Provider Billing Errors for BAYOU HEALTH Claims Submitted to Shared Savings Plans

Molina Medicaid Solutions
Community Health Solutions
United HealthCare Community Plan
Joint Training
Webinar #9
August 7, 2012
Bayou Health Implementation
A Transition from Legacy Medicaid to Medicaid Managed Care

This webinar is the ninth in a series of webinars addressing billing issues identified with claims processed for Shared Health Plan members.
Reminders

- At the end of the presentation there will be a question and answer session. For this please make sure that you have dialed into the conference using your audio PIN and raise your electronic hand to ask questions.

- There is a brief survey at the conclusion of this Webinar, Please take a moment to complete it as your feedback is vital for the preparation of the next Webinar.
General Information
Timely Filing

- The guidelines for timely filing for legacy Medicaid and shared plans have not changed.
- Providers must still establish timely filing by submitting claims within one (1) year from the date of service.
- After timely filing has been established, the providers have an additional year to submit claims for payment.
Newborn Baby Health Plan Eligibility

- If a Mother is not enrolled in a Bayou Health Plan on her newborn's date of birth, the newborn's birth will be covered by Legacy Medicaid.

- Check the Mother's eligibility for the month of birth. If the Mother is in a Health Plan, the baby will be covered by that Health Plan for the month of birth.

- Check the babies eligibility to make sure they have been listed on the Medicaid file.

- Refer to Bayou Health Informational Bulletin 12-5 dated February 16, 2012 for complete details.
EPSDT Screenings

- Although the KidMed program has been eliminated, providers can still bill for EPSDT well children visits.
- Providers need to use their best professional judgment when determining what diagnosis code to use for a well child visit.
- Claims are now being billed on a CMS 1500.
- If a sick visit and a screening/preventive visit take place on the same day, the 25 modifier MUST be appended to the sick visit code 99211 or 99212.
Hospital Observation Hours

- For legacy Medicaid and shared plans the observation status time limit is 30 hours.
- “Observation Status” is the level of care designated when a patient’s condition warrants monitoring, lab work, and other diagnostic testing but does not meet medical necessity for an inpatient level of care.
- Notification or precertification is not required for observation stays.
- Patients are not automatically converted to inpatient status at the end of the 30 hours.
- To change a patient’s status from observation to inpatient, a physician’s order is required and the patient must meet medical necessity criteria for an inpatient level of care.
- **Reimbursement for observation hours is limited to 30 hours.**
Behavioral Health

- Behavioral health claims (excluding RHCs) for Bayou Health shared plan members for dates of service February 1-29, 2012 will be sent to Molina for processing and payment
- RHC behavioral health claims for these dates of service must be sent to the shared plan
- This includes the period following the implementation of Bayou Health but prior to the implementation of the Louisiana Behavioral Health Program (LBHP)
- The programming to bypass edits is pending a completion date in the near future
- Claims will be recycled
Verify NPI and Tie Breaker Code

- Registered NPIs and Tie Breakers (taxonomy or zip codes) can be verified on the secure side of www.lamedicaid.com
- Sign into the Provider logon link found on the home page
- Select NPI Legacy Search
- Enter either the 7-digit legacy Medicaid or 10-digit NPI number
- If there is a Tie Breaker code associated with your NPI it will be displayed under Value
- If there is no Tie Breaker code associated with your NPI the Tie Breaker and Value fields will be blank
- For electronic claims please refer to the electronic 837 Companion Guide for the correct loop/segment for NPI data.
NPI/Tie Breaker Cross Reference

- Example of NPI Entered:
NPI/Tie Breaker Cross Reference

- Example of Zip Code as Tie Breaker
NPI/Tie Breaker Cross Reference

- Example of NPI without Tie Breaker Code needed:
Community Health Solutions
Voids & Adjustments- Electronic Submission Preferred

- Voids and Adjustments can be submitted electronically, which is the preferred method for Community Health Solutions of LA
- The Void and Adjustment Form is no longer required if submitting electronically.
- Complete the information in your software for voids and adjustments and follow the instructions.
- If you have questions, please contact CHS-LA EDI at:
  EDI Helpdesk
  Phone: (855) 229-0258
  Email: edihelpdesk@chsamerica.com

Note: CHS does accept the 213 professional adjustment/void form
TPL – Electronic Submission Preferred

- When submitting TPL claims as paper claims, the primary EOB is required and must be attached to the claim just as in the past
- Insert the proper Carrier Code where the Insured Policy Number goes
  - CMS 1500 claim form: Box 9a
  - UB 04: Box 51a

- [Carrier Code Link](#)
- Electronic submission of TPL claims is acceptable and preferred
- When submitting claims electronically, the primary EOB is not required
- Information that was previously required for Legacy Medicaid is still required when filing electronically.
- If you have questions, please contact CHS-LA EDI at:
  - EDI Helpdesk
  - Phone: (855) 229-0258
  - Email: edihelpdesk@chsamerica.com
Physician Individual NPI and Business Entity NPI

- Individual physicians that are incorporated must obtain and report a business entity/organizational NPI for billing claims paid to the business entity.
- Individual physicians with both individual and business entity/organizational NPIs should submit claims using the business entity NPI as the billing NPI and the individual NPI as the rendering/attending NPI.
- Affected physicians must report both NPIs to Medicaid through Molina Provider Enrollment.
- Submit a signed/dated letter with specific information.
UnitedHealth Care
Community Plan
Known Issues Being Addressed

- **Denial Code 273 – TPL**
  Claims where a primary insurer is identified in box 9, UHC currently is not passing this information to Molina with the carrier code identified. UHC is working on a programming fix.

- **Denial Code 120 - Claims denied for missing NDC Drug Quantities**
  UHC is not passing the appropriate NDC decimal quantity to Molina causing claims to be denied. This is a known issue and UHC is working on an appropriate fix.
Known Issues Corrected

• Denial Code 400 – Referring Provider Missing or Invalid
  The logic for claims denying with a 400 edit has been corrected and a recycle is still pending

• Denial Code 813 – Facility Claims with Multiple Dates of Service
  These claims were passing to Molina with the first date of service listed for all dates causing the first date to be paid and the subsequent to be denied as a duplicate. This fix has been deployed and all claims have been recycled and processed.
Other Outstanding Issues
Status of Other Outstanding Issues

- RUM Procedures Performed in ER Edit 191 (Procedure Requires Prior Authorization)
  - The claims recycle was not completed on 7/3/12 as anticipated
  - Final claims recycle occurred on 7/24/12 and 7/31/12
Status of Other Outstanding Issues

- RUM – MSI PA Rejects Due to Bayou Health Eligibility Segment
  Edit 190 (PA Number Not on File)
  - MSI has re-transmitted the majority of the approximately 4000 authorizations impacted
  - Approximately 150-175 PAs have not been submitted
  - We are awaiting the transmission of these final PAs
  - Providers can resubmit claims to receive payment in cases where the authorization has been received and the claim has not been previously paid
  - Resubmission of claims will also assist providers with determining what authorizations are still outstanding.
Status of Other Outstanding Issues

- Hospital - Well Baby Claims
  - Claims for well babies have been paying with an amount in error instead of paying at zero
  - The problem has been identified and resolution is pending
  - Claims will be systematically adjusted

- Hospital - Sick Baby Claims
  Edit 161 (Hospital Stay Requires Precertification)
  - Some OB related claims that do not require precert denied for precertification
  - The logic has been corrected
  - Claims will not be recycled
Status of Other Outstanding Issues

- Home Health Claims
  - Claims for Home Health services that are being rendered continue to have invalid modifiers
  - Please see the 2010 Home Health Provider Manual located on www.lamedicad.com

- Incorrect Bill Types on Institutional Claims
  - We are receiving claims from providers with incorrect bill types (i.e. Type of Bill)
  - We are researching to determine the source of the problem
For issues that require escalation, Informational Bulletin 12-27 has provided a flow chart for each of the health plans that include an executive level.

- Each level has an e-mail address to an appropriate person that will be able to help with those issues.
- Please follow through with each company and allow time to answer before escalating to DHH level.
Current Billing Instructions

Please refer to the Medicaid website below for current billing instructions.

www.Lamedicaid.com

Links:

- Provider Manuals/Hospital Services Provider Manual
  http://www.lamedicaid.com/provweb1/Providermanuals/Hosp_Main.htm

  or

- Billing information/UB04 Billing Instructions
  http://www.lamedicaid.com/provweb1/billing_information/ubo4instructions.htm
Field Visits

• Just a reminder that each company, Molina, CHS and UHC, has Field Analysts in your area available to come to your office and assist with any of the issues you are having.

• If you would like to arrange an on-site visit, please contact your local area Field Analysts or refer to the Provider Relations contact list at the end of the presentation.
Bayou Health Noon Conference Call

- Beginning on July 9, 2012 the noon calls started taking place on Monday - Thursday
- Schedule for providers is as follows:
  - Monday – Professional Services, RHC/FQHC
  - Tuesday – All other providers
  - Wednesday – Hospital
    1-888-278-0296
    Access Code 6556479#
  - Thursday – Behavioral Health
    1-888-205-5513
    Access Code 827176
Louisiana Behavioral Health Program

- For questions regarding billing of services impacted by the Louisiana Behavioral Health Program:
  - Providers may call 1-800-788-4005
  - Recipients may call 1-800-424-4399
  - Email to: laproviderquestions@magellanhealth.com
Transition to 5010 Specifications for Electronic Billers

- All providers/submitters/vendors should have already transitioned to the 5010 Version for electronic claims or be in the process of completing their testing and conversion.
- The testing process should be completed as soon as possible, no later than September 14, 2012.
- Providers and vendors must work with the Molina EDI Department to schedule a transition date.
- Molina will continue to accept 4010 Version electronic files until September 17, 2012 to allow additional time for providers to complete the 5010 testing process.
- Information regarding 5010 Testing can be found at the HIPAA Information Center.
Contact Information

Molina Medicaid Solutions
Provider Relations
800-473-2783
225-924-5040

UnitedHealthcare Community Plan of Louisiana, Inc.
Provider Relations
866-675-1607

Community Health Solutions of Louisiana
Provider Relations
855-247-5248

Magellan Behavioral Health
800-424-4399
Hand Test

- Due to confusion over the past few weeks, we are now going to perform a test on raising your electronic hands
  - Please raise your electronic hand located on the left hand side of the webinar toolbar
    - If you see a red arrow, your hand is raised
    - If you see a green arrow, your hand is lowered
  - Now we will lower all hands and begin to ask questions based on the hand being raised
- Please be aware that we will not have time for all questions that will need to be asked, we do apologize for this in advance
Questions