



# DELAWARE MEDICAL ASSISTANCE PROGRAM

■ PART C ■ RENAL ■ MEDICAID ■ VFC ■ DHCP ■ DPAP

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## MEDICAID SPECIAL Bulletin

[www.dmap.state.de.us](http://www.dmap.state.de.us)

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DELAWARE HEALTH AND SOCIAL SERVICES

Division of Medicaid & Medical Assistance

# Provider Specific Announcements

## License Renewals

If your license is due to expire in March, please make sure you submit a copy of your updated license to Provider Relations promptly. If you are part of a group, please check with your group manager to ensure that your license is submitted. Fax to Provider Relations at 302-454-7603.



## Disclosure Forms Are Coming Soon

Based on Code of Federal Regulations (CFR) 455.100, DMAP providers will be required by CMS to submit a disclosure form each year. **This updated disclosure form will be required of all enrolled providers.** The form is designed to clarify certain questions on the licensure form:

- What capacity the entity is doing business as
- Direct/indirect ownership status of other facilities
- Change in ownership
- Operation by a management company or leased by an organization
- Change in Administrator or Nursing/Medical Director
- Chain affiliation
- Criminal convictions

A “disclosure form” feature and instructions will be added to the DMAP Website. **All disclosures must be submitted via the DMAP Website (i.e., no paper copies or faxes).** For providers who participate in a group or groups, all groups must submit a disclosure for each provider.

This requirement will be coming near the end of the first quarter of 2009. Please watch for more details in future communications.

## DCTP Claims Reimbursement

The Delaware Cancer Treatment Program (DCTP) staff will provide support and assistance to providers to resolve our clients’ cancer-related treatment reimbursement issues. To **ensure timely reimbursement** of DCTP claims, please follow these guidelines and rules: and distribute the following information to the appropriate staff:

1. **DCTP is responsible for payment** of cancer-related treatments for those enrolled in the Delaware Cancer Treatment Program.
2. **DCTP enrollees are NOT to be billed** for cancer-related treatment services performed during their enrollment period.
3. A **provider must be enrolled in the Delaware Medical Assistance Program (DMAP)** for reimbursement by DCTP.
4. A cancer diagnosis on DCTP claims is required before reimbursement may occur.
5. For reimbursement, send DCTP claims to:  
DCTP/EDS  
PO Box 909  
Manor Branch  
New Castle, DE 19720
6. For reimbursement questions or issues on a DCTP client’s claim,
  - Contact DCTP/EDS Provider Relations at 302-454-7154 or 800-999-3371
  - Ask to speak to a representative from the Provider Relations team
  - Have your NPI available

DCTP reimbursement guidance is also provided online in the General Policy Manual, section 1.31.7 at <http://www.dmap.state.de.us/downloads/manuals/General.Policy.Manual.pdf>. The Delaware Administrative Code Regulations 4203, Cancer Treatment Program, governing the program are online at <http://regulations.delaware.gov/AdminCode/title16/4000/4200/4203.shtml>.

# Provider Specific Announcements

## **P**ayment Error Rate Measurement (PERM)

The Centers for Medicare and Medicaid Services (CMS) published regulations that require States to measure the accuracy of payments made to providers for Medicaid and the State Healthy Children Insurance Program (SCHIP). The project is entitled "Payment Error Rate Measurement (PERM)." The Division of Medicaid & Medical Assistance (DMMA) participated in the pilot projects and started the next PERM cycle in October 2008.

As part of the initiative, a random sample of paid claims is selected for review in the following areas for both Medicaid and SCHIP: Fee-for-Service, Managed Care, Eligibility. Providers must submit medical record documentation pertinent to the claim(s) selected. Documentation must include enough information to determine that services were provided, were medically necessary, and were consistent with the diagnosis.

Previous findings resulted in a significant amount of errors due to provider non-response or insufficient documentation. **CMS will collect the Federal Financial Portion (FFP) back from the State for claims where proper documentation is not submitted by providers. Consequently, DMMA will need to recoup the payment from the provider as a PERM Recovery.** If you have any questions or concerns regarding this project, please contact Susan M. Mateja, Policy Administrator, DMMA, at (302) 857-5055.

**It is critical that  
all providers  
submit the requested  
medical record documentation  
to support the  
claim payment timely  
to the  
Federal Contractor,  
Livanta, LLC.**

For billing or other provider questions,  
call Provider Relations at  
**(302) 454-7154**  
or  
**1-800-999-EDS1 (3371).**



## **T**PL Update

To save taxpayers money, the federal government requires by law that DMAP be the payer of last resort. This means Medicaid can pay only after all other available insurance coverage is billed first.

Because of these laws, it is especially important to screen patients for other health insurance coverage. Keep in mind other insurance will usually pay more for incurred charges than DMAP, so it is beneficial to always inquire thoroughly.

In addition, DMAP is continually improving processes that allow other insurance information to be available to them in a more automated, proactive manner. Providers may see an increase in cost avoidance measures as a result of these improvements. Please remind patients on each visit to disclose any insurance information they have to ensure the most efficient processing of claims.

# DME Provider Specific Announcements

## **I**ncontinence Supplies: Large Under-Pads

DMMA is currently approving any combination of incontinence products, including small under-pads (Code T4542), up to 720 pieces in 90 days without prior authorization. Some individuals may qualify for large under-pads (Code T4541), which require prior authorization.

Effective immediately, all prior authorization requests for large under-pads must include the following:

- a. Medical condition consistent with incontinence
- b. Level of incontinence
- c. Weight
- d. Self-care
- e. Total products including large under-pads must not exceed the maximum allowable combination of all incontinence supplies
- f. Other incontinence products in use must also be large

**All criteria a—f must be met before submitting requests for authorization.**

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**If you do not have a vendor and would like to bill electronically, call Provider Relations at (302) 454-7154**

or

**1-800-999-EDS1 (3371).**

**DMAP offers free software to all Medicaid providers, so “go electronic” today!**

# Services Available

## **e**-mail notifications

DMAP offers e-mail notifications of billing/policy manual updates, scheduled system downtime, and other important program-related news to all registered users. Visit the Website at <https://www.dmap.state.de.us/secure/emailIntro.do>.

Click **Register** to enter your name/e-mail address or **Update Profile** to modify your existing e-mail address.

## **I**nteractive Services

The DMAP Website offers the following secure Interactive Services for providers' convenience:

- **Client Eligibility:** verify DMAP client eligibility
- **Claims Status Request:** inquire about previously submitted claims
- **Check Write:** view recent check write information
- **DUR+ PA Criteria:** enter/inquire about prior authorization criteria
- **NDC Lookup:** inquire about NDC coverage by entering NDC or product name

If you haven't already registered for Interactive Services access, check the Website at <https://www.dmap.state.de.us/secure/logon.do> and click the Register link.

# Pharmacy Specific Announcements

## **SUR** Pharmacy Visits

The Delaware Surveillance and Utilization Review (SUR) Unit has been visiting different pharmacies since the end of 2008. In addition to checking the new tamper-resistant requirements that went into effect on October 1, the auditors are also checking state-mandated requirements for prescriptions. A prescription should contain, but not be limited to, the following:

- The original dispensing date
- Name and address of patient (patient location if in an institution)
- Name of prescriber
- DEA number of prescriber in the case of a controlled substance
- Name, strength, dosage form and quantity, (or stop date), and route of administration if other than oral form of drug prescribed
- Renewals authorized
- Directions of use for patient

Transferred prescriptions are also being checked for all required information. If you have questions on what the state mandates are on these prescriptions or any other requirements, the information is available online.

Dispensing records for prescriptions should be kept for five years, and immediate access should be available to these records for prescriptions that are less than one year from the date of last entry. The requirements for a dispensing record include, but are not limited to, the following:

- Quantity dispensed
- Date of dispensing serial number (or equivalent if an institution)
- Identification of the pharmacist responsible for dispensing
- Record of renewals to date
- The name and strength of medication.

The online address that can be used to review Delaware's pharmacy professional regulations is <http://regulations.delaware.gov/AdminCode/title24/2500.shtml>.

## **N**ew NCPDP Field Requirements

### **Attention Pharmacy Providers:**

Effective **March 2, 2009**, the following NCPDP fields are mandatory when sending all Point of Service (POS) transaction claims.

#### **Insurance Segment**

- 304-C4 – Date of Birth
  - Client date of birth

#### **Claim Segment**

- 419-DJ – Prescription Origin Code
  - Code indicating the origin of the prescription:
    - 1 = written
    - 2 = telephone
    - 3 = electronic
    - 4 = facsimile

This will only apply to new prescriptions and not ongoing refills.

#### **Prescriber Segment**

- 427-DR – Prescriber Last Name
  - Last name of prescriber

Please refer to your billing manual Section 2.3.2 for the complete NCPDP 5.1 Layout - Request Segments. For any questions or concerns, please call the Delaware Pharmacy Provider Call Center at 302-454-7154 or 1-800-999-3371.

**NOTE:** If you are a provider that utilizes the EDS PES software, the upgrade for the PES software will be available Friday February 27, 2009 after 5:00 pm. Please DO NOT upgrade your PES system prior to Monday March 2, 2009 8:00 am.

### ***Prior Authorization Forms***

The DMAP Website has been updated with a new location for PA forms. Look on the Website at <http://www.dmap.state.de.us/information/paforms.html>.

# Division of Services for Aging and Adults with Physical Disabilities

## **A** Adult Protective Services (APS)

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) recently drafted their State Plan on Aging for 2008-2012 that directs the efforts of the agency on a variety of issues. One of the ten goals noted is to "ensure the rights of older people and prevent their abuse, neglect, and exploitation." The division will be focusing more attention on this growing concern as people are living longer and may need additional support to live safely in their homes and communities as they age. Nationally, there seems to be a rapid rise in the number of sophisticated scams targeting older persons and in the number of persons needing the support of caregivers (friends and family).

Since 1982, DSAAPD has offered a program that may not be familiar to many readers. The Adult Protective Services (APS) Unit consists of eight staff that investigate allegations of abuse and neglect toward our most vulnerable citizens--older adults and adults with disabilities. This unit serves as an advocate for victims of abuse, neglect, or exploitation and seeks to resolve the crisis as quickly and as unobtrusively as possible. Approximately 4-6 percent of older persons are victims of some kind of abuse.



Unfortunately, the typical abuser is a family member and the typical victim is a woman in her 80s who lives alone or with family members. In Delaware, APS responded to over 900 complaints in 2007. Often, cases are resolved by offering services to people in their homes, but sometimes a person is removed from an unsafe living situation and placed in a nursing home or other residential facility.

In Delaware, 40 percent of the cases are related to self neglect (people are not able to take care of themselves); 30 percent to neglect by a caregiver, and 19 percent to financial exploitation. The unit works closely with law enforcement agencies, other social service agencies, the Attorney General's Office, and the court system.

Elder abuse is one of the most underreported crimes in the country. It is estimated that close to 84 percent of all cases are not reported. Signs of elder abuse include **unexplained injuries; sudden changes in mood, attitude or behavior; inadequate care; evidence of unreasonable confinement; unexplained or sudden depletion of financial resources; and hesitation to talk openly.**

If you have concerns about a neighbor, a friend, patient, or a family member who may be experiencing abuse or neglect, please call APS at 800-223-9074 with your concerns. Your call will be confidential. You will be speaking with an intake caseworker who will take down your concerns and refer them to an APS caseworker for a home visit and further investigation.

As now-educated readers, please ensure that others know about APS and call us with any questions or concerns. Many times, abuse remains a shameful secret that people are hesitant to report, so the victims do not receive the support and the help they need.

# E-Prescribing

E-Prescribing is the ability to send prescriptions directly to a pharmacy electronically. It enables providers to view a patient's benefit information and medication history, and receive critical drug interaction warnings.

Delaware's Medicaid E-Prescribing Program was implemented on November 3, 2008. The volume of transactions is growing as more providers are adopting the use of E-Prescribing technology. Providers that are currently using E-Prescribing should now be seeing benefit data and medication history for Medicaid patients.

In December, 190 physicians requested eligibility data for their Medicaid patients, for a total of 7,989 transactions. Requests for medication history also exceeded 1,300 for December. Electronically sent prescriptions for our 50 pilot providers totaled 5,474 for the month of December, with a total of 774 alerts and warnings for drug/drug and drug/allergy interactions, as well as preferred drug usage. Of those prescriptions, 176 were changed or cancelled due to those alerts.

The additional value and benefits of adopting E-Prescribing include greater efficiencies in the office, increased patient safety, and reduction of fraud. Please visit this Website for more information on how Medicare incentives are being implemented and how you may be able to participate:  
[http://www.cms.hhs.gov/PQRI/03\\_EPrescribingIncentiveProgram.asp](http://www.cms.hhs.gov/PQRI/03_EPrescribingIncentiveProgram.asp)

For more information on E-Prescribing, please contact Brenda Wilson at 302-607-0744 or [b.wilson@eds.com](mailto:b.wilson@eds.com).

To apply for an NPI online, visit  
<https://nppes.cms.hhs.gov>.

To request a paper application,  
call 1-800-465-3203.

## What's New?



### Provider Manual Updates

The following provider manual revisions were posted to the DMAP Web site What's New page: [www.dmap.state.de.us](http://www.dmap.state.de.us). Notification also appeared on Remittance Advice Banner Pages and the DMAP e-Mail Notification System.

#### DME Provider Specific Manual

Revision Date: 2/5/09

Section Revised: 8.14

Updated to include the 2009 HCPC supply code, A6545

#### General Policy Manual

Revision Date: 11/11/08

Section Revised: 4.1.3

Expanded the definition of whom is expected to bill for TPL co-pays.

#### Long Term Care Provider Specific Manual

Revision Date: 12/5/08

Section Revised: 12.0

Added Nursing Home Responsibility section.

#### Home Health Provider Manual

Revision Date: 12/9/08

Section Revised: 6.1.9

Clarification made to early postpartum discharge in-home assessment.

#### Pharmacy Billing Manual

Revision Date: 1/23/09

Section Revised: 2.3.2

Updates have been made to the NCPDP layouts.

#### Pharmacy Provider Specific Manual

Revision Date: 1/8/09

Sections Revised: 3.3.3 and 11.0

Updated the location to access specific criteria for prior authorization.

#### Practitioner Provider Manual

Revision Date: 1/8/09

Sections Revised: 1.11.8.3 and 29.0

Updated the location to access specific criteria for prior authorization.

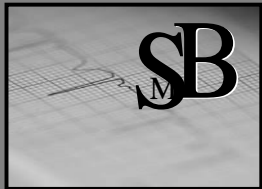


P.O. Box 909  
Manor Branch  
New Castle, DE  
19720-0909

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