ALABAMA MEDICAID

January 2012 Provider Manual

EOP Mini Messages

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RETURN TO MAIN MENU

September 05, 2008 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. 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 PHYSICIANS AND HOSPITALS (235)

ALL ORGAN TRANSPLANTS WITH THE EXCEPTION OF CORNEAL MUST BE COORDINATED WITH UAB?S TRANSPLANT COORDINATORS PRIOR TO BEING REFERRED TO AN OUT OF STATE FACILITY/PROVIDER.
FOR ADDITIONAL INFORMATION PLEASE CALL BRENDA FINCHER AT 334−242−5455.

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#3 ATTENTION: PROVIDERS WHO SUBMIT MEDICARE PROFESSIONAL CROSSOVER CLAIMS (249)

IF YOU HAD PROFESSIONAL CROSSOVER CLAIMS THAT DENIED ON PREVIOUS REMITTANCE ADVICES FOR ERROR CODE 835, AND YOU FEEL THIS DENIAL IS IN ERROR, YOU WILL NEED TO RESUBMIT THESE CLAIMS. IF YOU HAVE ANY QUESTIONS REGARDING THIS, PLEASE CONTACT THE PROVIDER ASSISTANCE CENTER
AT 1−800−688−7989.

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**#5 * * * REVISED DATE * * *
A SPECIAL ALERT TO PROVIDERS THAT SUBMIT PROFESSIONAL CROSSOVERS (CMS−1500 CROSSOVERS)(207)**

YOU WERE PREVIOUSLY NOTIFIED BY A REMITTANCE ADVICE MESSAGE THAT A NUMBER OF COBA MEDICARE CROSSOVER CLAIM FILES COULD NOT BE PROCESSED DUE TO TRANSACTION COMPLIANCE
ERRORS. EDS WILL BE REPROCESSING THESE CLAIMS. THE AFFECTED CLAIMS WERE RECEIVED FROM THE CMS COBA CONTRACTOR BETWEEN MAY 24 AND JUNE 10, 2008. EDS WILL ONLY REPROCESS MEDICARE CROSSOVER CLAIMS RECEIVED DURING THIS TIMEFRAME. WE PREVIOUSLY STATED THE CLAIMS WOULD APPEAR ON THE AUGUST 22, 2008 RA, THE REPROCESSED CLAIMS WILL APPEAR ON THE SEPTEMBER 05, 2008 RA. YOU DO NOT NEED TO TAKE ANY ACTION AT THIS TIME. IT IS NOT NECESSARY FOR YOU TO RESUBMIT THESE CLAIMS. IF YOU HAVE ALREADY REFILED THESE CLAIMS, THE REPROCESSED CLAIMS WILL DENY AS DUPLICATE CLAIMS.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.
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#6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (172)

VERSION 2.09 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE UPGRADE AND FULL INSTALL ALONG WITH THE UPDATED USERS GUIDE) CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV. CLICK ON 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 208 BEFORE ATTEMPTING TO UPGRADE TO 2.09. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL THEM AT AlabamaSystemsEMC@eds.com.
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#7 ATTENTION: ALL HOSPITALS (109)

ALABAMA MEDICAID WILL BE AMENDING ITS STATE PLAN TO REQUIRE THAT HOSPITALS MUST SUBMIT ELECTRONIC VERSIONS OF THE MEDICARE COST REPORT WITH MEDICARE AS WELL AS MEDICAID SECTIONS COMPLETED BEGINNING WITH THE FISCAL YEARS ENDING IN 2008 AND THEREAFTER. THESE MUST BE SUBMITTED ELECTRONICALLY TO TERRY.BRYANT@MEDICAID.ALABAMA.GOV. IF THERE ARE ANY QUESTIONS, PLEASE CONTACT TERRY BRYANT AT 334−242−2301.
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#8 ATTENTION: ALL PROVIDERS (095)

ENHANCEMENTS TO THE WEB PORTAL CLAIMS SEARCH PAGE ARE CURRENTLY AVAILABLE. THIS INCLUDES A NEW SEARCH FIELD TO IDENTIFY CLAIMS STILL IN PROCESS ("SHOW NON−REMITTED CLAIMS ONLY")AND THE ABILITY TO RECEIVE UP TO 100 ICN RESULTS PER PAGE. A NEW DETAILED ERROR MESSAGE WILL ALSO BE RETURNED WHEN USERS SEARCH WITH ONLY A RENDERING PROVIDER OR RECIPIENT ID WITHOUT ADDITIONAL CRITERIA, SUCH AS A PARTIAL ICN OR FROM AND TO DATES OF SERVICE.
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#9 ATTENTION: ALL PROVIDERS (279)

EFFECTIVE FEBRUARY 25, 2008, ALL CLAIMS MUST BE SUBMITTED USING THE PROVIDER'S NPI NUMBER AS THE PRIMARY IDENTIFIER. AN ADDITIONAL SECONDARY IDENTIFIER IS RECOMMENDED TO ASSIST IN IDENTIFICATION OF A SPECIFIC SERVICE LOCATION. YOU MAY FIND THE INFORMATION TO COMPLETE ON OUR WEBSITE AT THE FOLLOWING LINK: HTTP://WWW.MEDICAID.ALABAMA

September 12, 2008 EOP Mini-Messages

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October 03, 2008 EOP Mini-Messages

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#2 ATTENTION: ALL PROVIDERS (277)

ALABAMA MEDICAID WILL CHANGE THE RELEASE DATE FOR PROVIDER PAYROLLS EFFECTIVE WITH THE OCTOBER 17TH CHECKWRITE. THIS CHANGE MEANS THAT FUNDS PREVIOUSLY RELEASED ON WEDNESDAYS AFTER THE CHECKWRITE WILL NOT BE RELEASED UNTIL FRIDAY FOLLOWING THE CHECKWRITE DATE. AS ALWAYS, THE RELEASE OF FUNDS DEPENDS ON THE AVAILABILITY OF FUNDS.

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#3 ATTENTION: ALL HOSPITAL PROVIDERS (277)

ALABAMA MEDICAID IS ASKING HOSPITALS TO HOLD ALL INPATIENT CLAIMS WITH DATES OF SERVICE BEGINNING OCTOBER 1, 2008 UNTIL NEW PER DIEM RATES ARE IMPLEMENTED. WE ARE WORKING WITH THE NATIONAL ACCOUNTING FIRM OF CLIFTON GUNDERSON TO DEVELOP THE NEW PER DIEM RATES. ALL HOSPITALS ARE INVITED TO MEDICAID ON OCTOBER 7, 2008 AT 1:30 PM CST.
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#4 ATTENTION: ALL PROVIDERS (277)

ALABAMA MEDICAID IS ASKING PROVIDERS TO NOT USE THE NEW ICD−9 DIAGNOSIS CODES THAT BECAME EFFECTIVE OCTOBER 1, 2008, UNTIL FURTHER NOTICE. THE CLAIMS PROCESSING SYSTEM IS BEING UPDATED TO ACCOMMODATE THESE CODES AND YOU WILL BE NOTIFIED WHEN THE UPDATES ARE COMPLETE AND THE CODES ARE AVAILABLE FOR YOUR USE.
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#5 ATTENTION: ALL EPSDT SCREENING PROVIDERS (277)

EFFECTIVE OCTOBER 1, 2008, URINE SCREENS (URINALYSIS) SHOULD BE PERFORMED ONLY IF CLINICALLY INDICATED AND SHOULD NO LONGER BE PERFORMED AS A ROUTINE PART OF ANY EPSDT SCREENING.
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#6 ATTENTION: ALL VFC PROVIDERS (277)

THREE NEW VFC CODES WERE APPROVED EFFECTIVE JULY 1, 2008: 90681 A ROTAVIRUS VACCINE, 90696, A DTAP−IPV VACCINE, AND 90698, A DTAP−HIB−IPV VACCINATION.
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#7 ATTENTION: ALL PHYSICIANS AND HOSPITALS (235)

ALL ORGAN TRANSPLANTS WITH THE EXCEPTION OF CORNEAL MUST BE COORDINATED WITH UAB?S TRANSPLANT COORDINATORS PRIOR TO BEING REFERRED TO AN OUT OF STATE FACILITY/PROVIDER.
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AT 1−800−688−7989.

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#9 ATTENTION: IN STATE HOSPITAL PROVIDERS (235)

ALL INSTATE INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. THE PHP PROGRAM WILL BE DISCONTINUED EFFECTIVE FOR
DATES OF SERVICE OCTOBER 1, 2008 AND THEREAFTER. INPATIENT HOSPITAL SERVICES FOR DATES OF SERVICE OCTOBER 1, 2008, AND THEREAFTER WILL BE PAID FEE−FOR−SERVICE BY MEDICAID.
ALL PHP CLAIMS MUST BE FINALIZED BY FEBRUARY 28, 2009. PLEASE BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR END.

GOV/BILLING/NPI.ASPX. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR PROVIDER REPRESENTATIVE AT 1−800−688−7989.

October 17, 2008 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS

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#3 ATTENTION: ALL HOSPITAL PROVIDERS (291)

HOSPITALS CAN NOW FILE INPATIENT CLAIMS FOR OCTOBER 1, 2008, DATES OF SERVICE AND THEREAFTER. INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR−END AS THE PHP FILING LIMIT EXPIRES ON FEBRUARY 28, 2009.

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#4 ATTENTION: ALL PROVIDERS (277)

ALABAMA MEDICAID IS ASKING PROVIDERS TO NOT USE THE NEW ICD−9 DIAGNOSIS CODES THAT BECAME EFFECTIVE OCTOBER 1, 2008, UNTIL FURTHER NOTICE. THE CLAIMS PROCESSING SYSTEM IS BEING UPDATED TO ACCOMMODATE THESE CODES AND YOU WILL BE NOTIFIED WHEN THE UPDATES ARE COMPLETE AND THE CODES ARE AVAILABLE FOR YOUR USE.

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THREE NEW VFC CODES WERE APPROVED EFFECTIVE JULY 1, 2008: 90681 A ROTAVIRUS VACCINE, 90696, A DTAP−IPV VACCINE, AND 90698, A DTAP−HIB−IPV VACCINATION.
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#3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (312)* * * N E W S O F T W A R E R E L E A S E * **

VERSION 2.10 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE UPGRADE AND FULL INSTALL − ALONG WITH THE UPDATED USERS GUIDE − CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV. CLICK ‘BILLING,’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.09 BEFORE ATTEMPTING TO UPGRADE TO 2.10. 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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November 07, 2008 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS

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#4 ATTENTION: ALL HOSPITAL PROVIDERS (291)

HOSPITALS CAN NOW FILE INPATIENT CLAIMS FOR OCTOBER 1, 2008, DATES OF SERVICE AND THEREAFTER. INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR−END AS THE PHP FILING LIMIT EXPIRES ON FEBRUARY 28, 2009.

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#5 ATTENTION: ALL PROVIDERS (312)

THE NEW ICD−9 DIAGNOSIS CODES THAT BECAME EFFECTIVE OCTOBER 1, 2008, ARE NOW AVAILABLE FOR USE.

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#6 ATTENTION: ALL EPSDT SCREENING PROVIDERSn (277)

EFFECTIVE OCTOBER 1, 2008, URINE SCREENS (URINALYSIS) SHOULD BE PERFORMED ONLY IF CLINICALLY INDICATED AND SHOULD NO LONGER BE PERFORMED AS A ROUTINE PART OF ANY EPSDT SCREENING.

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November 21, 2008 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS

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#4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (326)

+ + + + + CLAIM RESPONSES ARE BACK! + + + + +

PROVIDER ELECTRONIC SOLUTIONS SOFTWARE VERSION 2.10 GIVES USERS THE ABILITY TO DOWNLOAD BATCH RESPONSE FILES (BRFs) AFTER SUBMITTING CLAIMS USING THE SOFTWARE. FOR FURTHER INSTRUCTIONS AND INFORMATION, SEE CHAPTER 13 (RECEIVING A RESPONSE) IN THE PROVIDER ELECTRONIC SOLUTIONS USER MANUAL. TO VIEW THE MANUAL, GO TO: WWW.MEDICAID.ALABAMA GOV, CLICK ’BILLING,’ ’MANUALS,’ ’PROVIDER ELECTRONIC SOLUTIONS (PES) MANUAL.’

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#5 ATTENTION: ALL PATIENT 1ST PROVIDERS (326)

PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 2009, REQUIRE CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE−ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDES SPECIFICS FOR IMPLEMENTING 24/7 VOICE−TO−VOICE COVERAGE. CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THIS REQUIREMENT WILL BE RETURNED. CONTRACTS NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY DECEMBER 15 WILL RESULT IN WITHHELD CASE MANAGEMENT FEES UNTIL THE PROVIDER IS RE−ENROLLED. QUESTIONS? CALL EDS PROVIDER ENROLLMENT, 1−888−223−3630, OR PATIENT 1ST, (334) 353−4301.
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#6 ATTENTION: ALL HOSPITAL PROVIDERS (291)

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December 05, 2008 EOP Mini-Messages

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PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 2009, REQUIRE CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE−ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDES SPECIFICS FOR IMPLEMENTING 24/7 VOICE−TO−VOICE COVERAGE. CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THIS REQUIREMENT WILL BE RETURNED. CONTRACTS NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY DECEMBER 15 WILL RESULT IN WITHHELD CASE MANAGEMENT FEES UNTIL THE PROVIDER IS RE−ENROLLED. QUESTIONS? CALL EDS PROVIDER ENROLLMENT, 1−888−223−3630, OR PATIENT 1ST, (334) 353−4301.
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#6 ATTENTION: ALL HOSPITAL PROVIDERS (291)

HOSPITALS CAN NOW FILE INPATIENT CLAIMS FOR OCTOBER 1, 2008, DATES OF SERVICE AND THEREAFTER. INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR−END AS THE PHP FILING LIMIT EXPIRES ON FEBRUARY 28, 2009.
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#7 ATTENTION: ALL PROVIDERS (312)

THE NEW ICD−9 DIAGNOSIS CODES THAT BECAME EFFECTIVE OCTOBER 1, 2008, ARE NOW AVAILABLE FOR USE.
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#8 ATTENTION: ALL HOSPITALS (109)

ALABAMA MEDICAID WILL BE AMENDING ITS STATE PLAN TO REQUIRE THAT HOSPITALS MUST SUBMIT ELECTRONIC VERSIONS OF THE MEDICARE COST REPORT WITH MEDICARE AS WELL AS MEDICAID SECTIONS COMPLETED BEGINNING WITH THE FISCAL YEARS ENDING IN 2008 AND THEREAFTER. THESE MUST BE SUBMITTED ELECTRONICALLY TO TERRY.BRYANT@MEDICAID.ALABAMA.GOV. IF THERE ARE ANY QUESTIONS, PLEASE CONTACT TERRY BRYANT AT 334−242−2301.

#5 ATTENTION: ALL PATIENT 1ST PROVIDERS (326)

PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 2009, REQUIRE CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE−ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDES SPECIFICS FOR IMPLEMENTING 24/7 VOICE−TO−VOICE COVERAGE. CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THIS REQUIREMENT WILL BE RETURNED. CONTRACTS NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY DECEMBER 15 WILL RESULT IN WITHHELD CASE MANAGEMENT FEES UNTIL THE PROVIDER IS RE−ENROLLED. QUESTIONS? CALL EDS PROVIDER ENROLLMENT, 1−888−223−3630, OR PATIENT 1ST, (334) 353−4301.
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#6 ATTENTION: ALL HOSPITAL PROVIDERS (291)

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#7 ATTENTION: ALL PROVIDERS (312)

THE NEW ICD−9 DIAGNOSIS CODES THAT BECAME EFFECTIVE OCTOBER 1, 2008, ARE NOW AVAILABLE FOR USE.
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#8 ATTENTION: ALL EPSDT SCREENING PROVIDERSn (277)

EFFECTIVE OCTOBER 1, 2008, URINE SCREENS (URINALYSIS) SHOULD BE PERFORMED ONLY IF CLINICALLY INDICATED AND SHOULD NO LONGER BE PERFORMED AS A ROUTINE PART OF ANY EPSDT SCREENING.
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#9 ATTENTION: ALL HOSPITALS (109)

ALABAMA MEDICAID WILL BE AMENDING ITS STATE PLAN TO REQUIRE THAT HOSPITALS MUST SUBMIT ELECTRONIC VERSIONS OF THE MEDICARE COST REPORT WITH MEDICARE AS WELL AS MEDICAID SECTIONS COMPLETED BEGINNING WITH THE FISCAL YEARS ENDING IN 2008 AND THEREAFTER. THESE MUST BE SUBMITTED ELECTRONICALLY TO TERRY.BRYANT@MEDICAID.ALABAMA.GOV. IF THERE ARE ANY QUESTIONS, PLEASE CONTACT TERRY BRYANT AT 334−242−2301.

January 02, 2009 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. 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 (277)
* * * CLARIFICATION ON CHANGE IN MEDICAID RELEASE OF FUNDS * * *
ALABAMA MEDICAID HAS CHANGED THE PAYROLL DATE FOR THE RELEASE OF PROVIDER PAYROLLS EFFECTIVE WITH THE OCTOBER 17, 2008 CHECKWRITE. THIS IS A PERMANENT CHANGE FOR THE RELEASE OF FUNDS.

THIS MEANS THAT THE FUNDS PREVIOUSLY RELEASED ON WEDNESDAYS AFTER THE CHECKWRITE DATE WILL NOT BE RELEASED UNTIL THE FRIDAY FOLLOWING THE CHECKWRITE DATE AT MIDNIGHT. THIS MEANS FUNDS WILL NOT BE AVAILABLE UNTIL 12:01 AM ON SATURDAY.

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#3 ATTENTION: PHYSICIANS, PRACTITIONERS, RADIOLOGISTS, AND HOSPITALS (002)
AS A REMINDER, NON-INVASIVE EAR OR PULSE OXIMETRY SERVICES (94760, 94761, AND 94762) ARE CONSIDERED BUNDLED SERVICES AND THEREFORE ARE NOT SEPARATELY REIMBURSABLE. CURRENTLY, THE ONLY INSTANCES IN WHICH THESE SERVICES MAY BE BILLED ARE WHEN NO OTHER SERVICES ARE BILLED ON THE SAME DAY BY THE SAME PROVIDER. EFFECTIVE JANUARY 1, 2009, MEDICAID WILL NOT ALLOW THESE SERVICES TO BE REIMBURSED SEPARATELY; THEREFORE, THESE SERVICES WILL BE DENIED FOR A BENEFIT PLAN ADMINISTRATION (BPA) RULE. THE RECIPIENT CANNOT BE BILLED FOR THESE SERVICES.

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#4 ATTENTION: ALL PATIENT 1ST PROVIDERS (002)
AS STATED IN PREVIOUS COMMUNICATIONS, PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 1, 2009 REQUIRED CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE-ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDED SPECIFICS FOR IMPLEMENTING 24/7 VOICE-TO-VOICE COVERAGE. CONTRACTS THAT WERE NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY THE DUE DATE WILL RESULT IN THE SUSPENSION OF CASE MANAGEMENT FEES STARTING THE FIRST CHECKWRITE OF JANUARY 2009 UNTIL THE PROVIDER IS RE-ENROLLED. ANY CASE MANAGEMENT FEES WITHHELD FOR THIS REASON WILL NOT BE PAID RETROACTIVELY. PLEASE CONTACT EDS PROVIDER ENROLLMENT IMMEDIATELY, AT (334) 215-4130 TO RE-ENROLL. REMEMBER, CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THE 24/7 VOICE-TO-VOICE COVERAGE REQUIREMENT WILL BE RETURNED. IF YOU HAVE QUESTIONS PLEASE CONTACT EDS AT THE NUMBER ABOVE OR PATIENT 1ST AT (334) 353-4301.

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#5 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
* * * N E W S O F T W A R E V E R S I O N 2.11* * *
BEGINNING JANUARY 5, 2009, VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID ALABAMA.GOV. CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11. 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: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (326)
+ + + + + CLAIM RESPONSES ARE BACK! + + + + +
PROVIDER ELECTRONIC SOLUTIONS SOFTWARE VERSIONS 2.10 AND 2.11 GIVE USERS THE ABILITY TO DOWNLOAD BATCH RESPONSE FILES (BRFs) AFTER SUBMITTING CLAIMS USING THE SOFTWARE. FOR FURTHER INSTRUCTIONS AND INFORMATION, SEE CHAPTER 13 (RECEIVING A RESPONSE) IN THE PROVIDER ELECTRONIC SOLUTIONS USER MANUAL. TO VIEW THE MANUAL, GO TO: WWW.MEDICAID ALABAMA.GOV, CLICK 'BILLING,' 'MANUALS,' 'PROVIDER ELECTRONIC SOLUTIONS (PES) MANUAL.'

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#7 ATTENTION: ALL HOSPITAL PROVIDERS (291)
HOSPITALS CAN NOW FILE INPATIENT CLAIMS FOR OCTOBER 1, 2008, DATES OF SERVICE AND THEREAFTER. INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR-END AS THE PHP FILING LIMIT EXPIRES ON FEBRUARY 28, 2009.

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#8 ATTENTION: ALL HOSPITALS (109)
ALABAMA MEDICAID WILL BE AMENDING ITS STATE PLAN TO REQUIRE THAT HOSPITALS MUST SUBMIT ELECTRONIC VERSIONS OF THE MEDICARE COST REPORT WITH MEDICARE AS WELL AS MEDICAID SECTIONS COMPLETED BEGINNING WITH THE FISCAL YEARS ENDING IN 2008 AND THEREAFTER. THESE MUST BE SUBMITTED ELECTRONICALLY TO TERRY.BRYANT@MEDICAID.ALABAMA.GOV. IF THERE ARE ANY QUESTIONS, PLEASE CONTACT TERRY BRYANT AT 334-242-2301.

January 16, 2008 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. 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 (277)
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THIS MEANS THAT THE FUNDS PREVIOUSLY RELEASED ON WEDNESDAYS AFTER THE CHECKWRITE DATE WILL NOT BE RELEASED UNTIL THE FRIDAY FOLLOWING THE CHECKWRITE DATE AT MIDNIGHT. THIS MEANS FUNDS WILL NOT BE AVAILABLE UNTIL 12:01 AM ON SATURDAY.

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#4 ATTENTION: PHYSICIANS, PRACTITIONERS, RADIOLOGISTS, AND HOSPITALS (002)
AS A REMINDER, NON-INVASIVE EAR OR PULSE OXIMETRY SERVICES (94760, 94761, AND 94762) ARE CONSIDERED BUNDLED SERVICES AND THEREFORE ARE NOT SEPARATELY REIMBURSABLE. CURRENTLY, THE ONLY INSTANCES IN WHICH THESE SERVICES MAY BE BILLED ARE WHEN NO OTHER SERVICES ARE BILLED ON THE SAME DAY BY THE SAME PROVIDER. EFFECTIVE JANUARY 1, 2009, MEDICAID WILL NOT ALLOW THESE SERVICES TO BE REIMBURSED SEPARATELY; THEREFORE, THESE SERVICES WILL BE DENIED FOR A BENEFIT PLAN ADMINISTRATION (BPA) RULE. THE RECIPIENT CANNOT BE BILLED FOR THESE SERVICES.

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#5 ATTENTION: ALL PATIENT 1ST PROVIDERS (002)
AS STATED IN PREVIOUS COMMUNICATIONS, PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 1, 2009 REQUIRED CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE-ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDED SPECIFICS FOR IMPLEMENTING 24/7 VOICE-TO-VOICE COVERAGE. CONTRACTS THAT WERE NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY THE DUE DATE WILL RESULT IN THE SUSPENSION OF CASE MANAGEMENT FEES STARTING THE FIRST CHECKWRITE OF JANUARY 2009 UNTIL THE PROVIDER IS RE-ENROLLED. ANY CASE MANAGEMENT FEES WITHHELD FOR THIS REASON WILL NOT BE PAID RETROACTIVELY. PLEASE CONTACT EDS PROVIDER ENROLLMENT IMMEDIATELY, AT (334) 215-4130 TO RE-ENROLL. REMEMBER, CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THE 24/7 VOICE-TO-VOICE COVERAGE REQUIREMENT WILL BE RETURNED. IF YOU HAVE QUESTIONS PLEASE CONTACT EDS AT THE NUMBER ABOVE OR PATIENT 1ST AT (334) 353-4301.

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#6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
* * * N E W S O F T W A R E V E R S I O N 2.11* * *
BEGINNING JANUARY 5, 2009, VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID ALABAMA.GOV. CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11. 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: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (326)
+ + + + + CLAIM RESPONSES ARE BACK! + + + + +
PROVIDER ELECTRONIC SOLUTIONS SOFTWARE VERSIONS 2.10 AND 2.11 GIVE USERS THE ABILITY TO DOWNLOAD BATCH RESPONSE FILES (BRFs) AFTER SUBMITTING CLAIMS USING THE SOFTWARE. FOR FURTHER INSTRUCTIONS AND INFORMATION, SEE CHAPTER 13 (RECEIVING A RESPONSE) IN THE PROVIDER ELECTRONIC SOLUTIONS USER MANUAL. TO VIEW THE MANUAL, GO TO: WWW.MEDICAID ALABAMA.GOV, CLICK 'BILLING,' 'MANUALS,' 'PROVIDER ELECTRONIC SOLUTIONS (PES) MANUAL.'

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#8 ATTENTION: ALL HOSPITAL PROVIDERS (291)
HOSPITALS CAN NOW FILE INPATIENT CLAIMS FOR OCTOBER 1, 2008, DATES OF SERVICE AND THEREAFTER. INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR-END AS THE PHP FILING LIMIT EXPIRES ON FEBRUARY 28, 2009.

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#9 ATTENTION: ALL HOSPITALS (109)
ALABAMA MEDICAID WILL BE AMENDING ITS STATE PLAN TO REQUIRE THAT HOSPITALS MUST SUBMIT ELECTRONIC VERSIONS OF THE MEDICARE COST REPORT WITH MEDICARE AS WELL AS MEDICAID SECTIONS COMPLETED BEGINNING WITH THE FISCAL YEARS ENDING IN 2008 AND THEREAFTER. THESE MUST BE SUBMITTED ELECTRONICALLY TO TERRY.BRYANT@MEDICAID.ALABAMA.GOV. IF THERE ARE ANY QUESTIONS, PLEASE CONTACT TERRY BRYANT AT 334-242-2301.

February 06, 2009 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. 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 PHYSICIANS, PRACTITIONERS, AND HOSPITALS (035)
ON PAGE 6 OF THE JULY 2008 PROVIDER INSIDER, MAKE THE FOLLOWING NOTATION. FOR HCPCS CODE J9217, CHANGE NDC 00300334201 TO 00300364201.

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#5 ATTENTION: PHYSICIANS, PRACTITIONERS, RADIOLOGISTS, AND HOSPITALS (002)
AS A REMINDER, NON-INVASIVE EAR OR PULSE OXIMETRY SERVICES (94760, 94761, AND 94762) ARE CONSIDERED BUNDLED SERVICES AND THEREFORE ARE NOT SEPARATELY REIMBURSABLE. CURRENTLY, THE ONLY INSTANCES IN WHICH THESE SERVICES MAY BE BILLED ARE WHEN NO OTHER SERVICES ARE BILLED ON THE SAME DAY BY THE SAME PROVIDER. EFFECTIVE JANUARY 1, 2009, MEDICAID WILL NOT ALLOW THESE SERVICES TO BE REIMBURSED SEPARATELY; THEREFORE, THESE SERVICES WILL BE DENIED FOR A BENEFIT PLAN ADMINISTRATION (BPA) RULE. THE RECIPIENT CANNOT BE BILLED FOR THESE SERVICES.

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#6 ATTENTION: ALL PATIENT 1ST PROVIDERS (002)
AS STATED IN PREVIOUS COMMUNICATIONS, PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 1, 2009 REQUIRED CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE-ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDED SPECIFICS FOR IMPLEMENTING 24/7 VOICE-TO-VOICE COVERAGE. CONTRACTS THAT WERE NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY THE DUE DATE WILL RESULT IN THE SUSPENSION OF CASE MANAGEMENT FEES STARTING THE FIRST CHECKWRITE OF JANUARY 2009 UNTIL THE PROVIDER IS RE-ENROLLED. ANY CASE MANAGEMENT FEES WITHHELD FOR THIS REASON WILL NOT BE PAID RETROACTIVELY. PLEASE CONTACT EDS PROVIDER ENROLLMENT IMMEDIATELY, AT (334) 215-4130 TO RE-ENROLL. REMEMBER, CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THE 24/7 VOICE-TO-VOICE COVERAGE REQUIREMENT WILL BE RETURNED. IF YOU HAVE QUESTIONS PLEASE CONTACT EDS AT THE NUMBER ABOVE OR PATIENT 1ST AT (334) 353-4301.

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#7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
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BEGINNING JANUARY 5, 2009, VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID ALABAMA.GOV. CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11. 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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#8 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (326)
+ + + + + CLAIM RESPONSES ARE BACK! + + + + +
PROVIDER ELECTRONIC SOLUTIONS SOFTWARE VERSIONS 2.10 AND 2.11 GIVE USERS THE ABILITY TO DOWNLOAD BATCH RESPONSE FILES (BRFs) AFTER SUBMITTING CLAIMS USING THE SOFTWARE. FOR FURTHER INSTRUCTIONS AND INFORMATION, SEE CHAPTER 13 (RECEIVING A RESPONSE) IN THE PROVIDER ELECTRONIC SOLUTIONS USER MANUAL. TO VIEW THE MANUAL, GO TO: WWW.MEDICAID ALABAMA.GOV, CLICK 'BILLING,' 'MANUALS,' 'PROVIDER ELECTRONIC SOLUTIONS (PES) MANUAL.'

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#9 ATTENTION: ALL HOSPITAL PROVIDERS (291)
HOSPITALS CAN NOW FILE INPATIENT CLAIMS FOR OCTOBER 1, 2008, DATES OF SERVICE AND THEREAFTER. INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR-END AS THE PHP FILING LIMIT EXPIRES ON FEBRUARY 28, 2009.

February 20, 2009 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. 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 PHYSICIANS, PRACTITIONERS, AND HOSPITALS (035)
ON PAGE 6 OF THE JULY 2008 PROVIDER INSIDER, MAKE THE FOLLOWING NOTATION. FOR HCPCS CODE J9217, CHANGE NDC 00300334201 TO 00300364201.

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#4 ATTENTION: PHYSICIANS, PRACTITIONERS, RADIOLOGISTS, AND HOSPITALS (002)
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#6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
* * * N E W S O F T W A R E V E R S I O N 2.11* * *
VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11 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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March 06, 2009 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. 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 PATIENT 1ST PROVIDERS (002)
AS STATED IN PREVIOUS COMMUNICATIONS, PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 1, 2009 REQUIRED CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE-ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDED SPECIFICS FOR IMPLEMENTING 24/7 VOICE-TO-VOICE COVERAGE. CONTRACTS THAT WERE NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY THE DUE DATE WILL RESULT IN THE SUSPENSION OF CASE MANAGEMENT FEES STARTING THE FIRST CHECKWRITE OF JANUARY 2009 UNTIL THE PROVIDER IS RE-ENROLLED. ANY CASE MANAGEMENT FEES WITHHELD FOR THIS REASON WILL NOT BE PAID RETROACTIVELY. PLEASE CONTACT EDS PROVIDER ENROLLMENT IMMEDIATELY, AT (334) 215-4130 TO RE-ENROLL. REMEMBER, CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THE 24/7 VOICE-TO-VOICE COVERAGE REQUIREMENT WILL BE RETURNED. IF YOU HAVE QUESTIONS PLEASE CONTACT EDS AT THE NUMBER ABOVE OR PATIENT 1ST AT (334) 353-4301.

March 20, 2009 EOP Mini-Messages

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THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. 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 (347)
* * * S O F T W A R E V E R S I O N 2.11* * *
VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11 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.

April 03, 2009 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. 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 PROVIDERS (093) EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV.

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#4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
* * * S O F T W A R E V E R S I O N 2.11* * *
VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11 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.

April 17, 2009 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. 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 PROVIDERS (093) EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV.

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#4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
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VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11 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.

May 01, 2009 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. 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 PRESCRIBING PROVIDERS AND ALL PHARMACY PROVIDERS (121)
IN LIGHT OF THE RECENT DECLARATION OF A NATIONAL PUBLIC HEALTH EMERGENCY RELATED TO THE SWINE INFLUENZA OUTBREAK, THE ALABAMA MEDICAID AGENCY HAS EXTENDED THE PREFERRED STATUS OF BOTH TAMIFLU(R) AND RELENZA(R) UNTIL FURTHER NOTICE.

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#3 ATTENTION: ALL NON-PHARMACY PROVIDERS (121)
THE PROCESS FOR SUBMITTING PA REQUESTS HAS NOT CHANGED. ELECTRONIC PA REQUESTS MAY BE SUBMITTED ON-LINE THROUGH THE EDS SOFTWARE. ATTACHMENTS REQUIRED AS PART OF THE PA REVIEW PROCESS MUST BE SENT TO EDS FOR SCANNING INTO THE SYSTEM.

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#4 ATTENTION: ALL DENTAL PROVIDERS (107)
PLEASE NOTE THAT PROCEDURE D4355 WILL REQUIRE A PRIOR AUTHORIZATION EFFECTIVE 5/1/09. IF YOU HAVE ANY QUESTIONS YOU MAY CONTACT THE DENTAL PROGRAM MANAGER AT 334-242-5472.

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#6 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV.

May 15, 2009 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. 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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June 05, 2009 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. 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 (156)
ENDOVENOUS LASER ABLATION OF VARICOSE VEINS & ENDOLUMINAL RADIOFREQUENCY ABLATION OF SAPHENOUS VARICOSE VEINS
EFFECTIVE JULY 1, 2009, PROCEDURE CODES 36475, 36476, 36478, AND 36479, WILL REQUIRE PRIOR AUTHORIZATION IN ORDER TO DETERMINE MEDICAL NECESSITY AND REIMBURSEMENT CONSIDERATION BEFORE SERVICES ARE RENDERED TO THE RECIPIENT.

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#3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (156)
* * * N E W S O F T W A R E V E R S I O N 2
12* * *
VERSION 2.12 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE BILLING MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV. CLICK 'BILLING,? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.11 BEFORE ATTEMPTING TO UPGRADE TO 2.12. 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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#4 ATTENTION: ALL PRESCRIBING PROVIDERS AND ALL PHARMACY PROVIDERS (121)
IN LIGHT OF THE RECENT DECLARATION OF A NATIONAL PUBLIC HEALTH EMERGENCY RELATED TO THE SWINE INFLUENZA OUTBREAK, THE ALABAMA MEDICAID AGENCY HAS EXTENDED THE PREFERRED STATUS OF BOTH TAMIFLU(R) AND RELENZA(R) UNTIL FURTHER NOTICE.

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#5 ATTENTION: ALL NON-PHARMACY PROVIDERS (121)
THE PROCESS FOR SUBMITTING PA REQUESTS HAS NOT CHANGED. ELECTRONIC PA REQUESTS MAY BE SUBMITTED ON-LINE THROUGH THE EDS SOFTWARE. ATTACHMENTS REQUIRED AS PART OF THE PA REVIEW PROCESS MUST BE SENT TO EDS FOR SCANNING INTO THE SYSTEM.

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#6 ATTENTION: ALL DENTAL PROVIDERS (107)
PLEASE NOTE THAT PROCEDURE D4355 WILL REQUIRE A PRIOR AUTHORIZATION EFFECTIVE 5/1/09. IF YOU HAVE ANY QUESTIONS YOU MAY CONTACT THE DENTAL PROGRAM MANAGER AT 334-242-5472.

#8 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV.

June 19, 2009 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. 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 (170)
AT THE END OF EACH MONTH, MEDICAID IDENTIFIES RECIPIENTS THAT HAVE EITHER BEEN AWARDED RETRO-ACTIVE MEDICARE ELIGIBILITY OR HAS HAD A CHANGE IN MEDICARE ELIGIBILITY. CLAIMS FOR THESE RECIPIENTS WHICH HAVE BEEN PAID BY MEDICAID THAT FALL WITHIN THE MEDICARE ELIGIBILITY DATES ARE TARGETED FOR RECOUPMENT. DUE TO A SYSTEM ISSUE, NOT ALL CLAIMS WERE IDENTIFIED TO BE RECOUPED. THEY HAVE NOW BEEN IDENTIFIED FOR RECOUPMENT AND APPEAR ON THIS CHECKWRITE. IF YOU HAVE CLAIMS AFFECTED BY THIS RECOUPMENT, A LETTER WITH FURTHER INSTRUCTION AND A CLAIMS LIST ARE ENCLOSED WITH THIS RA.

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#3 ATTENTION: ALL PROVIDERS (156)
ENDOVENOUS LASER ABLATION OF VARICOSE VEINS & ENDOLUMINAL RADIOFREQUENCY ABLATION OF SAPHENOUS VARICOSE VEINS
EFFECTIVE JULY 1, 2009, PROCEDURE CODES 36475, 36476, 36478, AND 36479, WILL REQUIRE PRIOR AUTHORIZATION IN ORDER TO DETERMINE MEDICAL NECESSITY AND REIMBURSEMENT CONSIDERATION BEFORE SERVICES ARE RENDERED TO THE RECIPIENT.

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#4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (156)
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VERSION 2.12 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE BILLING MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV. CLICK 'BILLING,? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.11 BEFORE ATTEMPTING TO UPGRADE TO 2.12. 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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#5 ATTENTION: ALL PRESCRIBING PROVIDERS AND ALL PHARMACY PROVIDERS (121)
IN LIGHT OF THE RECENT DECLARATION OF A NATIONAL PUBLIC HEALTH EMERGENCY RELATED TO THE SWINE INFLUENZA OUTBREAK, THE ALABAMA MEDICAID AGENCY HAS EXTENDED THE PREFERRED STATUS OF BOTH TAMIFLU(R) AND RELENZA(R) UNTIL FURTHER NOTICE.

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#7 ATTENTION: ALL DENTAL PROVIDERS (107)
PLEASE NOTE THAT PROCEDURE D4355 WILL REQUIRE A PRIOR AUTHORIZATION EFFECTIVE 5/1/09. IF YOU HAVE ANY QUESTIONS YOU MAY CONTACT THE DENTAL PROGRAM MANAGER AT 334-242-5472.

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July 10, 2009 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. 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 (191)
CLAIMS PAID BETWEEN MARCH 2008 AND APRIL 2009 WITH "ZERO" IN THE MEDICARE PAID AMOUNT FIELD ARE RECOUPED WITH ERROR MESSAGED- 8134 ON THIS REMITTANCE ADVICE. SEE THE JULY 2009 PROVIDER INSIDER AT WWW.MEDICAID.ALABAMA.GOV FOR MORE DETAILS.

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#3 ATTENTION: ALL PROVIDERS (156)
ENDOVENOUS LASER ABLATION OF VARICOSE VEINS & ENDOLUMINAL RADIOFREQUENCY ABLATION OF SAPHENOUS VARICOSE VEINS
EFFECTIVE JULY 1, 2009, PROCEDURE CODES 36475, 36476, 36478, AND 36479, WILL REQUIRE PRIOR AUTHORIZATION IN ORDER TO DETERMINE MEDICAL NECESSITY AND REIMBURSEMENT CONSIDERATION BEFORE SERVICES ARE RENDERED TO THE RECIPIENT.

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#4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (156)
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12* * *
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#5 ATTENTION: ALL PRESCRIBING PROVIDERS AND ALL PHARMACY PROVIDERS (121)
IN LIGHT OF THE RECENT DECLARATION OF A NATIONAL PUBLIC HEALTH EMERGENCY RELATED TO THE SWINE INFLUENZA OUTBREAK, THE ALABAMA MEDICAID AGENCY HAS EXTENDED THE PREFERRED STATUS OF BOTH TAMIFLU(R) AND RELENZA(R) UNTIL FURTHER NOTICE.

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#6 ATTENTION: ALL NON-PHARMACY PROVIDERS (121)
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July 24, 2009 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. 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 (156)
ENDOVENOUS LASER ABLATION OF VARICOSE VEINS & ENDOLUMINAL RADIOFREQUENCY ABLATION OF SAPHENOUS VARICOSE VEINS
EFFECTIVE JULY 1, 2009, PROCEDURE CODES 36475, 36476, 36478, AND 36479, WILL REQUIRE PRIOR AUTHORIZATION IN ORDER TO DETERMINE MEDICAL NECESSITY AND REIMBURSEMENT CONSIDERATION BEFORE SERVICES ARE RENDERED TO THE RECIPIENT.

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#3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (156)
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August 7, 2009 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. 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: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (156)
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August 21, 2009 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. 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: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (156)
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VERSION 2.12 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE BILLING MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV. CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.11 BEFORE ATTEMPTING TO UPGRADE TO 2.12. 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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September 04, 2009 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. 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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September 11, 2009 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. 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 PROVIDERS (254)
THE 2010 ICD-9-CM DIAGNOSIS CODES ARE EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2009, AND THEREAFTER.

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#4 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV.

October 02, 2009 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. 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 (275)
IN AUGUST 2008, HEWLETT-PACKARD (HP) ACQUIRED EDS, CLAIMS PROCESSOR FOR THE ALABAMA MEDICAID PROGRAM. ON WEDNESDAY, SEPTEMBER 23, 2009 THE EDS BUSINESS UNIT OF HP CHANGED ITS NAME TO HP ENTERPRISE SERVICES IN MOST LOCATIONS ACROSS THE COUNTRY AND AROUND THE WORLD.
HOW WILL THAT AFFECT HEALTH CARE PROVIDERS IN ALABAMA? YOU PROBABLY WON'T NOTICE MUCH OF ANY CHANGE. YOU'LL BEGIN TO SEE THE HP LOGO OR THE HP ENTERPRISE SERVICES NAME ON CORRESPONDENCE. YOU'LL BEGIN TO RECEIVE E-MAILS FROM AN @hp.com E-MAIL ADDRESS RATHER THAN AN @eds.com ADDRESS AND YOU'LL HEAR THE HP NAME WHEN CALLING THE MONTGOMERY OFFICE. THINK OF IT AS A SPORTS TEAM CHANGING JERSEYS. THE SAME PLAYERS ARE ON THE FIELD WORKING HARD TO DELIVER THE OUTSTANDING MEDICAID SERVICES YOU'VE COME TO EXPECT FROM A TRUSTED BUSINESS ALLY.
WHILE THE EDS NAME AND LOGO ARE BEING PHASED OUT, THE TECHNOLOGY SERVICES EQUITY WE'VE BUILT OVER THE PAST FIVE DECADES WILL REMAIN. THIS INCLUDES THE ATTITUDE, EXPERTISE AND COMMITMENT TO DELIVERING EXCELLENCE THAT DEFINED EDS.
THE NEW NAME REFLECTS HP'S COMMITMENT TO THE LONGTIME SUCCESS OF ITS CLIENTS. IT ALSO REMINDS OUR CLIENTS OF THE ENHANCED VALUE THEY NOW GET FROM THE COMBINATION OF EDS' PROVEN OPERATIONAL EXCELLENCE PLUS THE BEST-IN-CLASS TECHNOLOGY OF HP.

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#3 ATTENTION: ALL PROVIDERS (254)
THE 2010 ICD-9-CM DIAGNOSIS CODES ARE EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2009, AND THEREAFTER.

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#4 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV.

October 23, 2009 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. 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 (275)
IN AUGUST 2008, HEWLETT-PACKARD (HP) ACQUIRED EDS, CLAIMS PROCESSOR FOR THE ALABAMA MEDICAID PROGRAM. ON WEDNESDAY, SEPTEMBER 23, 2009 THE EDS BUSINESS UNIT OF HP CHANGED ITS NAME TO HP ENTERPRISE SERVICES IN MOST LOCATIONS ACROSS THE COUNTRY AND AROUND THE WORLD.
HOW WILL THAT AFFECT HEALTH CARE PROVIDERS IN ALABAMA? YOU PROBABLY WON'T NOTICE MUCH OF ANY CHANGE. YOU'LL BEGIN TO SEE THE HP LOGO OR THE HP ENTERPRISE SERVICES NAME ON CORRESPONDENCE. YOU'LL BEGIN TO RECEIVE E-MAILS FROM AN @hp.com E-MAIL ADDRESS RATHER THAN AN @eds.com ADDRESS AND YOU'LL HEAR THE HP NAME WHEN CALLING THE MONTGOMERY OFFICE. THINK OF IT AS A SPORTS TEAM CHANGING JERSEYS. THE SAME PLAYERS ARE ON THE FIELD WORKING HARD TO DELIVER THE OUTSTANDING MEDICAID SERVICES YOU'VE COME TO EXPECT FROM A TRUSTED BUSINESS ALLY.
WHILE THE EDS NAME AND LOGO ARE BEING PHASED OUT, THE TECHNOLOGY SERVICES EQUITY WE'VE BUILT OVER THE PAST FIVE DECADES WILL REMAIN. THIS INCLUDES THE ATTITUDE, EXPERTISE AND COMMITMENT TO DELIVERING EXCELLENCE THAT DEFINED EDS.
THE NEW NAME REFLECTS HP'S COMMITMENT TO THE LONGTIME SUCCESS OF ITS CLIENTS. IT ALSO REMINDS OUR CLIENTS OF THE ENHANCED VALUE THEY NOW GET FROM THE COMBINATION OF EDS' PROVEN OPERATIONAL EXCELLENCE PLUS THE BEST-IN-CLASS TECHNOLOGY OF HP.

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#3 ATTENTION: ALL PROVIDERS (254)
THE 2010 ICD-9-CM DIAGNOSIS CODES ARE EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2009, AND THEREAFTER.

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#4 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2009 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

November 06, 2009 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. 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 (275)
IN AUGUST 2008, HEWLETT-PACKARD (HP) ACQUIRED EDS, CLAIMS PROCESSOR FOR THE ALABAMA MEDICAID PROGRAM. ON WEDNESDAY, SEPTEMBER 23, 2009 THE EDS BUSINESS UNIT OF HP CHANGED ITS NAME TO HP ENTERPRISE SERVICES IN MOST LOCATIONS ACROSS THE COUNTRY AND AROUND THE WORLD.
HOW WILL THAT AFFECT HEALTH CARE PROVIDERS IN ALABAMA? YOU PROBABLY WON'T NOTICE MUCH OF ANY CHANGE. YOU'LL BEGIN TO SEE THE HP LOGO OR THE HP ENTERPRISE SERVICES NAME ON CORRESPONDENCE. YOU'LL BEGIN TO RECEIVE E-MAILS FROM AN @hp.com E-MAIL ADDRESS RATHER THAN AN @eds.com ADDRESS AND YOU'LL HEAR THE HP NAME WHEN CALLING THE MONTGOMERY OFFICE. THINK OF IT AS A SPORTS TEAM CHANGING JERSEYS. THE SAME PLAYERS ARE ON THE FIELD WORKING HARD TO DELIVER THE OUTSTANDING MEDICAID SERVICES YOU'VE COME TO EXPECT FROM A TRUSTED BUSINESS ALLY.
WHILE THE EDS NAME AND LOGO ARE BEING PHASED OUT, THE TECHNOLOGY SERVICES EQUITY WE'VE BUILT OVER THE PAST FIVE DECADES WILL REMAIN. THIS INCLUDES THE ATTITUDE, EXPERTISE AND COMMITMENT TO DELIVERING EXCELLENCE THAT DEFINED EDS.
THE NEW NAME REFLECTS HP'S COMMITMENT TO THE LONGTIME SUCCESS OF ITS CLIENTS. IT ALSO REMINDS OUR CLIENTS OF THE ENHANCED VALUE THEY NOW GET FROM THE COMBINATION OF EDS' PROVEN OPERATIONAL EXCELLENCE PLUS THE BEST-IN-CLASS TECHNOLOGY OF HP.

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#3 ATTENTION: ALL PROVIDERS (254)
THE 2010 ICD-9-CM DIAGNOSIS CODES ARE EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2009, AND THEREAFTER.

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#4 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2009 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

November 20, 2009 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. 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
THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED NOVEMBER 26 AND 27 IN OBSERVANCE OF THANKSGIVING. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE BOTH DAYS FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

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#4 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2009 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

December 04, 2009 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. 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 (338)
THE MAXIMUM ALLOWED UNITS FOR CODE 87804 (INFLUENZA A & B RAPID TEST) IS 2. WHEN TWO SEPARATE (INFLUENZA A/INFLUENZA B) TEST RESULTS ARE ORDERED AND REPORTED, IT IS APPROPRIATE TO BILL FOR 2 UNITS. IF ONLY ONE TEST (INFLUENZA A OR B) IS ORDERED AND REPORTED, ONLY 1 UNIT SHOULD BE BILLED. USING MODIFIERS FOR SEPARATE TESTS ARE NOT ALLOWED.

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#3 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIMS 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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

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#5 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2009 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

December 18, 2009 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. 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
THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED THE FOLLOWING DAYS IN OBSERVANCE OF THE HOLIDAYS: DECEMBER 25, 2009 AND JANUARY 1, 2010. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE BOTH DAYS FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242 INSIDE ALABAMA AND 334-215-0111 OUTSIDE ALABAMA.

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#3 ATTENTION: INDIVIDUAL PROVIDERS (352)
IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334-215-4298

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#5 ATTENTION: PHYSICIANS, HEALTH DEPARTMENTS, FQHCs, RHCs, MATERNITY CARE AND HOSPITAL PROVIDERS (352)
EFFECTIVE JANUARY 1, 2010, PROVIDERS WILL BILL PROCEDURE A4264 (INTRATUBAL OCCLUSION DEVICE) FOR THE ESSURE DEVICE AND 58565 (HYSTEROSCOPY, STERILIZATION) FOR THE PROCEDURE. THESE PROCEDURE CODES REQUIRE PRIOR AUTHORIZATION.

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#6 ATTENTION: ALL PROVIDERS (338)
THE MAXIMUM ALLOWED UNITS FOR CODE 87804 (INFLUENZA A & B RAPID TEST) IS 2. WHEN TWO SEPARATE (INFLUENZA A/INFLUENZA B) TEST RESULTS ARE ORDERED AND REPORTED, IT IS APPROPRIATE TO BILL FOR 2 UNITS. IF ONLY ONE TEST (INFLUENZA A OR B) IS ORDERED AND REPORTED, ONLY 1 UNIT SHOULD BE BILLED. USING MODIFIERS FOR SEPARATE TESTS ARE NOT ALLOWED.

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#7 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIMS 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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

#9 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2009 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

January 08, 2010 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. 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
THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED JANUARY 18, 2010 IN OBSERVANCE OF MARTIN LUTHER KING, JR. 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 INSIDE ALABAMA AND 334-215-0111 OUTSIDE ALABAMA.
BANNER # 3

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#3 ATTENTION: ALL HOSPITALS, PHYSICIANS, FQHCS, RHCS, HEALTH DEPARTMENTS (008)
EFFECTIVE 01/01/10 THE FOLLOWING THREE MATERNITY CARE PRIMARY CONTRACTORS CHANGED AS FOLLOWS:
DISTRICT 3 CHANGED FROM ?VIVA HEALTH ADM. LLC? TO ?QUALITY OF LIFE.?; PHONE # 1-888-490-0131.

DISTRICT 7 CHANGED FROM ?TOMBIGBEE HEALTH AUTHORITY? TO ?GREATER ALABAMA HEALTH NETWORK? PHONE # 1-877-553-4485.

DISTRICT 9 CHANGED FROM ?VIVA HEALTH ADM. LLC? TO ?GREATER ALABAMA HEALTH NETWORK?; PHONE # 1-877-553-4485.

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#4 ATTENTION: INDIVIDUAL PROVIDERS (352)
IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334-215-4298.

January 22, 2010 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. 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 HOSPITALS, PHYSICIANS, FQHCS, RHCS, HEALTH DEPARTMENTS (008)
EFFECTIVE 01/01/10 THE FOLLOWING THREE MATERNITY CARE PRIMARY CONTRACTORS CHANGED AS FOLLOWS:
DISTRICT 3 CHANGED FROM "VIVA HEALTH ADM. LLC" TO "QUALITY OF LIFE" PHONE # 1-888-490-0131.

DISTRICT 7 CHANGED FROM "TOMBIGBEE HEALTH AUTHORITY" TO "GREATER ALABAMA HEALTH NETWORK" PHONE # 1-877-553-4485.

DISTRICT 9 CHANGED FROM "VIVA HEALTH ADM. LLC" TO "GREATER ALABAMA HEALTH NETWORK" PHONE # 1-877-553-4485.

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#4 ATTENTION: INDIVIDUAL PROVIDERS (352)
IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334-215-4298.

#5 ATTENTION: RENAL DIALYSIS FACILITIES (352)
MEDICARE/MEDICAID CROSSOVER CHANGES: UNRESOLVED ISSUES HAVE REQUIRED THE ALABAMA MEDICAID AGENCY TO STOP AUTOMATIC ACCEPTANCE OF CROSSOVER CLAIMS FROM MEDICARE THAT BEGAN WITH THE DECEMBER 18, 2009 CHECKWRITE.

PROVIDERS WHOSE CLAIMS WERE PROCESSED AND PAID INCORRECTLY ON THE DECEMBER 18, 2009 CHECKWRITE, (AND POSSIBLY ON THE JANUARY 8, 2010 CHECK WRITE), MUST TAKE ACTION ON THOSE CLAIMS, BY EITHER ADJUSTING OR VOIDING AND RESUBMITTING ELECTRONICALLY AS DONE PRIOR TO THE DECEMBER 18TH CHECKWRITE.

PROVIDERS WILL BE NOTIFIED WHEN THE ALABAMA MEDICAID AGENCY WILL BEGIN AUTOMATICALLY ACCEPTING RENAL DIALYSIS CLAIMS FROM MEDICARE.

STRAIGHT MEDICAID CHANGES: EFFECTIVE FOR DATES OF SERVICES JANUARY 1, 2010, PROCEDURE CODE 90993 MUST BE USED FOR BILLING DIALYSIS TRAINING. PROCEDURE CODE 90993 IS THE MORE APPROPRIATE CODE FOR BILLING TRAINING UNITS IN DIALYSIS AND IS CONSISTENT WITH MEDICARE BILLING. MEDICAID WILL HAVE A LIFETIME LIMIT OF 12 UNITS PER RECIPIENT. FOR DATES OF SERVICE PRIOR TO JANUARY 1, 2010, PROCEDURE CODE 90989 SHOULD CONTINUE TO BE BILLED FOR DIALYSIS TRAINING. PROCEDURE CODE 90989 IS A ONE-TIME CODE FOR THE ENTIRE TRAINING.

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#6 ATTENTION: PHYSICIANS, HEALTH DEPARTMENTS, FQHCs, RHCs, MATERNITY CARE AND HOSPITAL PROVIDERS (352)
EFFECTIVE JANUARY 1, 2010, PROVIDERS WILL BILL PROCEDURE A4264 (INTRATUBAL OCCLUSION DEVICE) FOR THE ESSURE DEVICE AND 58565 (HYSTEROSCOPY, STERILIZATION) FOR THE PROCEDURE. THESE PROCEDURE CODES REQUIRE PRIOR AUTHORIZATION.

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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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

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#8 ATTENTION: ALL PHYSICIANS, FQHCS, RHCS, AND HEALTH DEPARTMENTS (310)
THE MIRENA IUD IS RESTRICTED TO ONE EVERY 5 CALENDAR YEARS. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT LEIGH ANN HIXON AT 334-353-5263.

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#9 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

February 05, 2010 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. 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
THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED MONDAY, FEFRUARY 15, 2010 IN OBSERVANCE OF PRESIDENTS' 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 PROVIDERS (022)
FOLLOWING CHANGES WILL BE MADE EFFECTIVE MARCH 1, 2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
-ELECTRONIC CLAIMS SUBMISSION WILL BE REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
-MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE THE A VENDOR TO DOWNLOAD RA.
-ELECTRONIC CLAIM ADJUSTMENTS WILL BE REQUIRED.
-PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES.
-MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PATIENT 1ST AND EPSDT RESCREENING LISTS FOR PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE.

AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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4 ATTENTION: ALL HOSPITALS, PHYSICIANS, FQHCS, RHCS, HEALTH DEPARTMENTS (008)
EFFECTIVE 01/01/10 THE FOLLOWING THREE MATERNITY CARE PRIMARY CONTRACTORS CHANGED AS FOLLOWS:
DISTRICT 3 CHANGED FROM "VIVA HEALTH ADM. LLC" TO "QUALITY OF LIFE" PHONE # 1-888-490-0131.

DISTRICT 7 CHANGED FROM "TOMBIGBEE HEALTH AUTHORITY" TO "GREATER ALABAMA HEALTH NETWORK" PHONE # 1-877-553-4485.

DISTRICT 9 CHANGED FROM "VIVA HEALTH ADM. LLC" TO "GREATER ALABAMA HEALTH NETWORK" PHONE # 1-877-553-4485.

5 ATTENTION: INDIVIDUAL PROVIDERS (352)
IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334-215-4298.

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6 ATTENTION: RENAL DIALYSIS FACILITIES (352)
MEDICARE/MEDICAID CROSSOVER CHANGES: UNRESOLVED ISSUES HAVE REQUIRED THE ALABAMA MEDICAID AGENCY TO STOP AUTOMATIC ACCEPTANCE OF CROSSOVER CLAIMS FROM MEDICARE THAT BEGAN WITH THE DECEMBER 18, 2009 CHECKWRITE.

PROVIDERS WHOSE CLAIMS WERE PROCESSED AND PAID INCORRECTLY ON THE DECEMBER 18, 2009 CHECKWRITE, (AND POSSIBLY ON THE JANUARY 8, 2010 CHECK WRITE), MUST TAKE ACTION ON THOSE CLAIMS, BY EITHER ADJUSTING OR VOIDING AND RESUBMITTING ELECTRONICALLY AS DONE PRIOR TO THE DECEMBER 18TH CHECKWRITE.

PROVIDERS WILL BE NOTIFIED WHEN THE ALABAMA MEDICAID AGENCY WILL BEGIN AUTOMATICALLY ACCEPTING RENAL DIALYSIS CLAIMS FROM MEDICARE.

STRAIGHT MEDICAID CHANGES: EFFECTIVE FOR DATES OF SERVICES JANUARY 1, 2010, PROCEDURE CODE 90993 MUST BE USED FOR BILLING DIALYSIS TRAINING. PROCEDURE CODE 90993 IS THE MORE APPROPRIATE CODE FOR BILLING TRAINING UNITS IN DIALYSIS AND IS CONSISTENT WITH MEDICARE BILLING. MEDICAID WILL HAVE A LIFETIME LIMIT OF 12 UNITS PER RECIPIENT. FOR DATES OF SERVICE PRIOR TO JANUARY 1, 2010, PROCEDURE CODE 90989 SHOULD CONTINUE TO BE BILLED FOR DIALYSIS TRAINING. PROCEDURE CODE 90989 IS A ONE-TIME CODE FOR THE ENTIRE TRAINING.

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7 ATTENTION: PHYSICIANS, HEALTH DEPARTMENTS, FQHCs, RHCs, MATERNITY CARE AND HOSPITAL PROVIDERS (352)
EFFECTIVE JANUARY 1, 2010, PROVIDERS WILL BILL PROCEDURE A4264 (INTRATUBAL OCCLUSION DEVICE) FOR THE ESSURE DEVICE AND 58565 (HYSTEROSCOPY, STERILIZATION) FOR THE PROCEDURE. THESE PROCEDURE CODES REQUIRE PRIOR AUTHORIZATION.

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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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

#10 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

February 19, 2010 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. 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 (022)
FOLLOWING CHANGES WILL BE MADE EFFECTIVE MARCH 1, 2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
-ELECTRONIC CLAIMS SUBMISSION WILL BE REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
-MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE THE A VENDOR TO DOWNLOAD RA.
-ELECTRONIC CLAIM ADJUSTMENTS WILL BE REQUIRED.
-PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES.
-MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PATIENT 1ST AND EPSDT RESCREENING LISTS FOR PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE.

AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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#3 ATTENTION: ALL INSTATE HOSPITALS (050)
EFFECTIVE FOR ALL INPATIENT CLAIMS RECEIVED FEBRUARY 20, 2010, AND THEREAFTER, THE PHP FILING LIMIT IS NO LONGER APPLICABLE. ALL INPATIENT HOSPITAL CLAIMS MUST BE FILED WITHIN ONE YEAR OF THE DATE OF SERVICE.

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#4 ATTENTION: ALL PHYSICIAN, HOSPITAL, FQHC AND RHC PROVIDERS (050)
SCREENING COLONOSCOPIES ARE NOT A COVERED SERVICE BY MEDICAID. PLEASE USE THE APPROPRIATE DIAGNOSIS CODE WHEN BILLING FOR DIAGNOSTIC COLONOSCOPIES (PROCEDURE CODES 45378-45392) . THESE CLAIMS ARE SUBJECT TO POST PAYMENT REVIEW AND RECOUPMENT.

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#5 ATTENTION: INDIVIDUAL PROVIDERS (352)
IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334-215-4298.

#6 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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

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#7 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

March 05, 2010 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. 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 (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE MARCH 1, 2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:

−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.

−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE RA.

−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.

−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES.

−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PATIENT 1ST AND EPSDT RESCREENING LISTS FOR PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE.

AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK: http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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#3 ATTENTION: ALL DENTAL PROVIDERS (064)

CLAIMS PROCESSED EFFECTIVE MARCH 10, 2010 AND AFTER WILL DENY FOR PERIAPICAL X−RAYS IF THE RECIPIENT HAS HAD MORE THAN 5 PERIAPICAL X−RAYS IN ONE YEAR. EFFECTIVE MARCH 10, 2010, PAID, PERIAPICAL X−RAYS WILL BE DISPLAYED ON THE RECIPIENT BENEFIT SCREEN.

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#4 ATTENTION: ALL INSTATE HOSPITALS (050)

EFFECTIVE FOR ALL INPATIENT CLAIMS RECEIVED FEBRUARY 20, 2010, AND THEREAFTER, THE PHP FILING LIMIT IS NO LONGER APPLICABLE. ALL INPATIENT HOSPITAL CLAIMS MUST BE FILED WITHIN ONE YEAR OF THE DATE OF SERVICE.

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#5 ATTENTION: ALL PHYSICIAN, HOSPITAL, FQHC AND RHC PROVIDERS (050)

SCREENING COLONOSCOPIES ARE NOT A COVERED SERVICE BY MEDICAID. PLEASE USE THE APPROPRIATE DIAGNOSIS CODE WHEN BILLING FOR DIAGNOSTIC COLONOSCOPIES (PROCEDURE CODES 45378−45392) . THESE CLAIMS ARE SUBJECT TO POST PAYMENT REVIEW AND RECOUPMENT.
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#6 ATTENTION: INDIVIDUAL PROVIDERS (352)

IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334−215−4298.
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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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.
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#8 ATTENTION: ALL PROVIDERS (093)

EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

March 19, 2010 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. 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 (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE MARCH 1, 2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:

−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.

−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY
PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE
RA.

−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.

−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES.

−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PATIENT 1ST AND EPSDT RESCREENING LISTS FOR PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE.

AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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#3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (078)

* * * N E W S O F T W A R E V E R S I O N 2.13* * *
VERSION 2.13 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 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.12 BEFORE ATTEMPTING TO UPGRADE TO 2.13. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hpcom.

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#4 ATTENTION: ALL DENTAL PROVIDERS (064)

CLAIMS PROCESSED EFFECTIVE MARCH 10, 2010 AND AFTER WILL DENY FOR PERIAPICAL X−RAYS IF THE RECIPIENT HAS HAD MORE THAN 5 PERIAPICAL X−RAYS IN ONE YEAR. EFFECTIVE MARCH 10, 2010, PAID, PERIAPICAL X−RAYS WILL BE DISPLAYED ON THE RECIPIENT BENEFIT SCREEN.

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#5 ATTENTION: ALL INSTATE HOSPITALS (050)

EFFECTIVE FOR ALL INPATIENT CLAIMS RECEIVED FEBRUARY 20, 2010, AND THEREAFTER, THE PHP FILING LIMIT IS NO LONGER APPLICABLE. ALL INPATIENT HOSPITAL CLAIMS MUST BE FILED WITHIN ONE YEAR OF THE DATE OF SERVICE.

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#6 ATTENTION: ALL PHYSICIAN, HOSPITAL, FQHC AND RHC PROVIDERS (050)

SCREENING COLONOSCOPIES ARE NOT A COVERED SERVICE BY MEDICAID. PLEASE USE THE APPROPRIATE DIAGNOSIS CODE WHEN BILLING FOR DIAGNOSTIC COLONOSCOPIES (PROCEDURE CODES 45378−45392) . THESE CLAIMS ARE SUBJECT TO POST PAYMENT REVIEW AND RECOUPMENT.

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#7 ATTENTION: INDIVIDUAL PROVIDERS (352)

IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334−215−4298.

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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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

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#9 ATTENTION: ALL PROVIDERS (093)

EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

April 02, 2010 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. 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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 # 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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

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 # 2 ATTENTION: ALL PROVIDERS (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE MARCH 1, 2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER. −MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY
PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES. AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 3 ATTENTION: ALL PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTIONERS, FQHC'S, RHC'S,HOSPTIALS, RENAL DIALYSIS FACILITIES AND NURSING HOMES (092)

EFFECTIVE MAY 1, 2010 HCPCS CODE J2357 FOR INJECTABLE DRUG XOLAIR WILL REQUIRE PRIOR AUTHORIZATION THROUGH HEALTH INFORMATION DESIGNS (HID) PRIOR TO TREATMENT. THIS DRUG CURRENTLY REQUIRES PRIOR AUTHORIZATION WHEN DISPENSED THROUGH A RETAIL PHARMACY. THE
SAME PA CRITERIA AND FORMS USED FOR RETAIL PHARMACY DISPENSED DRUGS WILL BE REQUIRED FROM PROVIDERS BILLING THE HCPCS CODE FOR XOLAIR. HID MAY BE CONTACTED AT 1−800−748−0130. THE PRIOR AUTHORIZATION FORM 369 AND CRITERIA INFORMATION IS LOCATED ON
THE MEDICAID WEBSITE AT www.medicaid.alabama.gov.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (078)

* * * N E W S O F T W A R E V E R S I O N 2.13* * *
VERSION 2.13 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 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND
DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.12 BEFORE ATTEMPTING TO UPGRADE TO 2.13. 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
****

 # 7 ATTENTION: ALL DENTAL PROVIDERS (064)

CLAIMS PROCESSED EFFECTIVE MARCH 10, 2010 AND AFTER WILL DENY FOR PERIAPICAL X−RAYS IF THE RECIPIENT HAS HAD MORE THAN 5 PERIAPICAL X−RAYS IN ONE YEAR. EFFECTIVE MARCH 10,2010, PAID, PERIAPICAL X−RAYS WILL BE DISPLAYED ON THE RECIPIENT BENEFIT SCREEN.
****

 # 8 ATTENTION: ALL INSTATE HOSPITALS (050)

EFFECTIVE FOR ALL INPATIENT CLAIMS RECEIVED FEBRUARY 20, 2010, AND THEREAFTER, THE PHP FILING LIMIT IS NO LONGER APPLICABLE. ALL INPATIENT HOSPITAL CLAIMS MUST BE FILED WITHIN ONE YEAR OF THE DATE OF SERVICE.
****

 # 9 ATTENTION: INDIVIDUAL PROVIDERS (352)

IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION
INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334−215−4298.
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**********#11

ATTENTION: ALL PROVIDERS (093)

EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL

2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

April 16, 2010 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. 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 (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE MARCH 1, 2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY
PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES.
AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK: http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 4 ATTENTION: ALL PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTIONERS, FQHC'S, RHC'S, HOSPTIALS, RENAL DIALYSIS FACILITIES AND NURSING HOMES (092)

EFFECTIVE MAY 1, 2010 HCPCS CODE J2357 FOR INJECTABLE DRUG XOLAIR WILL REQUIRE PRIOR AUTHORIZATION THROUGH HEALTH INFORMATION DESIGNS (HID) PRIOR TO TREATMENT. THIS DRUG CURRENTLY REQUIRES PRIOR AUTHORIZATION WHEN DISPENSED THROUGH A RETAIL PHARMACY. THE
SAME PA CRITERIA AND FORMS USED FOR RETAIL PHARMACY DISPENSED DRUGS WILL BE REQUIRED FROM PROVIDERS BILLING THE HCPCS CODE FOR XOLAIR. HID MAY BE CONTACTED AT 1−800−748−0130. THE PRIOR AUTHORIZATION FORM 369 AND CRITERIA INFORMATION IS LOCATED ON
THE MEDICAID WEBSITE AT www.medicaid.alabama.gov .

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 # 7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (078)

* * * N E W S O F T W A R E V E R S I O N 2.13* * *
VERSION 2.13 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 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND
DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.12 BEFORE ATTEMPTING TO UPGRADE TO 2.13. 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: INDIVIDUAL PROVIDERS (352)

IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO
ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED
TO HP PROVIDER ENROLLMENT UNIT AT 334−215−4298.
****

 # 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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.
****

#10 ATTENTION: ALL PROVIDERS (093)

EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL

2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

May 07, 2010 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. 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 (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE 03/01/2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE
RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES. AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 3 ATTENTION: ALL PRIMARY MEDICAL PROVIDERS (127)

EFFECTIVE 05/01/2010, THE PATIENT 1ST REFERRAL REPORT (MGD−A500−Q) IS BEING DISTRIBUTED QUARTERLY INSTEAD OF MONTHLY. THE NEXT REPORT WILL BE AVAILABLE ON 07/11/2010 AND WILL CONTAIN DATA FOR THE MONTHS OF APRIL, MAY AND JUNE. THE REPORT MAY BE ACCESSED ON MEDICAID'S INTERACTIVE WEBSITE AT www.medicaid.alabama.gov .

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 # 4 ATTENTION: ALL PROVIDERS (127)

DUE TO RECENT CMS NOTIFICATION REGARDING DISCONTINUANCE OF COVERAGE DUE TO REBATE STATUS, CERTAIN PANCREATIC ENZYMES WILL NO LONGER BE COVERED BY ALABAMA MEDICAID EFFECTIVE 04/29/2010. FOR A LIST OF COVERED PRODUCTS OR FOR MORE INFORMATION, PLEASE
CONTACT ALABAMA MEDICAID PHARMACY SERVICES AT 334−242−5050.

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 # 6 ATTENTION: ALL PROVIDERS (127)

THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) IS HOSTING AN "OPEN DOOR FORUM CONFERENCE CALL" TO PROVIDE AN OPPORTUNITY FOR LIVE DIALOGUE BETWEEN CMS AND THE MEDICAID PROVIDER COMMUNITY IN THE STATES OF ALABAMA, GEORGIA, MARYLAND, AND NEW JERSEY.

THE CALL WILL BE HELD WEDNESDAY, 05/26/2010 AT 3: 00 TO 4:30, EST. MORE DETAILED INFORMATION WILL BE PROVIDED LATER.
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 # 7 ATTENTION: ALL PHYSICIANS, ASCs AND HOSPITALS (127)

EFFECTIVE FOR DATES OF SERVICE 05/01/2010, AND THEREAFTER PROCEDURE CODES 15781 AND 14040 WILL REQUIRE PRIOR AUTHORIZATION.
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 # 9 ATTENTION: ALL PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTIONERS, FQHC'S, RHC'S, HOSPTIALS, RENAL DIALYSIS FACILITIES AND NURSING HOMES (092)

EFFECTIVE 05/01/2010, HCPCS CODE J2357 FOR INJECTABLE DRUG XOLAIR WILL REQUIRE PRIOR AUTHORIZATION THROUGH HEALTH INFORMATION DESIGNS (HID) PRIOR TO TREATMENT. THIS DRUG CURRENTLY REQUIRES PRIOR AUTHORIZATION WHEN DISPENSED THROUGH A RETAIL PHARMACY. THE
SAME PA CRITERIA AND FORMS USED FOR RETAIL PHARMACY DISPENSED DRUGS WILL BE REQUIRED FROM PROVIDERS BILLING THE HCPCS CODE FOR XOLAIR. HID MAY BE CONTACTED AT 1−800−748−0130. THE PRIOR AUTHORIZATION FORM 369 AND CRITERIA INFORMATION IS LOCATED ON
THE MEDICAID WEBSITE AT www.medicaid.alabama.gov .
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#12 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (078)

* * * N E W S O F T W A R E V E R S I O N 2.13* * *
VERSION 2.13 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 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND
DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.12 BEFORE ATTEMPTING TO UPGRADE TO 2.13. 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.
****

#13 ATTENTION: INDIVIDUAL PROVIDERS (352)

IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO
ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED
TO HP PROVIDER ENROLLMENT UNIT AT 334−215−4298.
****

#14 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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

#15 ATTENTION: ALL PROVIDERS (093)

EFFECTIVE 01/01/2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

May 21, 2010 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. 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 (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE 03/01/2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS: −ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE
RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES. AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 3 ATTENTION: ALL PROVIDERS THAT RECEIVE THE EPSDT PERIODIC RESCREEN LIST REPORT (141)

EFFECTIVE IMMEDIATELY, THIS REPORT WILL NO LONGER BE AVAILABLE IN HARD COPY. TO RECEIVE ANY FUTURE COPIES OF THIS REPORT, PLEASE LOGON TO THE ALABAMA MEDICAID SERVICES PROVIDER WEB PORTAL AT www.medicaid.alabama.gov , NAVIGATE TO TRADE FILES, THEN DOWNLOAD, SELECT
THE REPORT FROM THE TRANSACTION TYPE DROP DOWN LIST AND SELECT SEARCH. SELECT THE REPORT FROM THE LIST RETURNED, WHICH MAY BE OPENED ONLINE OR SAVED FOR FUTURE REFERENCE AND/OR PRINTING. ADOBE ACROBAT READER IS REQUIRED TO VIEW THIS REPORT. FOR FURTHER ASSISTANCE, CONTACT THE EMC HELPDESK VIA PHONE: 800−456−1242, Fax: (334)
215 ? 4272, OR E−MAIL: AlabamaSystemsEMC@eds.com.

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 # 4 ATTENTION: ALL PRIMARY MEDICAL PROVIDERS (127)

EFFECTIVE 05/01/2010, THE PATIENT 1ST REFERRAL REPORT (MGD−A500−Q) IS BEING DISTRIBUTED QUARTERLY INSTEAD OF MONTHLY. THE NEXT REPORT WILL BE AVAILABLE ON 07/11/2010 AND WILL CONTAIN DATA FOR THE MONTHS OF APRIL, MAY AND JUNE. THE REPORT MAY BE ACCESSED ON MEDICAID'S INTERACTIVE WEBSITE AT www.medicaid.alabama.gov .

June 04, 2010 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. 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 (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE 03/01/2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS: −ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE
RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES. AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 3 ATTENTION: ALL PROVIDERS (155)

EFFECTIVE 06/01/2010, THE FOLLOWING PROCEDURE CODES WILL REQUIRE PRIOR AUTHORIZATION:
1.15780 −− DERMABRASION; TOTAL FACE
2.15781 −− DERMABRASION; SEGMENTAL, FACE
3.15782 −− DERMABRASION; REGIONAL, OTHER THAN FACE
4.15786 −− ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)
5.15787 −− ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS
6.15788 −− CHEMICAL PEEL, FACIAL; EPIDERMAL
7.15792 −− CHEMICAL PEEL, NONFACIAL; EPIDERMAL
8.15793 −− CHEMICAL PEEL, NONFACIAL; DERMAL
9.15819 −− CERVICOPLASTY, PLASTIC SURGERY, NECK

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 # 4 ATTENTION PATIENT 1ST PRIMARY CARE PROVIDERS (155)

THE MONTHLY PMP ENROLLMENT ROSTER IS NOW AVAILABLE FOR DOWNLOAD THROUGH THE MEDICAID INTERACTIVE WEB PORTAL AT www.medicaid.alabama.gov . THE REPORTS ARE AVAILABLE AROUND THE 20TH OF EACH MONTH FOR DOWNLOAD. PAPER REPORTS WILL NO LONGER BE MAILED TO PROVIDERS.

 # 5 ATTENTION: ALL PROVIDERS THAT RECEIVE THE EPSDT PERIODIC RESCREEN LIST REPORT (141)

EFFECTIVE IMMEDIATELY, THIS REPORT WILL NO LONGER BE AVAILABLE IN HARD COPY. TO RECEIVE ANY FUTURE COPIES OF THIS REPORT, PLEASE LOGON TO THE ALABAMA MEDICAID SERVICES PROVIDER WEB PORTAL AT www.medicaid.alabama.gov , NAVIGATE TO TRADE FILES, THEN DOWNLOAD, SELECT
THE REPORT FROM THE TRANSACTION TYPE DROP DOWN LIST AND SELECT SEARCH. SELECT THE REPORT FROM THE LIST RETURNED, WHICH MAY BE OPENED ONLINE OR SAVED FOR FUTURE REFERENCE AND/OR PRINTING. ADOBE ACROBAT READER IS REQUIRED TO VIEW THIS REPORT. FOR FURTHER ASSISTANCE, CONTACT THE EMC HELPDESK VIA PHONE: 800−456−1242, Fax: (334)
215 ? 4272, OR E−MAIL: AlabamaSystemsEMC@eds.com.
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 # 6 ATTENTION: ALL PRIMARY MEDICAL PROVIDERS (127)

EFFECTIVE 05/01/2010, THE PATIENT 1ST REFERRAL REPORT (MGD−A500−Q) IS BEING DISTRIBUTED QUARTERLY INSTEAD OF MONTHLY. THE NEXT REPORT WILL BE AVAILABLE ON 07/11/2010 AND WILL CONTAIN DATA FOR THE MONTHS OF APRIL, MAY AND JUNE. THE REPORT MAY BE ACCESSED ON MEDICAID'S INTERACTIVE WEBSITE AT www.medicaid.alabama.gov .
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 # 7 ATTENTION: ALL PROVIDERS (127)

DUE TO RECENT CMS NOTIFICATION REGARDING DISCONTINUANCE OF COVERAGE DUE TO REBATE STATUS, CERTAIN PANCREATIC ENZYMES WILL NO LONGER BE COVERED BY ALABAMA MEDICAID EFFECTIVE 04/29/2010. FOR A LIST OF COVERED PRODUCTS OR FOR MORE INFORMATION, PLEASE CONTACT ALABAMA MEDICAID PHARMACY SERVICES AT 334−242−5050.
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 # 9 ATTENTION: ALL PHYSICIANS, ASCs AND HOSPITALS (127)

EFFECTIVE FOR DATES OF SERVICE 05/01/2010, AND THEREAFTER PROCEDURE CODES 15781 AND 14040 WILL REQUIRE PRIOR AUTHORIZATION.
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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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.
****

#11 ATTENTION: ALL PROVIDERS (093)

EFFECTIVE 01/01/2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV THE APRIL 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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 # 5 ATTENTION: ALL PROVIDERS (127)

DUE TO RECENT CMS NOTIFICATION REGARDING DISCONTINUANCE OF COVERAGE DUE TO REBATE STATUS, CERTAIN PANCREATIC ENZYMES WILL NO LONGER BE COVERED BY ALABAMA MEDICAID EFFECTIVE 04/29/2010. FOR A LIST OF COVERED PRODUCTS OR FOR MORE INFORMATION, PLEASE CONTACT ALABAMA MEDICAID PHARMACY SERVICES AT 334−242−5050.

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 # 7 ATTENTION: ALL PROVIDERS (127)

THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) IS HOSTING AN "OPEN DOOR FORUM CONFERENCE CALL" TO PROVIDE AN OPPORTUNITY FOR LIVE DIALOGUE BETWEEN CMS AND THE MEDICAID PROVIDER COMMUNITY IN THE STATES OF ALABAMA, GEORGIA, MARYLAND, AND NEW JERSEY. THE CALL WILL BE HELD WEDNESDAY, 05/26/2010 AT 3: 00 TO 4:30, EST.

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 # 8 ATTENTION: ALL PHYSICIANS, ASCs AND HOSPITALS (127)

EFFECTIVE FOR DATES OF SERVICE 05/01/2010, AND THEREAFTER PROCEDURE CODES 15781 AND 14040 WILL REQUIRE PRIOR AUTHORIZATION.

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#11 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (078)

* * * N E W S O F T W A R E V E R S I O N 2.13* * *VERSION 2.13 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 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.12 BEFORE ATTEMPTING TO UPGRADE TO 2.13. 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: INDIVIDUAL PROVIDERS (352)

IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION
INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334−215−4298.

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#13 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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

****

#14 ATTENTION: ALL PROVIDERS (093)

EFFECTIVE 01/01/2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV THE APRIL 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

June 18, 2010 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. 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 (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE 03/01/2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE
RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER
ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES. AN ALERT (DATED 01/26/2010) WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT
THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 5 ATTENTION: ALL PROVIDERS (155)

EFFECTIVE 06/01/2010, THE FOLLOWING PROCEDURE CODES WILL REQUIRE PRIOR AUTHORIZATION:
1.15780 −− DERMABRASION; TOTAL FACE
2.15781 −− DERMABRASION; SEGMENTAL, FACE
3.15782 −− DERMABRASION; REGIONAL, OTHER THAN FACE
4.15786 −− ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)
5.15787 −− ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS
6.15788 −− CHEMICAL PEEL, FACIAL; EPIDERMAL
7.15792 −− CHEMICAL PEEL, NONFACIAL; EPIDERMAL
8.15793 −− CHEMICAL PEEL, NONFACIAL; DERMAL
9.15819 −− CERVICOPLASTY, PLASTIC SURGERY, NECK

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 # 6 ATTENTION PATIENT 1ST PRIMARY CARE PROVIDERS (155)

THE MONTHLY PMP ENROLLMENT ROSTER IS NOW AVAILABLE FOR DOWNLOAD THROUGH THE MEDICAID INTERACTIVE WEB PORTAL AT www.medicaid.alabama.gov . THE REPORTS ARE AVAILABLE AROUND THE 20TH OF EACH MONTH FOR DOWNLOAD. PAPER REPORTS WILL NO LONGER BE MAILED TO
PROVIDERS.

July 09, 2010 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. 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 (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE 03/01/2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE
RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER
ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES. AN ALERT (DATED 01/26/2010) WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT
THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (190)

* * * N E W S O F T W A R E V E R S I O N 2.14* * *
VERSION 2.14 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 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.13 BEFORE ATTEMPTING TO UPGRADE TO 2.14. 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 (155)

EFFECTIVE 06/01/2010, THE FOLLOWING PROCEDURE CODES WILL REQUIRE PRIOR AUTHORIZATION:
1.15780 −− DERMABRASION; TOTAL FACE
2.15781 −− DERMABRASION; SEGMENTAL, FACE
3.15782 −− DERMABRASION; REGIONAL, OTHER THAN FACE
4.15786 −− ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)
5.15787 −− ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS
6.15788 −− CHEMICAL PEEL, FACIAL; EPIDERMAL
7.15792 −− CHEMICAL PEEL, NONFACIAL; EPIDERMAL
8.15793 −− CHEMICAL PEEL, NONFACIAL; DERMAL
9.15819 −− CERVICOPLASTY, PLASTIC SURGERY, NECK
****

 # 7 ATTENTION PATIENT 1ST PRIMARY CARE PROVIDERS (155)

THE MONTHLY PMP ENROLLMENT ROSTER IS NOW AVAILABLE FOR DOWNLOAD THROUGH THE MEDICAID INTERACTIVE WEB PORTAL AT www.medicaid.alabama.gov . THE REPORTS ARE AVAILABLE AROUND THE 20TH OF EACH MONTH FOR DOWNLOAD. PAPER REPORTS WILL NO LONGER BE MAILED TO
PROVIDERS.
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 # 8 ATTENTION: ALL PROVIDERS THAT RECEIVE THE EPSDT PERIODIC RESCREEN LIST REPORT 141)

EFFECTIVE 05/21/2010, THIS REPORT WILL NO LONGER BE AVAILABLE IN HARD COPY. TO RECEIVE ANY FUTURE COPIES OF THIS REPORT, PLEASE LOGON TO THE ALABAMA MEDICAID SERVICES PROVIDER WEB PORTAL AT www.medicaid.alabama.gov , NAVIGATE TO TRADE FILES, THEN DOWNLOAD, SELECT
THE REPORT FROM THE TRANSACTION TYPE DROP DOWN LIST AND SELECT SEARCH. SELECT THE REPORT FROM THE LIST RETURNED, WHICH MAY BE OPENED ONLINE OR SAVED FOR FUTURE REFERENCE AND/OR PRINTING. ADOBE ACROBAT READER IS REQUIRED TO VIEW THIS REPORT. FOR FURTHER ASSISTANCE, CONTACT THE EMC HELPDESK VIA PHONE: 800−456−1242, Fax: (334)
215−4272, OR E−MAIL: AlabamaSystemsEMC@eds.com.
****

 # 9 ATTENTION: ALL PRIMARY MEDICAL PROVIDERS (127)

EFFECTIVE 05/01/2010, THE PATIENT 1ST REFERRAL REPORT (MGD−A500−Q) IS BEING DISTRIBUTED QUARTERLY INSTEAD OF MONTHLY. THE NEXT REPORT WILL BE AVAILABLE ON 07/11/2010 AND WILL
CONTAIN DATA FOR THE MONTHS OF APRIL, MAY AND JUNE. THE REPORT MAY BE ACCESSED ON MEDICAID'S INTERACTIVE WEBSITE AT
https://www.medicaid.alabamaservices.org/ALPortal/

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 # 10 ATTENTION: ALL PROVIDERS (127)

DUE TO RECENT CMS NOTIFICATION REGARDING DISCONTINUANCE OF COVERAGE DUE TO REBATE STATUS, CERTAIN PANCREATIC ENZYMES WILL NO LONGER BE COVERED BY ALABAMA MEDICAID EFFECTIVE 04/29/2010. FOR A LIST OF COVERED PRODUCTS OR FOR MORE INFORMATION, PLEASE
CONTACT ALABAMA MEDICAID PHARMACY SERVICES AT 334−242−5050.

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#12 ATTENTION: ALL PHYSICIANS, ASCs AND HOSPITALS (127)

EFFECTIVE FOR DATES OF SERVICE 05/01/2010, AND THEREAFTER PROCEDURE CODES 15781 AND 14040 WILL REQUIRE PRIOR AUTHORIZATION.

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#13 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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

****

#14 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 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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 # 7 ATTENTION: ALL PROVIDERS THAT RECEIVE THE EPSDT PERIODIC RESCREEN LIST REPORT 141)

EFFECTIVE 05/21/2010, THIS REPORT WILL NO LONGER BE AVAILABLE IN HARD COPY. TO RECEIVE ANY FUTURE COPIES OF THIS REPORT, PLEASE LOGON TO THE ALABAMA MEDICAID SERVICES PROVIDER WEB PORTAL AT www.medicaid.alabama.gov , NAVIGATE TO TRADE FILES, THEN DOWNLOAD, SELECT
THE REPORT FROM THE TRANSACTION TYPE DROP DOWN LIST AND SELECT SEARCH. SELECT THE REPORT FROM THE LIST RETURNED, WHICH MAY BE OPENED ONLINE OR SAVED FOR FUTURE REFERENCE AND/OR PRINTING. ADOBE ACROBAT READER IS REQUIRED TO VIEW THIS REPORT. FOR FURTHER ASSISTANCE, CONTACT THE EMC HELPDESK VIA PHONE: 800−456−1242, Fax: (334)
215−4272, OR E−MAIL: AlabamaSystemsEMC@eds.com.
****

 # 8 ATTENTION: ALL PRIMARY MEDICAL PROVIDERS (127)

EFFECTIVE 05/01/2010, THE PATIENT 1ST REFERRAL REPORT (MGD−A500−Q) IS BEING DISTRIBUTED QUARTERLY INSTEAD OF MONTHLY. THE NEXT REPORT WILL BE AVAILABLE ON 07/11/2010 AND WILL
CONTAIN DATA FOR THE MONTHS OF APRIL, MAY AND JUNE. THE REPORT MAY BE ACCESSED ON MEDICAID'S INTERACTIVE WEBSITE AT
https://www.medicaid.alabamaservices.org/ALPortal/
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 # 9 ATTENTION: ALL PROVIDERS (127)

DUE TO RECENT CMS NOTIFICATION REGARDING DISCONTINUANCE OF COVERAGE DUE TO REBATE STATUS, CERTAIN PANCREATIC ENZYMES WILL NO LONGER BE COVERED BY ALABAMA MEDICAID EFFECTIVE 04/29/2010. FOR A LIST OF COVERED PRODUCTS OR FOR MORE INFORMATION, PLEASE
CONTACT ALABAMA MEDICAID PHARMACY SERVICES AT 334−242−5050.
****

#11 ATTENTION: ALL PHYSICIANS, ASCs AND HOSPITALS (127)

EFFECTIVE FOR DATES OF SERVICE 05/01/2010, AND THEREAFTER PROCEDURE CODES 15781 AND 14040 WILL REQUIRE PRIOR AUTHORIZATION.
****

#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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.
****

#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 APRIL 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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July 23, 2010 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. 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 (190)

* * * N E W S O F T W A R E V E R S I O N 2.14* * *
VERSION 2.14 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 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.13 BEFORE ATTEMPTING TO UPGRADE TO 2.14. 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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 # 5 ATTENTION: ALL PROVIDERS (155)

EFFECTIVE 06/01/2010, THE FOLLOWING PROCEDURE CODES WILL REQUIRE PRIOR AUTHORIZATION:
1.15780 −− DERMABRASION; TOTAL FACE
2.15781 −− DERMABRASION; SEGMENTAL, FACE
3.15782 −− DERMABRASION; REGIONAL, OTHER THAN FACE
4.15786 −− ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)
5.15787 −− ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS
6.15788 −− CHEMICAL PEEL, FACIAL; EPIDERMAL
7.15792 −− CHEMICAL PEEL, NONFACIAL; EPIDERMAL
8.15793 −− CHEMICAL PEEL, NONFACIAL; DERMAL
9.15819 −− CERVICOPLASTY, PLASTIC SURGERY, NECK

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 # 6 ATTENTION PATIENT 1ST PRIMARY CARE PROVIDERS (155)

THE MONTHLY PMP ENROLLMENT ROSTER IS NOW AVAILABLE FOR DOWNLOAD THROUGH THE MEDICAID INTERACTIVE WEB PORTAL AT www.medicaid.alabama.gov . THE REPORTS ARE AVAILABLE AROUND THE 20TH OF EACH MONTH FOR DOWNLOAD. PAPER REPORTS WILL NO LONGER BE MAILED TO
PROVIDERS.

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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. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

****

#14 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 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

August 06, 2010 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. 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: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (190)

* * * N E W S O F T W A R E V E R S I O N 2.14* * *
VERSION 2.14 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 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.13 BEFORE ATTEMPTING TO UPGRADE TO 2.14. 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.
****

 # 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.
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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 JULY 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

August 20, 2010 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. 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

THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED 09/06/2010 IN OBSERVANCE OF LABOR 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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 # 5 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (190)

* * * N E W S O F T W A R E V E R S I O N 2.14* * *
VERSION 2.14 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 ‘BILLING,’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.13 BEFORE ATTEMPTING TO UPGRADE TO 2.14. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON
CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hpcom.

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 # 6 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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 # 7 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 2010 QUARTERLY UPDATES HAVE BEEN POSTED

TO THE WEBSITE

September 10, 2010 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. 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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 # 4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (190)

* * * N E W S O F T W A R E V E R S I O N 2.14* * *
VERSION 2.14 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 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.13 BEFORE ATTEMPTING TO UPGRADE TO 2.14. 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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 # 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.

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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 JULY 2010 QUARTERLY UPDATES HAVE BEEN POSTED

September 17, 2010 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. 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 PHARMACIES (260)

THE ALABAMA MEDICAID AGENCY WILL MOVE TO AN AVERAGE ACQUISITION COST (AAC) REIMBURSEMENT FOR DRUG INGREDIENT COST, PLUS A MODIFIED DISPENSING FEE, FOR OUTPATIENT PHARMACY CLAIMS EFFECTIVE SEPTEMBER 22, 2010. PHARMACY PROVIDERS WILL NOT BE REQUIRED TO TAKE ANY NEW
OR ADDITIONAL ACTION WHEN SUBMITTING CLAIMS. ADDITIONAL INFORMATION CAN BE FOUND ON THE AGENCY'S AAC WEBSITE AT THE LINK:
http://www.medicaid.alabama.gov/programs/pharmacy svcs/AAC.aspx

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 # 3 ATTENTION ALL PROVIDERS (260)

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PUBLIC LAW 111−148), SECTION 6507, REQUIRES THAT STATE MEDICAID AGENCIES IMPLEMENT NATIONAL CORRECT CODING INITIATIVE (NCCI EDITS INTO THEIR CLAIMS PROCESSING SYSTEMS. WHILE THE LAW SPECIFIES THE EFFECTIVE DATE
AS OCTOBER 1, 2010, ALABAMA MEDICAID IS ANTICIPATING ACTUAL IMPLEMENTATION IN NOVEMBER DUE TO THE PROGRAMMING AND SYSTEM TESTING REQUIRED. CMS HAS NOT PROVIDED GUIDANCE YET
ON WHETHER STATES WILL BE REQUIRED TO REPROCESS CLAIMS WHICH WERE PAID BETWEEN OCTOBER 1, 2010 AND THE ACTUAL INSTALLATION DATE. THE ALABAMA MEDICAID AGENCY WILL NOTIFY THE PROVIDERS OF THE ACTUAL DATE THE NCCI EDITS ARE TO BE IMPLEMENTED AND IF ANY REPROCESSING WILL BE REQUIRED.

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 # 4 ATTENTION: DERMATOLOGISTS AND PSYCHIATRISTS WITH SPECIALTY 931 – TELEMEDICINE

EFFECTIVE OCTOBER 1, 2010, THE REQUIREMENT FOR THE 50 MILE RADIUS FOR TELECOMMUNICATION SERVICES WILL BE REMOVED. # 5 ATTENTION: IN−STATE HOSPITAL PROVIDERS (260) EFFECTIVE SEPTEMBER 18, 2010, INPATIENT HOSPITAL CLAIMS WILL BE PROCESSED AND PAID FEE−FOR−SERVICE BY THE ALABAMA MEDICAID AGENCY'S FISCAL AGENT, HP ENTERPRISE SERVICES.OUTPATIENT CLAIMS WILL BE PAID AN ENCOUNTER RATE AS REQUIRED BY THE HOSPITAL ASSESSMENT LEGISLATION. PROVIDERS WILL CONTINUE TO SUBMIT THEIR CLAIMS AS THEY ALWAYS HAVE; CHANGES IN PROCESSING WILL BE HANDLED BY THE FISCAL AGENT. AN AUDIT PAYMENT OR RECOUPMENT APPEARS ON THIS CHECKWRITE TO ADJUST OUTPATIENT CLAIMS
PAID AT THE FEE−FOR−SERVICE RATE TO THE OUTPATIENT ENCOUNTER RATE THAT WAS ESTABLISHED AS A PART OF THE HOSPITAL ASSESSMENT LEGISLATION. THE AMOUNT WAS BASED ON CLAIMS PROCESSED BY QUARTER FOR FY 2010. THE

QUARTERS ARE: OCTOBER−DECEMBER 2009, JANUARY−MARCH 2010, APRIL−JUNE 2010 AND JUNE−AUGUST 2010*. NOTE, THE LAST QUARTER WILL BE ADJUSTED TO INCLUDE JULY − SEPTEMBER PAID DATES AND THE
DIFFERENCE WILL APPEAR EITHER AS AN AUDIT PAYMENT OR RECOUPMENT ON THE OCTOBER 22, 2010 REMITTANCE ADVICE.
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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 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

October 08, 2010 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. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWWMEDICAID.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 (281)

EFFECTIVE OCTOBER 5, 2010, THE ALABAMA MEDICAID AGENCY IMPLEMENTED A DRUG LOOKUP SYSTEM. THE SYSTEM ALLOWS PROVIDERS TO SEARCH FOR DRUGS BY DRUG NAME OR NDC AND WILL DISPLAY COVERAGE AND PRICING INFORMATION FOR NDCS BILLED BY PHARMACY PROVIDERS FOR OUTPATIENT DRUGS. PROVIDERS CAN ACCESS THE DRUG LOOKUP FEATURE BY VISITING THE ALABAMA MEDICAID WEBSITE AND CLICKING ON THE LINK http://aldrug.rxexplorer.com/ PROVIDERS NEEDING NDC INFORMATION FOR THE BILLING OF HCPCS CODES CAN ALSO ACCESS THIS SYSTEM TO VERIFY COVERAGE OF NDCS THAT WILL BE BILLED ON MEDICAL CLAIMS. PRICING, PA REQUIREMENTS, AND MAXIMUM QUANTITY LIMITS APPLY TO PHARMACY CLAIMS ONLY. FOR MORE INFORMATION OR ADDITIONAL QUESTIONS REGARDING THE DRUG LOOKUP FEATURE, PROVIDERS MAY CALL THE PHARMACY ADMINISTRATIVE SERVICES CONTRACTOR, HEALTH INFORMATION DESIGNS AT 800−748−0130.

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 # 4 ATTENTION ALL PROVIDERS (260)

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PUBLIC LAW 111−148), SECTION 6507, REQUIRES THAT STATE MEDICAID AGENCIES IMPLEMENT NATIONAL CORRECT CODING INITIATIVE (NCCI EDITS INTO THEIR CLAIMS PROCESSING SYSTEMS. WHILE THE LAW SPECIFIES THE EFFECTIVE DATE AS OCTOBER 1, 2010, ALABAMA MEDICAID IS ANTICIPATING ACTUAL IMPLEMENTATION IN NOVEMBER DUE TO THE PROGRAMMING AND SYSTEM TESTING REQUIRED. CMS HAS NOT PROVIDED GUIDANCE YET ON WHETHER STATES WILL BE REQUIRED TO REPROCESS CLAIMS WHICH WERE PAID BETWEEN OCTOBER 1, 2010 AND THE ACTUAL INSTALLATION DATE. THE ALABAMA MEDICAID AGENCY WILL NOTIFY THE PROVIDERS OF THE ACTUAL DATE THE NCCI EDITS ARE TO BE IMPLEMENTED AND IF ANY REPROCESSING WILL BE REQUIRED.

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 # 6 ATTENTION: IN−STATE HOSPITAL PROVIDERS (260)

EFFECTIVE SEPTEMBER 18, 2010, INPATIENT HOSPITAL CLAIMS WILL BE PROCESSED AND PAID FEE−FOR−SERVICE BY THE ALABAMA MEDICAID AGENCY'S FISCAL AGENT, HP ENTERPRISE SERVICES. OUTPATIENT CLAIMS WILL BE PAID AN ENCOUNTER RATE AS REQUIRED BY THE HOSPITAL ASSESSMENT LEGISLATION. PROVIDERS WILL CONTINUE TO SUBMIT THEIR CLAIMS AS THEY ALWAYS HAVE; CHANGES IN PROCESSING WILL BE HANDLED BY THE FISCAL AGENT. AN AUDIT PAYMENT OR RECOUPMENT APPEARS ON THIS CHECKWRITE TO ADJUST OUTPATIENT CLAIMS PAID AT THE FEE−FOR−SERVICE RATE TO THE OUTPATIENT ENCOUNTER RATE THAT WAS ESTABLISHED AS A PART OF THE HOSPITAL ASSESSMENT LEGISLATION. THE AMOUNT WAS BASED ON CLAIMS PROCESSED BY QUARTER FOR FY 2010. THE QUARTERS ARE: OCTOBER−DECEMBER 2009,

JANUARY−MARCH 2010, APRIL−JUNE 2010 AND JUNE−AUGUST 2010*. NOTE, THE LAST QUARTER WILL BE ADJUSTED TO INCLUDE JULY − SEPTEMBER PAID DATES AND THE DIFFERENCE WILL APPEAR EITHER AS AN AUDIT PAYMENT OR RECOUPMENT ON THE OCTOBER 22, 2010 REMITTANCE ADVICE.
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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 OCTOBER 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE

October 22, 2010 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. 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 (295)

EFFECTIVE FOR CLAIMS RECEIVED ON OR AFTER JANUARY 17, 2011 − ALL CLAIMS MUST BE SUBMITTED WITH THE RECIPIENT'S CURRENT MEDICAID ID NUMBER.
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.

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 # 3 ATTENTION: ALL PROVIDERS (281)

EFFECTIVE OCTOBER 5, 2010, THE ALABAMA MEDICAID AGENCY IMPLEMENTED A DRUG LOOKUP SYSTEM. THE SYSTEM ALLOWS PROVIDERS TO SEARCH FOR DRUGS BY DRUG NAME OR NDC AND WILL DISPLAY COVERAGE AND PRICING INFORMATION FOR NDCS BILLED BY PHARMACY PROVIDERS FOR OUTPATIENT
DRUGS. PROVIDERS CAN ACCESS THE DRUG LOOKUP FEATURE BY VISITING THE ALABAMA MEDICAID WEBSITE AND CLICKING ON THE LINK http://aldrug.rxexplorer.com/
PROVIDERS NEEDING NDC INFORMATION FOR THE BILLING OF HCPCS CODES CAN ALSO ACCESS THIS SYSTEM TO VERIFY COVERAGE OF NDCS THAT WILL BE BILLED ON MEDICAL CLAIMS. PRICING, PA
REQUIREMENTS, AND MAXIMUM QUANTITY LIMITS APPLY TO PHARMACY CLAIMS ONLY. FOR MORE INFORMATION OR ADDITIONAL QUESTIONS REGARDING THE DRUG LOOKUP FEATURE, PROVIDERS MAY CALL THE PHARMACY ADMINISTRATIVE SERVICES CONTRACTOR, HEALTH INFORMATION
DESIGNS AT 800−748−0130.

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 # 5 ATTENTION ALL PROVIDERS (260)

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PUBLIC LAW 111−148), SECTION 6507, REQUIRES THAT STATE MEDICAID AGENCIES IMPLEMENT NATIONAL CORRECT CODING INITIATIVE (NCCI EDITS INTO THEIR CLAIMS PROCESSING SYSTEMS. WHILE THE LAW SPECIFIES THE EFFECTIVE DATE
AS OCTOBER 1, 2010, ALABAMA MEDICAID IS ANTICIPATING ACTUAL IMPLEMENTATION IN NOVEMBER DUE TO THE PROGRAMMING AND SYSTEM TESTING REQUIRED. CMS HAS NOT PROVIDED GUIDANCE YET ON WHETHER STATES WILL BE REQUIRED TO REPROCESS CLAIMS WHICH WERE PAID BETWEEN OCTOBER 1, 2010 AND THE ACTUAL INSTALLATION DATE. THE ALABAMA MEDICAID AGENCY WILL NOTIFY THE PROVIDERS OF THE ACTUAL DATE THE NCCI EDITS ARE TO BE IMPLEMENTED AND IF ANY REPROCESSING WILL BE REQUIRED.

 # 7 ATTENTION: IN−STATE HOSPITAL PROVIDERS (260)

EFFECTIVE SEPTEMBER 18, 2010 AND THEREAFTER, INPATIENT HOSPITAL CLAIMS WILL BE PROCESSED AND PAID FEE−FOR−SERVICE BY THE ALABAMA MEDICAID AGENCY'S FISCAL AGENT HP ENTERPRISE SERVICES. OUTPATIENT CLAIMS WILL BE PAID AN ENCOUNTER RATE AS REQUIRED BY THE HOSPITAL ASSESSMENT LEGISLATION. PROVIDERS WILL CONTINUE TO SUBMIT THEIR CLAIMS AS THEY ALWAYS HAVE; CHANGES IN PROCESSING WILL BE HANDLED BY THE FISCAL AGENT. AN AUDIT PAYMENT OR RECOUPMENT APPEARED ON THE SEPTEMBER 17, 2010 REMITTANCE ADVICE TO ADJUST OUTPATIENT CLAIMS PAID AT THE FEE−FOR−SERVICE RATE TO THE OUTPATIENT ENCOUNTER RATE THAT WAS ESTABLISHED AS A PART OF THE HOSPITAL ASSESSMENT LEGISLATION.
ON THE OCTOBER 8, 2010 REMITTANCE ADVICE, A FINAL AUDIT PAYMENT OR ADJUSTMENT HAS BEEN MADE TO ADJUST CLAIMS PROCESSED IN SEPTEMBER 2010 FROM THE FEE−FOR−SERVICE AMOUNT TO THE ENCOUNTER RATE.
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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 OCTOBER 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

November 05, 2010 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 (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.'

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (309)

* * * N E W S O F T W A R E V E R S I O N 2.15* * *
VERSION 2.15 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 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND
DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.14 BEFORE ATTEMPTING TO UPGRADE TO 2.15. 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 (281)

EFFECTIVE OCTOBER 5, 2010, THE ALABAMA MEDICAID AGENCY IMPLEMENTED A DRUG LOOKUP SYSTEM. THE SYSTEM ALLOWS PROVIDERS TO SEARCH FOR DRUGS BY DRUG NAME OR NDC AND WILL DISPLAY COVERAGE AND PRICING INFORMATION FOR NDCS BILLED BY PHARMACY PROVIDERS FOR OUTPATIENT
DRUGS. PROVIDERS CAN ACCESS THE DRUG LOOKUP FEATURE BY VISITING THE ALABAMA MEDICAID WEBSITE AND CLICKING ON THE LINK http://aldrug.rxexplorer.com/ PROVIDERS NEEDING NDC INFORMATION FOR THE BILLING OF HCPCS CODES CAN ALSO ACCESS THIS SYSTEM TO VERIFY COVERAGE OF NDCS THAT WILL BE BILLED ON MEDICAL CLAIMS. PRICING, PA
REQUIREMENTS, AND MAXIMUM QUANTITY LIMITS APPLY TO PHARMACY CLAIMS ONLY. FOR MORE INFORMATION OR ADDITIONAL QUESTIONS REGARDING THE DRUG LOOKUP FEATURE, PROVIDERS MAY CALL THE PHARMACY ADMINISTRATIVE SERVICES CONTRACTOR, HEALTH INFORMATION
DESIGNS AT 800−748−0130.

 # 5 ATTENTION ALL PROVIDERS (260)

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PUBLIC LAW 111−148), SECTION 6507, REQUIRES THAT STATE MEDICAID AGENCIES IMPLEMENT NATIONAL CORRECT CODING INITIATIVE (NCCI EDITS INTO THEIR CLAIMS PROCESSING SYSTEMS. WHILE THE LAW SPECIFIES THE EFFECTIVE DATE
AS OCTOBER 1, 2010, ALABAMA MEDICAID IS ANTICIPATING ACTUAL IMPLEMENTATION IN NOVEMBER DUE TO THE PROGRAMMING AND SYSTEM TESTING REQUIRED. THE ALABAMA MEDICAID AGENCY WILL BE IMPLEMENTING THE NCCI EDITS ON NOVEMBER 9, 2010. THE AGENCY WILL NOT REPROCESS ANY CLAIMS WITH DATES OF SERVICE OCTOBER 1, 2010, AND THEREAFTER THAT PROCESSED PRIOR TO THE IMPLEMENTATION DATE OF NOVEMBER 9, 2010.
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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 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

November 19, 2010 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 FOR THIS CHECKWRITE IS EXPECTED TO BE WEDNESDAY, DECEMBER 1, 2010. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK.

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 # 2 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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 # 3 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.'

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 # 4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (309)

* * * N E W S O F T W A R E V E R S I O N 2.15* * *

VERSION 2.15 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 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.14 BEFORE ATTEMPTING TO UPGRADE TO 2.15. 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.

 # 5 ATTENTION: ALL PROVIDERS (281)

EFFECTIVE OCTOBER 5, 2010, THE ALABAMA MEDICAID AGENCY IMPLEMENTED A DRUG LOOKUP SYSTEM. THE SYSTEM ALLOWS PROVIDERS TO SEARCH FOR DRUGS BY DRUG NAME OR NDC AND WILL DISPLAY COVERAGE AND PRICING INFORMATION FOR NDCS BILLED BY PHARMACY PROVIDERS FOR OUTPATIENT
DRUGS. PROVIDERS CAN ACCESS THE DRUG LOOKUP FEATURE BY VISITING THE ALABAMA MEDICAID WEBSITE AND CLICKING ON THE LINK http://aldrug.rxexplorer.com/ PROVIDERS NEEDING NDC INFORMATION FOR THE BILLING OF HCPCS CODES CAN ALSO ACCESS THIS SYSTEM TO VERIFY COVERAGE OF NDCS THAT WILL BE BILLED ON MEDICAL CLAIMS. PRICING, PA
REQUIREMENTS, AND MAXIMUM QUANTITY LIMITS APPLY TO PHARMACY CLAIMS ONLY. FOR MORE INFORMATION OR ADDITIONAL QUESTIONS REGARDING THE DRUG LOOKUP FEATURE, PROVIDERS MAY CALL THE PHARMACY ADMINISTRATIVE SERVICES CONTRACTOR, HEALTH INFORMATION
DESIGNS AT 800−748−0130.
****

 # 6 ATTENTION: ALL PROVIDERS (260)

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PUBLIC LAW 111−148), SECTION 6507, REQUIRES THAT STATE MEDICAID AGENCIES IMPLEMENT NATIONAL CORRECT CODING INITIATIVE (NCCI EDITS INTO THEIR CLAIMS PROCESSING SYSTEMS. WHILE THE LAW SPECIFIES THE EFFECTIVE DATE
AS OCTOBER 1, 2010, ALABAMA MEDICAID IS ANTICIPATING ACTUAL IMPLEMENTATION IN NOVEMBER DUE TO THE PROGRAMMING AND SYSTEM TESTING REQUIRED. THE ALABAMA MEDICAID AGENCY IMPLEMENTED THE NCCI EDITS ON NOVEMBER 9, 2010. THE AGENCY WILL NOT REPROCESS ANY CLAIMS WITH DATES OF SERVICE OCTOBER 1, 2010, AND THEREAFTER THAT PROCESSED PRIOR TO THE IMPLEMENTATION DATE OF NOVEMBER 9, 2010.
****

 # 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 OCTOBER 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

December 03, 2010 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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 # 4 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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 # 5 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.'

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (309)

* * * N E W S O F T W A R E V E R S I O N 2.15* * *
VERSION 2.15 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 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.14 BEFORE ATTEMPTING TO UPGRADE TO 2.15. 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 (260)

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PUBLIC LAW 111−148), SECTION 6507, REQUIRES THAT STATE MEDICAID AGENCIES IMPLEMENT NATIONAL CORRECT CODING INITIATIVE (NCCI EDITS INTO THEIR CLAIMS PROCESSING SYSTEMS. WHILE THE LAW SPECIFIES THE EFFECTIVE DATE AS OCTOBER 1, 2010, ALABAMA MEDICAID IS ANTICIPATING ACTUAL IMPLEMENTATION IN NOVEMBER DUE TO THE PROGRAMMING AND SYSTEM TESTING REQUIRED. THE ALABAMA MEDICAID AGENCY

IMPLEMENTED THE NCCI EDITS ON NOVEMBER 9, 2010. THE AGENCY WILL NOT REPROCESS ANY CLAIMS WITH DATES OF SERVICE OCTOBER 1, 2010, AND THEREAFTER THAT PROCESSED PRIOR TO THE IMPLEMENTATION DATE OF NOVEMBER 9, 2010.
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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 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

December 17, 2010 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 (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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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.'

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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.

****

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.

January 7, 2010 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 PATIENT 1ST PROVIDERS (007)

− − ALERT − −
IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND BY FEBRUARY 1ST.

****

4 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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5 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.'

****

6 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.

****

7 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAIDWEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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.

****

3 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)

− − ALERT − −
IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND BY FEBRUARY 1ST.

****

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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6 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. CLAIMS RECEIVED AFTER JANUARY 17, 2011 WILL BE DENIED IF SUBMITTED WITH THE OLD MEDICAID ID NUMBER WHICH BEGINS WITH '000.'

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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 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.'
****
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.
****
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 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.'
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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, 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)

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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.'
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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.
****
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 JANUARY 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.

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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.

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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.
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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 JANUARY 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.

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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.

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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.

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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.

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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.

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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.

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7 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)

ALERT -- IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND IMMEDIATELY.

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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.

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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.

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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 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.

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.

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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 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.

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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:

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- 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.

****

#12 ATTENTION: ALL PROVIDERS (093)

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May 20, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS

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2 ATTENTION: ALL PROVIDERS (126)

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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.watkins-smith@medicaid.alabama.gov.

4 ATTENTION: ALL OPTOMETRISTS AND OPTICIANS (126)

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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@eds.com.
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7 ATTENTION: ALL PROVIDERS (077)

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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 – 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.

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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 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 EMC HELPDESK 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.

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

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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 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.

**********# 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 – 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.

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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.

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.

****

 # 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.

****

 # 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.

****

 # 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.

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.

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 # 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:

--- 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.

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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.

****

 # 4 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.

****

 # 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@hp.com.
****

 # 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.
****

 # 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 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,
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:
-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.

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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 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.

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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 JULY 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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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.

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 # 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.

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 # 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:
-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.

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 # 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.

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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 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.

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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.

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 # 2 ATTENTION: AIR AND GROUND AMBULANCE PROVIDERS (252)

*** * * REMINDER * * ***

WHEN SUBMITTING A PRIOR AUTHORIZATION ON FORM 342 THE DIAGNOSIS DESCRIPTION AND DIAGNOSIS CODE SHOULD BOTH BE ENTERED CORRECTLY ON THE FORM OR THE PA WILL DENY.

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 NON-EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON A NON-EMERGENCY TRANSPORT FORM) TO ENSURE APPROPRIATE REVIEW.

****

 # 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.

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 # 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.

****

 # 7 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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 # 8 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

NEW SOFTWARE VERSION 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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 # 9 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. DO WE NEED TO UPDATE?

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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 JULY 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.

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 # 4 ATTENTION: AIR AND GROUND AMBULANCE PROVIDERS (252)

* * * REMINDER * * *

WHEN SUBMITTING A PRIOR AUTHORIZATION ON FORM 342 THE DIAGNOSIS DESCRIPTION AND DIAGNOSIS CODE SHOULD BOTH BE ENTERED CORRECTLY ON THE FORM OR THE PA WILL DENY.

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 NON-

EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON A NON-EMERGENCY TRANSPORT FORM) TO ENSURE APPROPRIATE REVIEW.

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 # 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

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 # 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.

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 # 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.

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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.

****

 # 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.

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 # 4 ATTENTION: AIR AND GROUND AMBULANCE PROVIDERS (252)

* * * REMINDER * * *

WHEN SUBMITTING A PRIOR AUTHORIZATION ON FORM 342 THE DIAGNOSIS DESCRIPTION AND DIAGNOSIS CODE SHOULD BOTH BE ENTERED CORRECTLY ON THE FORM OR THE PA WILL DENY.

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 NON-EMERGENCY 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
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- TA1INTERCHANGE ACKNOWLEDGMENT
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- 837 PROFESSIONAL CLAIM SUBMISSION
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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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 # 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.

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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)

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****

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
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 # 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.

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 # 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.

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 # 5 ATTENTION: AIR AND GROUND AMBULANCE PROVIDERS (252)

*** * * REMINDER * * ***

WHEN SUBMITTING A PRIOR AUTHORIZATION ON FORM 342 THE DIAGNOSIS DESCRIPTION AND DIAGNOSIS CODE SHOULD BOTH BE ENTERED CORRECTLY ON THE FORM OR THE PA WILL DENY.

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 NON-EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON A NON-EMERGENCY TRANSPORT FORM) TO ENSURE APPROPRIATE REVIEW.

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 # 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

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 # 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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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)

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 # 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.

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 # 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

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 # 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.

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#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.

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#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.

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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.

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 # 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.
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 # 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.
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 # 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.

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 # 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 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.

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#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_5010.ASPX)

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
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- NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
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- 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION

THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:

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FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
****

#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.

****

#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.
****

#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

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#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.

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#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.

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