

DMA ADMINISTRATIVE LETTER NO. 05-05, MEDICAID INQUIRIES AND DMA CONTACT LIST

DATE: 10/27/04

Subject: Medicaid Inquiries and DMA Contact List

Distribution: County Directors of Social Services
Income Maintenance Staff
Services Staff

The Division of Medical Assistance (DMA) now has new telephone numbers. This letter provides the new telephone numbers and new key contacts for the division. The issuance of this letter obsoletes DMA Administrative Letter No. 12-04 dated February 11, 2004.

Also, the DMA Hearings Office and the Division of Social Services (DSS) Office of Hearings and Appeals have been added to the contact list. This information contains a clarification on which appeals are handled by each office.

I. GENERAL INFORMATION

A. The DMA Internet site, <http://www.dhhs.state.nc.us/dma>, contains general information about DMA, Medicaid Eligibility Manuals on line, and monthly Medicaid Bulletins and Special Bulletins. Program and publication information available at the site includes:

1. North Carolina Health Choice (NCHC) – contains general information about the program, applications and instructions, a handbook, and information on special needs benefits.
2. Medicaid Covered Services and Programs- contains information about medical coverage and billing for services. This information is located under the Provider Link.
3. Medicaid Eligibility – contains fact sheets and Consumer Guide Handbooks and helpful links to further information. This information is located under the Consumer Link.
4. Clinical Policy and Programs (formerly known as Medical Coverage Policy) – contains information on existing, proposed new or amended medical coverage policies. This information is located under the Provider Link.

B. Inquiries From County Staff

County DSS staff should contact their Medicaid Program Representative (MPR) when they have policy questions. If the county's MPR is unavailable, they may contact another MPR or the Medicaid Eligibility Unit in DMA. See II. F. below.

C. Inquiries From Recipients

1. County DSS offices are responsible for handling recipient inquiries regarding eligibility and how to receive medical services. DSS staff may call DMA when information necessary to respond to the client is not accessible from county case files, state generated reports, registers, inquiry to EIS segments, eligibility manuals and appendices, Administrative Letters, etc. Some situations that may necessitate assistance from DMA staff:
 - a. A recipient receives notification from a collection agency of past due accounts for medical services received while eligible for Medicaid. Advise the recipient to notify the provider of his Medicaid identification number and request the provider to bill Medicaid. If the problem cannot be resolved, call the DMA Claims Analysis Unit in Recipient and Provider Services at (919) 855-4045.
 - b. A recipient receives bills from providers who have accepted the Medicaid ID card for the services being billed or who are billing the recipient for the difference between the actual charges and the Medicaid reimbursement. You may call the DMA Claims Analysis Unit in Recipient and Provider Services at (919) 855-4045.
 - c. A provider refuses to accept Medicaid because the recipient has other insurance. A call to Third Party Recovery in the Program Integrity Section may help resolve the problem. Third Party Recovery can be reached at (919) 647-8100.
 - d. For questions about specific covered services, out-of-state services, co-payments, etc., refer to MA-3540, Medicaid Covered Services, in the Family and Children's Medicaid Manual and MA-2905, Medicaid Covered Services, in Aged, Blind, and Disabled Medicaid Manual. This may provide the information needed to respond to the recipient. Recipients with covered services problems or requests not found in the manual sections may be referred to the Recipient Ombudsman in the Managed Care Unit of DMA at (919) 647-8170 or 1-888-245-0179.

- e. Inquiries on the status of a requested Medicaid appeal or decision handled at the state level, county DSS staff should determine which Hearings Office is handling the appeal before referring recipient. For appeals involving Medicaid services contact DMA Hearings Office at (919) 647-8200. For appeals regarding eligibility denial and terminations, contact DSS Hearings and Appeals at (919) 733-3289. Recipients can be referred to either office through the CARE-LINE, Information and Referral Service, at 1-800-662-7030. Please advise recipients of which office to request.
 - f. County DSS staff must handle inquiries regarding a recipient's failure to receive Medicaid cards. Only if DSS staff cannot determine why a card was not received, should the county worker contact the Medicaid EIS Unit at (919) 855-4000. **DO NOT REFER THE RECIPIENT TO DMA.** This should be handled by the county workers.
2. In order for DMA staff to respond more quickly and efficiently to inquiries about billing, please provide:

Recipient's MID number
Provider's name(s)
Date(s) of service,
Amount billed, and
Did the provider accept recipient as a Medicaid patient?

DO NOT REFER RECIPIENTS TO DMA's FISCAL AGENT OR TO OTHER DMA CONTRACTORS FOR INPATIENT PRIOR APPROVALS.

3. When recipients with a problem or inquiry are referred to the state for assistance, give them:
 - a. The toll free CARE-LINE, Information and Referral Service, number, 1-800-662-7030 or (919) 733-4261 in the Triangle area, or TTY 1-877-452-2514 or (919) 733-4851, and
 - b. The name of the DMA Unit or section they need to contact.

D. Inquiries From Providers

1. Filing Claims and Payments

Inquiries about procedures for filing claims or payment amounts are referred to EDS, the state Medicaid fiscal agent. The fiscal agent is responsible for claims processing, claims payment, and provider relations and education.

See III. below for telephone numbers.

2. Prior Approvals

The following requires prior approval:

- a. Private Duty Nursing, please call DMA Clinical Policy Unit at (919) 855-4260.
- b. Psychiatric or substance abuse hospital admissions for recipients over 65 years of age. For Medicaid recipients under 21 years of age, a Certificate of Need is required for all admissions to freestanding psychiatric hospitals. This pre-authorization/prior approval is done by contacting ValueOptions at 1-888-510-1150.

For emergency admissions, the hospital must call ValueOptions within 2 work days of the admission. For more information, the provider should call DMA Behavioral Health Services at (919) 855-4290.

3. Questions regarding third party payments are referred to DMA Third Party Recovery staff. The Third Party Recovery Unit can be reached at (919) 647-8100.
4. Inquiries about provider enrollment can be referred to the Provider Link on the DMA Internet site, <http://www.dhhs.state.nc.us/dma>, or to DMA Provider Services staff at (919) 855-4050.
5. Requests for override of the one year billing time limit are submitted to DMA by the county DSS. See MA-2395/MA-3530, Corrective Actions and Responsibility for Errors.
6. A toll free eligibility verification inquiry line is available to assist enrolled providers in obtaining Medicaid eligibility information for a recipient who fails to present a Medicaid identification card when requesting or receiving medical services. The county DSS provides verification of eligibility to providers according to the circumstances listed in MA-300/MA-3500, Confidentiality. Tell the providers to call:
 - The Automated Voice Response (AVR) System at 1-800-723-4334, if they have the recipient's MID number or the Social Security number and date of birth,

OR

- DMA at (919) 855-4045 to obtain the MID number only or to verify dates of service over 12 months old.

7. When an out-of-state provider submits a claim to the county DSS, forward the claim to Claims Analysis Unit (See II. below). Please review the recipient's address on the claim and if an out-of-state address is given, verify the recipient's continued residence in North Carolina. Both out-of-state and North Carolina providers choose whether to be Medicaid providers.
8. Providers who have claims denied for eligibility reasons should first verify that the MID number and name have been entered correctly on the claim, and that only eligible dates have been billed. (See eligibility denial codes below). If these items are correct, the provider may ask for assistance by sending copies of the claim, the Remittance Advice (RA), and MID card to the Claims Analysis Unit. See II. below.

The eligibility denial codes appearing on the provider's RA report are:

- 010 - Diagnosis or service invalid for recipient age
- 011 - Recipient not eligible on service date
- 012 - Diagnosis or services invalid for recipient sex
- 093 - Patient deceased per state eligibility file
- 120 - Recipient MID number missing
- 139 - Services limited to presumptive eligibility
- 143 - Medicaid ID number not on state eligibility file
- 191 - Medicaid number does not match patient name
- 292 - Qualified Medicare Beneficiary – MQB recipient. Medicare payment must be indicated either as a crossover prior to 10/1/02 or third party if after 10/1/02. No payment made if not covered by Medicare.
- 953 - Individual has restricted coverage – Medicaid only pays Part B premium.

II. DMA CONTACTS

A. Addresses

For Third Party Recovery or Health Insurance Premium Payment Program (HIPP), the address is:

Division of Medical Assistance
2508 Mail Service Center
Raleigh, NC 27699-2508

For all other sections, the address is:

Name of DMA section/unit or individual
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501

B. Director's Office

Gary Fuquay, Director (919) 855-4100
Dr. Nancy Henley, Deputy Director for Clinical Affairs (919) 855-4100
Mark Benton, Deputy Director for Financial Operations (919) 855-4100
Ellen Pittman, Human Resources Manager (919) 855-4120

The DMA Director oversees the management and coordination of the Medicaid programs to ensure cost-effective health care services are available across the state. The Human Resources manager coordinates services and programs to assist in the development of a qualified and effective staff.

C. Managed Care (919) 647-8170

Jeffrey Simms, Assistant Director

Managed Care oversees the primary care case management program, Community Care of North Carolina (Carolina ACCESS), and risk contracts with HMO's and Health Check.

Recipient Ombudsman (919) 647-8170
Serves as division's representative for recipients and other agencies related to medical care and services covered by the Medicaid program.

D. Budget Management (919) 855-4140

Deborah Atkinson, Assistant Director

Responsible for budget and forecasting, purchasing and contracting, as well as contract management, and special projects.

E. Finance Management (919) 855-4180

Tom Galligan, Assistant Director

Duties include auditing, management of Disproportionate Share Hospital (DSH), rate setting, and financial analysis.

F. Recipient and Provider Services (919) 855-4000

Lacey Barnes, Assistant Director

Medicaid Eligibility Unit (919) 855-4000
Responds to issues related to eligibility requirements for Medicaid and NC Health Choice for Children, eligibility determinations, and policy interpretations.

Eligibility Information System (EIS) (919) 855-4000
Responsible for EIS reports, screens, processing and the Income Eligibility Information System (IEVS).

Claims Analysis and Medicare Buy-In (919) 855-4045
Responsible for the override of billing time limit, research of claims denied for eligibility reasons, Medicaid covered services billed to the recipient and Medicare buy in for Parts A and B.

Provider Services (919) 855-4050
Functions include provider enrollments, Provider Bulletins and Manuals, and EDS Provider Relations.

G. Program Integrity (919) 647-8000

Robert B. Nowell, Assistant Director

The Program Integrity website, <http://www.dhhs.state.nc.us/dma/pi.html#wwa>, has names, phone numbers, and email addresses for keys contacts for all units listed below.

Provider Administrative Reviews
Performs post-payment administrative reviews of providers (except Pharmacy) claims and services to determine the appropriateness of claim submission practices and verify providers' compliance with Medicaid coverage, billing policies and Provider Participation Agreements/Contracts.

Provider Medical Reviews
Performs post-payment reviews of services to determine if the services were medically necessary, were of acceptable quality, and conform to Medicaid coverage and billing policies. Reviews involve examination of claims/payment data, medical record documentation, and research and application of Medicaid coverage policy.

Pharmacy Reviews
Conducts post-payment reviews of claims on site. Recovers overpayments, resolves pharmacy complaint calls and educates providers regarding policy and/or problem areas. This section also provides support and resources to the Attorney General's Medicaid Investigations Unit.

Home Care Reviews
Responsible for post-payment reviews of Medicaid recipients receiving home and community based services. The Nurse Reviewers determine if Home Health, Personal Care Services, Durable Medical Equipment, Hospice, Home Infusion Therapy, etc. are provided to recipients, are medically needed and appropriate and are of high quality. Reviews are often conducted on site unannounced.

Quality Assurance (919) 647-8140
Responsible for conducting the federally mandated Quality Control reviews to establish the Medicaid eligibility payment error rates and assisting in correcting problems. They also provide policy consultation and coordination for recipient fraud and abuse investigations with the county program integrity

investigators, and investigate recipient complaints of overcharging and inappropriate billing for Medicaid covered services.

Third Party Recovery (TPR)

(919) 647-8100

Primarily responsible for the recovery of Medicaid payments for services that should have been paid by health insurance plans and liability insurance. TPR ensures accurate insurance information is on recipient files before Medicaid pays claims. TPR also recovers certain Medicaid payments from the estates of deceased Medicaid recipients.

H. Clinical Policy and Programs

(919) 855-4260

Marcia Rao, Assistant Director

(919) 855-4261

William Lawrence, MD, Medical Director

(919) 855-4261

Clinical Policy is responsible for the development and oversight of rules, policies, criteria, and procedures for Medicaid-covered services and waiver programs. This section is responsible for the following coverage areas:

Practitioner and Clinic Services- Clarence Ervin, Chief

(919) 855-4320

This section is responsible for Medicaid services related to:

Physicians

Chiropractors

Podiatrists

Clinics

Federally Qualified Health Centers

Rural Health Center

Public Health Departments

Hospital Outpatient Departments

Laboratories/X-rays

Ambulance

Dialysis

Ambulatory Surgery

Independent Diagnostic Treatment Facilities

Nurse Practitioners/Certified Nurse Midwives

Home Infusion Therapy

Anesthesia

Baby Love/Child Service Coordination

Family Planning

Telemedicine

Transportation

Institutional and Community Care – Lynne Perrin, Chief

(919) 855-4350

Transplant Services

Hospitals

Nursing Facilities

Adult Care Homes (919) 855-4360
 Personal Care Services
 Case Management
Community Alternatives Program for Disabled Adults
Personal Care Services
Home Health Services (919) 855-4380
Hospice
HIV Case Management
Community Alternatives Program for Persons with AIDS
Community Alternatives Program for Children
Private Duty Nursing (919) 855-4390
PASARR
 General (919) 855-4357
 Psych (919) 855-4290

Pharmacy and Ancillary Services – Tom D’Andrea, Chief (919) 855-4300
This section is responsible for Medicaid services related to:

Durable Medical Equipment
Optical/Hearing Aids
Injectable Drugs
Medications

Behavioral Health Services –Carol Robertson, Chief (919) 855-4290
This section is responsible for the following services:

Mental Health/Developmental Disability/Substance Abuse Services
Community Alternatives Program for Persons with Mental Retardation
Community Alternatives Program for Persons with a Developmental Disability
Residential Treatment (Residential Child Care, Psychiatric Residential
Treatment Facilities)
Developmental Evaluation Centers/Children’s Developmental Service
Agencies (919) 855-4350
Outpatient Specialized Therapies (919) 855-4290
Independent Practitioners (919) 855-4310
Local Education Agencies (LEAs)
Psychological Services in Health Departments and School Based Health
Centers Sponsored by Health Departments to the Under 21 Population

I. Dental Program (919) 855-4280
Ronald Venezie, DDS, MS, Dental Director

The Dental Program oversees policies and procedures for coverage of dental and orthodontic services delivered to Medicaid recipients.

J. HEARING OFFICE

(919) 647-8200

Mary Coward, Chief Hearing Officer

The DMA Hearing Office provides an informal administrative hearing process for both recipients and providers of Medicaid services. Recipients can appeal denials, reductions and terminations of Medicaid covered medical services. This includes appeals regarding prior approval for certain surgical procedures (e.g., breast reduction, gastric by-pass) and prescription drugs, outpatient specialized therapies such as physical, occupational and speech therapy, requests for out of state medical treatment, requests for specific medical services such as private duty nursing, psychiatric hospital length of stay appeals, and CAP/C, CAP/DA and ICF/MR level of care decisions. The DMA Hearing Office also handles appeals from Medicaid providers (e.g., hospitals, physicians, pharmacies, home health agencies, etc.) regarding post-payment review recoupment determinations made by DMA's Program Integrity section as well as provider contract termination decisions.

In addition, the DMA Hearing Office also holds hearings regarding the involuntary discharge of residents (including those who are not Medicaid recipients) from nursing facilities and adult care homes, as well as appeals of Preadmission Screening and Annual Resident Review (PASARR) decisions.

The DMA Hearing Office should not be confused with the DSS Hearings and Appeals Unit (919-733-3289) which handles Medicaid eligibility and program termination appeals.

III. DMA FISCAL CONTRACTOR CONTACTS

A. Electronic Data Service (EDS) Directors

919-851-8888

Cheryll Collier, Executive Director, NC Title XIX
Cathy Waters, Deputy Director

B. EDS Mailing Addresses

1. EDS
P.O. 30968
Raleigh, NC 27622
2. When sending mail Certified, UPS or Federal Express, send to:

EDS
4905 Waters Edge Drive
Raleigh, NC 27606

Prior Approval Address:

Prior Approval Unit
P.O. Box 31188
Raleigh, NC 27622

C. Telephone Contacts

1. Automated Voice Response (AVR) 1-800-723-4337
Providers receive recorded information on:
 - Claims status
 - Pre-admission certification
 - Prior approval status
 - Eligibility verification
 - Checkwrite information
 - Procedure code pricing
 - Drug coverage
 - Modifier code verification
 - Dental benefit limitations

2. EDS Provider Services 919-851-8888
Providers will be directed to a Service or
Representative for assistance with: 1-800-688-6696
 - Billing, coverage issues
 - Prior approval services
 - Denials, other than eligibility
 - Forms, orders, information
 - Manuals, bulletins, and policy questions

IV. OTHER STATE AGENCY CONTACTS

A. Division of Facility Services 919-855-3850

Inspects, certifies, registers and licenses hospitals, nursing homes, adult care homes, mental facilities, home care programs and other health facilities. Also handles complaints regarding quality of care.

This division provides a listing of Nursing Aide I's. The Division approves Nursing Aide I training programs, and handles complaint investigation of Nursing Aide I and Nursing Aide I training programs.

B. Division of Aging and Adult Services 919-733-3983

Responsible for the planning, administering, coordinating, and evaluating the activities developed under the federal Older Americans Act and the programs for older adults funded by the NC General Assembly.

Ombudsman Program

Long Term Care Ombudsmen serve as advocates for residents in nursing homes and adult care homes (rest homes/assisted living) throughout North Carolina. Ombudsmen receive and investigate complaints made by or on behalf of long term care residents and work for their resolution. The Ombudsman Program is an advocacy program, not a regulatory agency.

C. Office of Citizen Services

**1-800-662-7030 or 919-855-4400
TTY 1-877-452-2514 or 919-733-4851**

Provides information and referrals to the proper department and agency. Also, assists with problem resolutions for concerns or complaints related to department services.

CARE-LINE

This Information and Referral Service provides citizens with information and referrals on human service agencies in government, non-profit agencies and support groups. Specialists answer questions and make appropriate referrals to persons seeking assistance or information on available human service programs.

D. North Carolina Board of Nursing

Responsible for regulation of nursing practice, licensed and unlicensed personnel. It also approves and regulates Nursing Aide II training programs and handles complaint investigations of licensed nurses and Nursing Aide II's.

E. DSS Hearings and Appeals Office

(919) 733-3289

Responsible for handling all appeals regarding Medicaid eligibility denials and terminations. This includes Medicaid denials based on a disability.

Please address questions concerning this letter to your Medicaid Program Representative.

Gary H. Fuquay
Director

(This material was researched and written by Angela Saddler, Policy Consultant, Medicaid Eligibility Unit.)