

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov
July 30, 2010

Phys
Hosp
Lab

MEDICAID BULLETIN

TO: Hospitals, Physicians and Ambulatory Surgery Centers

SUBJECT: Quality Improvement Organization (QIO) Activities

The South Carolina Department of Health and Human Services (SCDHHS) has awarded a contract to Alliant Health Solutions for a minimum of six (6) months to provide Medicaid Utilization Review Services effective for dates of service on or after August 1, 2010. This solicitation was necessary because the previous contract for these services with Qualis Health expired on June 30, 2010. During this period, Alliant Health Solutions will perform the following review activities:

1. Surgical Justification for selected procedures that currently require prior authorization. A complete list of procedures can be found in your Medicaid Provider Manual at <http://www.scdhhs.gov>.
2. Prior Authorization for all acute (non-state owned) hospital admissions with the primary diagnoses of Conduct Disorder, Diagnoses Codes 312.0 - 312.9 and Oppositional Defiant Disorder, Diagnosis Code 313.81
3. Support Documentation reviews for all sterilization and abortion procedures.
4. Quality of Care Reviews for IMD/PRTF providers.
5. Quality Assurance monitoring of all enrolled Medicaid providers of Psychiatric Residential Treatment Facilities (PRTFs), and pre and post reviews for new provider enrollments.

All requests for Prior Authorizations **must** be submitted via facsimile to Alliant Health Solutions (ASO) at (803) 255-8260. No telephone or mail-in requests will be accepted. Requests for Prior Authorization must be submitted **before** the service is rendered. Exceptions to this policy include emergency, urgent case or retroactive eligibility. Emergency or Urgent cases **must also** be submitted for approval via facsimile before the claim is sent to processing.

Providers may submit inquiries to Alliant Health Solutions for reasons other than request for prior authorizations by using the following toll free line or via secured email:

Prior Authorizations/Support Documentation Inquires (Items 1-3): 1-877-807-0440 or email scpa@alliantaso.org.

Quality Assurance/Quality Care Inquiries (Items 4-5): 1-877-807-0448 or email: scbh@alliantaso.org

Questions regarding this Bulletin should be addressed to your program representative in Physician Services at (803) 898-2660 or Hospital Services at (803) 898-2665 or Family Services at (803) 898-2565.

We appreciate your continued support of the SC Medicaid program.

/S/
Emma Forkner
Director

EF/mgvb

Note: To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT) for instructions.