

Alabama Medicaid Agency: Medicaid Management Information System Provider Remittance Advice

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

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How do I know what program this EOP is for?

- Provider Numbers – Where XXX represents County & Site Codes
- FP Clinical – 22XXX0000
- FP Care Coordination – 22XXX9999
- Patient 1st Adult CM – 5901400XX
- EPSDT – 48XXX0000
- VFC Immunization – 48XXX9999
- Adult Immunization – 70XXX7777
- Maternity Clinical – 39XXX0000
- Maternity Care Coord. – 5901200XX
- Preventive Health – 73XXX0000
- Home Health – XXX7801A
- EPSDT CM – 48XXX0888

ADPH National Provider Identification Numbers

Document Library-Finance

Old Medicaid Provider Number	New HIPAA NPI	Alabama Medicaid Provider Name
730107777	1460270008	AUTALUGA COUNTY HEALTH DEPT ADULT IMMUN
590130001	1000211001	AUTALUGA COUNTY HEALTH DEPT AIDS
590100001	1134262678	AUTALUGA COUNTY HEALTH DEPT CHILD
480100000	1001000008	AUTALUGA COUNTY HEALTH DEPT EPOSDT
480100000	1038821001	AUTALUGA COUNTY HEALTH DEPT EPOSDT SM
200100000	1000000008	ALABAMA COUNTY HEALTH DEPT PRE CLINIC
200100000	1001100000	AUTALUGA COUNTY HEALTH DEPT PRE CLINIC
390100000	1000100000	AUTALUGA COUNTY HEALTH DEPT MAT
390100001	1000010000	AUTALUGA COUNTY HEALTH DEPT MAT CM
235001000	1620110000	AUTALUGA COUNTY HEALTH DEPT OFFSITE EPOSDT
590140001	1134101237	AUTALUGA COUNTY HEALTH DEPT PAT. IN CM
730100000	1245073203	AUTALUGA COUNTY HEALTH DEPT PREVENTIVE
730100000	1000100000	AUTALUGA COUNTY HEALTH DEPT PRE CLINIC
480100000	1407000000	AUTALUGA COUNTY HEALTH DEPT VFC IMMUN
200100000	1000000000	AUTALUGA COUNTY HEALTH DEPT PRE CLINIC
700100000	1100000000	BAWLOWN COUNTY HEALTH DEPT BAY MINETTE ADULT IMMUN
890100000	1407000000	BAWLOWN COUNTY HEALTH DEPT BAY MINETTE AIDS
890100000	1740000000	BAWLOWN COUNTY HEALTH DEPT BAY MINETTE CHILD
480100000	1700000000	BAWLOWN COUNTY HEALTH DEPT BAY MINETTE EPOSDT
890100000	1540000000	BAWLOWN COUNTY HEALTH DEPT BAY MINETTE EPOSDT CM
890100000	1700000000	BAWLOWN COUNTY HEALTH DEPT BAY MINETTE FP AIDS
200100000	1000000000	BAWLOWN COUNTY HEALTH DEPT BAY MINETTE PRE CLINIC

Rates – What Am I Paid?

Program	Medicaid Procedure Code	Modifier	Old Rate (FY 2011)	FY 2012 New Rate	New Rate Effective Date
1. Case Management					
1.1. Initial Visit (Case Management)	17000	SP	\$1.75	\$1.75	10/1/2011
4. VFC (Vaccine)	99000	SP	\$7.50	\$6.75	10/1/2011
3. Adult Preventive Care Management	89002	UB	\$7.25	\$5.11	10/1/2011
4. Family Planning Case Coordination	W000/W000/W000	22 (W000)	\$8.55	\$6.10	10/1/2011
7. Family Planning Visit					
3. Extended Postpartum Homevisit	99012	FP	\$335.00	\$327.67	10/1/2011
10. Postpartum Homevisit	99012	FP	\$335.00	\$327.67	10/1/2011
11. Deformed Physical	99013	FP	\$335.00	\$327.67	10/1/2011
12. Annual	99014	FP	\$335.00	\$327.67	10/1/2011
10. Renewal	99015	FP	\$335.00	\$327.67	10/1/2011
14. Initial Visit	99016	FP	\$195.00	\$187.67	10/1/2011
15. Annual					
16. Family Planning Lab Services					
17. Implant Insertion	11870		\$105.00	\$105.00	10/1/2011
18. Implant Removal	11876		\$78.00	\$66.00	10/1/2011
20. IUD (Mirena)	38002		\$48.00	\$39.00	10/1/2011
21. IUD (Paragard)	38000		\$17.50	\$16.00	10/1/2011
22. IUD (Paragard)	37800		\$17.00	\$16.00	10/1/2011
23. IUD (Mirena)	37802		\$185.00	\$185.00	10/1/2011
16. Family Planning Birth Control					
25. Implant	73007		\$285.00	\$285.00	10/1/2011
26. IUD	54000	FP	\$8.00	\$1.50	10/1/2011
27. Contraceptive Patch	33004	FP	\$22.50	\$16.00	10/1/2011
28. Injection	33005		\$18.00	\$8.00	10/1/2011
29. Inj					
30. Inj					
31. Inj	99011-99013 (Interpreted)	SP	\$25.00	\$20.00	10/1/2011
32. Inj	99011-99013 (Initial Service)	SP	\$25.00	\$20.00	10/1/2011

Remittance Advice (RA) Explanation of Payment (EOP) Report

- Responsibility of each provider to follow-up on claims submitted to HP
- Indicates claims that have been adjudicated
 - Paid or denied

Remittance Advice (RA) Explanation of Payment (EOP) Report

- Indicates claims that are in process
 - Appear on one of the next two EOPs as paid, denied, or still in progress
- Must be maintained for future reference

Remittance Advice (RA) Explanation of Payment (EOP) Report

- One year from the date of service to recover payment

Alabama Medicaid Agency: Medicaid Management Information System

Provider Remittance Advice Provider Banner Messages

Explanation of Payment

- Location
- Payee ID Number
- Issue Date
- Procedure Code
- Modifier
- Units
- Service Dates
- Amount Billed or Denied

Remittance Advice (RA) Explanation of Payment (EOP) Report: Tracking and Auditing

- Claims should be organized by categories
 - Paid, denied, pending, etc.
- Completion Dates should be kept as well as notes of progress

Remittance Advice (RA) Explanation of Payment (EOP) Report: Tracking and Auditing

- Medicaid EOPs should always be kept in the county where services are rendered for auditing purposes – paper check
- Cannot retrieve EOPs after 6 months from Medicaid without a charge

Medicaid’s Check Write Schedule



October 7, 2011	April 6, 2012
October 22, 2011	April 20, 2012
November 4, 2011	May 4, 2012
November 16, 2011	May 16, 2012
December 2, 2011	June 8, 2012
December 16, 2011	June 22, 2012
January 6, 2012	July 6, 2012
January 20, 2012	July 20, 2012
February 3, 2012	August 7, 2012
February 17, 2012	August 14, 2012
March 2, 2012	September 7, 2012
March 16, 2012	September 14, 2012

Medicaid and Third Party Insurance

- 6.7.2.4_Admin_Code
 - (4) When a Medicaid recipient has THIRD PARTY health insurance of any kind, including Medicare, Medicaid is the payer of last resort . . .

- http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.2_Provider_Manuals_2010/6.7.2.4_

Payments Received in Counties

- Checks received in the counties for services rendered in the Health Department previously paid by Medicaid should be sent to Revenue Recovery Division

Third Party Payers

- **Aetna**
- **Anthem Blue Cross L and H**
- **Blue Cross and Blue Shield of Alabama**
- **Cigna**
- **United Healthcare Insurance Company**

EOPs are Ongoing

- **Who will do what?**
- **What is the back-up plan?**