
6. A sitting area must be included in the office space to meet with clients and business associates.
The PDN policy may be retrieved from the Alabama Medicaid Agency website at www.medicaid.alabama.gov under Programs/Long Term Care/Other Long Term Care Programs/Private Duty Nursing. If you have any questions, please contact Renee Adams, at 334−242−5040 or Renee.Adams@medicaid.alabama.gov
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February 21, 2014 EOP Mini Messages

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 # 3 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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 # 4 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE JANUARY 2014 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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 # 5 ATTENTION: ALL PROVIDERS (2013−002 SV)

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Navigation: Account > Account Maintenance
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 # 6 ATTENTION: ALL PROVIDERS (2013−060 SV)
Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10 mandated implementation date of 10/01/2014.

Please review these Medicare Learning Network Articles published by CMS:
http://www.cms.gov/Outreach−and−Education/Medicare−Learning−Network−MLN/MLNMatters Articles/Downloads/SE1325.pd f
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 # 7 ATTENTION: All Physicians (2013−089 BNP)
UPDATE 10/18/13: Unfortunately, the Agency did not finish reprocessing by the end of September as anticipated. The Agency is continuing to reprocess claims paid under the old rate. We appreciate your patience and apologize for any inconvenience this may have caused.
On June 8, 2013, the Alabama Medicaid Agency will begin paying the Primary Care Physician Rate Increase (BUMP) to qualified providers. Qualifying physicians who submit their self−attestation to HPES on or after June 8, 2013, will be paid the enhanced reimbursement for dates of service beginning with the date the attestation is entered into the system by HPES. In July 2013, Medicaid will begin reprocessing claims paid under the old rate and should have all reprocessing completed by the end of September 2013.
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 # 8 ATTENTION: All Physicians and Patient 1st Providers (2013−340 BP)

The Affordable Care Act is requiring each state's Medicaid program to cover all children ages 6−18, whose family income is up to 133% of the Federal Poverty Level (FPL). This will require approximately 25,000 recipients enrolled in the Children's Health Insurance Plan (CHIP) ALL Kids to transition to the Alabama Medicaid Program beginning January 1, 2014.

Patient 1st providers currently enrolled with Medicaid and CHIP will continue to provide care to the same recipients. CHIP recipients
that are not seeing a physician that is an enrolled Alabama Medicaid PMP will be enrolled as a fee for service recipient for a 30 day
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If an enrolled Medicaid physician who is not a Patient 1st provider would like to participate, please refer to the following link:
http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.4_Medical_Services_Program_Forms/5.4.4.7_Patient1st/5.4.4.7Patient_1st_App_Revised_FINAL_fillable_4−1−11.pdf

For questions regarding enrollment, please call (888) 223−3630 (Nationwide Toll−Free) or (334) 215−0111. For questions regarding the Patient 1st program, contact Latonda Cunningham, Associate Director, Patient 1st Program, at 334−353−4122
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 # 9 ATTENTION: All Providers (2013−365 BP)

Effective for claims received on or after April 1, 2014, Alabama Medicaid will accept only the revised version of the CMS−1500 (02/12) paper claim form. Paper claims received on the current version of the CMS−1500 (08/05) after March 31, 2014, will not be processed and will be returned to the provider. Both current (08/05) and revised (02/12) paper forms will be accepted during the transition period from January 6, 2014, through March 31, 2014.

The effective dates for transition to the new form are based on date of claim receipt by HPES rather than date of service.
REMINDER: Alabama Medicaid requires all claims be submitted electronically. The only time a provider should submit a paper claim is for administrative review or other exceptions outlined in the Alabama Medicaid Provider Manual. If you have any questions, please
contact the Provider Assistance Center at 1−800−688−7989.

HP Enterprise Services does not supply this form. Providers should obtain this form from a vendor supplying current CMS−1500 forms.
****

#11 ATTENTION: All Providers (2014−041 BP)

Effective January 15, 2014, Modifiers 76 and 77 will no longer be authorized for billing with CPT Code 76942 (Ultrasonic guidance for
needle placement (e.g., biopsy, aspiration, injections, etc.). This action makes Medicaid's policy consistent with Medicare and Blue
Cross and Blue Shield policies to only authorize CPT Code 76942, once per provider, per recipient, per date of service. If you have
further questions, please direct them to Russell Green at (334) 353−4783, or via e−mail at Russell.Green@medicaid.alabama.gov.
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#13 ATTENTION: All Hospitals (2014−052 BP)

Hospital Outpatient Clinic Visits: Effective January 1, 2014, CMS made changes to the CY 2014 Hospital Outpatient prospective payment system for hospital outpatient clinic visits, which the Alabama Medicaid Agency will follow effective for dates of service April 1, 2014, and thereafter.

CMS's policy calls for hospital to bill for all outpatient hospital clinic visits using a single HCPCS code, G0463 (Hospital outpatient
clinic visit for assessment and management of a patient), which replaces CPT E&M codes 99201 − 99205 and 99211 − 99215.

For claims with dates of service through March 31, 2014, the hospital will continue to bill the CPT E&M codes 99201 − 99205 and 99211 −99215 for outpatient hospital−based clinic visits.

For claims with dates of service April 1, 2014, and thereafter the hospital will bill G0463 for outpatient hospital−based clinic visits The reimbursement amount for G0463 is $51.81.

For questions, contact Solomon Williams, Associate Director, Institutional Services at 334−353−3206 or solomon.williams@medicaid
alabama.gov.
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#14 ATTENTION: All Providers (2014−052 SV/BP)

As communicated previously through a COBVA Alert, The Budget Control Act of 2011 requires, among other things, mandatory across the board reductions in Federal spending, also known as sequestration. Medicare FFS claims will incur a 2% sequestration reduction in payment. Alabama Medicaid is now including the 2% reduction amount as part of the calculations for Medicare Allowed Amount when adjudicating COBA crossover claims and provider submitted crossover claims through HIPAA X12 837 Claim files as of 02/11/2014. During the week of 02/24/2014 the 2% reduction changes will be implemented and available on the Provider Web Portal crossover claim forms and on crossover claims submitted on paper. The Provider Electronic Solutions software is currently under construction to include these changes and will be available soon. For further details on the 2% sequestration reduction please see the CMS website.

February 07, 2014 EOP Mini Messages

 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov.
TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment
Forms entitled "List of Providers Scheduled to Re−Enroll."
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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2013−303 SV)

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VERSION 3.03 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.02 BEFORE ATTEMPTING TO UPGRADE TO 3.03. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

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 # 8 ATTENTION: All Physicians (2013−089 BNP)

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 # 9 ATTENTION: All Lab and Radiology Providers (2013−200 BNP)

Effective immediately the ordering physicians NPI must be entered on the claim submitted to Medicaid.
****

#10 ATTENTION: Lab, Home Health, DME and Imaging providers (2013−275 BNP)

Effective for claims received on or after October 1, 2013, all Medicaid claims from laboratories, imaging centers, home health
agencies, and durable medical equipment providers MUST have the NPI of the ordering/referring provider.

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#11 ATTENTION: All Physicians and Patient 1st Providers (2013−340 BP)
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For questions regarding enrollment, please call (888) 223−3630 (Nationwide Toll−Free) or (334) 215−0111. For questions regarding thePatient 1st program, contact Latonda Cunningham, Associate Director, Patient 1st Program, at 334−353−4122
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January 17, 2014 EOP Mini Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

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 # 8 ATTENTION: All Physicians (2013−089 BNP)

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January 03, 2014 EOP Mini Messages

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December 13, 2013 EOP Mini Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012 FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2013−303 SV)

VERSION 3.03 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.02 BEFORE ATTEMPTING TO UPGRADE TO 3.03. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2013 QUARTERLY UPDATES HAVE BEEN POSTED TO THE

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 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page.

Providers and Trading Partners may update their email by logging onto the Provider Web Portal. Website: https://www.medicaid alabamaservices.org/ALPortal/default.aspx Navigation: Account > Account Maintenance

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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10 mandated implementation date of 10/01/2014.

Please review these Medicare Learning Network Articles published by CMS: http://www.cms.gov/Outreach−and−Education/Medicare−Learning−Network−MLN/MLNMattersArticles/Downloads/SE1325.pdf

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 # 8 ATTENTION: All Physicians (2013−089 BNP)

UPDATE 10/18/13: Unfortunately, the Agency did not finish reprocessing by the end of September as anticipated. The Agency is continuing to reprocess claims paid under the old rate. We appreciate your patience and apologize for any inconvenience this may have caused.

On June 8, 2013, the Alabama Medicaid Agency will begin paying the Primary Care Physician Rate Increase (BUMP) to qualified providers.

Qualifying physicians who submit their self−attestation to HPES on or after June 8, 2013, will be paid the enhanced reimbursement for dates of service beginning with the date the attestation is entered into the system by HPES. In July 2013, Medicaid will begin reprocessing claims paid under the old rate and should have all reprocessing completed by the end of September 2013.

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 # 9 ATTENTION: All Lab and Radiology Providers (2013−200 BNP)

Effective immediately the ordering physician's NPI must be entered on the claim submitted to Medicaid.
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#10 ATTENTION: Lab, Home Health, DME and Imaging providers (2013−275 BNP)

Effective for claims received on or after October 1, 2013, all Medicaid claims from laboratories, imaging
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December 06, 2013 EOP Mini Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012 FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT. The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2013−303 SV)

* * * N E W S O F T W A R E UPGRADE 3.03 * * *

VERSION 3.03 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.02 BEFORE ATTEMPTING TO UPGRADE TO 3.03. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS

SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2013 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page.

Providers and Trading Partners may update their email by logging onto the Provider Web Portal. Website: https://www.medicaid alabamaservices.org/ALPortal/default.aspx
Navigation: Account > Account Maintenance

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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10 mandated implementation date of 10/01/2014.
Please review these Medicare Learning Network Articles published by CMS:

http://www.cms.gov/Outreach−and−Education/Medicare−Learning−Network−MLN/MLN

MattersArticles/Downloads/SE1325.pdf

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 # 8 ATTENTION: All Physicians (2013−089 BNP)

UPDATE 10/18/13: Unfortunately, the Agency did not finish reprocessing by the end of September as anticipated. The Agency is continuing to reprocess claims paid under the old rate. We appreciate your patience and apologize for any inconvenience this may have caused.

On June 8, 2013, the Alabama Medicaid Agency will begin paying the Primary Care Physician Rate Increase (BUMP) to qualified providers. Qualifying physicians who submit their self−attestation to HPES on or after June 8, 2013, will be paid the enhanced reimbursement for dates of service beginning with the date the attestation is entered into the system by HPES. In July 2013, Medicaid will begin reprocessing claims paid under the old rate and should have all reprocessing completed by the end of September 2013.

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 # 9 ATTENTION: All Lab and Radiology Providers (2013−200 BNP)

Effective immediately the ordering physician?s NPI must be entered on the claim submitted to Medicaid.

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#10 ATTENTION: Lab, Home Health, DME and Imaging providers (2013−275 BNP)

Effective for claims received on or after October 1, 2013, all Medicaid claims from laboratories, imaging centers, home health
agencies, and durable medical equipment providers MUST have the NPI of the ordering/referring provider.

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#11 ATTENTION: ALL PROVIDERS (2013−290 CC)

Look Up Feature For Consent Forms Now Available on Medicaid Secure Website. Providers can now check to see if a consent form is on file with Medicaid. Providers can access the tool by selecting the Provider tab (far right corner) and click on Consent Form Search. The recipient's 12−digit Alabama Medicaid number and the date of surgery are required to perform the search. The system will display the Date Form was Received, Date Last Status Change, Form Type (Abortion, Hysterectomy, Sterilization), and the Status (Approved, Denied)

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#12 ATTENTION: All Physicians and Patient 1st Providers (2013−340 BP)

The Affordable Care Act is requiring each state's Medicaid program to cover all children ages 6−18, whose family income is up to 133% of the Federal Poverty Level (FPL). This will require 25,000 recipients enrolled in the Children's Health Insurance Plan (CHIP) to transition to the Alabama Medicaid Patient 1st Program beginning January 1, 2014.

Patient 1st providers currently enrolled with Medicaid and CHIP will continue to provide care to the same recipients. CHIP recipients that are not seeing a physician that is an enrolled Alabama Medicaid PMP will be enrolled as a fee for service recipient for a 30 day period. If the recipient/parent does not choose an enrolled PMP within this period of time, the system will auto assign one for them.

If an enrolled Medicaid physician who is not a Patient 1st provider would like to participate, please refer to the following link:
http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.4_Medical_Services_Program_Forms/5.4.4.7_Patient1st/5.4.4.7 Patient_1st_App_Revised_FINAL_fillable_4−1−11.pdf
For questions regarding enrollment, please call (888) 223−3630 (Nationwide Toll−Free) or (334) 215−0111. For questions regarding the

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November 15, 2013 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment
Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2013−303 SV)

* * * N E W S O F T W A R E UPGRADE 3.03 * * *

VERSION 3.03 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.02 BEFORE ATTEMPTING TO UPGRADE TO 3.03. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

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 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

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Website: https://www.medicaidalabamaservices.org/ALPortal/default.aspx
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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10 mandated implementation date of 10/01/2014. Please review these Medicare Learning Network Articles published by CMS:
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 # 8 ATTENTION: All Physicians (2013−089 BNP)

UPDATE 10/18/13: Unfortunately, the Agency did not finish reprocessing by the end of September as anticipated. The Agency is continuing to reprocess claims paid under the old rate. We appreciate your patience and apologize for any inconvenience this may have caused.
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 # 9 ATTENTION: All Lab and Radiology Providers (2013−200 BNP)

Effective immediately the ordering physicians NPI must be entered on the claim submitted to Medicaid.
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#10 ATTENTION: Lab, Home Health, DME and Imaging providers (2013−275 BNP)

Effective for claims received on or after October 1, 2013, all Medicaid claims from laboratories, imaging centers, home health agencies, and durable medical equipment providers MUST have the NPI of the ordering/referring provider.

November 01, 2013 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)'

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
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Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2013−303 SV)

* * * N E W S O F T W A R E UPGRADE 3.03 * * *

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

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6 ATTENTION: ALL PROVIDERS (2013−002 SV)

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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

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 # 9 ATTENTION: All Lab and Radiology Providers (2013−200 BNP)

Effective immediately the ordering physicians NPI must be entered on the claim submitted to Medicaid.
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#10 ATTENTION: Lab, Home Health, DME and Imaging providers (2013−275 BNP)

Effective for claims received on or after October 1, 2013, all Medicaid claims from laboratories, imaging centers, home health agencies, and durable medical equipment providers MUST have the NPI of the ordering/referring provider.

#11 ATTENTION: ALL PROVIDERS (2013−290 CC)

Look Up Feature For Consent Forms Now Available on Medicaid Secure Website. Providers can now check to see if a consent form is on file with Medicaid.
Providers can access the tool by selecting the Provider tab (far right corner) and click on Consent Form Search. The recipient's 12−digit Alabama Medicaid number and the date of surgery are required to perform the search. The system will display the Date Form was Received, Date Last Status Change, Form Type (Abortion, Hysterectomy, Sterilization), and the Status (Approved, Denied)

October 18, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
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Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

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Website: https://www.medicaid
alabamaservices.org/ALPortal/default.aspx
Navigation: Account > Account Maintenance
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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)
Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10
mandated implementation date of 10−01−2014. Please review these MLN Matters Articles published by CMS (note, all references to 2013
should be 2014 since the implementation was delayed one year).
http://www.cms.gov/outreach−and−education/medicare−learning−network−mln/mlnmattersarticles/downloads/MM7492.pdf
http://www.cms.gov/Outreach−and−Education/Medicare−Learning−Network−MLN/MLNMattersArticles/Downloads/MM7704.pdf
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 # 9 ATTENTION: All Lab and Radiology Providers (2013−200 BNP)
Effective immediately the ordering physician?s NPI must be entered on the claim submitted to Medicaid.
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agencies, and durable medical equipment providers MUST have the NPI of the ordering/referring provider.

October 04, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

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FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
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Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2013 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page. Providers and Trading Partners may update their email by logging onto the Provider Web Portal. Website: https://www.medicaid alabamaservices.org/ALPortal/default.aspx Navigation: Account > Account Maintenance
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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10 mandated implementation date of 10−01−2014. Please review these MLN Matters Articles published by CMS (note, all references to 2013 should be 2014 since the implementation was delayed one year).
http://www.cms.gov/outreach−and−education/medicare−learning−network−mln/mlnmattersarticles/downloads/MM7492.pdfhttp://www.cms.gov/Outreach−and−Education/Medicare−Learning−Network−MLN/MLNMattersArticles/Downloads/MM7704.pdf
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 # 8 ATTENTION: All Physicians (2013−089 BNP)

On June 8, 2013, the Alabama Medicaid Agency will begin paying the Primary Care Physician Rate Increase (BUMP) to qualified providers. Qualifying physicians who submit their self−attestation to HPES on or after June 8, 2013, will be paid the enhanced reimbursement for dates of service beginning with the date the attestation is entered into the system by HPES. In July 2013, Medicaid will begin reprocessing claims paid under the old rate and should have all reprocessing completed by the end of September 2013.
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 # 9 ATTENTION: All Lab and Radiology Providers (2013−200 BNP)

Effective immediately the ordering physician?s NPI must be entered on the claim submitted to Medicaid.
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#10 ATTENTION: Lab, Home Health, DME and Imaging providers (2013−275 BNP)

Effective for claims received on or after October 1, 2013, all Medicaid claims from laboratories, imaging centers, home health agencies, and durable medical equipment providers MUST have the NPI of the ordering/referring provider.

September 13, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012 FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)
*** * * N E W S O F T W A R E UPGRADE 3.02 * * ***

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2013 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page. Providers and Trading Partners may update their email by logging onto the Provider Web Portal. Website: https://www.medicaidalabamaservices.org/ALPortal/default.aspx Navigation: Account > Account Maintenance

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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10 mandated implementation date of 10−01−2014. Please review these MLN Matters Articles published by CMS (note, all references to 2013 should be 2014 since the implementation was delayed one year).
http://www.cms.gov/outreach−and−education/medicare−learning−network−mln/mlnmattersarticles/downloads/MM7492.pdf
http://www.cms.gov/Outreach−and−Education/Medicare−Learning−Network−MLN/MLNMattersArticles/Downloads/MM7704.pdf

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#8 ATTENTION: All Physicians (2013−089 BNP)

On June 8, 2013, the Alabama Medicaid Agency will begin paying the Primary Care Physician Rate Increase (BUMP) to qualified providers. Qualifying physicians who submit their self−attestation to HPES on or after June 8, 2013, will be paid the enhanced reimbursement for dates of service beginning with the date the attestation is entered into the system by HPES. In July 2013, Medicaid will begin reprocessing claims paid under the old rate and should have all reprocessing completed by the end of September 2013.

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#9 ATTENTION: All Providers (2013−158 TC)

Qualis Health, the Agency's medical and quality review services contractor, has an e−mail address for providers to notify them when a reconsideration for a denied prior authorization (PA) has been submitted. Please allow two business days for HP to add the reconsideration documents to the system. Then, send an e−mail with ONLY the PA number, to alrecon@qualishealth.org. Please DO NOT send any PHI in the e−mail. Please note that Qualis Health does not review pharmacy, dental, TCM, or radiology − related PAs.

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#10 ATTENTION: All Lab and Radiology Providers (2013−200 BNP)

Effective immediately the ordering physicians NPI must be entered on the claim submitted to Medicaid.

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ATTENTION: All Providers (BNP 2013−230)

The Alabama Medicaid system will be unavailable due to scheduled maintenance.
WHEN: Saturday, August 24, 2013 at 5PM* Central Time
UNTIL: Sunday, August 25, 2013 at 10:30PM Central Time
*Interactive pharmacy claim processing will be unavailable beginning at 6PM on Saturday, August 24, 2013. There will be no claims and eligibility processing or system access by any method during the system maintenance period.

September 6, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012 FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)
*** * * N E W S O F T W A R E UPGRADE 3.02 * * ***

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2013 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page. Providers and Trading Partners may update their email by logging onto the Provider Web Portal. Website: https://www.medicaidalabamaservices.org/ALPortal/default.aspx Navigation: Account > Account Maintenance
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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10 mandated implementation date of 10−01−2014. Please review these MLN Matters Articles published by CMS (note, all references to 2013 should be 2014 since the implementation was delayed one year).
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http://www.cms.gov/Outreach−and−Education/Medicare−Learning−Network−MLN/MLNMattersArticles/Downloads/MM7704.pdf
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 # 8 ATTENTION: ALL PROVIDERS (2013−081 BP)

Attention: All Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers, Nursing Homes, and Hospitals, (2013−081 BP) Medicaid will begin denying claims on July 8, 2013, if the DEA number is not on file. Make sure your DEA number is registered with DOJ and is on your enrollment file at Medicaid. Medicaid deadline for submission: June 21, 2013. See ALERT on Medicaid's website dated May 16, 2013.
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#9 ATTENTION: All Physicians (2013−089 BNP)

On June 8, 2013, the Alabama Medicaid Agency will begin paying the Primary Care Physician Rate Increase (BUMP) to qualified providers. Qualifying physicians who submit their self−attestation to HPES on or after June 8, 2013, will be paid the enhanced reimbursement for dates of service beginning with the date the attestation is entered into the system by HPES. In July 2013, Medicaid will begin reprocessing claims paid under the old rate and should have all reprocessing completed by the end of September 2013.
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#10 ATTENTION: Nursing Home Providers (2013−123 BNP)

Please accurately complete the Admission and Evaluation Data (Form 161) in its entirety. The Name, Medicaid Number, and Date are required on pages 2 and 3 of the form. If the record is complete and accurate when initially submitted, the retrospective review process is quicker and penalties are avoided.
When criteria K is checked on Form 161, please submit at least 1 week of nurse?s notes or ADL flow sheets, approximately 1 week prior to the Medicaid admission date if transferring from Medicare to Medicaid. This information can also be documented on Form 161 under the section of Diagnosis and Pertinent Medical Information. If Form 161 is not complete and additional information is requested but not received timely, penalties of $100.00/day as stated in the Administrative Code Chapter 10, Rule No. 560−X−10−. 07. Review of Medicaid Residents may be imposed.

#11 ATTENTION: All Providers (2013−158 TC)

Qualis Health, the Agency's medical and quality review services contractor, has an e−mail address for providers to notify them when a reconsideration for a denied prior authorization (PA) has been submitted. Please allow two business days for HP to add the reconsideration documents to the system. Then, send an e−mail with ONLY the PA number, to alrecon@qualishealth.org. Please DO NOT send any PHI in the e−mail. Please note that Qualis Health does not review pharmacy, dental, TCM, or radiology − related PAs.

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12 ATTENTION: To All Providers (2013−200 BNP)

Alabama Medicaid does not cover non−invasive prenatal testing (NIPT). Providers have been requesting coverage of NIPT through Medicaid s prior authorization process with the unlisted procedure code 81479. Since NIPT is non−covered all prior authorization requests will be denied. Please notify your staff accordingly.

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#13 ATTENTION: All Lab and Radiology Providers (2013−200 BNP)

Effective immediately the ordering physicians NPI must be entered on the claim submitted to Medicaid.

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14 ATTENTION: All Providers (BNP 2013−230)

The Alabama Medicaid system will be unavailable due to scheduled maintenance.
WHEN: Saturday, August 24, 2013 at 5PM* Central Time
UNTIL: Sunday, August 25, 2013 at 10:30PM Central Time
*Interactive pharmacy claim processing will be unavailable beginning at 6PM on Saturday, August 24, 2013. There will be no claims and eligibility processing or system access by any method during the system maintenance period.

August 16, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012 FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
The listing of providers selected to re−enroll for the current month is listed on Medicaid's website under Provider / Re−Enrollment Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)
*** * * N E W S O F T W A R E UPGRADE 3.02 * * ***

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10 mandated implementation date of 10−01−2014. Please review these MLN Matters Articles published by CMS (note, all references to 2013 should be 2014 since the implementation was delayed one year).
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 # 8 ATTENTION: ALL PROVIDERS (2013−081 BP)

Attention: All Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers, Nursing Homes, and Hospitals, (2013−081 BP) Medicaid will begin denying claims on July 8, 2013, if the DEA number is not on file. Make sure your DEA number is registered with DOJ and is on your enrollment file at Medicaid. Medicaid deadline for submission: June 21, 2013. See ALERT on Medicaid's website dated May 16, 2013.

****

#9 ATTENTION: All Physicians (2013−089 BNP)

On June 8, 2013, the Alabama Medicaid Agency will begin paying the Primary Care Physician Rate Increase (BUMP) to qualified providers. Qualifying physicians who submit their self−attestation to HPES on or after June 8, 2013, will be paid the enhanced reimbursement for dates of service beginning with the date the attestation is entered into the system by HPES. In July 2013, Medicaid will begin reprocessing claims paid under the old rate and should have all reprocessing completed by the end of September 2013.

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#10 ATTENTION: Nursing Home Providers (2013−123 BNP)

Please accurately complete the Admission and Evaluation Data (Form 161) in its entirety. The Name, Medicaid Number, and Date are required on pages 2 and 3 of the form. If the record is complete and accurate when initially submitted, the retrospective review process is quicker and penalties are avoided.
When criteria K is checked on Form 161, please submit at least 1 week of nurse?s notes or ADL flow sheets, approximately 1 week prior to the Medicaid admission date if transferring from Medicare to Medicaid. This information can also be documented on Form 161 under the section of Diagnosis and Pertinent Medical Information. If Form 161 is not complete and additional information is requested but not received timely, penalties of $100.00/day as stated in the Administrative Code Chapter 10, Rule No. 560−X−10−. 07. Review of Medicaid Residents may be imposed.

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#11 ATTENTION: All Providers (2013−158 TC)

Qualis Health, the Agency's medical and quality review services contractor, has an e−mail address for providers to notify them when a reconsideration for a denied prior authorization (PA) has been submitted. Please allow two business days for HP to add the reconsideration documents to the system. Then, send an e−mail with ONLY the PA number, to alrecon@qualishealth.org. Please DO NOT send any PHI in the e−mail. Please note that Qualis Health does not review pharmacy, dental, TCM, or radiology − related PAs.

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#12 ATTENTION: ALL PROVIDERS (2013−158 BP)

Effective for dates of service July 1, 2013, and thereafter, the Medicaid copayment amounts will change. Please see the ALERT dated May 23, 2013 on Medicaid?s website at http://medicaid.alabama.gov/news_detail.aspx?ID=7833

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#15 ATTENTION: ALL PROVIDERS (2013−185 BNP)

Effective for claims with dates of service on or after July 1, 2013, > Q2051 (Injection, Zoledronic Acid, not otherwise specified, 1mg) will replace J3487 and J3488. > Q2050 (Injection, Doxorubicin Hydrochloride, Liposomal, not otherwise specified, 10 mg) will replace J9002. CPT procedure codes J3487, J3488, and J9002 will be end dated for dates of service August 1, 2013 and thereafter.

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16 ATTENTION: To All Providers (2013−200 BNP)

Alabama Medicaid does not cover non−invasive prenatal testing (NIPT). Providers have been requesting coverage of NIPT through Medicaid s prior authorization process with the unlisted procedure code 81479. Since NIPT is non−covered all prior authorization requests will be denied. Please notify your staff accordingly.

****

#17 ATTENTION: All Lab and Radiology Providers (2013−200 BNP)

Effective immediately the ordering physicians NPI must be entered on the claim submitted to Medicaid.

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18 ATTENTION: All Providers (BNP 2013−230)

The Alabama Medicaid system will be unavailable due to scheduled maintenance.
WHEN: Saturday, August 24, 2013 at 5PM* Central Time
UNTIL: Sunday, August 25, 2013 at 10:30PM Central Time
*Interactive pharmacy claim processing will be unavailable beginning at 6PM on Saturday, August 24, 2013. There will be no claims and eligibility processing or system access by any method during the system maintenance period.

August 2, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)
*** * * N E W S O F T W A R E UPGRADE 3.02 * * ***

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

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7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10 mandated implementation date of 10−01−2014. Please review these MLN Matters Articles published by CMS (note, all references to 2013 should be 2014 since the implementation was delayed one year).
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8 ATTENTION: ALL PROVIDERS (2013−081 BP)

Attention: All Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers, Nursing Homes, and Hospitals, (2013−081 BP) Medicaid will begin denying claims on July 8, 2013, if the DEA number is not on file. Make sure your DEA number is registered with DOJ and is on your enrollment file at Medicaid. Medicaid deadline for submission: June 21, 2013. See ALERT on Medicaid's website dated May 16, 2013.

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#9 ATTENTION: All Physicians (2013−089 BNP)

On June 8, 2013, the Alabama Medicaid Agency will begin paying the Primary Care Physician Rate Increase (BUMP) to qualified providers. Qualifying physicians who submit their self−attestation to HPES on or after June 8, 2013, will be paid the enhanced reimbursement for dates of service beginning with the date the attestation is entered into the system by HPES. In July 2013, Medicaid will begin reprocessing claims paid under the old rate and should have all reprocessing completed by the end of September 2013.

#10 ATTENTION: Nursing Home Providers (2013−123 BNP)

Please accurately complete the Admission and Evaluation Data (Form 161) in its entirety. The Name, Medicaid Number, and Date are required on pages 2 and 3 of the form. If the record is complete and accurate when initially submitted, the retrospective review process is quicker and penalties are avoided.
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#11 ATTENTION: All Providers (2013−158 TC)

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#12 ATTENTION: ALL PROVIDERS (2013−158 BP)

Effective for dates of service July 1, 2013, and thereafter, the Medicaid copayment amounts will change. Please see the ALERT dated May 23, 2013 on Medicaid?s website at http://medicaid.alabama.gov/news_detail.aspx?ID=7833
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#14 ATTENTION: Patient 1st Providers (2013−172 BNP)

Effective with the July 2013 roster the Monthly PMP Enrollment Roster for Patient 1st (MGD−0055−M) will be available on the 1st day of each month for downloading from the Alabama Medicaid Agency?s Web−Portal. Directions to download this document are available on the Alabama Medicaid Website under Programs\Patient 1st. This change does not affect Medicare Advantage providers.
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#16 ATTENTION: ALL PROVIDERS (2013−185 BNP)

Effective for claims with dates of service on or after July 1, 2013, > Q2051 (Injection, Zoledronic Acid, not otherwise specified, 1mg) will replace J3487 and J3488. > Q2050 (Injection, Doxorubicin Hydrochloride, Liposomal, not otherwise specified, 10 mg) will replace J9002. CPT procedure codes J3487, J3488, and J9002 will be end dated for dates of service August 1, 2013 and thereafter.

#17 ATTENTION: To All Providers (2013−200 BNP)

Alabama Medicaid does not cover non−invasive prenatal testing (NIPT). Providers have been requesting coverage of NIPT through Medicaid s prior authorization process with the unlisted procedure code 81479. Since NIPT is non−covered all prior authorization requests will be denied. Please notify your staff accordingly.

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#18 ATTENTION: All Lab and Radiology Providers (2013−200 BNP)

Effective immediately the ordering physicians NPI must be entered on the claim submitted to Medicaid.

July 19, 2013 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)
*** * * N E W S O F T W A R E UPGRADE 3.02 * * ***

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#11 ATTENTION: Nursing Home Providers (2013−123 BNP)

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Effective for dates of service July 1, 2013, and thereafter, the Medicaid copayment amounts will change. Please see the ALERT dated May 23, 2013 on Medicaid?s website at http://medicaid.alabama.gov/news_detail.aspx?ID=7833
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#15 ATTENTION: Patient 1st Providers (2013−172 BNP)

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July 5, 2013 EOP Mini-Messages

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June 21, 2013 EOP Mini-Messages

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 # 9 ATTENTION: ALL PROVIDERS (2013−088 BNP)

CMS is hosting four provider education webinars/teleconferences for the FY13 PERM cycle. Providers are encouraged to participate in the call of their choice. Dates are May 21, June 5, June 18, and July 2, 2013. More detailed information can be found on the Agency's website at: http://www.medicaid.alabama.gov/CONTENT/7.0_Fraud_Abuse/7.9_PERM_Provider_Education.aspx

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June 07, 2013 EOP Mini-Messages

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012 FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

The listing of providers selected to re−enroll for the current month is listed on Medicaid?s website under Provider / Re−Enrollment
Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK ‘PROVIDERS,’ SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2013 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a distribution list with a single email address be created within your own email server and this distribution list email address be entered on the Account Maintenance page.

Providers and Trading Partners may update their email by logging onto the Provider Web Portal. Website: https://www.medicaid alabamaservices.org/ALPortal/default.aspx Navigation: Account > Account Maintenance

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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10 mandated implementation date of 10−01−2014. Please review these MLN Matters Articles published by CMS (note, all references to 2013 should be 2014 since the implementation was delayed one year).

http://www.cms.gov/outreach−and−education/medicare−learning−network−mln/mlnmattersarticles/downloads/MM7492.pdf

http://www.cms.gov/Outreach−and−Education/Medicare−Learning−Network−MLN/MLNMattersArticles/Downloads/MM7704.pdf

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 # 8 ATTENTION: ALL PROVIDERS (2013−081 BP)

Attention: All Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental
Health Service Providers, Nursing Homes, and Hospitals, (2013−081 BP)
Medicaid will begin denying claims on July 8, 2013, if the DEA number is not on file.
Make sure your DEA number is registered with DOJ and is on your enrollment file at Medicaid. Medicaid deadline for submission: June 21,
2013. See ALERT on Medicaid's website dated May 16, 2013.

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 # 9 ATTENTION: ALL PROVIDERS (2013−088 BNP)

CMS is hosting four provider education webinars/teleconferences for the FY13 PERM cycle. Providers are encouraged to participate in the call of their choice. Dates are May 21, June 5, June 18, and July 2, 2013. More detailed information can be found on the Agency's website at:
http://www.medicaid.alabama.gov/CONTENT/7.0_Fraud_Abuse/7.9_PERM_Provider_Education.aspx

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#10 ATTENTION: All Hospitals (2013−089 BNP)

Effective May 4, 2013, the Alabama Medicaid Agency will begin validating all ICD−9 Surgical Procedure Codes on inpatient hospital claims.

#11 ATTENTION: All Physicians (2013−089 BNP)

On June 8, 2013, the Alabama Medicaid Agency will begin paying the Primary Care Physician Rate Increase (BUMP) to qualified providers.

Qualifying physicians who submit their self−attestation to HPES on or after June 8, 2013, will be paid the enhanced reimbursement for dates of service beginning with the date the attestation is entered into the system by HPES. In July 2013, Medicaid will begin reprocessing claims paid under the old rate and should have all reprocessing completed by the end of September 2013.
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#12 ATTENTION: All Psychology Providers (2013−111 KWS)

Clarification: Please disregard the following statement (bold print) published in the April 2013 Provider Manual Updates: Codes 90791 and 90791+90785 have a combined annual max limitation of 1. Effective Dates of Service July 1, 2013 and thereafter these codes will be billable by the psychologist only. This change will not be implemented at this time.
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#13 ATTENTION: Nursing Home Providers (2013−123 BNP)

Please accurately complete the Admission and Evaluation Data (Form 161) in its entirety. The Name, Medicaid Number, and Date are required on pages 2 and 3 of the form. If the record is complete and accurate when initially submitted, the retrospective review process is quicker and penalties are avoided.

When criteria K is checked on Form 161, please submit at least 1 week of nurse?s notes or ADL flow sheets, approximately 1 week prior to the Medicaid admission date if transferring from Medicare to Medicaid. This information can also be documented on Form 161 under the section of Diagnosis and Pertinent Medical Information.

If Form 161 is not complete and additional information is requested but not received timely, penalties of $100.00/day as stated in the Administrative Code Chapter 10, Rule No. 560−X−10−. 07. Review of Medicaid Residents may be imposed.
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#14 ATTENTION: All Providers (2013−158 TC)

Qualis Health, the Agency's medical and quality review services contractor, has an e−mail address for providers to notify them when a reconsideration for a denied prior authorization (PA) has been submitted. Please allow two business days for HP to add the reconsideration documents to the system. Then, send an e−mail with ONLY the PA number, to alrecon@qualishealth.org. Please DO NOT send any PHI in the e−mail.
Please note that Qualis Health does not review pharmacy, dental, TCM, or radiology − related PAs.
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#15 ATTENTION: ALL PROVIDERS (2013−158 BP)

Effective for dates of service July 1, 2013, and thereafter, the Medicaid copayment amounts will change. Please see the ALERT dated May 23, 2013 on Medicaids website at http://medicaid.alabama.gov/news_detail.aspx?ID=7833

May 17, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

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VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK ‘PROVIDERS,’ SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10
mandated implementation date of 10−01−2014. Please review these MLN Matters Articles published by CMS (note, all references to 2013
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#8 ATTENTION: ALL PROVIDERS (2013−081 BP)

Attention: All Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental
Health Service Providers, Nursing Homes, and Hospitals, (2013−081 BP)

Make sure your DEA number is registered with DOJ and is on your enrollment file at Medicaid. Medicaid deadline for submission: May 1,
2013. See ALERT on Medicaid's website dated March 14, 2013.
****

#9 ATTENTION: ALL PROVIDERS (2013−082 BP)

Attention: All Physicians

Effective May 1, 2013, CPT Codes 14060 and 14061 (Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips) will be
denied when billed for ear piercing complications. Earlobe repair, or repair of body site piercing, to close a stretched pierced hole
in the absence of traumatic injury is considered cosmetic and therefore not medically necessary.

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#10 ATTENTION: ALL PROVIDERS (2013−088 BNP)

CMS is hosting four provider education webinars/teleconferences for the FY13 PERM cycle. Providers are encouraged to participate in
the call of their choice. Dates are May 21, June 5, June 18, and July 2, 2013. More detailed information can be found on the Agency?s
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#12 ATTENTION: All Physicians (2013−089 BNP)

The attestation deadline reference in the ALERT "Primary Care Physician Rate Increase (Bump)" dated March 6, 2013, has been extended to
May 3, 2013.

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#13 ATTENTION: All Psychology Providers (2013−111 KWS)

Clarification: Please disregard the following statement (bold print) published in the April 2013 Provider Manual Updates: Codes 90791 and 90791+90785 have a combined annual max limitation of 1. Effective Dates of Service July 1, 2013 and thereafter these codes will be billable by the psychologist only. This change will not be implemented at this time.

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#14 ATTENTION: Nursing Home Providers (2013−123 BNP)

Please accurately complete the Admission and Evaluation Data (Form 161) in its entirety. The Name, Medicaid Number, and Date are required on pages 2 and 3 of the form. If the record is complete and accurate when initially submitted, the retrospective review process is quicker and penalties are avoided.

When criteria K is checked on Form 161, please submit at least 1 week of nurses notes or ADL flow sheets, approximately 1 week prior to the Medicaid admission date if transferring from Medicare to Medicaid. This information can also be documented on Form 161 under
the section of Diagnosis and Pertinent Medical Information.

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May 03, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

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Attention: All Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental
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2013. See ALERT on Medicaid's website dated March 14, 2013.
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#9 ATTENTION: ALL PROVIDERS (2013−082 BP)

Attention: All Physicians

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#11 ATTENTION: All Hospitals (2013−089 BNP)

Effective May 4, 2013, the Alabama Medicaid Agency will begin validating all ICD−9 Surgical Procedure Codes on inpatient hospital
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#12 ATTENTION: All Physicians (2013−089 BNP)

The attestation deadline reference in the ALERT "Primary Care Physician Rate Increase (Bump)" dated March 6, 2013, has been extended to
May 3, 2013.

****

#13 ATTENTION: ALL HOSPITAL PROVIDERS (2013−101 JS)

Federal regulations require that hospitals submit Utilization Review (UR) Plans and Medical Care Evaluation Studies (MCE) annually as part of an ongoing quality improvement process. To that end, Alabama Medicaid has contracted with AFMC to perform annual reviews of hospital Utilization Review (UR) Plans and Medical Care Evaluation (MCE) Studies.

As the state?s Quality Improvement Organization, AFMC is required to collect and maintain a copy of these documents on an annual basis. A review of 50 percent of the hospitals is to be done each year so that every hospital has a completed UR Plan and MCE Study every two years.

All in−state and border hospitals must submit MCE Studies (i.e. Performance Improvement Studies) and Utilization Review (UR) Plans to AFMC by the date requested. The Alabama Medicaid Agency monitors provider compliance in meeting this requirement, as part of the oversight process.

For more information refer to the Provider Manual Hospital Chapter 19, page 19−13 and the Administrative Code Chapter 7 Hospitals, Rule No. 560−X−7.16 (6).

****

#14 ATTENTION: All Psychology Providers (2013−111 KWS)

Clarification: Please disregard the following statement (bold print) published in the April 2013 Provider Manual Updates: Codes 90791 and 90791+90785 have a combined annual max limitation of 1. Effective Dates of Service July 1, 2013 and thereafter these codes will be billable by the psychologist only. This change will not be implemented at this time.

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#15 ATTENTION: Nursing Home Providers (2013−123 BNP)

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April 19, 2013 EOP Mini-Messages

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April 05, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

The listing of providers selected to re−enroll for the current month is listed on Medicaid?s website under Provider / Re−Enrollment
Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK ‘PROVIDERS,’ SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2013 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your
Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a
distribution list with a single email address be created within your own email server and this distribution list email address be
entered on the Account Maintenance page.
Providers and Trading Partners may update their email by logging onto the Provider Web Portal.
Website: https://www.medicaid
alabamaservices.org/ALPortal/default.aspx
Navigation: Account > Account Maintenance

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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10
mandated implementation date of 10−01−2014. Please review these MLN Matters Articles published by CMS (note, all references to 2013
should be 2014 since the implementation was delayed one year).
http://www.cms.gov/outreach−and−education/medicare−learning−network−mln/mlnmattersarticl
es/downloads/MM7492.pdf
http://www.cms.gov/Outreach−and−Education/Medicare−Learning−Network−MLN/MLNMatters
Articles/Downloads/MM7704.pdf

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 # 8 ATTENTION: ALL PROVIDERS (2013−060 BP)

The following edits will be changed from 'informational' status to 'denied' status effective May 1, 2013.
1038 DEA NOT ON FILE FOR PRESCRIBER
1039 PRESCRIBER DEA NOT EFFECTIVE FOR DATE PRESCRIBED
1040 PRESCRIBER DEA DOES NOT PERMIT DRUG SCHEDULE

This means the claims that have been paying but posting the informational edit above, will now deny.

#10 ATTENTION: ALL PROVIDERS (2013−081 BP)

Attention: All Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental
Health Service Providers, Nursing Homes, and Hospitals, (2013−081 BP)

Make sure your DEA number is registered with DOJ and is on your enrollment file at Medicaid. Medicaid deadline for submission: May 1,
2013. See ALERT on Medicaid's website dated March 14, 2013.
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#11 ATTENTION: ALL PROVIDERS (2013−082 BP)

Attention: All Physicians

Effective May 1, 2013, CPT Codes 14060 and 14061 (Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips) will be
denied when billed for ear piercing complications. Earlobe repair, or repair of body site piercing, to close a stretched pierced hole
in the absence of traumatic injury is considered cosmetic and therefore not medically necessary.

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#12 ATTENTION: ALL PROVIDERS (2013−088 BNP)

CMS is hosting four provider education webinars/teleconferences for the FY13 PERM cycle. Providers are encouraged to participate in
the call of their choice. Dates are May 21, June 5, June 18, and July 2, 2013. More detailed information can be found on the Agency?s
website at:
http://www.medicaid.alabama.gov/CONTENT/7.0_Fraud_Abuse/7.9_PERM_Provider_Education.aspx
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#13 ATTENTION: All Hospitals (2013−089 BNP)

Effective May 4, 2013, the Alabama Medicaid Agency will begin validating all ICD−9 Surgical Procedure Codes on inpatient hospital
claims.
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#14 ATTENTION: All Physicians (2013−089 BNP)

The attestation deadline reference in the ALERT "Primary Care Physician Rate Increase (Bump)" dated March 6, 2013, has been extended to
May 3, 2013.

March 22, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

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Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2013 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

TO RECEIVE EMAIL NOTIFICATIONS CONCERNING ICD−10 CHANGES PLEASE LOG ON TO THE ALABAMA MEDICAID PROVIDER WEB PORTAL AND UPDATE YOUR ACCOUNT MAINTENANCE EMAIL ADDRESS. IF MORE THAN A SINGLE PERSON IS TO RECEIVE THESE NOTIFICATIONS THEN IT IS RECOMMENDED THAT A DISTRIBUTION LIST WITH A SINGLE EMAIL ADDRESS BE CREATED WITHIN YOUR OWN EMAIL SERVER AND THIS DISTRIBUTION LIST EMAIL ADDRESS BE ENTERED ON THE ACCOUNT MAINTENANCE PAGE.

PROVIDERS AND TRADING PARTNERS MAY UPDATE THEIR EMAIL BY LOGGING ONTO THE PROVIDER WEB PORTAL. WEBSITE: HTTPS://WWW.MEDICAID ALABAMASERVICES.ORG/ALPORTAL/DEFAULT.ASPX
NAVIGATION: ACCOUNT > ACCOUNT MAINTENANCE

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 # 7 ATTENTION: ALL VFC PROVIDERS (2013−004 BNP)

DUE TO A SHORTAGE OF PENTACEL, (WHICH INCLUDES DTAP/IPV/HIB) MEDICAID WILL ALLOW THE FOLLOWING CODES EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2012 THROUGH MARCH 31, 2013:
90648 − HEMOPHILUS INFLUENZA TYPE B (ACTHIB)(PRIMARY DOSE) CAN BE BILLED WITH 90713 (IPV), AND 90700 (DTAP)
90696 − KINRIX (DTAP−IPV) IS INDICATED AS A BOOSTER DOSE FOR CHILDREN 4 THROUGH 6 YEARS OF AGE (PRIOR TO 7 YEARS OF AGE)− CAN BE
BILLED WITH 90648 (HIB)
90723 − PEDIARIX (DTAP−HEP B−IPV) CAN BE BILLED WITH 90648 (HIB)
90647 − HEMOPHILUS INFLUENZA TYPE B (PEDVAX) CAN BE BILLED WITH 90713 (IPV), 90700 (DTAP).
90700 − DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS (DTAP) (0YR−6YR) CAN BE BILLED WITH 90713 (IPV) AND 90648 (HIB)
90713 − POLIOMYELITIS (IPV) CAN BE BILLED WITH 90700 (DTAP) AND 90648 (HIB)
THESE VACCINES WILL NOT BE REMOVED FROM THE VACCINE LIST.

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 # 8 ATTENTION: All Providers (2013−017 BNP)

EFFECTIVE IMMEDIATELY, STRABISMUS PROCEDURE CODES 67311 ? 67340 WILL NO LONGER REQUIRE PRIOR AUTHORIZATION (PA) FOR ANY AGE. PAS SUBMITTED FOR RECONSIDERATION WILL BE DENIED STATING ?NO PA WILL BE REQUIRED FOR THIS CODE FOR ANY AGE?. PLEASE RESUBMIT CLAIMS THAT DENIED REQUIRING A PA.

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 # 9 ATTENTION: All Providers (2013−018 BNP)

EFFECTIVE FOR DATES OF SERVICE 3/1/2013 AND THEREAFTER, CPT CODE 54163 (REPAIR INCOMPLETE CIRCUMCISION), WILL REQUIRE PRIOR AUTHORIZATION.

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#10 ATTENTION: Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, FQHCs, PBRHCs IRHCs, Health Departments,

HOSPITALS (2013−039 BNP)
J1050, INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG WILL REQUIRE THE USE OF A MODIFIER IN ORDER FOR MEDICAID TO IDENTIFY WHEN THE
INJECTION IS FOR CONTRACEPTIVE USE VERSUS NON−CONTRACEPTIVE USE.
1. FOR CONTRACEPTIVE USE:J1050 WITH MODIFIER FP AND INCLUDE A CONTRACEPTIVE MANAGEMENT DIAGNOSIS CODE
2. FOR NON−CONTRACEPTIVE USE :J1050 WITH MODIFIER U1
SEE THE ALERT ON THE MEDICAID WEB−SITE FOR MORE INFORMATION. CLAIMS SUBMITTED WITHOUT THE MODIFIER WILL BE DENIED AND THE PROVIDER
WILL NEED TO RESUBMIT WITH THE REQUIRED MODIFIER.
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#12 ATTENTION: ALL PROVIDERS (2013−060 SV)

ALABAMA MEDICAID WILL FOLLOW THE SAME GUIDELINES PUBLISHED BY CMS FOR GENERAL CLAIMS SUBMISSION AND FOR CLAIMS THAT SPAN THE ICD−10
MANDATED IMPLEMENTATION DATE OF 10−01−2014. PLEASE REVIEW THESE MLN MATTERS ARTICLES PUBLISHED BY CMS (NOTE, ALL REFERENCES TO 2013
SHOULD BE 2014 SINCE THE IMPLEMENTATION WAS DELAYED ONE YEAR).
HTTP://WWW.CMS.GOV/OUTREACH−AND−EDUCATION/MEDICARE−LEARNING−NETWORK−MLN/MLNMATTERSARTICLES/DOWNLOADS/MM7492.PDF
HTTP://WWW.CMS.GOV/OUTREACH−AND−EDUCATION/MEDICARE−LEARNING−NETWORK−MLN/MLNMATTERSARTICLES/DOWNLOADS/MM7704.PDF
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#13 ATTENTION: ALL PROVIDERS (2013−060 BP)

THE FOLLOWING EDITS WILL BE CHANGED FROM 'INFORMATIONAL' STATUS TO 'DENIED' STATUS EFFECTIVE MONDAY, MARCH 13, 2013.
1038 DEA NOT ON FILE FOR PRESCRIBER
1039 PRESCRIBER DEA NOT EFFECTIVE FOR DATE PRESCRIBED
1040 PRESCRIBER DEA DOES NOT PERMIT DRUG SCHEDULE
THIS MEANS THE CLAIMS THAT HAVE BEEN PAYING BUT POSTING THE INFORMATIONAL EDIT ABOVE, WILL NOW DENY.
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#15 ATTENTION: ALL PROVIDERS (2013−081 BP)

ATTENTION: ALL PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, ORAL SURGEONS, OPTOMETRISTS, DENTISTS, FQHCS, RHCS, MENTAL
HEALTH SERVICE PROVIDERS, NURSING HOMES, AND HOSPITALS, (2013−081 BP)
MAKE SURE YOUR DEA NUMBER IS REGISTERED WITH DOJ AND IS ON YOUR ENROLLMENT FILE AT MEDICAID. MEDICAID DEADLINE FOR SUBMISSION: MAY 1,
2013. SEE ALERT ON MEDICAID'S WEBSITE DATED MARCH 14, 2013.

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#16 ATTENTION: ALL PROVIDERS (2013−082 BP)

ATTENTION: ALL PHYSICIANS

EFFECTIVE MAY 1, 2013, CPT CODES 14060 AND 14061 (ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS) WILL BE
DENIED WHEN BILLED FOR EAR PIERCING COMPLICATIONS. EARLOBE REPAIR, OR REPAIR OF BODY SITE PIERCING, TO CLOSE A STRETCHED PIERCED HOLE
IN THE ABSENCE OF TRAUMATIC INJURY IS CONSIDERED COSMETIC AND THEREFORE NOT MEDICALLY NECESSARY.

March 8, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

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 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

TO RECEIVE EMAIL NOTIFICATIONS CONCERNING ICD−10 CHANGES PLEASE LOG ON TO THE ALABAMA MEDICAID PROVIDER WEB PORTAL AND UPDATE YOUR ACCOUNT MAINTENANCE EMAIL ADDRESS. IF MORE THAN A SINGLE PERSON IS TO RECEIVE THESE NOTIFICATIONS THEN IT IS RECOMMENDED THAT A DISTRIBUTION LIST WITH A SINGLE EMAIL ADDRESS BE CREATED WITHIN YOUR OWN EMAIL SERVER AND THIS DISTRIBUTION LIST EMAIL ADDRESS BE ENTERED ON THE ACCOUNT MAINTENANCE PAGE. PROVIDERS AND TRADING PARTNERS MAY UPDATE THEIR EMAIL BY LOGGING ONTO THE PROVIDER WEB PORTAL. WEBSITE:
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February 22, 2013 EOP Mini-Messages

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OCTOBER 1, 2012 THROUGH MARCH 31, 2013:
90648 − HEMOPHILUS INFLUENZA TYPE B (ACTHIB)(PRIMARY DOSE) CAN BE BILLED WITH 90713 (IPV), AND 90700 (DTAP)
90696 − KINRIX (DTAP−IPV) IS INDICATED AS A BOOSTER DOSE FOR CHILDREN 4 THROUGH 6 YEARS OF AGE (PRIOR TO 7 YEARS OF AGE)− CAN BE
BILLED WITH 90648 (HIB)
90723 − PEDIARIX (DTAP−HEP B−IPV) CAN BE BILLED WITH 90648 (HIB)
90647 − HEMOPHILUS INFLUENZA TYPE B (PEDVAX) CAN BE BILLED WITH 90713 (IPV), 90700 (DTAP).
90700 − DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS (DTAP) (0YR−6YR) CAN BE BILLED WITH 90713 (IPV) AND 90648 (HIB)
90713 − POLIOMYELITIS (IPV) CAN BE BILLED WITH 90700 (DTAP) AND 90648 (HIB)
THESE VACCINES WILL NOT BE REMOVED FROM THE VACCINE LIST.

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 # 8 ATTENTION: All Providers (2013−017 BNP)

EFFECTIVE IMMEDIATELY, STRABISMUS PROCEDURE CODES 67311 ? 67340 WILL NO LONGER REQUIRE PRIOR AUTHORIZATION (PA) FOR ANY AGE. PAS SUBMITTED FOR RECONSIDERATION WILL BE DENIED STATING ?NO PA WILL BE REQUIRED FOR THIS CODE FOR ANY AGE?. PLEASE RESUBMIT CLAIMS THAT DENIED REQUIRING A PA.

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 # 9 ATTENTION: All Providers (2013−018 BNP)

EFFECTIVE FOR DATES OF SERVICE 3/1/2013 AND THEREAFTER, CPT CODE 54163 (REPAIR INCOMPLETE CIRCUMCISION), WILL REQUIRE PRIOR AUTHORIZATION.

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#10 ATTENTION: Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, FQHCs, PBRHCs IRHCs, Health Departments, Hospitals (2013−039 BNP)

J1050, INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG WILL REQUIRE THE USE OF A MODIFIER IN ORDER FOR MEDICAID TO IDENTIFY WHEN THE INJECTION IS FOR CONTRACEPTIVE USE VERSUS NON−CONTRACEPTIVE USE.
1. FOR CONTRACEPTIVE USE:J1050 WITH MODIFIER FP AND INCLUDE A CONTRACEPTIVE MANAGEMENT DIAGNOSIS CODE 2. FOR NON−CONTRACEPTIVE USE :J1050 WITH MODIFIER U1 SEE THE ALERT ON THE MEDICAID WEB−SITE FOR MORE INFORMATION. CLAIMS SUBMITTED WITHOUT THE MODIFIER WILL BE DENIED AND THE PROVIDER WILL NEED TO RESUBMIT WITH THE REQUIRED MODIFIER.

#12 ATTENTION: ALL PROVIDERS (2013−060 SV)

ALABAMA MEDICAID WILL FOLLOW THE SAME GUIDELINES PUBLISHED BY CMS FOR GENERAL CLAIMS SUBMISSION AND FOR CLAIMS THAT SPAN THE ICD−10 MANDATED IMPLEMENTATION DATE OF 10−01−2014. PLEASE REVIEW THESE MLN MATTERS ARTICLES PUBLISHED BY CMS (NOTE, ALL REFERENCES TO 2013 SHOULD BE 2014 SINCE THE IMPLEMENTATION WAS DELAYED ONE YEAR).
HTTP://WWW.CMS.GOV/OUTREACH−AND−EDUCATION/MEDICARE−LEARNING−NETWORK−MLN/MLNMATTERSARTICLES/DOWNLOADS/MM7492.PDF
HTTP://WWW.CMS.GOV/OUTREACH−AND−EDUCATION/MEDICARE−LEARNING−NETWORK−MLN/MLNMATTERSARTICLES/DOWNLOADS/MM7704.PDF

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#13 ATTENTION: ALL PROVIDERS (2013−060 BP)

THE FOLLOWING EDITS WILL BE CHANGED FROM 'INFORMATIONAL' STATUS TO 'DENIED' STATUS EFFECTIVE MONDAY, MARCH 13, 2013.
1038 DEA NOT ON FILE FOR PRESCRIBER
1039 PRESCRIBER DEA NOT EFFECTIVE FOR DATE PRESCRIBED
1040 PRESCRIBER DEA DOES NOT PERMIT DRUG SCHEDULE
THIS MEANS THE CLAIMS THAT HAVE BEEN PAYING BUT POSTING THE INFORMATIONAL EDIT ABOVE, WILL NOW DENY.

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#15 ATTENTION: ALL PROVIDERS (2013−081 BP)

ATTENTION: ALL PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, ORAL SURGEONS, OPTOMETRISTS, DENTISTS, FQHCS, RHCS, MENTAL
HEALTH SERVICE PROVIDERS, NURSING HOMES, AND HOSPITALS, (2013−081 BP)
MAKE SURE YOUR DEA NUMBER IS REGISTERED WITH DOJ AND IS ON YOUR ENROLLMENT FILE AT MEDICAID. MEDICAID DEADLINE FOR SUBMISSION: MAY 1,
2013. SEE ALERT ON MEDICAID'S WEBSITE DATED MARCH 14, 2013.

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#16 ATTENTION: ALL PROVIDERS (2013−082 BP)

ATTENTION: ALL PHYSICIANS

EFFECTIVE MAY 1, 2013, CPT CODES 14060 AND 14061 (ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS) WILL BE DENIED WHEN BILLED FOR EAR PIERCING COMPLICATIONS. EARLOBE REPAIR, OR REPAIR OF BODY SITE PIERCING, TO CLOSE A STRETCHED PIERCED HOLE IN THE ABSENCE OF TRAUMATIC INJURY IS CONSIDERED COSMETIC AND THEREFORE NOT MEDICALLY NECESSARY.

February 8, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 4 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE OCTOBER 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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#8 ATTENTION: ALL PROVIDERS (2012−342)

EFFECTIVE FOR CLAIMS RECEIVED JANUARY 1, 2013, AND THEREAFTER, THE ALABAMA MEDICAID AGENCY (MEDICAID) WILL REQUIRE ANY ORDERING, REFERRING, OR PRESCRIBING PROVIDERS TO ENROLL WITH ALABAMA MEDICAID. MEDICAID CANNOT PAY FOR ANY HEALTH CARE SERVICE REQUIRING A REFERRAL, ORDER, OR PRESCRIPTION FROM A PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL UNLESS THE ORDERING, REFERRING, OR PRESCRIBING PROVIDER HAS A CURRENT ENROLLMENT RECORD ON FILE IN MEDICAIDS SYSTEM

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 # 9 ATTENTION: ALL PROVIDERS (2013−002)

TO RECEIVE EMAIL NOTIFICATIONS CONCERNING ICD−10 CHANGES PLEASE LOG ON TO THE ALABAMA MEDICAID PROVIDER WEB PORTAL AND UPDATE YOUR ACCOUNT MAINTENANCE EMAIL ADDRESS. IF MORETHAN A SINGLE PERSON IS TO RECEIVE THESE NOTIFICATIONS THEN IT IS RECOMMENDED THAT A DISTRIBUTION LIST WITH A SINGLE EMAIL ADDRESS BE CREATED WITHIN YOUR OWN EMAIL SERVER AND THIS DISTRIBUTION LIST EMAIL ADDRESS BE ENTERED ON THE ACCOUNT MAINTENANCE PAGE.
PROVIDERS AND TRADING PARTNERS MAY UPDATE THEIR EMAIL BY LOGGING ONTO THE PROVIDER WEB PORTAL. WEBSITE:
HTTPS://WWW.MEDICAID.ALABAMASERVICES.ORG/ALPORTAL/DEFAULT.ASPX
NAVIGATION: ACCOUNT > ACCOUNT MAINTENANCE

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#10 ATTENTION: ALL VFC PROVIDERS (2013−004)

DUE TO A SHORTAGE OF PENTACEL, (WHICH INCLUDES DTAP/IPV/HIB) MEDICAID WILL ALLOW THE FOLLOWING CODES EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2012 THROUGH MARCH 31, 2013:
90648 − HEMOPHILUS INFLUENZA TYPE B (ACTHIB)(PRIMARY DOSE) CAN BE BILLED WITH 90713 (IPV , AND 90700 (DTAP)
90696 − KINRIX (DTAP−IPV) IS INDICATED AS A BOOSTER DOSE FOR CHILDREN 4 THROUGH 6 YEARS OF AGE (PRIOR TO 7 YEARS OF AGE)− CAN BE BILLED WITH 90648 (HIB)
90723 − PEDIARIX (DTAP−HEP B−IPV) CAN BE BILLED WITH 90648 (HIB)
90647 − HEMOPHILUS INFLUENZA TYPE B (PEDVAX) CAN BE BILLED WITH 90713 (IPV), 90700 (DTAP
90700 − DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS (DTAP) (0YR−6YR) CAN BE BILLED WITH 90713 (IPV) AND 90648 (HIB)
90713 − POLIOMYELITIS (IPV) CAN BE BILLED WITH 90700 (DTAP) AND 90648 (HIB)
THESE VACCINES WILL NOT BE REMOVED FROM THE VACCINE LIST.

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#11 ATTENTION: DENTAL PROVIDERS (2013−014)

DUE TO CHANGES IN THE 2013 ADA PRACTICAL GUIDE TO DENTAL PROCEDURES, CDT CODES D1203 ? TOPICAL APPLICATION OF FLUORIDE−CHILD, AND D1204−TOPICAL APPLICATION OF FLUORIDE−ADULT HAVE BEEN DELETED AND REPLACED WITH CDT CODE D1208. EFFECTIVE FOR DATES OF SERVICE BEGINNING JANUARY 1, 2013, PROVIDERS SHOULD BILL CDT CODE D1208−TOPICAL APPLICATION OF FLUORIDE WHEN TOPICAL APPLICATION OF FLUORIDE IS PROVIDED. THIS CODE IS COVERED FOR MEDICAID RECIPIENTS UP TO THE AGE OF 21. IF YOU HAVE FURTHER QUESTIONS, PLEASE DIRECT THEM TO SHARON MOORE−GRIMES @ 334−353−5263 OR VIA E−MAIL AT SHARON.MOORE−GRIMES@MEDICAIDALABAMA.GOV.

#12 ATTENTION: ALL PROVIDERS (2013−017)

EFFECTIVE IMMEDIATELY, STRABISMUS PROCEDURE CODES 67311 ? 67340 WILL NO LONGER REQUIRE PRIOR AUTHORIZATION (PA) FOR ANY AGE. PAS SUBMITTED FOR RECONSIDERATION WILL BE DENIED STATING ?NO PA WILL BE REQUIRED FOR THIS CODE FOR ANY AGE?. PLEASE RESUBMIT CLAIMS THAT DENIED REQUIRING A PA.

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#13 ATTENTION: ALL PROVIDERS (2013−018)

EFFECTIVE FOR DATES OF SERVICE 3/1/2013 AND THEREAFTER, CPT CODE 54163 (REPAIR INCOMPLETE CIRCUMCISION), WILL REQUIRE PRIOR AUTHORIZATION

January 18, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 4 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE OCTOBER 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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#6 ATTENTION: ALL PROVIDERS (2012−333)

TO: ALL HOSPITALS
ATTENTION: HOSPITAL BILLERS AND QUALITY ASSURANCE CASE MANAGERS
MEDICAID WILL NO LONGER REQUIRE IN STATE AND BORDER HOSPITAL PROVIDERS TO REPORT DATES OF SERVICE THAT DO NOT MEET INTERQUAL? ADULT AND PEDIATRIC MEDICAL CRITERIA AND ALABAMA MEDICAID LOCAL POLICY ON THE UB−04 CLAIM FORM. MEDICAID WILL CONTINUE TO UTILIZE THE ALABAMA MEDICAID ADULT AND PEDIATRIC INPATIENT CARE CRITERIA (SI/IS) FOR UTILIZATION REVIEW, BILLING AND REIMBURSEMENT PURPOSES. THIS CRITERIA CAN BE FOUND ON THE FOLLOWING LINK:
HTTP://MEDICAID.ALABAMA.GOV/DOCUMENTS/4.0_PROGRAMS/4.4_MEDICAL_SERVICES/4.4.6 HOSPITAL_SERVICES/4.4.6_INPATIENT_CARE_CRITERIA.PDF
FOR ANY QUESTIONS, CONTACT JERRI JACKSON VIA E−MAIL AT
JERRI.JACKSON@MEDICAID.ALABAMA GOV OR VIA PHONE AT 334−242−5630.

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#8 ATTENTION: ALL PROVIDERS (2012−342)

EFFECTIVE FOR CLAIMS RECEIVED JANUARY 1, 2013, AND THEREAFTER, THE ALABAMA MEDICAID AGENCY (MEDICAID) WILL REQUIRE ANY ORDERING, REFERRING, OR PRESCRIBING PROVIDERS TO ENROLL WITH ALABAMA MEDICAID. MEDICAID CANNOT PAY FOR ANY HEALTH CARE SERVICE REQUIRING A REFERRAL, ORDER, OR PRESCRIPTION FROM A PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL UNLESS THE ORDERING, REFERRING, OR PRESCRIBING PROVIDER HAS A CURRENT ENROLLMENT RECORD ON FILE IN MEDICAIDS SYSTEM

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 # 9 ATTENTION: ALL PROVIDERS (2013−002)

TO RECEIVE EMAIL NOTIFICATIONS CONCERNING ICD−10 CHANGES PLEASE LOG ON TO THE ALABAMA MEDICAID PROVIDER WEB PORTAL AND UPDATE YOUR ACCOUNT MAINTENANCE EMAIL ADDRESS. IF MORETHAN A SINGLE PERSON IS TO RECEIVE THESE NOTIFICATIONS THEN IT IS RECOMMENDED THAT A DISTRIBUTION LIST WITH A SINGLE EMAIL ADDRESS BE CREATED WITHIN YOUR OWN EMAIL SERVER AND THIS DISTRIBUTION LIST EMAIL ADDRESS BE ENTERED ON THE ACCOUNT MAINTENANCE PAGE.
PROVIDERS AND TRADING PARTNERS MAY UPDATE THEIR EMAIL BY LOGGING ONTO THE PROVIDER WEB PORTAL. WEBSITE:
HTTPS://WWW.MEDICAID.ALABAMASERVICES.ORG/ALPORTAL/DEFAULT.ASPX
NAVIGATION: ACCOUNT > ACCOUNT MAINTENANCE

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#10 ATTENTION: ALL VFC PROVIDERS (2013−004)

DUE TO A SHORTAGE OF PENTACEL, (WHICH INCLUDES DTAP/IPV/HIB) MEDICAID WILL ALLOW THE FOLLOWING CODES EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2012 THROUGH MARCH 31, 2013:
90648 − HEMOPHILUS INFLUENZA TYPE B (ACTHIB)(PRIMARY DOSE) CAN BE BILLED WITH 90713 (IPV , AND 90700 (DTAP)
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90713 − POLIOMYELITIS (IPV) CAN BE BILLED WITH 90700 (DTAP) AND 90648 (HIB)
THESE VACCINES WILL NOT BE REMOVED FROM THE VACCINE LIST.

#11 ATTENTION: ALL PROVIDERS (2013−004)

THE NEW CPT CODES FOR 2013 HAVE BEEN LOADED INTO MEDICAID?S CLAIMS PROCESSING SYSTEM; HOWEVER, PRICES HAVE NOT BEEN ESTABLISHED. THEREFORE, CLAIMS SUBMITTED WITH THE NEW 2013 CPT/HCPCS CODES WILL SUSPEND UNTIL A PRICE IS LOADED INTO THE SYSTEM.

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#12 ATTENTION: DENTAL PROVIDERS (2013−014)

DUE TO CHANGES IN THE 2013 ADA PRACTICAL GUIDE TO DENTAL PROCEDURES, CDT CODES D1203 ? TOPICAL APPLICATION OF FLUORIDE−CHILD, AND D1204−TOPICAL APPLICATION OF FLUORIDE−ADULT HAVE BEEN DELETED AND REPLACED WITH CDT CODE D1208. EFFECTIVE FOR DATES OF SERVICE BEGINNING JANUARY 1, 2013, PROVIDERS SHOULD BILL CDT CODE D1208−TOPICAL APPLICATION OF FLUORIDE WHEN TOPICAL APPLICATION OF FLUORIDE IS PROVIDED. THIS CODE IS COVERED FOR MEDICAID RECIPIENTS UP TO THE AGE OF 21. IF YOU HAVE FURTHER QUESTIONS, PLEASE DIRECT THEM TO SHARON MOORE−GRIMES @ 334−353−5263 OR VIA E−MAIL AT SHARON.MOORE−GRIMES@MEDICAIDALABAMA.GOV.

January 4, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 4 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE OCTOBER 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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#6 ATTENTION: ALL PROVIDERS (2012−333)

TO: ALL HOSPITALS
ATTENTION: HOSPITAL BILLERS AND QUALITY ASSURANCE CASE MANAGERS
MEDICAID WILL NO LONGER REQUIRE IN STATE AND BORDER HOSPITAL PROVIDERS TO REPORT DATES OF SERVICE THAT DO NOT MEET INTERQUAL? ADULT AND PEDIATRIC MEDICAL CRITERIA AND ALABAMA MEDICAID LOCAL POLICY ON THE UB−04 CLAIM FORM. MEDICAID WILL CONTINUE TO UTILIZE THE ALABAMA MEDICAID ADULT AND PEDIATRIC INPATIENT CARE CRITERIA (SI/IS) FOR UTILIZATION REVIEW, BILLING AND REIMBURSEMENT PURPOSES. THIS CRITERIA CAN BE FOUND ON THE FOLLOWING LINK:
HTTP://MEDICAID.ALABAMA.GOV/DOCUMENTS/4.0_PROGRAMS/4.4_MEDICAL_SERVICES/4.4.6 HOSPITAL_SERVICES/4.4.6_INPATIENT_CARE_CRITERIA.PDF
FOR ANY QUESTIONS, CONTACT JERRI JACKSON VIA E−MAIL AT
JERRI.JACKSON@MEDICAID.ALABAMA GOV OR VIA PHONE AT 334−242−5630.

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#8 ATTENTION: ALL PROVIDERS (2012−342)

EFFECTIVE FOR CLAIMS RECEIVED JANUARY 1, 2013, AND THEREAFTER, THE ALABAMA MEDICAID AGENCY (MEDICAID) WILL REQUIRE ANY ORDERING, REFERRING, OR PRESCRIBING PROVIDERS TO ENROLL WITH ALABAMA MEDICAID. MEDICAID CANNOT PAY FOR ANY HEALTH CARE SERVICE REQUIRING A REFERRAL, ORDER, OR PRESCRIPTION FROM A PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL UNLESS THE ORDERING, REFERRING, OR PRESCRIBING PROVIDER HAS A CURRENT ENROLLMENT RECORD ON FILE IN MEDICAIDS SYSTEM

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 # 9 ATTENTION: ALL PROVIDERS (2013−002)

TO RECEIVE EMAIL NOTIFICATIONS CONCERNING ICD−10 CHANGES PLEASE LOG ON TO THE ALABAMA MEDICAID PROVIDER WEB PORTAL AND UPDATE YOUR ACCOUNT MAINTENANCE EMAIL ADDRESS. IF MORETHAN A SINGLE PERSON IS TO RECEIVE THESE NOTIFICATIONS THEN IT IS RECOMMENDED THAT A DISTRIBUTION LIST WITH A SINGLE EMAIL ADDRESS BE CREATED WITHIN YOUR OWN EMAIL SERVER AND THIS DISTRIBUTION LIST EMAIL ADDRESS BE ENTERED ON THE ACCOUNT MAINTENANCE PAGE.
PROVIDERS AND TRADING PARTNERS MAY UPDATE THEIR EMAIL BY LOGGING ONTO THE PROVIDER WEB PORTAL. WEBSITE:
HTTPS://WWW.MEDICAID.ALABAMASERVICES.ORG/ALPORTAL/DEFAULT.ASPX
NAVIGATION: ACCOUNT > ACCOUNT MAINTENANCE

December 14, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 3 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347)

* * * N E W S O F T W A R E UPGRADE 3.02

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VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE OCTOBER 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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#11 ATTENTION: ALL PROVIDERS (2012−333)

TO: ALL HOSPITALS
ATTENTION: HOSPITAL BILLERS AND QUALITY ASSURANCE CASE MANAGERS
MEDICAID WILL NO LONGER REQUIRE IN STATE AND BORDER HOSPITAL PROVIDERS TO REPORT DATES OF SERVICE THAT DO NOT MEET INTERQUAL? ADULT AND PEDIATRIC MEDICAL CRITERIA AND ALABAMA MEDICAID LOCAL POLICY ON THE UB−04 CLAIM FORM. MEDICAID WILL CONTINUE TO UTILIZE THE ALABAMA MEDICAID ADULT AND PEDIATRIC INPATIENT CARE CRITERIA (SI/IS) FOR UTILIZATION REVIEW, BILLING AND REIMBURSEMENT PURPOSES. THIS CRITERIA CAN BE FOUND ON THE FOLLOWING LINK:
HTTP://MEDICAID.ALABAMA.GOV/DOCUMENTS/4.0_PROGRAMS/4.4_MEDICAL_SERVICES/4.4.6 HOSPITAL_SERVICES/4.4.6_INPATIENT_CARE_CRITERIA.PDF
FOR ANY QUESTIONS, CONTACT JERRI JACKSON VIA E−MAIL AT
JERRI.JACKSON@MEDICAID.ALABAMA GOV OR VIA PHONE AT 334−242−5630.

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#13 ATTENTION: ALL PROVIDERS (2012−342)

EFFECTIVE FOR CLAIMS RECEIVED JANUARY 1, 2013, AND THEREAFTER, THE ALABAMA MEDICAID AGENCY (MEDICAID) WILL REQUIRE ANY ORDERING, REFERRING, OR PRESCRIBING PROVIDERS TO ENROLL WITH ALABAMA MEDICAID. MEDICAID CANNOT PAY FOR ANY HEALTH CARE SERVICE REQUIRING A REFERRAL, ORDER, OR PRESCRIPTION FROM A PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL UNLESS THE ORDERING, REFERRING, OR PRESCRIBING PROVIDER HAS A CURRENT ENROLLMENT RECORD ON FILE IN MEDICAIDS SYSTEM

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#14 ATTENTION: VFC PROVIDERS (2012−349)

DUE TO A SHORTAGE OF PENTACEL (PROCEDURE CODE 90698), MEDICAID HAS TEMPORARILY REMOVED THE FOLLOWING VACCINE CODES FROM THE VACCINES FOR CHILDREN (VFC) LIST EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2012 THROUGH MARCH 31, 2013:
CPT−4 PROCEDURE CODE / IMMUNIZATION
−90647 / HEMOPHILUS INFLUENZA TYPE B (PEDVAX)
−90648 / HEMOPHILUS INFLUENZA TYPE B (ACTHIB)(PRIMARY DOSE). EFFECTIVE 08/19/09, HIBIRIX BOOSTER DOSE FOR AGES 15 MONTHS ? 4YEARS. THE ACIP RECOMMENDS BOOSTER DOSE BETWEEN 12 MONTHS AND 4 YEARS OF AGE.
−90696 / KINRIX (DTAP−IPV) IS INDICATED AS A BOOSTER DOSE FOR CHILDREN 4 THROUGH 6 YEARS OF AGE (PRIOR TO 7 YEARS OF AGE)− EFFECTIVE 06/26/2008
−90700 / DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS (DTAP) (0YR−6YR)
−90713 / POLIOMYELITIS (IPV)
−90723 / PEDIARIX (DTAP−HEP B−IPV)
−90744 / HEPATITIS B VACCINE (HEP B)
VFC PROVIDERS MAY BILL THESE CODES SEPARATELY UNTIL APRIL 1, 2013. IF YOU HAVE FURTHER QUESTIONS, PLEASE DIRECT YOUR QUESTIONS TO TONI HOPGOOD AT 334−353−4724 OR VIA E−MAIL AT TONI.HOPGOOD@MEDICAID.ALABAMA.GOV .

December 07, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 3 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242
OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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#10 ATTENTION: ALL PROVIDERS (2012−304)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 10/24/2012: AUDIT 5664 INITIAL OFFICE VISIT/ PRIOR VISIT CONTRA HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF AN INITIAL OFFICE VISIT PROCEDURE (99201 − 99205) WHEN BILLED FOR THE SAME RECIPIENT, BY THE SAME BILLING PROVIDER, SAME RENDERING PROVIDER SPECIALTY, WITHIN 3 (THREE) YEARS AFTER ANY SUBSEQUENT OFFICE, HOSPITAL, OR NURSING HOME EVALUATION AND MANAGEMENT SERVICE (99211 − 99499).

FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1?800?688?7989.
EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 10/24/2012: AUDIT 5665 PRIOR VISIT/INITIAL OFFICE VISIT CONTRA HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF SUBSEQUENT OFFICE, HOSPITAL, OR NURSING HOME EVALUATION AND MANAGEMENT SERVICE (99211 − 99499) IS BILLED FOR THE SAME RECIPIENT, BY THE SAME BILLING PROVIDER, SAME RENDERING PROVIDER, PROVIDER SPECIALTY, ANYTIME WITHIN 3 (YEARS) PRIOR TO AN INITIAL OFFICE VISIT PROCEDURE (99201 − 99205). FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1?800?688?7989.
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11 ATTENTION: ALL PROVIDERS (2012−333)
TO: ALL HOSPITALS

ATTENTION: HOSPITAL BILLERS AND QUALITY ASSURANCE CASE MANAGERS
MEDICAID WILL NO LONGER REQUIRE IN STATE AND BORDER HOSPITAL PROVIDERS TO REPORT DATES OF SERVICE THAT DO NOT MEET INTERQUAL? ADULT AND PEDIATRIC MEDICAL CRITERIA AND ALABAMA MEDICAID LOCAL POLICY ON THE UB−04 CLAIM FORM. MEDICAID WILL CONTINUE TO UTILIZE THE ALABAMA MEDICAID ADULT AND PEDIATRIC INPATIENT CARE CRITERIA (SI/IS) FOR UTILIZATION REVIEW, BILLING AND REIMBURSEMENT PURPOSES. THIS CRITERIA CAN BE FOUND ON THE FOLLOWING LINK: HTTP://MEDICAID.ALABAMA.GOV/DOCUMENTS/4.0_PROGRAMS/4.4_MEDICAL_SERVICES/4.4.6 HOSPITAL_SERVICES/4.4.6_INPATIENT_CARE_CRITERIA.PDF FOR ANY QUESTIONS, CONTACT JERRI JACKSON VIA E−MAIL AT JERRI.JACKSON@MEDICAID.ALABAMA GOV OR VIA PHONE AT 334−242−5630.
****

#13 ATTENTION: ALL PROVIDERS (2012−342)
EFFECTIVE FOR CLAIMS RECEIVED JANUARY 1, 2013, AND THEREAFTER, THE ALABAMA MEDICAID AGENCY (MEDICAID) WILL REQUIRE ANY ORDERING, REFERRING, OR PRESCRIBING PROVIDERS TO ENROLL WITH ALABAMA MEDICAID. MEDICAID CANNOT PAY FOR ANY HEALTH CARE SERVICE REQUIRING A REFERRAL, ORDER, OR PRESCRIPTION FROM A PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL UNLESS THE ORDERING, REFERRING, OR PRESCRIBING PROVIDER HAS A CURRENT ENROLLMENT RECORD ON FILE IN MEDICAID?S SYSTEM

November 16, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 3 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242
OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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#10 ATTENTION: ALL PROVIDERS (2012−304)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 10/24/2012: AUDIT 5664 INITIAL OFFICE VISIT/ PRIOR VISIT CONTRA HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF AN INITIAL OFFICE VISIT PROCEDURE (99201 − 99205) WHEN BILLED FOR THE SAME RECIPIENT, BY THE SAME BILLING PROVIDER, SAME RENDERING PROVIDER SPECIALTY, WITHIN 3 (THREE) YEARS AFTER ANY SUBSEQUENT OFFICE, HOSPITAL, OR NURSING HOME EVALUATION AND MANAGEMENT SERVICE (99211 − 99499).

FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1?800?688?7989.
EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 10/24/2012: AUDIT 5665 PRIOR VISIT/INITIAL OFFICE VISIT CONTRA HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF SUBSEQUENT OFFICE, HOSPITAL, OR NURSING HOME EVALUATION AND MANAGEMENT SERVICE (99211 − 99499) IS BILLED FOR THE SAME RECIPIENT, BY THE SAME BILLING PROVIDER, SAME RENDERING PROVIDER, PROVIDER SPECIALTY, ANYTIME WITHIN 3 (YEARS) PRIOR TO AN INITIAL OFFICE VISIT PROCEDURE (99201 − 99205). FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1?800?688?7989.

November 02, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 3 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242
OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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October 19, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

****

 # 3 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242
OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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October 05, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

****

 # 3 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

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September 14, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA
DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 4 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY
ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER
ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 8 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 9 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

September 07, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA
DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 3 ATTENTION: ANESTHESIA PROVIDERS (215)

ALABAMA MEDICAID IS AWARE OF AN ISSUE WHERE 5010 MEDICARE CROSSOVER (COBA) ANESTHESIA CLAIMS PAID INCORRECTLY. YOU DO NOT HAVE TO RESUBMIT THESE CROSSOVER CLAIMS FOR REPROCESSING, WE ARE SYSTEMATICALLY REPROCESSING THESE CLAIMS TO ENSURE THEY ARE PAID BY 15 MINUTE UNITS INSTEAD OF ACTUAL MINUTES. THE ADJUSTMENTS WILL APPEAR ON YOUR REMITTANCE ADVICE(S) IN THE ADJUSTMENTS SECTION. IF YOU HAVE ANY QUESTIONS RELATED TO THESE CLAIMS, CONTACT OUR PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 4 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY
ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,’ SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER
ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 8 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 9 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

August 17, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION : ALL PROVIDERS

THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES (HPES) WILL BE CLOSED MONDAY, SEPTEMBER 03, 2012 IN OBSERVANCE OF LABOR DAY. THE EMC HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

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 # 3 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB-CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1-800-688-7989.

****

 # 4 ATTENTION: ANESTHESIA PROVIDERS (215)

ALABAMA MEDICAID IS AWARE OF AN ISSUE WHERE 5010 MEDICARE CROSSOVER (COBA) ANESTHESIA CLAIMS PAID INCORRECTLY. YOU DO NOT HAVE TO RESUBMIT THESE CROSSOVER CLAIMS FOR REPROCESSING, WE ARE
SYSTEMATICALLY REPROCESSING THESE CLAIMS TO ENSURE THEY ARE PAID BY 15 MINUTE UNITS INSTEAD OF ACTUAL MINUTES. THE ADJUSTMENTS WILL APPEAR ON YOUR REMITTANCE ADVICE(S) IN THE ADJUSTMENTS SECTION. IF YOU HAVE ANY QUESTIONS RELATED TO THESE CLAIMS, CONTACT OUR PROVIDER ASSISTANCE CENTER AT 1-800-688-7989.

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 # 5 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE-ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE-ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY
ARE SCHEDULED TO RE-ENROLL. FAILURE TO RE-ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END-DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE-ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

 # 8 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01
* * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 9 ATTENTION: ALL PROVIDERS (124)

ALABAMA MEDICAID IS AWARE OF AN ISSUE BROUGHT TO OUR ATTENTION THAT THERE HAS BEEN A REDUCTION IN THE NUMBER OF MEDICARE CROSSOVER CLAIMS ON THE REMITTANCE ADVICE (RA). DUE TO RECENT 5010 CHANGES MADE WITHIN OUR EDI TRANSLATOR THAT CHECKS TO ENSURE CLAIMS BALANCE PROPERLY BASED ON THE GUIDELINES OUTLINED WITHIN THE HIPAA GUIDES COBA CLAIMS ARE FAILING COMPLIANCE. ALABAMA MEDICAID HAS RELAXED SOME OF THESE EDITS FOR 837I AND 837P COBA CLAIMS AND HAS BEGUN TO REPROCESS COBA FILES THAT FAILED. HOWEVER THIS WILL PRODUCE DUPLICATE CLAIM RECORDS FOR SOME PROVIDERS AND THESE WILL APPEAR ON THE RA?S AS MULTIPLE RECORDS MAY BE SUBMITTED WITHIN AN 837I OR 837P BATCH FILE AND ONLY THE ONES THAT PASS COMPLIANCE ARE ADJUDICATED. AT THIS TIME ANY FILE THAT CONTAINS FAILED RECORDS WILL BE REPROCESSED.

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#10 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#11 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

August 03, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAIDALABAMA.GOV . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (124)

ALABAMA MEDICAID IS AWARE OF AN ISSUE BROUGHT TO OUR ATTENTION THAT THERE HAS BEEN A REDUCTION IN THE NUMBER OF MEDICARE CROSSOVER CLAIMS ON THE REMITTANCE ADVICE (RA). DUE TO RECENT 5010 CHANGES MADE WITHIN OUR EDI TRANSLATOR THAT CHECKS TO ENSURE CLAIMS BALANCE PROPERLY BASED ON THE GUIDELINES OUTLINED WITHIN THE HIPAA GUIDES COBA CLAIMS ARE FAILING COMPLIANCE. ALABAMA MEDICAID HAS RELAXED SOME OF THESE EDITS FOR 837I AND 837P COBA CLAIMS AND HAS BEGUN TO REPROCESS COBA FILES THAT FAILED. HOWEVER THIS WILL PRODUCE DUPLICATE CLAIM RECORDS FOR SOME PROVIDERS AND THESE WILL APPEAR ON THE RA?S AS MULTIPLE RECORDS MAY BE SUBMITTED WITHIN AN 837I OR 837P BATCH FILE AND ONLY THE ONES THAT PASS COMPLIANCE ARE ADJUDICATED. AT THIS TIME ANY FILE THAT CONTAINS FAILED RECORDS WILL BE REPROCESSED.

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 # 8 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 9 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

July 20, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 5 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAIDALABAMA.GOV . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 6 ATTENTION: ALL PROVIDERS (124)

ALABAMA MEDICAID IS AWARE OF AN ISSUE BROUGHT TO OUR ATTENTION THAT THERE HAS BEEN A REDUCTION IN THE NUMBER OF MEDICARE CROSSOVER CLAIMS ON THE REMITTANCE ADVICE (RA). DUE TO RECENT 5010 CHANGES MADE WITHIN OUR EDI TRANSLATOR THAT CHECKS TO ENSURE CLAIMS BALANCE PROPERLY BASED ON THE GUIDELINES OUTLINED WITHIN THE HIPAA GUIDES COBA CLAIMS ARE FAILING COMPLIANCE. ALABAMA MEDICAID HAS RELAXED SOME OF THESE EDITS FOR 837I AND 837P COBA CLAIMS AND HAS BEGUN TO REPROCESS COBA FILES THAT FAILED. HOWEVER THIS WILL PRODUCE DUPLICATE CLAIM RECORDS FOR SOME PROVIDERS AND THESE WILL APPEAR ON THE RA?S AS MULTIPLE RECORDS MAY BE SUBMITTED WITHIN AN 837I OR 837P BATCH FILE AND ONLY THE ONES THAT PASS COMPLIANCE ARE ADJUDICATED. AT THIS TIME ANY FILE THAT CONTAINS FAILED RECORDS WILL BE REPROCESSED.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

July 06, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
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 # 5 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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7 ATTENTION: ALL PROVIDERS (124)

ALABAMA MEDICAID IS AWARE OF AN ISSUE BROUGHT TO OUR ATTENTION THAT THERE HAS BEEN A REDUCTION IN THE NUMBER OF MEDICARE CROSSOVER CLAIMS ON THE REMITTANCE ADVICE (RA). DUE TO RECENT 5010 CHANGES MADE WITHIN OUR EDI TRANSLATOR THAT CHECKS TO ENSURE CLAIMS BALANCE PROPERLY BASED ON THE GUIDELINES OUTLINED WITHIN THE HIPAA GUIDES COBA CLAIMS ARE FAILING COMPLIANCE. ALABAMA MEDICAID HAS RELAXED SOME OF THESE EDITS FOR 837I AND 837P COBA CLAIMS AND HAS BEGUN TO REPROCESS COBA FILES THAT FAILED. HOWEVER THIS WILL PRODUCE DUPLICATE CLAIM RECORDS FOR SOME PROVIDERS AND THESE WILL APPEAR ON THE RA?S AS MULTIPLE RECORDS MAY BE SUBMITTED WITHIN AN 837I OR 837P BATCH FILE AND ONLY THE ONES THAT PASS COMPLIANCE ARE ADJUDICATED. AT THIS TIME ANY FILE THAT CONTAINS FAILED RECORDS WILL BE REPROCESSED.

 # 8 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

 # 9 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

June 22, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY
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#3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT http://medicaid.alabama.gov/news_detail.aspx?ID=6264. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 9 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#10 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2012 QUARTERLY UPDATES HAVE BEEN POSTED
TO THE WEBSITE.

June 08, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (075)

VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT http://medicaid.alabama.gov/news_detail.aspx?ID=6264. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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4 ATTENTION: ALL PROVIDERS (138)

AS A RESULT OF GENERAL FUND PRORATION DECLARED ON MARCH 16, 2012, THE ALABAMA MEDICAID AGENCY HAS BEEN DIRECTED TO IDENTIFY AND IMPLEMENT CUTS TO ITS OVERALL BUDGET. AFTER PROGRAM IMPACT ANALYSIS AND MULTIPLE PROVIDER MEETINGS AND COMMUNICATIONS, THE AGENCY WILL IMPLEMENT THESE CUTS IN THREE WAYS:
0REDUCTION OF PAYMENTS TO CERTAIN PROVIDER GROUPS BY 10 PERCENT
−PHYSICIANS
−DENTISTS
−PHYSICIAN LAB & X−RAY
−DURABLE MEDICAL EQUIPMENT
−INDEPENDENT LAB & X−RAY
−OTHER LICENSED PRACTITIONERS
−MATERNITY PRIMARY CONTRACTORS (EFFECTIVE FOR DATES OF SERVICE ON OR AFTER MAY 14, 2012 0REDUCTION IN SERVICES TO ADULTS (BENEFITS TO CHILDREN REMAIN UNCHANGED)
0CHANGE COVERAGE OF ROUTINE EYE EXAMS AND WORK−UP FOR REFRACTIVE ERROR TO ONCE EVERY THREE YEARS (NOW ONE EYE EXAM EVERY TWO YEARS)
0END COVERAGE OF EYEGLASSES AS A BENEFIT (NOW ONE PAIR EVERY TWO YEARS)
0LIMIT DRUGS TO ONE BRAND−NAME DRUG PER MONTH; GENERICS AND COVERED OTCs REMAIN UNLIMITED. ALLOWANCES WILL REMAIN FOR UP TO 10 BRANDS PER MONTH FOR ANTIPSYCHOTICS,
ANTIRETROVIRALS, AND SWITCHOVERS. (IN ADDITION TO CHILDREN, LTC RECIPIENTS ARE EXCLUDED FROM THIS REDUCTION.)
0REDUCTION IN COUGH/COLD COVERED DRUGS FOR ALL RECIPIENTS: LEGEND GENERIC COUGH/COLD DRUGS WILL NO LONGER BE COVERED (LEGEND BRAND DRUGS ARE CURRENTLY NON−COVERED). CERTAIN OTC DRUGS WILL REMAIN COVERED.
EXCEPT AS SPECIFIED OTHERWISE ABOVE, THESE REDUCTIONS WILL BE EFFECTIVE FOR DATES OF SERVICE ON OR AFTER JUNE 1, 2012.

 # 5 ATTENTION: ALL PROVIDERS (124)'

ALABAMA MEDICAID IS AWARE OF AN ISSUE BROUGHT TO OUR ATTENTION THAT THERE HAS BEEN A REDUCTION IN THE NUMBER OF MEDICARE CROSSOVER CLAIMS ON THE REMITTANCE ADVICE (RA). DUE TO RECENT 5010 CHANGES MADE WITHIN OUR EDI TRANSLATOR THAT CHECKS TO ENSURE CLAIMSBALANCE PROPERLY BASED ON THE GUIDELINES OUTLINED WITHIN THE HIPAA GUIDES COBA CLAIMS ARE FAILING COMPLIANCE. ALABAMA MEDICAID HAS RELAXED SOME OF THESE EDITS FOR 837I AND 837P COBA CLAIMS AND HAS BEGUN TO REPROCESS COBA FILES THAT FAILED. HOWEVER THIS WILL PRODUCE DUPLICATE CLAIM RECORDS FOR SOME PROVIDERS AND THESE WILL APPEAR ON THE RA?S AS MULTIPLE RECORDS MAY BE SUBMITTED WITHIN AN 837I OR 837P BATCH FILE AND ONLY THE ONES THAT PASS COMPLIANCE ARE ADJUDICATED. AT THIS TIME ANY FILE THAT CONTAINS FAILED RECORDS WILL BE REPROCESSED.

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 # 6 ATTENTION: HOSPITALS (110)

THE PRESENT ON ADMISSION (POA) INDICATOR IS DEFINED AS A SET OF SPECIFIED CONDITIONS THAT ARE PRESENT AT THE TIME THE ORDER FOR INPATIENT HOSPITAL OCCURS.

Y−YES DIAGNOSIS WAS PRESENT AT TIME OF INPATIENT ADMISSION.

N−NO DIAGNOSIS WAS NOT PRESENT AT TIME OF INPATIENT ADMISSION.

U−NO INFORMATION IN THE RECORD. DOCUMENTATION INSUFFICIENT TO DETERMINE IF THE CONDITION WAS PRESENT AT THE TIME OF INPATIENT ADMISSION.

W−CLINICALLY UNDETERMINED. PROVIDER UNABLE TO CLINICALLY DETERMINE WHETHER THE CONDITION WAS PRESENT AT THE TIME OF INPATIENT ADMISSION.

1−UNREPORTED/NOT USED. EXEMPT FROM POA REPORTING.

IF THE VALUE CODE '81' IS INDICATED, THEN NON−COVERED DAYS MUST BE PRESENT AND THE AMOUNT FIELD MUST BE GREATER THAN '0.'

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 # 9 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#10 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

May 18, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION : ALL PROVIDERS (138)

AS A RESULT OF GENERAL FUND PRORATION DECLARED ON MARCH 16, 2012, THE ALABAMA MEDICAID AGENCY HAS BEEN DIRECTED TO IDENTIFY AND IMPLEMENT CUTS TO ITS OVERALL BUDGET. AFTER PROGRAM IMPACT ANALYSIS AND MULTIPLE PROVIDER MEETINGS AND COMMUNICATIONS, THE AGENCY WILL IMPLEMENT THESE CUTS IN THREE WAYS:
0REDUCTION OF PAYMENTS TO CERTAIN PROVIDER GROUPS BY 10 PERCENT
−PHYSICIANS
−DENTISTS
−PHYSICIAN LAB & X−RAY
−DURABLE MEDICAL EQUIPMENT
−INDEPENDENT LAB & X−RAY
−OTHER LICENSED PRACTITIONERS
−MATERNITY PRIMARY CONTRACTORS (EFFECTIVE FOR DATES OF SERVICE ON OR AFTER MAY 14, 2012 0REDUCTION IN SERVICES TO ADULTS (BENEFITS TO CHILDREN REMAIN UNCHANGED) 0CHANGE COVERAGE OF ROUTINE EYE EXAMS AND WORK−UP FOR REFRACTIVE ERROR TO ONCE EVERY THREE YEARS (NOW ONE EYE EXAM EVERY TWO YEARS) 0END COVERAGE OF EYEGLASSES AS A BENEFIT (NOW ONE PAIR EVERY TWO YEARS) 0LIMIT DRUGS TO ONE BRAND−NAME DRUG PER MONTH; GENERICS AND COVERED OTCs REMAIN UNLIMITED. ALLOWANCES WILL REMAIN FOR UP TO 10 BRANDS PER MONTH FOR ANTIPSYCHOTICS, ANTIRETROVIRALS, AND SWITCHOVERS. (IN ADDITION TO CHILDREN, LTC RECIPIENTS ARE EXCLUDED FROM THIS REDUCTION.) 0REDUCTION IN COUGH/COLD COVERED DRUGS FOR ALL RECIPIENTS: LEGEND GENERIC COUGH/COLDDRUGS WILL NO LONGER BE COVERED (LEGEND BRAND DRUGS ARE CURRENTLY NON−COVERED). CERTAINOTC DRUGS WILL REMAIN COVERED. EXCEPT AS SPECIFIED OTHERWISE ABOVE, THESE REDUCTIONS WILL BE EFFECTIVE FOR DATES OF SERVICE ON OR AFTER JUNE 1, 2012.

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 # 3 ATTENTION: ALL PROVIDERS (124)

ALABAMA MEDICAID IS AWARE OF AN ISSUE BROUGHT TO OUR ATTENTION THAT THERE HAS BEEN A REDUCTION IN THE NUMBER OF MEDICARE CROSSOVER CLAIMS ON THE REMITTANCE ADVICE (RA). DUE TO RECENT 5010 CHANGES MADE WITHIN OUR EDI TRANSLATOR THAT CHECKS TO ENSURE CLAIMS BALANCE PROPERLY BASED ON THE GUIDELINES OUTLINED WITHIN THE HIPAA GUIDES COBA CLAIMS ARE FAILING COMPLIANCE. ALABAMA MEDICAID HAS RELAXED SOME OF THESE EDITS FOR 837I AND 837P COBA CLAIMS AND HAS BEGUN TO REPROCESS COBA FILES THAT FAILED. HOWEVER THIS WILL PRODUCE DUPLICATE CLAIM RECORDS FOR SOME PROVIDERS AND THESE WILL APPEAR ON THE RA?S AS MULTIPLE RECORDS MAY BE SUBMITTED WITHIN AN 837I OR 837P BATCH FILE AND ONLY THE ONES THAT PASS COMPLIANCE ARE ADJUDICATED. AT THIS TIME ANY FILE THAT CONTAINS FAILED RECORDS WILL BE REPROCESSED.

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4 ATTENTION: HOSPITALS (110)

THE PRESENT ON ADMISSION (POA) INDICATOR IS DEFINED AS A SET OF SPECIFIED CONDITIONS THAT ARE PRESENT AT THE TIME THE ORDER FOR INPATIENT HOSPITAL OCCURS.
Y−YES DIAGNOSIS WAS PRESENT AT TIME OF INPATIENT ADMISSION.
N−NO DIAGNOSIS WAS NOT PRESENT AT TIME OF INPATIENT ADMISSION.

U-NO INFORMATION IN THE RECORD. DOCUMENTATION INSUFFICIENT TO DETERMINE IF THE CONDITION WAS PRESENT AT THE TIME OF INPATIENT ADMISSION. W-CLINICALLY UNDETERMINED. PROVIDER UNABLE TO CLINICALLY DETERMINE WHETHER THE CONDITION WAS PRESENT AT THE TIME OF INPATIENT ADMISSION.
1-UNREPORTED/NOT USED. EXEMPT FROM POA REPORTING.
IF THE VALUE CODE '81' IS INDICATED, THEN NON-COVERED DAYS MUST BE PRESENT AND THE AMOUNT FIELD MUST BE GREATER THAN '0.'
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#7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (075)
VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT http://medicaid.alabama.gov/news_detail.aspx?ID=6264. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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 # 8 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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 # 9 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.**#7 ATTENTION: ALL PROVIDERS (338)**
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656
AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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 # 8 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

May 04, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: HOSPITALS (110)

THE PRESENT ON ADMISSION (POA) INDICATOR IS DEFINED AS A SET OF SPECIFIED CONDITIONS THAT ARE PRESENT AT THE TIME THE ORDER FOR INPATIENT HOSPITAL OCCURS.

Y−YES DIAGNOSIS WAS PRESENT AT TIME OF INPATIENT ADMISSION.

N−NO DIAGNOSIS WAS NOT PRESENT AT TIME OF INPATIENT ADMISSION.

U−NO INFORMATION IN THE RECORD. DOCUMENTATION INSUFFICIENT TO DETERMINE IF THE CONDITION WAS PRESENT AT THE TIME OF INPATIENT ADMISSION. W−CLINICALLY UNDETERMINED. PROVIDER UNABLE TO CLINICALLY DETERMINE WHETHER THE CONDITION WAS PRESENT AT THE TIME OF INPATIENT ADMISSION. 1−UNREPORTED/NOT USED. EXEMPT FROM POA REPORTING. IF THE VALUE CODE '81' IS INDICATED, THEN NON−COVERED DAYS MUST BE PRESENT AND THE AMOUNT FIELD MUST BE GREATER THAN '0.'

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 # 5 ATTENTION: ALL PROVIDERS (061)

THE MEDICAID AGENCY HAS IMPLEMENTED THE CAPABILITY WITHIN THE PROVIDER WEB PORTAL TO ALLOW YOU TO UPDATE YOUR SERVICE LOCATION CONTACT INFORMATION, PAYEE AND MAILING ADDRESSES AND PHONE NUMBERS.TO ACCESS THIS FUNCTIONALITY, AFTER SIGNING INTO THE SECURE WEB PORTAL, CLICK "PROVIDERS ON THE TOP MENU BAR. YOU WILL BE ABLE TO SEE YOUR CURRENT INFORMATION, UPDATE IT AND IMMEDIATELY SEE THE CHANGED DATA. PAPER UPDATES FOR THE ABOVE INFORMATION WILL NO LONGER BE ACCEPTED AFTER MARCH 12, 2012. YOU ARE NOT PRESENTLY ALLOWED TO UPDATE YOUR SERVICE LOCATION ADDRESS VIA THE WEB PORTAL AND MUST CONTINUE TO CONTACT PROVIDER ENROLLMENT TO MAKE THOSE CHANGES.

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#6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (075)

VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT http://medicaid.alabama.gov/news_detail.aspx?ID=6264. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656

AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE

MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

April 20, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: HOSPITALS (110)

THE PRESENT ON ADMISSION (POA) INDICATOR IS DEFINED AS A SET OF SPECIFIED CONDITIONS THAT ARE PRESENT AT THE TIME THE ORDER FOR INPATIENT HOSPITAL OCCURS.

Y−YES DIAGNOSIS WAS PRESENT AT TIME OF INPATIENT ADMISSION.

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U−NO INFORMATION IN THE RECORD. DOCUMENTATION INSUFFICIENT TO DETERMINE IF THE CONDITION WAS PRESENT AT THE TIME OF INPATIENT ADMISSION. W−CLINICALLY UNDETERMINED. PROVIDER UNABLE TO CLINICALLY DETERMINE WHETHER THE CONDITION WAS PRESENT AT THE TIME OF INPATIENT ADMISSION. 1−UNREPORTED/NOT USED. EXEMPT FROM POA REPORTING. IF THE VALUE CODE ’81’ IS INDICATED, THEN NON−COVERED DAYS MUST BE PRESENT AND THE AMOUNT FIELD MUST BE GREATER THAN ‘0.’

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 # 8 ATTENTION: ALL PROVIDERS (061)

THE MEDICAID AGENCY HAS IMPLEMENTED THE CAPABILITY WITHIN THE PROVIDER WEB PORTAL TO ALLOW YOU TO UPDATE YOUR SERVICE LOCATION CONTACT INFORMATION, PAYEE AND MAILING ADDRESSES AND PHONE NUMBERS.TO ACCESS THIS FUNCTIONALITY, AFTER SIGNING INTO THE SECURE WEB PORTAL, CLICK "PROVIDERS ON THE TOP MENU BAR. YOU WILL BE ABLE TO SEE YOUR CURRENT INFORMATION, UPDATE IT AND IMMEDIATELY SEE THE CHANGED DATA. PAPER UPDATES FOR THE ABOVE INFORMATION WILL NO LONGER BE ACCEPTED AFTER MARCH 12, 2012. YOU ARE NOT PRESENTLY ALLOWED TO UPDATE YOUR SERVICE LOCATION ADDRESS VIA THE WEB PORTAL AND MUST CONTINUE TO CONTACT PROVIDER ENROLLMENT TO MAKE THOSE CHANGES.

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 # 9 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (075)

VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT http://medicaid.alabama.gov/news_detail.aspx?ID=6264. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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10 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656

AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

April 06, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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5 ATTENTION: ALL PROVIDERS (061)

THE MEDICAID AGENCY HAS IMPLEMENTED THE CAPABILITY WITHIN THE PROVIDER WEB PORTAL TO ALLOW YOU TO UPDATE YOUR SERVICE LOCATION CONTACT INFORMATION, PAYEE AND MAILING ADDRESSES AND PHONE NUMBERS.

TO ACCESS THIS FUNCTIONALITY, AFTER SIGNING INTO THE SECURE WEB PORTAL, CLICK "PROVIDERS ON THE TOP MENU BAR. YOU WILL BE ABLE TO SEE YOUR CURRENT INFORMATION, UPDATE IT AND IMMEDIATELY SEE THE CHANGED DATA.

PAPER UPDATES FOR THE ABOVE INFORMATION WILL NO LONGER BE ACCEPTED AFTER MARCH 12, 2012. YOU ARE NOT PRESENTLY ALLOWED TO UPDATE YOUR SERVICE LOCATION ADDRESS VIA THE WEB PORTAL AND MUST CONTINUE TO CONTACT PROVIDER ENROLLMENT TO MAKE THOSE CHANGES.

****

 # 6 ATTENTION: ALL PROVIDERS (061)

VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT http://medicaid.alabama.gov/news_detail.aspx?ID=6264.

FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTIONON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CANTAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

March 16, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (006)

THE COMPLIANCE DATE FOR 5010 TRANSACTIONS HAS PASSED. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ANNOUNCED THAT COVERED ENTITIES THAT ARE NOT COMPLIANT WITH 5010 WILL BE SUBJECT TO PENALTIES ON MARCH 31, 2012.
THIS IS THE FINAL CHECK WRITE (MARCH 16) BEFORE THE 4010 SHUTDOWN. THE LAST 4010 835 WILL BE MARCH 16, 2012. 4010 TRANSACTIONS WILL NOT BE PROCESSED AFTER MIDNIGHT MARCH 30, 2012.

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 # 6 ATTENTION: ALL PROVIDERS (061)

ALABAMA MEDICAID WILL COMPLETE UPDATES TO DISCONTINUE SUPPORT OF X12 4010, NCPDP INTERACTIVE 5.1, AND NCPDP BATCH 1.1 TRANSACTIONS BEGINNING MARCH 31, 2012.
TO PREPARE FOR THE TRANSITION PLEASE NOTE THE FOLLOWING SYSTEM DOWNTIMES FOR THE UAT AND PRODUCTION ENVIRONMENTS:
USER ACCEPTANCE TESTING: DOWN MARCH 28, 2012 FROM NOON TO 3:00 P.M.
PRODUCTION: DOWN MARCH 31, 2012 FROM 12:00 A.M. TO 5:00 A.M.
ANY X12 4010, NCPDP 5.1 OR NCPDP 1.1 TRANSACTIONS RECEIVED IN THESE ENVIRONMENTS, DURING
OR AFTER THIS DOWNTIME, WILL BE REJECTED. THE FOLLOWING RESPONSES WILL BE SENT DEPENDING ON THE METHOD OF TRANSMISSION:
−−X12 INTERACTIVE − MESSAGE ‘HTTP/1.1 503 SERVICE UNAVAILABLE’.
−−X12 BATCH − A TA1 WILL BE RETURNED WITH ERROR CODE 17 − INVALID VERSION.
−−NCPDP (BATCH AND INTERACTIVE) − NCPDP RESPONSE RETURNED WITH ERROR CODE 02 − M/I
VERSION/RELEASE NUMBER. BATCH RESPONSE IS AVAILABLE FOR RETRIEVAL IN DOWNLOAD DIRECTORY
−−PES − VERSION 3.0, AVAILABLE MARCH 2012, WILL BE 5010 ONLY.
−−WEB PORTAL − CURRENTLY 5010 ONLY, BUT WILL BE UNAVAILABLE DURING DOWNTIME. A BANNER
WILL BE POSTED ON THE WEB A WEEK PRIOR.
PLEASE NOTE THAT THE FINAL TWO FINANCIAL CYCLES, WHERE BOTH 4010 AND 5010 835 TRANSACTIONS WILL BE PRODUCED, OCCUR MARCH 2 AND MARCH 16. BEGINNING APRIL 6, 2012,
ONLY 5010 VERSIONS OF THE 835 TRANSACTION WILL BE PRODUCED.
FOR UPDATED INFORMATION, PLEASE CONTINUE TO VISIT THE MEDICAID WEBSITE (HTTP://WWW.MEDICAID.ALABAMA.GOV/CONTENT/6.0_PROVIDERS/6.5_HIPAA_5010.ASPX)
THANK YOU FOR YOUR CONTINUED PATIENCE THROUGHOUT OUR 5010 IMPLEMENTATION.# 7 ATTENTION: ALL PROVIDERS (061)
THE MEDICAID AGENCY HAS IMPLEMENTED THE CAPABILITY WITHIN THE PROVIDER WEB PORTAL

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#11 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR

MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****
#12 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

ALLOW YOU TO UPDATE YOUR SERVICE LOCATION CONTACT INFORMATION, PAYEE AND MAILING ADDRESSES AND PHONE NUMBERS.
TO ACCESS THIS FUNCTIONALITY, AFTER SIGNING INTO THE SECURE WEB PORTAL, CLICK "PROVIDERS ON THE TOP MENU BAR. YOU WILL BE ABLE TO SEE YOUR CURRENT INFORMATION, UPDATE IT AND IMMEDIATELY SEE THE CHANGED DATA.
PAPER UPDATES FOR THE ABOVE INFORMATION WILL NO LONGER BE ACCEPTED AFTER MARCH 12, 2012.
YOU ARE NOT PRESENTLY ALLOWED TO UPDATE YOUR SERVICE LOCATION ADDRESS VIA THE WEB PORTAL AND MUST CONTINUE TO CONTACT PROVIDER ENROLLMENT TO MAKE THOSE CHANGES.
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 # 8 ATTENTION: DME PROVIDERS (006)
EFFECTIVE 1/1/2010, PROCEDURE CODE E2399, NOC INTERFACE , IS NO LONGER A COVERED PROCEDURE CODE. PLEASE REVIEW THE UPDATED DME FEE SCHEDULE AT THIS LINK ON THE AGENCY'S WEBSITE,
http://www.medicaid.alabama.gov/documents/6.0_Providers/6.6_Fee_Schedules/6.6 DME_Fee_Schedule_7−1−11.pdf FOR COVERAGE, PRIOR AUTHORIZATION AND PRICING INFORMATION FOR PROCEDURE CODES.
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 # 9 ATTENTION: ALL PROVIDERS (252)
HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING
5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE
FILES OPTION VIA THE TESTING WEBSITE:
−−270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
−−276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
−−278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
−−837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
−−NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
−−835 ELECTRONIC REMITTANCE ADVICE
−−TA1 INTERCHANGE ACKNOWLEDGMENT
−−999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
−−270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
−−276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
−−NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE:
http://www.medicaid.alabama
gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx#10 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (075)
VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP
BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE
USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0.

EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT
http://medicaid.alabama.gov/news_detail.aspx?ID=6264.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

March 2, 2012 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****
 # 2 ATTENTION: ALL PROVIDERS (2012-006)
THE COMPLIANCE DATE FOR 5010 TRANSACTIONS HAS PASSED. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ANNOUNCED THAT COVERED ENTITIES THAT ARE NOT COMPLIANT WITH 5010 WILL BE SUBJECT TO PENALTIES ON MARCH 31, 2012.
THERE IS ONLY ONE CHECK WRITE REMAINING (MARCH 16) BEFORE THE 4010 SHUTDOWN. THE LAST 4010 835 WILL BE MARCH 16, 2012.
4010 TRANSACTIONS WILL NOT BE PROCESSED AFTER MIDNIGHT MARCH 30, 2012.
****
 # 3 ATTENTION: ALL PHYSICIANS (2011-075)
EFFECTIVE 1/1/2012, J0897, DENOSUMAB 1 MG, WILL BE COVERED FOR FULL MEDICAID WITH THE FOLLOWING RESTRICTIONS:
DIAGNOSIS CODES 174.0-174.9 (WITH V07.52 AS SECONDARY DIAGNOSIS), 185 (WITH V07.59 AS SECONDARY DIAGNOSIS), 198.5, 733.10-733.19, 170.0-170.9.
MAX QUANTITY 120, AGES 18-999. THE HP SYSTEM HAS BEEN MODIFIED TO ACCEPT CLAIMS WITH THE APPROVED DIAGNOSIS CODES FOR J0897. FOR QUESTIONS CONTACT HP PROVIDER ASSISTANCE AT 1-800-688-7989.
****
 # 4 ATTENTION: ALL PROVIDERS (2012 - 061)
ALABAMA MEDICAID WILL COMPLETE UPDATES TO DISCONTINUE SUPPORT OF X12 4010, NCPDP INTERACTIVE 5.1, AND NCPDP BATCH 1.1 TRANSACTIONS BEGINNING MARCH 31, 2012.
TO PREPARE FOR THE TRANSITION PLEASE NOTE THE FOLLOWING SYSTEM DOWNTIMES FOR THE UAT AND PRODUCTION ENVIRONMENTS:
USER ACCEPTANCE TESTING: DOWN MARCH 28, 2012 FROM NOON TO 3:00 P.M.
PRODUCTION: DOWN MARCH 31, 2012 FROM 12:00 A.M. TO 5:00 A.M.
ANY X12 4010, NCPDP 5.1 OR NCPDP 1.1 TRANSACTIONS RECEIVED IN THESE ENVIRONMENTS, DURING OR AFTER THIS DOWNTIME, WILL BE REJECTED. THE FOLLOWING RESPONSES WILL BE SENT DEPENDING ON THE METHOD OF TRANSMISSION:• X12 INTERACTIVE – MESSAGE ‘HTTP/1.1 503 SERVICE UNAVAILABLE’.
• X12 BATCH – A TA1 WILL BE RETURNED WITH ERROR CODE 17 – INVALID VERSION.
• NCPDP (BATCH AND INTERACTIVE) – NCPDP RESPONSE RETURNED WITH ERROR CODE 02 – M/I VERSION/RELEASE NUMBER. BATCH RESPONSE IS AVAILABLE FOR RETRIEVAL IN DOWNLOAD DIRECTORY.
• PES –VERSION 3.0, AVAILABLE MARCH 2012, WILL BE 5010 ONLY.
• WEB PORTAL – CURRENTLY 5010 ONLY, BUT WILL BE UNAVAILABLE DURING DOWNTIME. A BANNER WILL BE POSTED ON THE WEB A WEEK PRIOR.
PLEASE NOTE THAT THE FINAL TWO FINANCIAL CYCLES, WHERE BOTH 4010 AND

5010 835 TRANSACTIONS WILL BE PRODUCED, OCCUR MARCH 2 AND MARCH 16.
BEGINNING APRIL 6, 2012, ONLY 5010 VERSIONS OF THE 835 TRANSACTION WILL BE PRODUCED.
FOR UPDATED INFORMATION, PLEASE CONTINUE TO VISIT THE MEDICAID WEBSITE (HTTP://WWW.MEDICAID.ALABAMA.GOV/CONTENT/6.0_PROVIDERS/6.5_HIPAA_5010.ASPX)
THANK YOU FOR YOUR CONTINUED PATIENCE THROUGOUT OUR 5010 IMPLEMENTATION.
****

 # 5 ATTENTION: ALL PROVIDERS (2012-061)

THE MEDICAID AGENCY HAS IMPLEMENTED THE CAPABILITY WITHIN THE PROVIDER WEB PORTAL TO ALLOW YOU TO UPDATE YOUR SERVICE LOCATION CONTACT INFORMATION, PAYEE AND MAILING ADDRESSES AND PHONE NUMBERS.
TO ACCESS THIS FUNCTIONALITY, AFTER SIGNING INTO THE SECURE WEB PORTAL, CLICK “PROVIDERS” ON THE TOP MENU BAR. YOU WILL BE ABLE TO SEE YOUR CURRENT INFORMATION, UPDATE IT AND IMMEDIATELY SEE THE CHANGED DATA.
PAPER UPDATES FOR THE ABOVE INFORMATION WILL NO LONGER BE ACCEPTED AFTER MARCH 12, 2012.
YOU ARE NOT PRESENTLY ALLOWED TO UPDATE YOUR SERVICE LOCATION ADDRESS VIA THE WEB PORTAL AND MUST CONTINUE TO CONTACT PROVIDER ENROLLMENT TO MAKE THOSE CHANGES.
****

 # 7 ATTENTION: DME PROVIDERS (2012-006)

EFFECTIVE 1/1/2010, PROCEDURE CODE E2399, NOC INTERFACE , IS NO LONGER A COVERED PROCEDURE CODE. PLEASE REVIEW THE UPDATED DME FEE SCHEDULE AT THIS LINK ON THE AGENCY'S WEBSITE,
http://www.medicaid.alabama.gov/documents/6.0_Providers/6.6_Fee_Schedules/6.6_DME_Fee_Schedule_7-1-11.pdf
FOR COVERAGE, PRIOR AUTHORIZATION AND PRICING INFORMATION FOR PROCEDURE CODES.
****

 # 8 ATTENTION: ALL PROVIDERS (2011-252)

HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx

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 # 9 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2011-126)

VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL, WILL BE AVAILABLE MARCH 2012. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16.

TO PREPARE FOR VERSION 3.0, EXISTING USERS MUST HAVE UPGRADED TO VERSION 2.16. THE UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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#10 ATTENTION: ALL PROVIDERS (2009-338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

#11 ATTENTION: ALL PROVIDERS (2009-093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE JANUARY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

February 17, 2012 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****
 # 2 ATTENTION: ALL PROVIDERS (2012-006)
THE COMPLIANCE DATE FOR 5010 TRANSACTIONS HAS PASSED. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ANNOUNCED THAT COVERED ENTITIES THAT ARE NOT COMPLIANT WITH 5010 WILL BE SUBJECT TO PENALTIES ON MARCH 31, 2012.
THERE ARE ONLY TWO CHECK WRITES REMAINING (MARCH 2 AND MARCH 16) BEFORE THE 4010 SHUTDOWN. THE LAST 4010 835 WILL BE MARCH 16, 2012.
4010 TRANSACTIONS WILL NOT BE PROCESSED AFTER MIDNIGHT MARCH 30, 2012.
****
 # 3 ATTENTION: DME PROVIDERS (2012-34)
EFFECTIVE IMMEDIATELY, ALL MASTECTOMY FITTERS MUST BE LICENSED BY THE ALABAMA BOARD OF PROSTHETISTS AND ORTHOTISTS.
FOR INFORMATION REGARDING THE LAW AND RULE FOR MASTECTOMY FITTERS IN THE STATE OF ALABAMA, GO TO THE ALABAMA STATE BOARD OF PROSTHETISTS AND ORTHTOTISTS WEB SITE AT www.apob.alabama.gov. CLICK ON LAW AND REFER TO SECTIONS 34-25A-3, 34-25A-5, 34-25A-7, AND 34-25A-13.1. CLICK ON RULES AND GO TO CHAPTER 746-X-8 LICENSURE OF MASTECTOMY FITTERS, AS IT SETS FORTH REQUIREMENTS FOR LICENSURE OF ANY INDIVIDUAL WHO DESIRES TO BE A MASTECTOMY FITTER AS DEFINED IN THE CODE OF ALABAMA 1975
RONNIE EZELL
, SECTION 34-25A-
3(6).IF YOU HAVE ANY QUESTIONS REGARDING LICENSURE OF MASTECTOMY FITTERS, PLEASE CONTACT:
EXECUTIVE DIRECTOR
ALABAMA STATE BOARD OF PROTHETISTS AND ORTHOTISTS
(OFFICE) 334-420-1111
(EMAIL) rezell113@aol.com
****
 # 4 ATTENTION: ALL PROVIDERS: (2012-006)
ON JANUARY 9, 2012, THE ALABAMA MEDICAID AGENCY WILL IMPLEMENTED AN ELECTRONIC PROVIDER ENROLLMENT APPLICATION. PAPER APPLICATIONS RECEIVED THROUGH JANUARY 23, 2012, WILL CONTINUE TO BE PROCESSED. ANY PAPER APPLICATIONS RECEIVED ON OR AFTER JANUARY 24, 2012 WILL NO LONGER BE ACCEPTED, AND PROVIDERS WILL BE REQUIRED TO USE THE WEB PORTAL APPLICATION TO ENROLL WITH MEDICAID.
****
 # 5 ATTENTION: DME PROVIDERS (006)
EFFECTIVE 1/1/2010, PROCEDURE CODE E2399, NOC INTERFACE , IS NO LONGER A COVERED PROCEDURE CODE. PLEASE REVIEW THE UPDATED DME FEE SCHEDULE

AT THIS LINK ON THE AGENCY'S WEBSITE,
http://www.medicaid.alabama.gov/documents/6.0_Providers/6.6_Fee_Schedules/6.6_DME_Fee_Schedule_7-1-11.pdf
FOR COVERAGE, PRIOR AUTHORIZATION AND PRICING INFORMATION FOR PROCEDURE CODES.
****

 # 6 TO: ALL PROVIDERS (2011-252)

HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
****

 # 7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2011-126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
****

 # 8 ATTENTION: ALL PROVIDERS (2009-338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL

REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

 # 9 ATTENTION: ALL PROVIDERS (2009-093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE JANUARY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

February 3, 2012 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****
 # 2 ATTENTION: DME PROVIDERS (2012-34)
EFFECTIVE IMMEDIATELY, ALL MASTECTOMY FITTERS MUST BE LICENSED BY THE ALABAMA BOARD OF PROSTHETISTS AND ORTHOTISTS.
FOR INFORMATION REGARDING THE LAW AND RULE FOR MASTECTOMY FITTERS IN THE STATE OF ALABAMA, GO TO THE ALABAMA STATE BOARD OF PROSTHETISTS AND ORTHTOTISTS WEB SITE AT www.apob.alabama.gov. CLICK ON LAW AND REFER TO SECTIONS 34-25A-3, 34-25A-5, 34-25A-7, AND 34-25A-13.1. CLICK ON RULES AND GO TO CHAPTER 746-X-8 LICENSURE OF MASTECTOMY FITTERS, AS IT SETS FORTH REQUIREMENTS FOR LICENSURE OF ANY INDIVIDUAL WHO DESIRES TO BE A MASTECTOMY FITTER AS DEFINED IN THE CODE OF ALABAMA 1975
RONNIE EZELL
, SECTION 34-25A-
3(6).IF YOU HAVE ANY QUESTIONS REGARDING LICENSURE OF MASTECTOMY FITTERS, PLEASE CONTACT:
EXECUTIVE DIRECTOR
ALABAMA STATE BOARD OF PROTHETISTS AND ORTHOTISTS
(OFFICE) 334-420-1111
b(EMAIL) rezell113@aol.com
****
 # 3 ATTENTION: ALL UB CLAIM BILLERS (2012-020)
DUE TO A SYSTEM ERROR, SOME 5010 UB CLAIMS INCORRECTLY DENIED FOR EOB 1020 (MISSING ATTENDING PROVIDER NUMBER), AND 1820 (PATIENT FIRST REQUIRES A REFERRAL). IF YOU BELIEVE YOUR 5010 CLAIM(S) INCORRECTLY DENIED FOR ONE OF THESE ERRORS, PLEASE RESUBMIT THE CLAIM(S).
****
 # 4 ATTENTION: HOSPICE PROVIDERS (2012- 020)
EFFECTIVE IMMEDIATELY, HOSPICE RECIPIENTS IN AN INSTITUTION WITH ANOTHER INSURANCE THAT PAYS FOR ROUTINE CARE WILL REQUIRE A MEDICAL REVIEW. PER ADMINISTRATIVE CODE RULE NO. 560-X-51-.04. RECIPIENT ELIGIBILITY, “MEDICAID ELIGIBILITY FOR THE HOSPICE PROGRAM, FOR RECIPIENTS WHO ARE NOT DUALLY ELIGIBLE FOR MEDICARE, IS BASED UPON FINANCIAL AND MEDICAL CRITERIA.” IF APPROVED, PLEASE REFER TO THE FIRST “NOTE” BOX ON PAGE 14 OF CHAPTER 18, HOSPICE OF THE BILLING MANUAL AT THIS LINK FOR BILLING INSTRUCTIONS:
http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.6_Provider_Manual_2012/6.7.6.1_January_2012/6.7.6.1_Jan12_18.pdfCHAPTER 18, HOSPICE, IN THE BILLING MANUAL WILL REFLECT THIS
INFORMATION IN THE APRIL 2012 UPDATE.
****

 # 5 ATTENTION: ALL PROVIDERS: (2012-006)
ON JANUARY 9, 2012, THE ALABAMA MEDICAID AGENCY WILL IMPLEMENT AN ELECTRONIC PROVIDER ENROLLMENT APPLICATION. PAPER APPLICATIONS RECEIVED THROUGH JANUARY 23, 2012, WILL CONTINUE TO BE PROCESSED. ANY PAPER APPLICATIONS RECEIVED **ON OR AFTER JANUARY 24, 2012 WILL NO LONGER BE ACCEPTED, AND PROVIDERS WILL BE REQUIRED TO USE THE WEB PORTAL APPLICATION TO ENROLL WITH MEDICAID.**
****

 # 6 ATTENTION: ALL PROVIDERS (2012-006)
THE COMPLIANCE DATE FOR 5010 TRANSACTIONS HAS PASSED. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ANNOUNCED THAT COVERED ENTITIES THAT ARE NOT COMPLIANT WITH 5010 WILL BE SUBJECT TO PENALTIES ON MARCH 31, 2012.
****

 # 7 ATTENTION: DME PROVIDERS (006)
EFFECTIVE 1/1/2010, PROCEDURE CODE E2399, NOC INTERFACE , IS NO LONGER A COVERED PROCEDURE CODE. PLEASE REVIEW THE UPDATED DME FEE SCHEDULE AT THIS LINK ON THE AGENCY'S WEBSITE,
http://www.medicaid.alabama.gov/documents/6.0_Providers/6.6_Fee_Schedules/6.6_DME_Fee_Schedule_7-1-11.pdf FOR COVERAGE, PRIOR AUTHORIZATION AND PRICING INFORMATION FOR PROCEDURE CODES.
****

 # 8 ATTENTION: PHYSICIANS (2011-336)
REGARDING: BILLING SUBSTITUTE PHYSICIAN SERVICES
THE REGULAR PHYSICIAN SHALL IDENTIFY THE SERVICES OF A SUBSTITUTE PHYSICIAN BY ENTERING HCPCS MODIFIER Q5 (SERVICE FURNISHED BY A SUBSTITUTE PHYSICIAN UNDER A RECIPROCAL ARRANGEMENT) OR HCPCS MODIFIER Q6 (SERVICE FURNISHED BY A LOCUM TENENS PHYSICIAN) AFTER THE PROCEDURE CODE.
****

 # 9 ATTENTION: DME PROVIDERS OF AUGMENTATIVE/ALTERNATIVE
COMMUNICATION DEVICES (ACDS) (2011-336)
PROVIDERS ARE STRONGLY ENCOURAGED TO USE FORM 480, FOUND ON THE AGENCY’S WEBSITE AT,
http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.1_Billing/5.4.1_FILLABLE_ACD_Eval_Report_Form_3-29-11.pdf THIS FORM PROVIDES SPACE TO DOCUMENT THE NECESSARY INFORMATION REQUIRED AND SHOULD ALLOW FOR MORE EFFICIENT REVIEW OF ACD REQUESTS.
****

#10 ATTENTION: ALL PROVIDERS (2011-336)

EFFECTIVE JANUARY 1, 2012, PROCEDURE CODES 80100, 80101, AND 80104 WILL BE LIMITED TO ONE PER DAY, PER RECIPIENT, PER PROVIDER FOR EACH PROCEDURE CODE. PROVIDERS WITHIN THE SAME GROUP PRACTICE ARE CONSIDERED A SINGLE PROVIDER.
****

#11 ATTENTION: NURSING HOME PROVIDERS (2011-321)

EFFECTIVE WITH THE DECEMBER 2011 RETROSPECTIVE REVIEW, QUALIS HEALTH

(MEDICAID'S CONTRACTOR) WILL BE FAXING THE REQUEST FOR RECORDS TO THE FACILITIES. THE FACILITY MUST FAX BACK CONFIRMATION OF RECEIPT. RECORDS MUST STILL BE MAILED **TO HP WITH A COMPLETED COVERSHEET. PLEASE CALL QUALIS HEALTH AT 1-888-213-7576 FOR QUESTIONS ABOUT THIS PROCESS.**
****

#12 TO: ALL PROVIDERS (2011-252)

HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx**********
****

#13 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2011-126)
VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
****

#14 ATTENTION: ALL PROVIDERS (2009-338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND

FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#15 ATTENTION: ALL PROVIDERS (2009-093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE JANUARY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
****

January 20, 2012 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: ALL UB CLAIM BILLERS (2012-020)

DUE TO A SYSTEM ERROR, SOME 5010 UB CLAIMS INCORRECTLY DENIED FOR EOB 1020 (MISSING ATTENDING PROVIDER NUMBER), AND 1820 (PATIENT FIRST REQUIRES A REFERRAL). IF YOU BELIEVE YOUR 5010 CLAIM(S) INCORRECTLY DENIED FOR ONE OF THESE ERRORS, PLEASE RESUBMIT THE CLAIM(S).

****

 # 3 ATTENTION: HOSPICE PROVIDERS (2012- 020)

EFFECTIVE IMMEDIATELY, HOSPICE RECIPIENTS IN AN INSTITUTION WITH ANOTHER INSURANCE THAT PAYS FOR ROUTINE CARE WILL REQUIRE A MEDICAL REVIEW. PER ADMINISTRATIVE CODE RULE NO. 560-X-51-.04. RECIPIENT ELIGIBILITY, “MEDICAID ELIGIBILITY FOR THE HOSPICE PROGRAM, FOR RECIPIENTS WHO ARE NOT DUALLY ELIGIBLE FOR MEDICARE, IS BASED UPON FINANCIAL AND MEDICAL CRITERIA.” IF APPROVED, PLEASE REFER TO THE FIRST “NOTE” BOX ON PAGE 14 OF CHAPTER 18, HOSPICE OF THE BILLING MANUAL AT THIS LINK FOR BILLING INSTRUCTIONS:
http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.6_Provider_Manual_2012/6.7.6.1_January_2012/6.7.6.1_Jan12_18.pdf
CHAPTER 18, HOSPICE, IN THE BILLING MANUAL WILL REFLECT THIS INFORMATION IN THE APRIL 2012 UPDATE.

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 # 4 ATTENTION: ALL PROVIDERS: (2012-006)

ON JANUARY 9, 2012, THE ALABAMA MEDICAID AGENCY WILL IMPLEMENT AN ELECTRONIC PROVIDER ENROLLMENT APPLICATION. PAPER APPLICATIONS RECEIVED THROUGH JANUARY 23, 2012, WILL CONTINUE TO PROCESSED. ANY PAPER APPLICATIONS RECEIVED ON OR AFTER JANUARY 24, 2012 WILL NO LONGER BE ACCEPTED, AND PROVIDERS WILL BE REQUIRED TO USE THE WEB PORTAL APPLICATION TO ENROLL WITH MEDICAID.

5 ATTENTION: ALL PROVIDERS (2012-006)

THE COMPLIANCE DATE FOR 5010 TRANSACTIONS HAS PASSED. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ANNOUNCED THAT COVERED ENTITIES THAT ARE NOT COMPLIANT WITH 5010 WILL BE SUBJECT TO PENALTIES ON MARCH 31, 2012.

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 # 6 ATTENTION: DME PROVIDERS (006)

EFFECTIVE 1/1/2010, PROCEDURE CODE E2399, NOC INTERFACE , IS NO LONGER A COVERED PROCEDURE CODE. PLEASE REVIEW THE UPDATED DME FEE SCHEDULE AT THIS LINK ON THE AGENCY'S WEBSITE,
http://www.medicaid.alabama.gov/documents/6.0_Providers/6.6_Fee_Schedules/6.6_DME_Fee_Sch
edule_7-1-11.pdf FOR COVERAGE, PRIOR AUTHORIZATION AND PRICING INFORMATION FOR PROCEDURE CODES.

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 # 7 ATTENTION: PHYSICIANS (2011-336)

REGARDING: BILLING SUBSTITUTE PHYSICIAN SERVICES
THE REGULAR PHYSICIAN SHALL IDENTIFY THE SERVICES OF A SUBSTITUTE PHYSICIAN BY ENTERING HCPCS MODIFIER Q5 (SERVICE FURNISHED BY A SUBSTITUTE PHYSICIAN UNDER A RECIPROCAL ARRANGEMENT) OR HCPCS MODIFIER Q6 (SERVICE FURNISHED BY A LOCUM TENENS PHYSICIAN) AFTER THE PROCEDURE CODE.

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 # 8 ATTENTION: DME PROVIDERS OF AUGMENTATIVE/ALTERNATIVE

COMMUNICATION DEVICES (ACDS) (2011-336)
PROVIDERS ARE STRONGLY ENCOURAGED TO USE FORM 480, FOUND ON THE AGENCY'S WEBSITE AT,
http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.1_Billing/5.4.1_FILLABLE_ACD_Eval_Report_Form_3-29-11.pdf THIS FORM PROVIDES SPACE TO DOCUMENT THE NECESSARY INFORMATION REQUIRED AND SHOULD ALLOW FOR MORE EFFICIENT REVIEW OF ACD REQUESTS.

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 # 9 ATTENTION: ALL PROVIDERS (2011-336)

EFFECTIVE JANUARY 1, 2012, PROCEDURE CODES 80100, 80101, AND 80104 WILL BE LIMITED TO ONE PER DAY, PER RECIPIENT, PER PROVIDER FOR EACH PROCEDURE CODE. PROVIDERS WITHIN THE SAME GROUP PRACTICE ARE CONSIDERED A SINGLE PROVIDER.

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#10 ATTENTION: DENTISTS (2011-321)

EFFECTIVE JANUARY 1, 2012, THE REIMBURSEMENT RATE FOR PROCEDURE CODE D3332 (INCOMPLETE ENDODONTIC TREATMENT) WILL BE REDUCED FROM $354.00 TO $177.00. THIS SERVICE IS FOR INCOMPLETE ENDODONTIC TREATMENT OF A PERMANENT TOOTH DUE TO THE TOOTH BECOMING INOPERABLE OR UNRESTORABLE. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE DENTAL PROGRAM, OR NIKKI SCOTT, ASSOCIATE DIRECTOR, CLINIC SERVICES AT 334-353-5263.

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#11 ATTENTION: NURSING HOME PROVIDERS (2011-321)

EFFECTIVE WITH THE DECEMBER 2011 RETROSPECTIVE REVIEW, QUALIS HEALTH (MEDICAID'S CONTRACTOR) WILL BE FAXING THE REQUEST FOR RECORDS TO THE FACILITIES. THE FACILITY MUST FAX BACK CONFIRMATION OF RECEIPT. RECORDS MUST STILL BE MAILED TO HP WITH A COMPLETED COVERSHEET. PLEASE CALL QUALIS HEALTH AT 1-888-213-7576 FOR QUESTIONS ABOUT THIS PROCESS.

#12 TO: ALL PROVIDERS (2011-252)

HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:

- 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
- 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
- 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
- 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
- NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS

• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
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#13 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2011-126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF
4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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#14 ATTENTION: ALL PROVIDERS (2009-338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#15 ATTENTION: ALL PROVIDERS (2009-093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE JANUARY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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January 6, 2012 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****

 # 2 ATTENTION: ALL PROVIDERS (2012-006)
THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED MONDAY, JANUARY 16, 2012 . THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.
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 # 3 ATTENTION: All Providers: (2012-006)
ON JANUARY 9, 2012, THE ALABAMA MEDICAID AGENCY WILL IMPLEMENT AN ELECTRONIC PROVIDER ENROLLMENT APPLICATION. PAPER APPLICATIONS RECEIVED THROUGH JANUARY 23, 2012, WILL CONTINUE TO PROCESSED. ANY PAPER APPLICATIONS RECEIVED ON OR AFTER JANUARY 24, 2012 WILL NO LONGER BE ACCEPTED, AND PROVIDERS WILL BE REQUIRED TO USE THE WEB PORTAL APPLICATION TO ENROLL WITH MEDICAID.

 # 4 ATTENTION: ALL PROVIDERS (2012-006)
THE COMPLIANCE DATE FOR 5010 TRANSACTIONS HAS PASSED. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ANNOUNCED THAT COVERED ENTITIES THAT ARE NOT COMPLIANT WITH 5010 WILL BE SUBJECT TO PENALTIES ON MARCH 31, 2012.
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 # 5 ATTENTION: ALL PHYSICIANS (2011-336)
REGARDING: BILLING SUBSTITUTE PHYSICIAN SERVICES
THE REGULAR PHYSICIAN SHALL IDENTIFY THE SERVICES OF A SUBSTITUTE PHYSICIAN BY ENTERING HCPCS MODIFIER Q5 (SERVICE FURNISHED BY A SUBSTITUTE PHYSICIAN UNDER A RECIPROCAL ARRANGEMENT) OR HCPCS MODIFIER Q6 (SERVICE FURNISHED BY A LOCUM TENENS PHYSICIAN) AFTER THE PROCEDURE CODE.
****

 # 6 ATTENTION: DME PROVIDERS OF AUGMENTATIVE/ALTERNATIVE
COMMUNICATION DEVICES (ACDS) (2011-336)
PROVIDERS ARE STRONGLY ENCOURAGED TO USE FORM 480, FOUND ON THE AGENCY'S WEBSITE AT,
http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.1_Billing/5.4.1_FILLABLE_ACD_Eval_Report_Form_3-29-11.pdf THIS FORM PROVIDES SPACE TO DOCUMENT THE NECESSARY INFORMATION REQUIRED AND SHOULD ALLOW FOR MORE EFFICIENT REVIEW OF ACD REQUESTS.
****

 # 7 ATTENTION: ALL PROVIDERS (2011-336)
EFFECTIVE JANUARY 1, 2012, PROCEDURE CODES 80100, 80101, AND 80104 WILL BE LIMITED TO ONE PER DAY, PER RECIPIENT, PER PROVIDER FOR EACH PROCEDURE CODE. PROVIDERS WITHIN THE SAME GROUP PRACTICE ARE CONSIDERED A SINGLE PROVIDER.
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 # 8 ATTENTION: ALL DENTISTS (2011-321)
EFFECTIVE JANUARY 1, 2012, THE REIMBURSEMENT RATE FOR PROCEDURE CODE D3332 (INCOMPLETE ENDODONTIC TREATMENT) WILL BE REDUCED FROM $354.00 TO $177.00. THIS SERVICE IS FOR INCOMPLETE ENDODONTIC TREATMENT OF A PERMANENT TOOTH DUE TO THE TOOTH BECOMING INOPERABLE OR UNRESTORABLE. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE DENTAL PROGRAM, OR NIKKI SCOTT, ASSOCIATE DIRECTOR, CLINIC SERVICES AT 334-353-5263.
****

 # 9 ATTENTION: NURSING HOME PROVIDERS (2011-321)
EFFECTIVE WITH THE DECEMBER 2011 RETROSPECTIVE REVIEW, QUALIS HEALTH (MEDICAID'S CONTRACTOR) WILL BE FAXING THE REQUEST FOR RECORDS TO THE FACILITIES. THE FACILITY MUST FAX BACK CONFIRMATION OF RECEIPT. RECORDS MUST STILL BE MAILED TO HP WITH A COMPLETED COVERSHEET. PLEASE CALL QUALIS HEALTH AT 1-888-213-7576 FOR QUESTIONS ABOUT THIS PROCESS.
#10 TO: ALL PROVIDERS (2011-252)
HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
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• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
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• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
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#11 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2011-126)
VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION

3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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#12 ATTENTION: ALL PROVIDERS (2009-338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#13 ATTENTION: ALL PROVIDERS (2009-093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE OCTOBER 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

December 17, 2011 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
BANNER # 2
ORIGINATOR: SMJ
ALL RA INDICATOR: YES
TO DATE: 12/31/2299
****

 # 2 ATTENTION: EYE CARE PROVIDERS (337)
EFFECTIVE DECEMBER 1, 2010, PROCEDURE CODE V2020 (VISION SERVICES FRAMES PURCHASE) WILL HAVE A MAXIMUM REIMBURSEMENT RATE OF $13.95 PER 1 UNIT.
BANNER # 45
ORIGINATOR: BNP
ALL RA INDICATOR: NO
AUDIENCE: SP 190 (OPTICIANS); SP 180 (OPTOMETRISTS); SP 330 (OPTHALMOLOGISTS)
TO DATE: 12/31/2299
****

 # 3 TO: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
BANNER # 43
ORIGINATOR: BNP
ALL RA INDICATOR: YES
TO DATE: 12/31/2299
****

 # 4 ATTENTION: ALL PROVIDERS (295)
EFFECTIVE FOR CLAIMS RECEIVED ON OR AFTER JANUARY 17, 2011 – ALL CLAIMS MUST BE SUBMITTED WITH THE RECIPIENT'S CURRENT MEDICAID ID NUMBER WHICH BEGINS WITH A "5."
AS A RESULT OF ACT 2006-611, IN JANUARY 2007 THE MEDICAID ID NUMBERS (WHICH CONTAINED THE SOCIAL SECURITY NUMBER) FOR ALL RECIPIENTS WERE CONVERTED TO NEW MEDICAID NUMBERS.
CLAIMS RECEIVED ON OR AFTER JANUARY 17, 2011 WILL BE DENIED IF SUBMITTED WITH THE OLD MEDICAID ID NUMBER WHICH BEGINS WITH "000."
BANNER # 41
ORIGINATOR: BNP/GMC
ALL RA INDICATOR: YES
TO DATE: 12/31/2299

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 # 5 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

BANNER # 7

ORIGINATOR: C. CROCKETT/BNP

ALL RA INDICATOR: YES

TO DATE: 12/31/2299

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 # 6 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

BANNER # 9

ORIGINATOR:

ALL RA INDICATOR: YES

TO DATE: 12/31/2299

December 02, 2011 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY
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 # 2 ATTENTION: ALL PROVIDERS (336)
THE ALABAMA MEDICAID AGENCY WILL BE CLOSED THE FOLLOWING DAYS IN OBSERVANCE OF THE HOLIDAYS: DECEMBER 23, 2011, DECEMBER 26, 2011, AND JANUARY 2, 2012.
HP ENTERPRISE SERVICES WILL BE CLOSED DECEMBER 26, 2011 AND JANUARY 2, 2012. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE DURING THIS TIME FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.
****

 # 3 ATTENTION: ALL PHYSICIANS (336)
REGARDING: BILLING SUBSTITUTE PHYSICIAN SERVICES
THE REGULAR PHYSICIAN SHALL IDENTIFY THE SERVICES OF A SUBSTITUTE PHYSICIAN BY ENTERING HCPCS MODIFIER Q5 (SERVICE FURNISHED BY A SUBSTITUTE PHYSICIAN UNDER A RECIPROCAL ARRANGEMENT) OR HCPCS MODIFIER Q6 (SERVICE FURNISHED BY A LOCUM TENENS PHYSICIAN) AFTER THE PROCEDURE CODE.
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 # 4 ATTENTION: DME PROVIDERS OF AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICES (ACDS) (336)
PROVIDERS ARE STRONGLY ENCOURAGED TO USE FORM 480, FOUND ON THE AGENCY'S WEBSITE
AT, http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.1_Billing/5.4.1_FILLABLE_ACD_Eval_Report_Form_3-29-11.pdf THIS FORM PROVIDES SPACE TO DOCUMENT THE NECESSARY INFORMATION REQUIRED AND SHOULD ALLOW FOR MORE EFFICIENT REVIEW OF ACD REQUESTS.
****

 # 5 ATTENTION: ALL PROVIDERS (336)
EFFECTIVE JANUARY 1, 2012, PROCEDURE CODES 80100, 80101, AND 80104 WILL BE LIMITED TO ONE PER DAY, PER RECIPIENT, PER PROVIDER FOR EACH PROCEDURE CODE. PROVIDERS WITHIN THE SAME GROUP PRACTICE ARE CONSIDERED A SINGLE PROVIDER.
**********#

6 ATTENTION: ALL DENTISTS (321)
EFFECTIVE JANUARY 1, 2012, THE REIMBURSEMENT RATE FOR PROCEDURE CODE D3332 (INCOMPLETE ENDODONTIC TREATMENT) WILL BE REDUCED FROM $354.00 TO $177.00. THIS SERVICE IS FOR INCOMPLETE ENDODONTIC TREATMENT OF A PERMANENT TOOTH DUE TO THE TOOTH BECOMING INOPERABLE OR UNRESTORABLE. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE DENTAL PROGRAM, OR NIKKI SCOTT, ASSOCIATE DIRECTOR, CLINIC SERVICES AT 334-353-5263.

****

 # 7 ATTENTION: ALL HOSPITALS (321)

ZERO PAID VISITS PAST 3 REIMBURSEABLE NON CERTIFIED ER VISITS: EFFECTIVE OCTOBER 1, 2011, HOSPITALS SHALL NOT BE PAID MORE THAN THREE NON-CERTIFIED EMERGENCY ROOM VISITS PER YEAR, BUT THE COSTS OF PROVIDING ADDITIONAL CARE SHALL BE ACCOUNTED FOR AND REPORTED TO ALABAMA MEDICAID AS A COST OF PROVIDING CARE TO MEDICAID ELIGIBLE RECIPIENTS.

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 # 8 ATTENTION: NURSING HOME PROVIDERS (321)

EFFECTIVE WITH THE DECEMBER 2011 RETROSPECTIVE REVIEW, QUALIS HEALTH (MEDICAID'S CONTRACTOR) WILL BE FAXING THE REQUEST FOR RECORDS TO THE FACILITIES. THE FACILITY MUST FAX BACK CONFIRMATION OF RECEIPT. RECORDS MUST STILL BE MAILED

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TO HP WITH A COMPLETED COVERSHEET.
PLEASE CALL QUALIS HEALTH AT 1-888-213-7576 FOR QUESTIONS ABOUT THIS PROCESS.

 # 9 ATTENTION: NURSING HOME PROVIDERS (308)

EFFECTIVE WITH THE NOVEMBER 2011 AUDIT, PENALTIES FOR TIMELINESS WILL BE BASED UPON THE DATE THAT HP RECEIVES A RECORD WITH THE COVERSHEET AS THE FIRST PAGE, CORRECTLY COMPLETED, WHICH CAN BE ADDED ELECTRONICALLY. PROVIDER-CORRECTABLE ERRORS, SUCH AS MISSING THE 13TH DIGIT OF THE RECIPIENT'S MEDICAID ID, WILL RESULT IN HP RETURNING THE RECORD TO THE PROVIDER. PLEASE ALSO ENSURE THAT THE COVER SHEET IS ON TOP. FAILURE TO MAIL A RECORD TO HP THAT CAN BE ADDED SUCCESSFULLY MAY RESULT IN A LATE PENALTY.

****

#10 ATTENTION: ALL PROVIDERS (308)

ALABAMA MEDICAID COMPLETED UPDATES TO SUPPORT 5010 AND NCPDP D.0 TRANSACTIONS OVER THE VETERAN'S DAY WEEKEND. AT THIS TIME THE FOLLOWING ARE AVAILABLE:

• TRANSACTIONS CAN BE SUBMITTED AS X12 4010 OR X12 5010 / NCPDP 5.1, OR NCPDP D.0.
• PES 2.16 WILL SUPPORT 4010 UNTIL PES 3.0 IS RELEASED. PES 3.0 WILL SUPPORT 5010 TRANSACTIONS. NOTIFICATION WILL BE MADE WHEN PES 3.0 IS AVAILABLE.
• WEB PORTAL DIRECT DATA ENTRY WILL NOW REFLECT CHANGES SO AS ONLY X12 5010 AND NCPDP D.0 ARE SUBMITTED.
• REMITTANCE ADVICE (835) WILL BE AVAILABLE IN BOTH X12 4010 AND X12 5010. • OTHER RESPONSES WILL BE RETURNED IN THE SAME VERSION AS WAS RECEIVED.

MEDICAID WILL CONTINUE TO ACCEPT BOTH X12 4010 AND X12 5010 AND BOTH NCPDP 5.1 AND NCPDP D.0 THROUGH DECEMBER 2011.
BEGINNING JANUARY 1, 2012, ONLY X12 5010 AND NCPDP D.0 WILL BE PROCESSED. FOR UPDATED INFORMATION, PLEASE CONTINUE TO VISIT THE MEDICAID WEBSITE (HTTP://WWW.MEDICAID.ALABAMA.GOV/CONTENT/6.0_PROVIDERS/6.5_HIPAA_501
THANK YOU FOR YOUR PATIENCE DURING OUR TRANSITION TO 5010 AND NCPDP D.0.

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#11 TO: ALL PROVIDERS (252)

HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.

THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:

• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION

THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
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• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS

FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx

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#12 ATTENTION PHARMACY PROVIDERS (280)

PHARMACIES PARTICIPATING IN THE ALABAMA MEDICAID PROGRAM ARE REQUIRED TO USE THE PRESCRIBING PHYSICIAN'S NPI OR LICENSE NUMBER WHEN FILING A CLAIM WITH THE AGENCY. A RECENT REVIEW OF PHARMACY BILLING PRACTICES FOUND THAT NUMEROUS PHARMACIES ARE USING AN INCORRECT PRESCRIBING PHYSICIAN NUMBER ON CLAIMS SUBMITTED TO THE AGENCY.

EFFECTIVE OCTOBER 17, 2011, THE ALABAMA MEDICAID AGENCY WILL NO LONGER RECOGNIZE PHYSICIAN LICENSE NUMBER 19776 ON ANY CLAIMS. PHARMACY PROVIDERS SHOULD COORDINATE WITH THEIR SOFTWARE VENDORS TO VALIDATE PHYSICIAN LICENSE NUMBER 19776 OR ANY OTHER 'PSEUDO NUMBER' IS NOT HARD CODED IN THEIR SYSTEM FOR ALABAMA MEDICAID CLAIMS PROCESSING.

PROVIDERS ARE REMINDED THAT ANY PHARMACY CLAIM WITH AN INCORRECT PRESCRIBING PHYSICIAN NUMBER IS SUBJECT TO RECOUPMENT. PHARMACIES WITH REPEATED VIOLATIONS WILL BE SUBJECT TO REVOCATION OF THEIR MEDICAID PROVIDER AGREEMENT, AND REFERRAL TO FEDERAL OR STATE LAW ENFORCEMENT PERSONNEL FOR CRIMINAL PROSECUTION.

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#13 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.

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#14 ATTENTION: ALL PHYSICIANS (203)

*** * * INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE * * ***

WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE

MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.
TO DATE: 12/31/2299

****

#15 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE.
WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL
ADDRESS: AlabamaSystemsEMC@hp.com.

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#16 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

#17 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE OCTOBER 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

November 18, 2011 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. THE PAYMENTS FOR THE NOVEMBER 18, 2011 CHECKWRITE WILL BE RELEASED ON WEDNESDAY NOVEMBER 30, 2011. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK.

****

 # 2 ATTENTION: ALL DENTISTS (321)

EFFECTIVE JANUARY 1, 2012, THE REIMBURSEMENT RATE FOR PROCEDURE CODE D3332 (INCOMPLETE ENDODONTIC TREATMENT) WILL BE REDUCED FROM $354.00 TO $177.00. THIS SERVICE IS FOR INCOMPLETE ENDODONTIC TREATMENT OF A PERMANENT TOOTH DUE TO THE TOOTH BECOMING INOPERABLE OR UNRESTORABLE. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE DENTAL PROGRAM, OR NIKKI SCOTT, ASSOCIATE DIRECTOR, CLINIC SERVICES AT 334-353-5263.

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 # 3 ATTENTION: ALL HOSPITALS (321)

ZERO PAID VISITS PAST 3 REIMBURSEABLE NON CERTIFIED ER VISITS: EFFECTIVE OCTOBER 1, 2011, HOSPITALS SHALL NOT BE PAID MORE THAN THREE NON-CERTIFIED EMERGENCY ROOM VISITS PER YEAR, BUT THE COSTS OF PROVIDING ADDITIONAL CARE SHALL BE ACCOUNTED FOR AND REPORTED TO ALABAMA MEDICAID AS A COST OF PROVIDING CARE TO MEDICAID ELIGIBLE RECIPIENTS.

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 # 4 ATTENTION: NURSING HOME PROVIDERS (321)

EFFECTIVE WITH THE DECEMBER 2011 RETROSPECTIVE REVIEW, QUALIS HEALTH (MEDICAID'S CONTRACTOR) WILL BE FAXING THE REQUEST FOR RECORDS TO THE FACILITIES. THE FACILITY MUST FAX BACK CONFIRMATION OF RECEIPT. RECORDS MUST STILL BE MAILED

****

TO HP WITH A COMPLETED COVERSHEET.
PLEASE CALL QUALIS HEALTH AT 1-888-213-7576 FOR QUESTIONS ABOUT THIS PROCESS.

 # 5 ATTENTION: NURSING HOME PROVIDERS (308)

EFFECTIVE WITH THE NOVEMBER 2011 AUDIT, PENALTIES FOR TIMELINESS WILL BE BASED UPON THE DATE THAT HP RECEIVES A RECORD WITH THE COVERSHEET AS THE FIRST PAGE, CORRECTLY COMPLETED, WHICH CAN BE ADDED ELECTRONICALLY. PROVIDER-CORRECTABLE ERRORS, SUCH AS MISSING THE 13TH DIGIT OF THE RECIPIENT'S MEDICAID ID, WILL RESULT IN HP RETURNING THE RECORD TO THE PROVIDER. PLEASE ALSO ENSURE THAT THE COVER SHEET IS ON TOP. FAILURE TO MAIL A RECORD TO HP THAT CAN BE ADDED SUCCESSFULLY MAY RESULT IN A LATE PENALTY.
AUDIENCE: PT 03 (Nursing Homes)**********

 # 6 ATTENTION: ALL PROVIDERS (308)

ALABAMA MEDICAID COMPLETED UPDATES TO SUPPORT 5010 AND NCPDP D.0 TRANSACTIONS OVER THE VETERAN'S DAY WEEKEND. AT THIS TIME THE FOLLOWING ARE AVAILABLE:

• TRANSACTIONS CAN BE SUBMITTED AS X12 4010 OR X12 5010 / NCPDP 5.1, OR NCPDP D.0.

• PES 2.16 WILL SUPPORT 4010 UNTIL PES 3.0 IS RELEASED. PES 3.0 WILL SUPPORT 5010 TRANSACTIONS. NOTIFICATION WILL BE MADE WHEN PES 3.0 IS AVAILABLE.
• WEB PORTAL DIRECT DATA ENTRY WILL NOW REFLECT CHANGES SO AS ONLY X12 5010 AND NCPDP D.0 ARE SUBMITTED.
• REMITTANCE ADVICE (835) WILL BE AVAILABLE IN BOTH X12 4010 AND X12 5010.
• OTHER RESPONSES WILL BE RETURNED IN THE SAME VERSION AS WAS RECEIVED.
MEDICAID WILL CONTINUE TO ACCEPT BOTH X12 4010 AND X12 5010 AND BOTH NCPDP 5.1 AND NCPDP D.0 THROUGH DECEMBER 2011.
BEGINNING JANUARY 1, 2012, ONLY X12 5010 AND NCPDP D.0 WILL BE PROCESSED. FOR UPDATED INFORMATION, PLEASE CONTINUE TO VISIT THE MEDICAID WEBSITE (HTTP://WWW.MEDICAID.ALABAMA.GOV/CONTENT/6.0_PROVIDERS/6.5_HIPAA_5010.ASPX)
THANK YOU FOR YOUR PATIENCE DURING OUR TRANSITION TO 5010 AND NCPDP D.0.**********

 # 7 TO: ALL PROVIDERS (252)

HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
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 # 8 ATTENTION PHARMACY PROVIDERS (280)

PHARMACIES PARTICIPATING IN THE ALABAMA MEDICAID PROGRAM ARE REQUIRED TO USE THE PRESCRIBING PHYSICIAN'S NPI OR LICENSE NUMBER WHEN FILING A CLAIM WITH THE AGENCY. A RECENT REVIEW OF PHARMACY BILLING PRACTICES FOUND THAT NUMEROUS PHARMACIES ARE USING AN INCORRECT PRESCRIBING PHYSICIAN NUMBER ON CLAIMS SUBMITTED TO THE AGENCY.
EFFECTIVE OCTOBER 17, 2011, THE ALABAMA MEDICAID AGENCY WILL NO LONGER RECOGNIZE PHYSICIAN LICENSE NUMBER 19776 ON ANY CLAIMS. PHARMACY PROVIDERS SHOULD COORDINATE WITH THEIR SOFTWARE VENDORS TO VALIDATE PHYSICIAN LICENSE NUMBER 19776 OR ANY OTHER 'PSEUDO

NUMBER' IS NOT HARD CODED IN THEIR SYSTEM FOR ALABAMA MEDICAID CLAIMS PROCESSING.
PROVIDERS ARE REMINDED THAT ANY PHARMACY CLAIM WITH AN INCORRECT PRESCRIBING PHYSICIAN NUMBER IS SUBJECT TO RECOUPMENT. PHARMACIES WITH REPEATED VIOLATIONS WILL BE SUBJECT TO REVOCATION OF THEIR MEDICAID PROVIDER AGREEMENT, AND REFERRAL TO FEDERAL OR STATE LAW ENFORCEMENT PERSONNEL FOR CRIMINAL PROSECUTION.
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 # 9 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.
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 # 10 ATTENTION: ALL PHYSICIANS (203)
*****INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE*****

WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.
TO DATE: 12/31/2299
****

 # 11 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE.
WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL
ADDRESS: AlabamaSystemsEMC@hp.com.
****

#12 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

#13 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE OCTOBER 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

November 4, 2011 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
TO DATE: 12/31/2299
****

 # 2 ATTENTION: NURSING HOME PROVIDERS (308)
EFFECTIVE WITH THE NOVEMBER 2011 AUDIT, PENALTIES FOR TIMELINESS WILL BE BASED UPON THE DATE THAT HP RECEIVES A RECORD WITH THE COVERSHEET AS THE FIRST PAGE, CORRECTLY COMPLETED, WHICH CAN BE ADDED ELECTRONICALLY. PROVIDER-CORRECTABLE ERRORS, SUCH AS MISSING THE 13TH DIGIT OF THE RECIPIENT'S MEDICAID ID, WILL RESULT IN HP RETURNING THE RECORD TO THE PROVIDER. PLEASE ALSO ENSURE THAT THE COVER SHEET IS ON TOP. FAILURE TO MAIL A RECORD TO HP THAT CAN BE ADDED SUCCESSFULLY MAY RESULT IN A LATE PENALTY.
****

 # 3 ATTENTION: ALL PROVIDERS (308)
TOTAL SYSTEM OUTAGE EXPECTED:
WHEN: FRIDAY, NOVEMBER 11, 2011 BEGINNING AT 9:00 PM CENTRAL TIME
TO
MONDAY, NOVEMBER 14, 2011 AT 6:00 AM CENTRAL TIME
ALABAMA MEDICAID WILL INSTALL UPDATES TO SUPPORT 5010 AND NCPDP D.0 TRANSACTIONS OVER THE VETERAN'S DAY WEEKEND AS PART OF OVERALL SYSTEM UPGRADES.
DUE TO THIS UPGRADE, THE SYSTEM WILL BE UNAVAILABLE BETWEEN 9:00 PM FRIDAY, NOVEMBER 11, 2011 AND 6:00 AM, MONDAY, NOVEMBER 14, 2011. DURING THIS TIME, THERE WILL BE NO CLAIMS AND ELIGIBILITY PROCESSINGS OR SYSTEM ACCESS BY ANY METHOD. SUBMISSIONS WILL NOT BE AVAILABLE VIA BATCH, INTERACTIVE, PES OR WEB PORTAL, AND AVRS WILL BE DOWN.
THE ELECTRONIC MEDIA CLAIMS (EMC) HELPDESK TELEPHONE LINE WILL PROVIDE UPDATES THROUGHOUT THE WEEKEND AT 1-800-456-1242. THE MESSAGE WILL BE UPDATED AS SOON AS THE SYSTEM IS AVAILABLE.
ONCE COMPLETE, THE FOLLOWING WILL BE AVAILABLE:
• TRANSACTIONS CAN BE SUBMITTED AS X12 4010 OR X12 5010 / NCPDP 5.1, OR NCPDP D.0.PES 2.16 WILL SUPPORT 4010 UNTIL PES 3.0 IS RELEASED. PES 3.0 WILL SUPPORT 5010 TRANSACTIONS. NOTIFICATION WILL BE MADE WHEN IT IS AVAILABLE.
• WEB PORTAL DIRECT DATA ENTRY WILL NOW REFLECT CHANGES SO AS ONLY X12 5010 AND NCPDP D.0 ARE SUBMITTED.
• AVRS WILL BE OPERATIONAL.
• REMITTANCE ADVICE (835) WILL BE AVAILABLE IN BOTH X12 4010 AND X12 5010.
• OTHER RESPONSES WILL BE RETURNED IN THE SAME VERSION AS WAS

RECEIVED.
MEDICAID WILL CONTINUE TO ACCEPT BOTH X12 4010 AND X12 5010 AND BOTH NCPDP 5.1 AND NCPDP D.0 THROUGH DECEMBER 2011.
BEGINNING JANUARY 1, 2012, ONLY X12 5010 AND NCPDP D.0 WILL BE PROCESSED.FOR UPDATED INFORMATION, PLEASE CONTINUE TO VISIT THE MEDICAID WEBSITE
(HTTP://WWW.MEDICAID.ALABAMA.GOV/CONTENT/6.0_PROVIDERS/6.5_HIPAA_5010.ASPX)
THANK YOU FOR YOUR PATIENCE AS WE TRANSITION TO 5010 AND NCPDP D.0.
****

 # 4 ATTENTION PHARMACY PROVIDERS (280)

PHARMACIES PARTICIPATING IN THE ALABAMA MEDICAID PROGRAM ARE REQUIRED TO USE THE PRESCRIBING PHYSICIAN'S NPI OR LICENSE NUMBER WHEN FILING A CLAIM WITH THE AGENCY. A RECENT REVIEW OF PHARMACY BILLING PRACTICES FOUND THAT NUMEROUS PHARMACIES ARE USING AN INCORRECT PRESCRIBING PHYSICIAN NUMBER ON CLAIMS SUBMITTED TO THE AGENCY.
EFFECTIVE OCTOBER 17, 2011, THE ALABAMA MEDICAID AGENCY WILL NO LONGER RECOGNIZE PHYSICIAN LICENSE NUMBER 19776 ON ANY CLAIMS. PHARMACY PROVIDERS SHOULD COORDINATE WITH THEIR SOFTWARE VENDORS TO VALIDATE PHYSICIAN LICENSE NUMBER 19776 OR ANY OTHER 'PSEUDO NUMBER' IS NOT HARD CODED IN THEIR SYSTEM FOR ALABAMA MEDICAID CLAIMS PROCESSING.
PROVIDERS ARE REMINDED THAT ANY PHARMACY CLAIM WITH AN INCORRECT PRESCRIBING PHYSICIAN NUMBER IS SUBJECT TO RECOUPMENT. PHARMACIES WITH REPEATED VIOLATIONS WILL BE SUBJECT TO REVOCATION OF THEIR MEDICAID PROVIDER AGREEMENT, AND REFERRAL TO FEDERAL OR STATE LAW ENFORCEMENT PERSONNEL FOR CRIMINAL PROSECUTION.**********

 # 5 ATTENTION: AIR AND GROUND AMBULANCE PROVIDERS (252)
*** * * REMINDER * * ***

WHEN SUBMITTING A PRIOR AUTHORIZATION ON FORM 342 THE DIAGNOSIS DESCRIPTION AND
ALSO, WHEN SUBMITTING PRIOR AUTHORIZATIONS FOR AIR TRANSPORTATION OR NON-EMERGENCY AMBULANCE TRANSPORTATION ALL FORMS AND DOCUMENTATION SHOULD BE ON THE CORRECT FORMS (I.E., AN EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON THE EMERGENCY FORM AND A NONEMERGENCY TRANSPORT SHOULD BE SUBMITTED ON A NON-EMERGENCY TRANSPORT FORM) TO ENSURE APPROPRIATE REVIEW.
DIAGNOSIS CODE SHOULD BOTH BE ENTERED CORRECTLY ON THE FORM OR THE PA WILL DENY.
****

 # 6 TO: ALL PROVIDERS (252)

HIPAA 5010 X12 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE

• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx**# 7**

ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.

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 # 8 ATTENTION: ALL PHYSICIANS (203)

*****INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE*****

WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.

****

 # 9 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE.
WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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#10 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

#11 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE OCTOBER 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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October 21, 2011 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: PHARMACY PROVIDERS (280)

IF YOU RECEIVED AN OVERPAYMENT LETTER FROM OPTUMINSIGHT AND DISAGREE WITH THE FINDINGS, YOU HAVE UNTIL NOVEMBER 30, 2011 TO SUBMIT DOCUMENTATION FOR AN INFORMAL REVIEW.

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 # 3 ATTENTION PHARMACY PROVIDERS (280)

PHARMACIES PARTICIPATING IN THE ALABAMA MEDICAID PROGRAM ARE REQUIRED TO USE THE PRESCRIBING PHYSICIAN'S NPI OR LICENSE NUMBER WHEN FILING A CLAIM WITH THE AGENCY. A RECENT REVIEW OF PHARMACY BILLING PRACTICES FOUND THAT NUMEROUS PHARMACIES ARE USING AN INCORRECT PRESCRIBING PHYSICIAN NUMBER ON CLAIMS SUBMITTED TO THE AGENCY.

EFFECTIVE OCTOBER 17, 2011, THE ALABAMA MEDICAID AGENCY WILL NO LONGER RECOGNIZE PHYSICIAN LICENSE NUMBER 19776 ON ANY CLAIMS. PHARMACY PROVIDERS SHOULD COORDINATE WITH THEIR SOFTWARE VENDORS TO VALIDATE PHYSICIAN LICENSE NUMBER 19776 OR ANY OTHER 'PSEUDO NUMBER' IS NOT HARD CODED IN THEIR SYSTEM FOR ALABAMA MEDICAID CLAIMS PROCESSING.

PROVIDERS ARE REMINDED THAT ANY PHARMACY CLAIM WITH AN INCORRECT PRESCRIBING PHYSICIAN NUMBER IS SUBJECT TO RECOUPMENT. PHARMACIES WITH REPEATED VIOLATIONS WILL BE SUBJECT TO REVOCATION OF THEIR MEDICAID PROVIDER AGREEMENT, AND REFERRAL TO FEDERAL OR STATE LAW ENFORCEMENT PERSONNEL FOR CRIMINAL PROSECUTION.

****

 # 4 ATTENTION: AIR AND GROUND AMBULANCE PROVIDERS (252)

* * * REMINDER * * *

WHEN SUBMITTING A PRIOR AUTHORIZATION ON FORM 342 THE DIAGNOSIS DESCRIPTION AND

ALSO, WHEN SUBMITTING PRIOR AUTHORIZATIONS FOR AIR TRANSPORTATION OR NON-EMERGENCY AMBULANCE TRANSPORTATION ALL FORMS AND DOCUMENTATION SHOULD BE ON THE CORRECT FORMS (I.E., AN EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON THE EMERGENCY FORM AND A NONEMERGENCY TRANSPORT SHOULD BE SUBMITTED ON A NON-EMERGENCY TRANSPORT FORM) TO ENSURE APPROPRIATE REVIEW.

DIAGNOSIS CODE SHOULD BOTH BE ENTERED CORRECTLY ON THE FORM OR THE PA WILL DENY.

****

 # 5 TO: ALL PROVIDERS (252)

HIPAA 5010 X12 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS.
TESTING 5010 TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR
TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:

• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE **NEW BEGINNING OCTOBER 12TH*
• TA1INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION

THE FOLLOWING TRANSACTION TYPES WILL BE AVAILABLE FOR TESTING
COMPLIANCE ONLY BEGINNING OCTOBER 12TH THROUGH THE TRADE FILES
OPTION VIA THE TESTING WEBSITE. PLEASE SUBMIT THESE TRANSACTIONS
WITH AN ISA15 INTERCHANGE USAGE INDICATOR VALUE OF A 'T'. ONLY A TA1
OR 999 WILL BE RETURNED FOR THESE TRANSACTIONS AT THIS TIME:

• 837 PROFESSIONAL CLAIM SUBMISSION
• 837 INSTITUTIONAL CLAIM SUBMISSION
• 837 DENTAL CLAIM SUBMISSION

FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID
WEBSITE: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
****

 # 6 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF
THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO
UNTIL FURTHER NOTICE.
****

 # 7 ATTENTION: ALL PHYSICIANS (203)

INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE
WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL
CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223)
FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE
MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.
****

 # 8 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE
AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED
FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,'
SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL
DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE.
WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE
ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0.
VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO
ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION
OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT
THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL
ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 9 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

 # 10 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE OCTOBER 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

October 7, 2011 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: PHARMACY PROVIDERS (280)

IF YOU RECEIVED AN OVERPAYMENT LETTER FROM OPTUMINSIGHT AND DISAGREE WITH THE FINDINGS, YOU HAVE UNTIL NOVEMBER 30, 2011 TO SUBMIT DOCUMENTATION FOR AN INFORMAL REVIEW.

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 # 3 ATTENTION PHARMACY PROVIDERS (280)

PHARMACIES PARTICIPATING IN THE ALABAMA MEDICAID PROGRAM ARE REQUIRED TO USE THE PRESCRIBING PHYSICIAN'S NPI OR LICENSE NUMBER WHEN FILING A CLAIM WITH THE AGENCY. A RECENT REVIEW OF PHARMACY BILLING PRACTICES FOUND THAT NUMEROUS PHARMACIES ARE USING AN INCORRECT PRESCRIBING PHYSICIAN NUMBER ON CLAIMS SUBMITTED TO THE AGENCY.

EFFECTIVE OCTOBER 17, 2011, THE ALABAMA MEDICAID AGENCY WILL NO LONGER RECOGNIZE PHYSICIAN LICENSE NUMBER 19776 ON ANY CLAIMS. PHARMACY PROVIDERS SHOULD COORDINATE WITH THEIR SOFTWARE VENDORS TO VALIDATE PHYSICIAN LICENSE NUMBER 19776 OR ANY OTHER 'PSEUDO NUMBER' IS NOT HARD CODED IN THEIR SYSTEM FOR ALABAMA MEDICAID CLAIMS PROCESSING.

PROVIDERS ARE REMINDED THAT ANY PHARMACY CLAIM WITH AN INCORRECT PRESCRIBING PHYSICIAN NUMBER IS SUBJECT TO RECOUPMENT. PHARMACIES WITH REPEATED VIOLATIONS WILL BE SUBJECT TO REVOCATION OF THEIR MEDICAID PROVIDER AGREEMENT, AND REFERRAL TO FEDERAL OR STATE LAW ENFORCEMENT PERSONNEL FOR CRIMINAL PROSECUTION.

****

 # 4 ATTENTION: AIR AND GROUND AMBULANCE PROVIDERS (252)

* * * REMINDER * * *

WHEN SUBMITTING A PRIOR AUTHORIZATION ON FORM 342 THE DIAGNOSIS DESCRIPTION AND

ALSO, WHEN SUBMITTING PRIOR AUTHORIZATIONS FOR AIR TRANSPORTATION OR NON-EMERGENCY AMBULANCE TRANSPORTATION ALL FORMS AND DOCUMENTATION SHOULD BE ON THE CORRECT FORMS (I.E., AN EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON THE EMERGENCY FORM AND A NONDIAGNOSISEMERGENCY TRANSPORT SHOULD BE SUBMITTED ON A NON-EMERGENCY TRANSPORT FORM) TO ENSURE APPROPRIATE REVIEW.

****

 # 5 TO: ALL PROVIDERS (252)

HIPAA 5010 X12 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.

THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:

• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE

• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE **NEW BEGINNING OCTOBER 12TH*
• TA1INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES WILL BE AVAILABLE FOR TESTING COMPLIANCE ONLY BEGINNING OCTOBER 12TH THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE. PLEASE SUBMIT THESE TRANSACTIONS WITH AN ISA15 INTERCHANGE USAGE INDICATOR VALUE OF A 'T'. ONLY A TA1 OR 999 WILL BE RETURNED FOR THESE TRANSACTIONS AT THIS TIME:
• 837 PROFESSIONAL CLAIM SUBMISSION
• 837 INSTITUTIONAL CLAIM SUBMISSION
• 837 DENTAL CLAIM SUBMISSION
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
****

 # 6 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.
****

 # 7 ATTENTION: ALL PHYSICIANS (203)
*****INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE*****

WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.
****

 # 8 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
****

 # 9 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN

TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

 # 10 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE OCTOBER 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

September 9, 2011 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: AIR AND GROUND AMBULANCE PROVIDERS (252)

*** * * REMINDER * * ***

WHEN SUBMITTING A PRIOR AUTHORIZATION ON FORM 342 THE DIAGNOSIS DESCRIPTION AND
ALSO, WHEN SUBMITTING PRIOR AUTHORIZATIONS FOR AIR TRANSPORTATION OR NONEMERGENCY
AMBULANCE TRANSPORTATION ALL FORMS AND DOCUMENTATION
SHOULD BE ON THE CORRECT FORMS (I.E., AN EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON THE EMERGENCY FORM AND A NON-EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON A NON-EMERGENCY TRANSPORT FORM) TO ENSURE APPROPRIATE REVIEW.
DIAGNOSIS CODE SHOULD BOTH BE ENTERED CORRECTLY ON THE
FORM OR THE PA WILL DENY.

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 # 3 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.

****

 # 4 ATTENTION: NURSING HOME, HOSPICE, PEC AND SWING BED PROVIDERS (217)

*****REMINDER*****

ALL RECORDS SHOULD BE SENT TO HP WITH THE CORRECT COVER SHEET FOUND ON THE AGENCY'S WEBSITE AT THIS LINK,
http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.3_LTC_Forms.aspx
EFFECTIVE AUGUST 8, 2011 RECORDS RECEIVED BY HP WITHOUT A COVER SHEET, OR THE INCORRECT COVER SHEET WILL BE RETURNED TO THE PROVIDER. FOR NURSING HOME PROVIDERS, THIS MAY RESULT IN PENALTIES FOR TIMELINESS FOR THE MONTHLY AUDIT.

**********# 5

ATTENTION: HOSPICE PROVIDERS (203)

EFFECTIVE JULY 14, 2011, REVISION TO FORM 165B – HOSPICE RECIPIENT STATUS CHANGE, WILL BE AVAILABLE FOR USE. THE FOLLOWING MEDICAID ONLY RECIPIENT CATEGORIES WERE ADDED:
-READMISSION AFTER UNRELATED HOSPITAL STAY
-DISCHARGE/REVOKE/DEATH
FORM 165B MAY BE ACCESSED, COMPLETED ELECTRONICALLY, AND PRINTED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov
SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT CHERYL CARDWELL AT (334) 242-5578.

 # 6 ATTENTION: ALL PHYSICIANS (203)
*****INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE*****
WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.
*****

August 19, 2011 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.

****

 # 3 ATTENTION: NURSING HOME, HOSPICE, PEC AND SWING BED PROVIDERS (217)
*****REMINDER*****

ALL RECORDS SHOULD BE SENT TO HP WITH THE CORRECT COVER SHEET FOUND ON THE AGENCY'S WEBSITE AT THIS LINK,
http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.3_LTC_Forms.aspx
EFFECTIVE AUGUST 8, 2011 RECORDS RECEIVED BY HP WITHOUT A COVER SHEET, OR THE INCORRECT COVER SHEET WILL BE RETURNED TO THE PROVIDER. FOR NURSING HOME PROVIDERS, THIS MAY RESULT IN PENALTIES FOR TIMELINESS FOR THE MONTHLY AUDIT.

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 # 4 ATTENTION: HOSPICE PROVIDERS (203)

EFFECTIVE JULY 14, 2011, REVISION TO FORM 165B – HOSPICE RECIPIENT STATUS CHANGE, WILL BE AVAILABLE FOR USE. THE FOLLOWING MEDICAID ONLY RECIPIENT CATEGORIES WERE ADDED:
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-DISCHARGE/REVOKE/DEATH
FORM 165B MAY BE ACCESSED, COMPLETED ELECTRONICALLY, AND PRINTED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov
SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT CHERYL CARDWELL AT (334) 242-5578.

****

 # 5 ATTENTION: ALL PHYSICIANS (203)

INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE
WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.

**********# 6

ATTENTION: ALL PROVIDERS (168)

ALABAMA MEDICAID HAS AN E-MAIL ADDRESS FOR PROVIDERS TO USE TO NOTIFY THE AGENCY WHEN A RECONSIDERATION OF A DENIED PA IS READY FOR REVIEW. PLEASE SEND E-MAIL TO parecon@medicaid.alabama.gov. PLEASE CONTINUE TO SEND RECONSIDERATION DOCUMENTS, WITH THE PA DENIAL LETTER TO HP ENTERPRISE SERVICES, 301 TECHNACENTER DRIVE, MONTGOMERY AL 36117 OR FAX TO (334)215-4140.

****

 # 7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)
*** * * N E W S O F T W A R E V E R S I O N 2.16* * ***
VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
****

 # 8 TO: ALL PROVIDERS (323)
ARE YOU READY FOR 5010 TRANSACTIONS EFFECTIVE JANUARY 1, 2012? THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START IN THE NEAR FUTURE. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
****

 # 9 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#10 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE JULY 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

August 5, 2011 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.

****

 # 3 ATTENTION: NURSING HOME, HOSPICE, PEC AND SWING BED PROVIDERS (217)
*****REMINDER*****

ALL RECORDS SHOULD BE SENT TO HP WITH THE CORRECT COVER SHEET FOUND ON THE AGENCY'S WEBSITE AT THIS LINK,
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 # 4 ATTENTION: HOSPICE PROVIDERS (203)

EFFECTIVE JULY 14, 2011, REVISION TO FORM 165B – HOSPICE RECIPIENT STATUS CHANGE, WILL BE AVAILABLE FOR USE. THE FOLLOWING MEDICAID ONLY RECIPIENT CATEGORIES WERE ADDED:
-READMISSION AFTER UNRELATED HOSPITAL STAY
-DISCHARGE/REVOKE/DEATH
FORM 165B MAY BE ACCESSED, COMPLETED ELECTRONICALLY, AND PRINTED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov
SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT CHERYL CARDWELL AT (334) 242-5578.

****

 # 5 ATTENTION: ALL PHYSICIANS (203)
*****INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE*****

WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.

****

 # 6 ATTENTION: ALL PROVIDERS (168)

ALABAMA MEDICAID HAS AN E-MAIL ADDRESS FOR PROVIDERS TO USE TO NOTIFY THE AGENCY WHEN A RECONSIDERATION OF A DENIED PA IS READY FOR REVIEW. PLEASE SEND E-MAIL TO parecon@medicaid.alabama.gov. PLEASE CONTINUE TO SEND RECONSIDERATION DOCUMENTS, WITH THE PA DENIAL LETTER TO HP ENTERPRISE SERVICES, 301 TECHNACENTER DRIVE, MONTGOMERY AL 36117 OR FAX TO (334)215-4140.

****

 # 7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)
*** * * N E W S O F T W A R E V E R S I O N 2.16* * ***
VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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 # 8 TO: ALL PROVIDERS (323)
ARE YOU READY FOR 5010 TRANSACTIONS EFFECTIVE JANUARY 1, 2012? THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START IN THE NEAR FUTURE. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
****

 # 9 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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#10 ATTENTION: ALL PROVIDERS (093)
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July 22, 2011 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: HOSPICE PROVIDERS (203)

EFFECTIVE JULY 14, 2011, REVISION TO FORM 165B – HOSPICE RECIPIENT STATUS CHANGE, WILL BE AVAILABLE FOR USE. THE FOLLOWING MEDICAID ONLY RECIPIENT CATEGORIES WERE ADDED:

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--- DISCHARGE/REVOKE/DEATH

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****

 # 3 ATTENTION: ALL PHYSICIANS (203)

INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE

WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.

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 # 4 ATTENTION: ALL PROVIDERS (168)

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**********# 5

ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

* * * N E W S O F T W A R E V E R S I O N 2.16* * *

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****

 # 6 TO: ALL PROVIDERS (323)

ARE YOU READY FOR 5010 TRANSACTIONS EFFECTIVE JANUARY 1, 2012? THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START IN THE

NEAR FUTURE. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
****

 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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July 8, 2011 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: ALL PROVIDERS (168)

ALABAMA MEDICAID HAS AN E-MAIL ADDRESS FOR PROVIDERS TO USE TO NOTIFY THE AGENCY WHEN A RECONSIDERATION OF A DENIED PA IS READY FOR REVIEW. PLEASE SEND E-MAIL TO parecon@medicaid.alabama.gov. PLEASE CONTINUE TO SEND RECONSIDERATION DOCUMENTS, WITH THE PA DENIAL LETTER TO HP ENTERPRISE SERVICES, 301 TECHNACENTER DRIVE, MONTGOMERY AL 36117 OR FAX TO (334)215-4140.

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 # 3 ATTENTION: ALL PROVIDERS (154)

AS PART OF THE NATIONAL HITECH ACT, EDUCATION ASSISTANCE IS AVAILABLE TO TRAIN HEALTH CARE AND IT PROFESSIONALS TO IMPLEMENT ELECTRONIC HEALTH RECORDS (EHRS). FOR MORE INFORMATION ABOUT WORKFORCE DEVELOPMENT TRAINING, PLEASE VISIT: http://hitregiond.pittcc.edu

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 # 4 ATTENTION: ALL PROVIDERS (154)

THE ALABAMA MEDICAID AGENCY HAS ESTABLISHED A FACEBOOK PAGE TO BETTER INFORM THE GENERAL PUBLIC ABOUT MANY OF THE CURRENT TOPICS AND ISSUES THE AGENCY IS ADDRESSING. THE PAGE ALSO OFFERS INSIGHT ON HOW THE AGENCY IMPACTS HEALTH CARE IN THE STATE, AS WELL AS HIGHLIGHT AGENCY PERSONNEL AND ACTIVITIES.

TO ENSURE YOU RECEIVE TIMELY UPDATES, PLEASE GO TO THE AGENCY'S PAGE AND CLICK ON "LIKE." THE PAGE CAN BE FOUND AT www.facebook.com/pages/Alabama-Medicaid-Agency/141645862533621.

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 # 5 ATTENTION: ALL PHYSICIANS, RHCS, FQHCS, AND NURSE PRACTITIONERS (126)

EFFECTIVE MAY 21, 2011 PROCEDURE CODE Q0091 (SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY) WILL REQUIRE A "90" MODIFIER TO BE PROCESSED AND CONSIDERED FOR PAYMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

* * * N E W S O F T W A R E V E R S I O N 2.16* * *

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 TO: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
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 # 8 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

 # 9 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE JULY 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

June 17, 2011 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (168)

ALABAMA MEDICAID HAS AN E-MAIL ADDRESS FOR PROVIDERS TO USE TO NOTIFY THE AGENCY WHEN A RECONSIDERATION OF A DENIED PA IS READY FOR REVIEW. PLEASE SEND E-MAIL TO parecon@medicaid.alabama.gov. PLEASE CONTINUE TO SEND RECONSIDERATION DOCUMENTS, WITH THE PA DENIAL LETTER TO HP ENTERPRISE SERVICES, 301 TECHNACENTER DRIVE, MONTGOMERY AL 36117 OR FAX TO (334)215-4140.

****

 # 3 ATTENTION: ALL PROVIDERS (154)

AS PART OF THE NATIONAL HITECH ACT, EDUCATION ASSISTANCE IS AVAILABLE TO TRAIN HEALTH CARE AND IT PROFESSIONALS TO IMPLEMENT ELECTRONIC HEALTH RECORDS (EHRS). FOR MORE INFORMATION ABOUT WORKFORCE DEVELOPMENT TRAINING, PLEASE VISIT: http://hitregiond.pittcc.edu

****

 # 4 ATTENTION: ALL PROVIDERS (154)

THE ALABAMA MEDICAID AGENCY HAS ESTABLISHED A FACEBOOK PAGE TO BETTER INFORM THE GENERAL PUBLIC ABOUT MANY OF THE CURRENT TOPICS AND ISSUES THE AGENCY IS ADDRESSING. THE PAGE ALSO OFFERS INSIGHT ON HOW THE AGENCY IMPACTS HEALTH CARE IN THE STATE, AS WELL AS HIGHLIGHT AGENCY PERSONNEL AND ACTIVITIES.

TO ENSURE YOU RECEIVE TIMELY UPDATES, PLEASE GO TO THE AGENCY'S PAGE AND CLICK ON "LIKE." THE PAGE CAN BE FOUND AT www.facebook.com/pages/Alabama-Medicaid-Agency/141645862533621.

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 # 5 ATTENTION: ALL OPTOMETRISTS AND OPTICIANS (126)

+++EYEGLASSES REPLACEMENT DUE TO STORM/TORNADOS OF APRIL 27, 2011+++

IN THE EVENT THAT EYEGLASSES WERE DAMAGED OR LOST IN THE STORMS OF APRIL 27, 2011, PROVIDERS SHOULD SUBMIT A 342 FORM (PRIOR AUTHORIZATION) TO HP AS PER THE USUAL PROCESS (FAX HARD COPY/SUBMIT ELECTRONICALLY/MAIL). 1. DOCUMENT ON THE 342 FORM THE REASON FOR THE REQUEST, 2. NO MEDICAL DOCUMENTATION IS NECESSARY, 3. EMAIL ONE OF THE AGENCY STAFF BELOW WHEN PA HAS BEEN SUBMITTED SO THAT THE APPROVAL CAN BE EXPEDITED.

Dodie.Teel@medicaid.alabama.gov (334-242-5149) OR Theresa.Carlos@medicaid.alabama.gov (334-353-3711) OR Sheila.McDaniel@medicaid.alabama.gov (334-242-2366).

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 # 6 ATTENTION: ALL PHYSICIANS, RHCS, FQHCS, AND NURSE PRACTITIONERS (126)

EFFECTIVE MAY 21, 2011 PROCEDURE CODE Q0091 (SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY) WILL REQUIRE A "90" MODIFIER TO BE PROCESSED AND CONSIDERED FOR PAYMENT.

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 # 7

ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)
* * * N E W S O F T W A R E V E R S I O N 2.16* * *
VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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 # 8 ATTENTION ALL PROVIDERS (077)
EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN "ACTIVE USER LETTER" ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT.
SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• 837P
•
– IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF "0" INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
837I
•
– IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE "AJ" INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
NCPDP – IN THE CLAIM SEGMENT FIELD 461-EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF "4", INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL
UB-04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• UB-04
•
– IN FORM LOCATORS 18- 28, ENTER A CONDITION CODE "AJ" INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
PES
•
– IN CONDITION CODE FIELD, ENTER A VALUE OF "AJ"
WEB
• SYSTEM CHANGES ARE IN PLACE FOR MEDICAL AND PHARMACY CLAIMS SUBMITTED VIA THE WEB. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST ENTER A YES IN THE COPAY EXEMPTION FIELD IF THE MEDICAID RECIPIENT IS A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER FROM THE INDIAN HEALTH SERVICES.
– IN CONDITION CODE FIELD, ENTER A VALUE OF "AJ"
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 # 9 TO: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
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 # 10 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

 # 11 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE APRIL 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

June 3, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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2 ATTENTION: REHABILITATIVE OPTION PROVIDERS (DMH, DHR, and DYS)
PROCEDURE CODES 90862 HE AND 90862 HF THAT HAVE BEEN UTILIZED FOR PHYSICIAN MEDICAL ASSESSMENT AND TREATMENT WILL NO LONGER BE ACTIVE. THESE CODES ARE BEING REPLACED WITH PROCEDURE CODES H0004 HE AND H0004 HF FOR DATES OF SERVICE 10/01/10 AND THEREAFTER. FOR ANY FURTHER QUESTIONS, CONTACT KAREN SMITH AT 334-353-4945 OR VIA E-MAIL AT karen.watkins-smith@medicaid.alabama.gov.

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3 ATTENTION: ALL OPTOMETRISTS AND OPTICIANS (126)
+++EYEGLASSES REPLACEMENT DUE TO STORM/TORNADOS OF APRIL 27, 2011+++
IN THE EVENT THAT EYEGLASSES WERE DAMAGED OR LOST IN THE STORMS OF APRIL 27, 2011, PROVIDERS SHOULD SUBMIT A 342 FORM (PRIOR AUTHORIZATION) TO HP AS PER THE USUAL PROCESS (FAX HARD COPY/SUBMIT ELECTRONICALLY/MAIL). 1. DOCUMENT ON THE 342 FORM THE REASON FOR THE REQUEST, 2. NO MEDICAL DOCUMENTATION IS NECESSARY, 3. EMAIL ONE OF THE AGENCY STAFF BELOW WHEN PA HAS BEEN SUBMITTED SO THAT THE APPROVAL CAN BE EXPEDITED. Dodie.Teel@medicaid.alabama.gov (334-242-5149) OR Theresa.Carlos@medicaid.alabama.gov (334-353-3711) OR Sheila.McDaniel@medicaid.alabama.gov (334-242-2366).

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4 ATTENTION: ALL PHYSICIANS, RHCS, FQHCS, AND NURSE PRACTITIONERS (126)
EFFECTIVE MAY 21, 2011 PROCEDURE CODE Q0091 (SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY) WILL REQUIRE A “90” MODIFIER TO BE PROCESSED AND CONSIDERED FOR PAYMENT.

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5 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)
* * * N E W S O F T W A R E V E R S I O N 2.16* * *
VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMCHELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds.com.

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6 ATTENTION: ALL PROVIDERS (077)
EFFECTIVE NOVEMBER 9, 2010, MEDICAID INTRODUCED THE NCCI EDITS INTO THE MEDICAID CLAIMS PROCESSING SYSTEM. THESE EDITS WERE SET AS “INFORMATION” EDITS. BEGINNING MARCH 23, 2011, THESE EDITS WERE SET TO DENY FOR ANY SERVICES THAT DO NOT MEET THE NCCI EDIT CRITERIA AND WERE FURNISHED ON OR

AFTER OCTOBER 1, 2010.
THE NCCI PROCEDURE TO PROCEDURE EDITS ARE CODING EDITS AND ARE BASED ON CODING PRINCIPLES. THE MEDICAID NCCI CODING IS AVAILABLE ON THE CMS NCCI WEBSITE AT:
http://www.cms.gov/MedicaidNCCICoding/01_Overview.asp#TopOfPage
PLEASE SEE THE ALERT DATED 3/25/11 FOR MORE INFORMATION ABOUT THE NATIONAL CORRECT CODING INITIATIVES (NCCI) EDITS APPEALS PROCESS. THE APRIL PROVIDER INSIDER ALSO CONTAINS THE APPEALS PROCEDURES.
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7 ATTENTION ALL PROVIDERS (077)
EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN “ACTIVE USER LETTER” ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT.
SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• 837P – IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF “0” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• 837I – IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• NCPDP – IN THE CLAIM SEGMENT FIELD 461-EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF “4”, INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL UB-04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• UB-04 – IN FORM LOCATORS 18- 28, ENTER A CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• PES – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”
• WEB – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”SYSTEM CHANGES IN WORK FOR MEDICAL AND PHARMACY CLAIMS SUBMITTED VIA
THE WEB AND ARE EXPECTED TO BE COMPLETED BY JUNE 1, 2011.
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8 TO: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
****
9 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES

(ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#10 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE APRIL 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

May 20, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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2 ATTENTION: ALL PROVIDERS (126)

THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED MAY 30, 2011 IN OBSERVANCE OF MEMORIAL DAY. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

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3 ATTENTION: REHABILITATIVE OPTION PROVIDERS (DMH, DHR, and DYS) (140)

PROCEDURE CODES 90862-HE AND 90862-HF THAT HAVE BEEN UTILIZED FOR PHYSICIAN MEDICAL ASSESSMENT AND TREATMENT WILL NO LONGER BE ACTIVE. THESE CODES ARE BEING REPLACED WITH PROCEDURE CODES H0004-HE AND H0004-HF FOR DATES OF SERVICE OCTOBER 01, 2010 AND THEREAFTER. FOR ANY FURTHER QUESTIONS, CONTACT KAREN SMITH AT 334-353-4945 OR VIA E-MAIL AT karen.watkinssmith@ medicaid.alabama.gov.

4 ATTENTION: ALL OPTOMETRISTS AND OPTICIANS (126)

+++EYEGLASSES REPLACEMENT DUE TO STORM/TORNADOS OF APRIL 27, 2011+++

IN THE EVENT THAT EYEGLASSES WERE DAMAGED OR LOST IN THE STORMS OF APRIL 27, 2011, PROVIDERS SHOULD SUBMIT A 342 FORM (PRIOR AUTHORIZATION) TO HP AS PER THE USUAL PROCESS (FAX HARD COPY/SUBMIT ELECTRONICALLY/MAIL). 1. DOCUMENT ON THE 342 FORM THE REASON FOR THE REQUEST, 2. NO MEDICAL DOCUMENTATION IS NECESSARY, 3. EMAIL ONE OF THE AGENCY STAFF BELOW WHEN PA HAS BEEN SUBMITTED SO THAT THE APPROVAL CAN BE EXPEDITED. Dodie.Teel@medicaid.alabama.gov (334-242-5149) OR Theresa.Carlos@medicaid.alabama.gov (334-353-3711) OR Sheila.McDaniel@medicaid.alabama.gov (334-242-2366).

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5 ATTENTION: ALL PHYSICIANS, RHCS, FQHCS, AND NURSE PRACTITIONERS (126)

EFFECTIVE MAY 21, 2011 PROCEDURE CODE Q0091 (SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY) WILL REQUIRE A “90” MODIFIER TO BE PROCESSED AND CONSIDERED FOR PAYMENT.

**********# 6

ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

* * * N E W S O F T W A R E V E R S I O N 2.16* * *

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds.com.

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7 ATTENTION: ALL PROVIDERS (077)
EFFECTIVE NOVEMBER 9, 2010, MEDICAID INTRODUCED THE NCCI EDITS INTO THE MEDICAID CLAIMS PROCESSING SYSTEM. THESE EDITS WERE SET AS “INFORMATION” EDITS. BEGINNING MARCH 23, 2011, THESE EDITS WERE SET TO DENY FOR ANY SERVICES THAT DO NOT MEET THE NCCI EDIT CRITERIA AND WERE FURNISHED ON OR AFTER OCTOBER 1, 2010.
THE NCCI PROCEDURE TO PROCEDURE EDITS ARE CODING EDITS AND ARE BASED ON CODING PRINCIPLES. THE MEDICAID NCCI CODING IS AVAILABLE ON THE CMS NCCI WEBSITE AT:
http://www.cms.gov/MedicaidNCCICoding/01_Overview.asp#TopOfPage
PLEASE SEE THE ALERT DATED 3/25/11 FOR MORE INFORMATION ABOUT THE NATIONAL CORRECT CODING INITIATIVES (NCCI) EDITS APPEALS PROCESS. THE APRIL PROVIDER INSIDER ALSO CONTAINS THE APPEALS PROCEDURES.
****
8 ATTENTION ALL PROVIDERS (077)
EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN “ACTIVE USER LETTER” ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT.
SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• 837P – IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF “0” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• 837I – IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• NCPDP – IN THE CLAIM SEGMENT FIELD 461-EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF “4”, INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL
UB-04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• UB-04 – IN FORM LOCATORS 18- 28, ENTER A CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• PES – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”
• WEB – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”
SYSTEM CHANGES ARE IN PLACE FOR MEDICAL AND PHARMACY CLAIMS SUBMITTED VIA THE WEB. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST ENTER A YES IN THE COPAY EXEMPTION FIELD IF THE MEDICAID RECIPIENT IS A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER FROM THE INDIAN HEALTH SERVICES.
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9 TO: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS

AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
****

#10 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#11 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE APRIL 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

May 6, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

2 ATTENTION: ALL PROVIDERS (126)

THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED MAY 30, 2011 IN OBSERVANCE OF MEMORIAL DAY. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

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3 ATTENTION: ALL OPTOMETRISTS AND OPTICIANS (126)

+++EYEGLASSES REPLACEMENT DUE TO STORM/TORNADOS OF APRIL 27, 2011+++

IN THE EVENT THAT EYEGLASSES WERE DAMAGED OR LOST IN THE STORMS OF APRIL 27, 2011, PROVIDERS SHOULD SUBMIT A 342 FORM (PRIOR AUTHORIZATION) TO HP AS PER THE USUAL PROCESS (FAX HARD COPY/SUBMIT ELECTRONICALLY/MAIL). 1. DOCUMENT ON THE 342 FORM THE REASON FOR THE REQUEST, 2. NO MEDICAL DOCUMENTATION IS NECESSARY, 3. EMAIL ONE OF THE AGENCY STAFF BELOW WHEN PA HAS BEEN SUBMITTED SO THAT THE APPROVAL CAN BE EXPEDITED. Dodie.Teel@medicaid.alabama.gov (334-242-5149) OR Theresa.Carlos@medicaid.alabama.gov (334-353-3711) OR Sheila.McDaniel@medicaid.alabama.gov (334-242-2366).

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4 ATTENTION: ALL PHYSICIANS, RHCS, FQHCS, AND NURSE PRACTITIONERS (126)

EFFECTIVE MAY 21, 2011 PROCEDURE CODE Q0091 (SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY) WILL REQUIRE A “90” MODIFIER TO BE PROCESSED AND CONSIDERED FOR PAYMENT.**********

5 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

* * * N E W S O F T W A R E V E R S I O N 2.16* * *

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds.com.

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6 ATTENTION: AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICE (ACD) PROVIDERS (88)

EFFECTIVE IMMEDIATELY, THE ACD FORM 480 LOCATED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov, UNDER BOTH “PROVIDERS” AND “RESOURCES,” IS THE REQUIRED EVALUATION FORM THAT THE SPEECH LANGUAGE PATHOLOGIST (SLP)

MUST FILL OUT FOR CONSIDERATION OF ACD APPROVALS. THE INSTRUCTIONS FOR THE FORM ARE ALSO ON THE WEBSITE.
****
7 ATTENTION: ALL PHARMACISTS AND PHYSICIANS (077)
EFFECTIVE OCTOBER 5, 2010, ALABAMA MEDICAID IMPLEMENTED A DRUG/NDC LOOKUP SYSTEM. THE SYSTEM ALLOWS PROVIDERS TO SEARCH FOR A DRUG BY NAME OR BY NDC, AND WILL PROVIDE COVERAGE AND PRICING INFORMATION FOR OUTPATIENT PHARMACY CLAIMS. PRESCRIBERS/PROVIDERS CAN ALSO ACCESS THE SYSTEM TO VERIFY COVERAGE OF AN NDC FOR THE BILLING OF A HCPCS CODE. PLEASE NOTE FOR HCPCS THAT PRICING, PRIOR AUTHORIZATION REQUIREMENTS, AND MAXIMUM QUANTITY LIMITS DO NOT APPLY, BUT THE DRUG COVERAGE FIELD DOES APPLY. TO ACCESS THE NDC DRUG LOOKUP SYSTEM, PLEASE VISIT THE ALABAMA MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV AND CLICK ON THE “DRUG LOOK UP” LINK UNDER PHARMACY SERVICES.
****
8 ATTENTION: ALL PROVIDERS (077)
EFFECTIVE NOVEMBER 9, 2010, MEDICAID INTRODUCED THE NCCI EDITS INTO THE MEDICAID CLAIMS PROCESSING SYSTEM. THESE EDITS WERE SET AS “INFORMATION” EDITS. BEGINNING MARCH 23, 2011, THESE EDITS WERE SET TO DENY FOR ANY SERVICES THAT DO NOT MEET THE NCCI EDIT CRITERIA AND WERE FURNISHED ON OR AFTER OCTOBER 1, 2010.
THE NCCI PROCEDURE TO PROCEDURE EDITS ARE CODING EDITS AND ARE BASED ON CODING PRINCIPLES. THE MEDICAID NCCI CODING IS AVAILABLE ON THE CMS NCCI WEBSITE AT:
http://www.cms.gov/MedicaidNCCICoding/01_Overview.asp#TopOfPagePLEASE SEE THE ALERT DATED 3/25/11 FOR MORE INFORMATION ABOUT THE NATIONAL
CORRECT CODING INITIATIVES (NCCI) EDITS APPEALS PROCESS. THE APRIL PROVIDER INSIDER ALSO CONTAINS THE APPEALS PROCEDURES.
****
9 ATTENTION ALL PROVIDERS (077)
EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN “ACTIVE USER LETTER” ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT.
SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• 837P – IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF “0” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• 837I – IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• NCPDP – IN THE CLAIM SEGMENT FIELD 461-EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF “4”, INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL UB-04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• UB-04 – IN FORM LOCATORS 18- 28, ENTER A CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER

LETTER.

- PES – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”
- WEB – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”

SYSTEM CHANGES IN WORK FOR MEDICAL AND PHARMACY CLAIMS SUBMITTED VIA THE WEB AND ARE EXPECTED TO BE COMPLETED BY JUNE 1, 2011.

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#10 TO: ALL PROVIDERS (323)

THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.

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#11 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#12 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE APRIL 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

April 15, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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2 ATTENTION: AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICE (ACD) PROVIDERS (88)

EFFECTIVE IMMEDIATELY, THE ACD FORM 480 LOCATED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov, UNDER BOTH “PROVIDERS” AND “RESOURCES,” IS THE REQUIRED EVALUATION FORM THAT THE SPEECH LANGUAGE PATHOLOGIST (SLP) MUST FILL OUT FOR CONSIDERATION OF ACD APPROVALS. THE INSTRUCTIONS FOR THE FORM ARE ALSO ON THE WEBSITE.

****

3 ATTENTION: ALL PHARMACISTS AND PHYSICIANS (077)

EFFECTIVE OCTOBER 5, 2010, ALABAMA MEDICAID IMPLEMENTED A DRUG/NDC LOOKUP SYSTEM. THE SYSTEM ALLOWS PROVIDERS TO SEARCH FOR A DRUG BY NAME OR BY NDC, AND WILL PROVIDE COVERAGE AND PRICING INFORMATION FOR OUTPATIENT PHARMACY CLAIMS. PRESCRIBERS/PROVIDERS CAN ALSO ACCESS THE SYSTEM TO VERIFY COVERAGE OF AN NDC FOR THE BILLING OF A HCPCS CODE. PLEASE NOTE FOR HCPCS THAT PRICING, PRIOR AUTHORIZATION REQUIREMENTS, AND MAXIMUM QUANTITY LIMITS DO NOT APPLY, BUT THE DRUG COVERAGE FIELD DOES APPLY. TO ACCESS THE NDC DRUG LOOKUP SYSTEM, PLEASE VISIT THE ALABAMA MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV AND CLICK ON THE “DRUG LOOK UP” LINK UNDER PHARMACY SERVICES.

****

4 ATTENTION: ALL PROVIDERS (077)

EFFECTIVE NOVEMBER 9, 2010, MEDICAID INTRODUCED THE NCCI EDITS INTO THE MEDICAID CLAIMS PROCESSING SYSTEM. THESE EDITS WERE SET AS “INFORMATION” EDITS. BEGINNING MARCH 23, 2011, THESE EDITS WERE SET TO DENY FOR ANY SERVICES THAT DO NOT MEET THE NCCI EDIT CRITERIA AND WERE FURNISHED ON OR AFTER OCTOBER 1, 2010.

THE NCCI PROCEDURE TO PROCEDURE EDITS ARE CODING EDITS AND ARE BASED ON CODING PRINCIPLES. THE MEDICAID NCCI CODING IS AVAILABLE ON THE CMS NCCI WEBSITE AT:

http://www.cms.gov/MedicaidNCCICoding/01_Overview.asp#TopOfPage

PLEASE SEE THE ALERT DATED 3/25/11 FOR MORE INFORMATION ABOUT THE NATIONAL CORRECT CODING INITIATIVES (NCCI) EDITS APPEALS PROCESS. THE APRIL PROVIDER INSIDER ALSO CONTAINS THE APPEALS PROCEDURES.

**********# 5 ATTENTION ALL PROVIDERS (077)

EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN “ACTIVE USER LETTER” ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT.

SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND

NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:

- 837P – IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF “0” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
- 837I – IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
- NCPDP – IN THE CLAIM SEGMENT FIELD 461-EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF “4”, INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.

ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL UB-04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:

- UB-04 – IN FORM LOCATORS 18- 28, ENTER A CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
- PES – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”
- WEB – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”

SYSTEM CHANGES ARE NOT IN PLACE FOR MEDICAL AND PHARMACY CLAIMS SUBMITTED VIA PAPER, PES, OR WEB AT THIS TIME. SYSTEM CHANGES ARE IN WORK AND ARE EXPECTED TO BE COMPLETED NO LATER THAN MAY 1, 2011.

****

6 TO: ALL PROVIDERS (323)

THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.

**********# 7

ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE APRIL 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

April 1, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

2 ATTENTION: AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICE (ACD) PROVIDERS (88)

EFFECTIVE IMMEDIATELY, THE ACD FORM 480 LOCATED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov, UNDER BOTH “PROVIDERS” AND “RESOURCES,” IS THE REQUIRED EVALUATION FORM THAT THE SPEECH LANGUAGE PATHOLOGIST (SLP) MUST FILL OUT FOR CONSIDERATION OF ACD APPROVALS. THE INSTRUCTIONS FOR THE FORM ARE ALSO ON THE WEBSITE.

****

3 ATTENTION: ALL PHARMACISTS AND PHYSICIANS (077)

EFFECTIVE OCTOBER 5, 2010, ALABAMA MEDICAID IMPLEMENTED A DRUG/NDC LOOKUP SYSTEM. THE SYSTEM ALLOWS PROVIDERS TO SEARCH FOR A DRUG BY NAME OR BY NDC, AND WILL PROVIDE COVERAGE AND PRICING INFORMATION FOR OUTPATIENT PHARMACY CLAIMS. PRESCRIBERS/PROVIDERS CAN ALSO ACCESS THE SYSTEM TO VERIFY COVERAGE OF AN NDC FOR THE BILLING OF A HCPCS CODE. PLEASE NOTE FOR HCPCS THAT PRICING, PRIOR AUTHORIZATION REQUIREMENTS, AND MAXIMUM QUANTITY LIMITS DO NOT APPLY, BUT THE DRUG COVERAGE FIELD DOES APPLY. TO ACCESS THE NDC DRUG LOOKUP SYSTEM, PLEASE VISIT THE ALABAMA MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV AND CLICK ON THE “DRUG LOOK UP” LINK UNDER PHARMACY SERVICES.

**********# 4

ATTENTION: ALL PROVIDERS (077)

EFFECTIVE NOVEMBER 9, 2010, MEDICAID INTRODUCED THE NCCI EDITS INTO THE MEDICAID CLAIMS PROCESSING SYSTEM. THESE EDITS WERE SET AS “INFORMATION” EDITS. BEGINNING MARCH 23, 2011, THESE EDITS WILL BE SET TO DENY FOR ANY SERVICES THAT DO NOT MEET THE NCCI EDIT CRITERIA AND WERE FURNISHED ON OR AFTER OCTOBER 1, 2010.

THE NCCI PROCEDURE TO PROCEDURE EDITS ARE CODING EDITS AND ARE BASED ON CODING PRINCIPLES. THE MEDICAID NCCI CODING IS AVAILABLE ON THE CMS NCCI WEBSITE AT:

http://www.cms.gov/MedicaidNCCICoding/01_Overview.asp#TopOfPage

AN ALERT WILL BE FORTHCOMING WITH THE APPEALS PROCESS PROCEDURES. THE APRIL PROVIDER INSIDER WILL ALSO CONTAIN THE APPEALS PROCEDURES.

****

5 ATTENTION ALL PROVIDERS (077)

EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN “ACTIVE USER LETTER” ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT.

SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE

PROVIDER MUST:
• 837P – IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF “0” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• 837I – IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• NCPDP – IN THE CLAIM SEGMENT FIELD 461-EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF “4”, INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL UB-04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• UB-04 – IN FORM LOCATORS 18- 28, ENTER A CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• PES – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”
• WEB – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”SYSTEM CHANGES ARE NOT IN PLACE FOR MEDICAL AND PHARMACY CLAIMS
SUBMITTED VIA PAPER, PES, OR WEB AT THIS TIME. SYSTEM CHANGES ARE IN WORK AND ARE EXPECTED TO BE COMPLETED NO LATER THAN MAY 1, 2011.
****
6 ATTENTION: ALL PROVIDERS (035):
TELEPHONE NUMBER (205) 834-3330 IS NO LONGER A VALID TELEPHONE NUMBER TO REACH HP ENTERPRISE SERVICES. THIS NUMBER NOW BELONGS TO A PRIVATE INDIVIDUAL. THE TELEPHONE NUMBER FOR HP ENTERPRISE SERVICES IS 1-800-688-7989 (AL, FL, MS, GA,TN) OR 334-215-0111 (ALL OTHER AREAS). ADDITIONAL CONTACT INFORMATION CAN BE FOUND ON THE MEDICAID WEBSITE, WWW.MEDICAID.ALABAMA.GOV UNDER CONTACTS. PLEASE UPDATE YOUR TELEPHONE DIRECTORY ACCORDINGLY.
****
7 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)
ALERT -- IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND IMMEDIATELY.
****
8 ATTENTION: EYE CARE PROVIDERS (337)
EFFECTIVE DECEMBER 1, 2010, PROCEDURE CODE V2020 (VISION SERVICES FRAMES PURCHASE) HAS A MAXIMUM REIMBURSEMENT RATE OF $13.95 PER 1 UNIT.
**********# 9 TO: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
****
#10 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE

MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#11 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE APRIL 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

March 18, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

3 ATTENTION: ALL PROVIDERS (077)

EFFECTIVE NOVEMBER 9, 2010, MEDICAID INTRODUCED THE NCCI EDITS INTO THE MEDICAID CLAIMS PROCESSING SYSTEM. THESE EDITS WERE SET AS 'INFORMATION' EDITS. BEGINNING MARCH 23, 2011, THESE EDITS WILL BE SET TO DENY FOR ANY SERVICES THAT DO NOT MEET THE NCCI EDIT CRITERIA AND WERE FURNISHED ON OR AFTER OCTOBER 1, 2010. THE NCCI PROCEDURE TO PROCEDURE EDITS ARE CODING EDITS AND ARE BASED ON CODING PRINCIPLES. THE MEDICAID NCCI CODING IS AVAILABLE ON THE CMS NCCI WEBSITE AT:
http://www.cms.gov/MedicaidNCCICoding/01_Overview.asp#TopOfPage AN ALERT WILL BE FORTHCOMING WITH THE APPEALS PROCESS PROCEDURES. THE APRIL PROVIDER INSIDER WILL ALSO CONTAIN THE APPEALS PROCEDURES.

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4 ATTENTION ALL 1500 BILLERS AND HOSPITALS (077)

EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN 'ACTIVE USER LETTER' ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT. SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
−837P − IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF '0' INDICATING CO−PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
−837I − IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE 'AJ' INDICATING CO−PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
−NCPDP − IN THE CLAIM SEGMENT FIELD 461−EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF '4,' INDICATING CO−PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL UB−04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS: TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
−UB−04 − IN FORM LOCATORS 18− 28, ENTER A CONDITION CODE 'AJ' INDICATING CO−PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
−PES − IN CONDITION CODE FIELD, ENTER A VALUE OF 'AJ'
−WEB − IN CONDITION CODE FIELD, ENTER A VALUE OF 'AJ'
SYSTEM CHANGES ARE NOT IN PLACE FOR MEDICAL AND PHARMACY CLAIMS SUBMITTED VIA PAPER, PES, OR WEB AT THIS TIME. SYSTEM CHANGES ARE IN WORK AND ARE EXPECTED TO BE COMPLETED NO LATER THAN MAY 1, 2011.**********

5 ATTENTION: ALL PROVIDERS (295)

EFFECTIVE FOR CLAIMS RECEIVED AFTER JANUARY 17, 2011 − ALL CLAIMS MUST BE

SUBMITTED WITH THE RECIPIENT'S CURRENT MEDICAID ID NUMBER WHICH BEGINS WITH A '5.' AS A RESULT OF ACT 2006−611, IN JANUARY 2007 THE MEDICAID ID NUMBERS (WHICH CONTAINED THE SOCIAL SECURITY NUMBER) FOR ALL RECIPIENTS WERE CONVERTED TO NEW MEDICAID NUMBERS. A GRACE PERIOD HAS BEEN GRANTED UNTIL FEBRUARY 25, 2011, CLAIMS RECEIVED ON OR AFTER FEBRUARY 25, 2011 WILL BE DENIED IF SUBMITTED WITH THE OLD MEDICAID ID NUMBER WHICH BEGINS WITH '000.'
****
6 ATTENTION: ALL PROVIDERS (035)
TELEPHONE NUMBER (205) 834−3330 IS NO LONGER A VALID TELEPHONE NUMBER TO REACH HP ENTERPRISE SERVICES. THIS NUMBER NOW BELONGS TO A PRIVATE INDIVIDUAL. THE TELEPHONE NUMBER FOR HP ENTERPRISE SERVICES IS 1−800−688−7989 (AL, FL, MS, GA, TN) OR 334−215−0111 (ALL OTHER AREAS). ADDITIONAL CONTACT INFORMATION CAN BE FOUND ON THE MEDICAID WEBSITE (www.medicaid.alabama.gov) UNDER CONTACTS. PLEASE UPDATE YOUR TELEPHONE DIRECTORY ACCORDINGLY.
****
7 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)
− − ALERT − −
IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND IMMEDIATELY.
****
9 ATTENTION: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE PROVIDER INSIDER" PUBLICATIONS.
****
#10 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****
#11 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

March 4, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****

2 ATTENTION: ALL PROVIDERS (295)
EFFECTIVE FOR CLAIMS RECEIVED AFTER JANUARY 17, 2011 − ALL CLAIMS MUST BE SUBMITTED WITH THE RECIPIENT'S CURRENT MEDICAID ID NUMBER WHICH BEGINS WITH A '5.' AS A RESULT OF ACT 2006−611, IN JANUARY 2007 THE MEDICAID ID NUMBERS (WHICH CONTAINED THE SOCIAL SECURITY NUMBER) FOR ALL RECIPIENTS WERE CONVERTED TO NEW MEDICAID NUMBERS. A GRACE PERIOD HAS BEEN GRANTED UNTIL FEBRUARY 25, 2011, CLAIMS RECEIVED ON OR AFTER FEBRUARY 25, 2011 WILL BE DENIED IF SUBMITTED WITH THE OLD MEDICAID ID NUMBER WHICH BEGINS WITH '000.'
****

3 ATTENTION: ALL PROVIDERS (035)
TELEPHONE NUMBER (205) 834−3330 IS NO LONGER A VALID TELEPHONE NUMBER TO REACH HP ENTERPRISE SERVICES. THIS NUMBER NOW BELONGS TO A PRIVATE INDIVIDUAL. THE TELEPHONE NUMBER FOR HP ENTERPRISE SERVICES IS 1−800−688−7989 (AL, FL, MS, GA, TN) OR 334−215−0111 (ALL OTHER AREAS). ADDITIONAL CONTACT INFORMATION CAN BE FOUND ON THE MEDICAID WEBSITE (www.medicaid.alabama.gov) UNDER CONTACTS. PLEASE UPDATE YOUR TELEPHONE DIRECTORY ACCORDINGLY.
****

4 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)
− − ALERT − −
IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND IMMEDIATELY.
****

6 ATTENTION: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE PROVIDER INSIDER" PUBLICATIONS.
****

7 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THEMAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

February 18, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****

2 ATTENTION: ALL PROVIDERS (295)
EFFECTIVE FOR CLAIMS RECEIVED AFTER JANUARY 17, 2011 − ALL CLAIMS MUST BE SUBMITTED WITH THE RECIPIENT'S CURRENT MEDICAID ID NUMBER WHICH BEGINS WITH A '5.' AS A RESULT OF ACT 2006−611, IN JANUARY 2007 THE MEDICAID ID NUMBERS (WHICH CONTAINED THE SOCIAL SECURITY NUMBER) FOR ALL RECIPIENTS WERE CONVERTED TO NEW MEDICAID NUMBERS. A GRACE PERIOD HAS BEEN GRANTED UNTIL FEBRUARY 25, 2011, CLAIMS RECEIVED ON OR AFTER FEBRUARY 25, 2011 WILL BE DENIED IF SUBMITTED WITH THE OLD MEDICAID ID NUMBER WHICH BEGINS WITH '000.'
****

3 ATTENTION: ALL PROVIDERS (035)
TELEPHONE NUMBER (205) 834−3330 IS NO LONGER A VALID TELEPHONE NUMBER TO REACH HP ENTERPRISE SERVICES. THIS NUMBER NOW BELONGS TO A PRIVATE INDIVIDUAL. THE TELEPHONE NUMBER FOR HP ENTERPRISE SERVICES IS 1−800−688−7989 (AL, FL, MS, GA, TN) OR 334−215−0111 (ALL OTHER AREAS). ADDITIONAL CONTACT INFORMATION CAN BE FOUND ON THE MEDICAID WEBSITE (www.medicaid.alabama.gov) UNDER CONTACTS. PLEASE UPDATE YOUR TELEPHONE DIRECTORY ACCORDINGLY.
****

5 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)
− − ALERT − −
IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND IMMEDIATELY.
****

6 ATTENTION: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE PROVIDER INSIDER PUBLICATIONS.
**********# 7
ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THEMAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
**********# 8
ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

February 4, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****

2 ATTENTION: ALL PROVIDERS (295)
EFFECTIVE FOR CLAIMS RECEIVED AFTER JANUARY 17, 2011 − ALL CLAIMS MUST BE SUBMITTED WITH THE RECIPIENT'S CURRENT MEDICAID ID NUMBER WHICH BEGINS WITH A '5.' AS A RESULT OF ACT 2006−611, IN JANUARY 2007 THE MEDICAID ID NUMBERS (WHICH CONTAINED THE SOCIAL SECURITY NUMBER) FOR ALL RECIPIENTS WERE CONVERTED TO NEW MEDICAID NUMBERS. A GRACE PERIOD HAS BEEN GRANTED UNTIL FEBRUARY 25, 2011, CLAIMS RECEIVED ON OR AFTER FEBRUARY 25, 2011 WILL BE DENIED IF SUBMITTED WITH THE OLD MEDICAID ID NUMBER WHICH BEGINS WITH '000.'
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3 ATTENTION: ALL PROVIDERS (035)
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****

4 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)
− − ALERT − −
IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND IMMEDIATELY.
****

6 ATTENTION: ALL PROVIDERS (323) THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE PROVIDER INSIDER" PUBLICATIONS.
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8 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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9 ATTENTION: ALL PROVIDERS (093)

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January 21, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THEAVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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3 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)
− − ALERT − −
IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND BY FEBRUARY 1ST.

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5 ATTENTION: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE PROVIDER INSIDER" PUBLICATIONS.

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7 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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