Welcome

Alabama Medicaid – RHC Billing

DXC.technology

Agenda

- **Eligibility Verification**

- **Claim Submission Methods**

- **General Billing Information**

- **Top Five Denial Reasons**

- **Contact Information**

- **Questions**

Eligibility Verification

Providers should always verify eligibility prior to rendering services.

Tools available to verify eligibility:

- ❑ AL Medicaid Interactive Web Portal
- ❑ Provider Electronic Solutions
- ❑ Automated Voice Response System
- ❑ Vendor Software Product

Claim Submission Methods

Alabama Medicaid requires all claims be filed electronically.

Claim Submission Options:
❑ AL Medicaid Interactive Web Portal ❑ Provider Electronic Solutions Software ❑ Vendor Software Product

In some cases, a provider may have to file a claim on paper (ex Administrative Review or in the event a third party insurance denies).

General Billing Information

- Effective April 1, 2018, instead of billing a limited range of codes, Rural Health Clinics (RHC) should bill the actual procedure code for the services performed.

- RHCs receive a RHC Group National Provider Identifier (NPI)/Medicaid Provider ID (MCD ID) and a non-RHC Group NPI/MCD ID for claims processing.

- DXC systematically adds the T1015 procedure code to the claim when processed and you will be reimburse the encounter rate for services performed.

- Services rendered by a CRNP or PA should be billed with the clinic's NPI as the rendering provider.

General Billing Information

What services are billable and reimbursable outside of the encounter rate under the RHC NPI and on a separate claim?

Vaccines for Children (VFC) 18 years and under

What services are billable and reimbursable outside of the encounter rate under the non-RHC NPI and on a separate claim?

Deliveries

Surgeries with POS 21 or 22

Labs

Technical component for EKGs & Radiology

Intrauterine Devices (IUDs)

Smoking Cessation Products (under family planning)

General Billing Information

Maternity Services under Alabama Coordinated Health Network (ACHN)

- Providers must participate with an ACHN in order to receive reimbursement for maternity services.

- Effective November 1, 2019 all maternity claims require a Delivering Healthcare Provider selection referral from an ACHN to receive reimbursement.

- The First Prenatal Visit date and Last Menstrual Period (LMP) date is required on all maternity claims

General Billing Information

DHCP Referral Example

Alabama Coordinated Health Network

Delivering Healthcare Professional Selection Referral Form

PCCM-E's Name: _____   PCCM-E's NPI Number: _____

Date: _____

Type of Referral: □ Initial □ Change of DHCP □ High-Risk/Specialty □ Other _____

Medicaid Eligible Individual (EI) Information

Name:

Last _____First _____ MI.___

Medicaid Number:_____ DOB: _____

Address: _____

Telephone Number (with area code): _____

General Billing Overview

Bonus Payment Opportunity

Providers have the opportunity to receive two quality bonus payments in addition to encounter payments.

- H1000 – Initial Prenatal Visit

    Criteria: Must be made within 90 days of LMP
- G9357 – Postpartum Visit

    Criteria: Must be made between 21-56 days of delivery

These services must be billed on a separate claim.

General Billing Overview

Alabama Coordinated Health Network (ACHN)

Managed Care: Attributed Provider for Quarter based on historical claim data

Managed Care Organization Information: ACHN responsible for recipient care coordination and DHCP referrals. Assigned based on recipient's county of residence.

Managed Care					
Plan Code	Provider Name	Provider Phone	24 Hour Phone	Effective Date	End Date
ACHN	████████████████	(256)███████	(256)███████	01/01/2020	03/31/2020

DO NOT REQUEST A REFERRAL FROM AN ATTRIBUTED PROVIDER WHO IS A SPECIALIST, HEALTH DEPARTMENT (EXCEPT MOBILE AND JEFFERSON CO.), OR CRS

Managed Care Organization Information					
MCO	Name	Primary Phone	Secondary Phone	From Elig Date	To Elig Date
ACHNB-AL Coordinated Health Network	NORTH ALABAMA COMMUNITY CARE		(256)382-2590	10/01/2019	12/31/2299

General Billing Overview

ACHN – BMI Reporting

- Effective October 1, 2019 procedure codes 99201-99205, 99211-99215 and 99241-99245 must include a BMI diagnosis on the claim, **or the claim will deny.**

- In instances where a BMI cannot be determined (e.g., wheelchair bound recipients) an override request may be submitted after the claim has been filed and denied.

- Some specialties are exempt from the BMI requirement. A table including excluded provider specialties can be found in Chapter 40 ACHN, PCP and DHCP Billing of the AL Medicaid Provider Manual.

General Billing Information

Top Five Denial Reasons for RHCs

Code	Explanation	Resolution
1825	COBA Denial Do Not Crossover	Rural Health Clinic claims will never automatically crossover from Medicare to Medicaid, they must be filed electronically by the provider
1820	Patient 1st Claim Requires a Referral	Verify eligibility prior to rendering services. Obtain Patient 1st referrals upon initial claims submission
5000	Medical Duplicate Exact	Work RA's timely, correct claims prior to resubmission
1065	Billing Provider Name and Number Disagree	DXC claims processing system requires first two letters of provider name on claim match information claims processing system. Ensure proper information is present on claims upon initial submission
1032	Invalid Claim Type for Billing Provider	Verify correct claim type is being used for claims submission. Medicare related claims should be filed in an 837P format

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Contact Information

Personal Contact Information for Additional Assistance

Department	Function	Contact Number
Provider Assistance Center	Assist with basic billing questions, procedure code reimbursement information and general questions	1-800-688-7989
Electronic Media Claims	Assist providers with Provider Electronic Solutions, vendor related issues, electronic transmission and pharmacy-related billing issues. This unit also issues user ID's and password's for the Agency's secure website portal	1-800-456-1242
Provider Enrollment	Assists with new provider enrollment and basic provider enrollment functions	1-888-223-3630 Option 1
Provider Re-enrollment	Assists with ongoing re-enrollment of providers	1-888-223-3630 Option 2
Provider Relations Representatives	Assists providers with in-depth billing issues and training on Provider Electronic Solutions and Medicaid's Interactive Web Portal. Available for telephonic consultation, e-mail assistance or on-site training and workshops.	1-855-523-9170 Refer to Medicaid website for 7 digit extensions. Go to http://www.medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6_Provider_Representatives.aspx

Thank You

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