Permanent Supportive Housing

Thursday, October 24, 2013

Presented by: Becky Mouton

DEPARTMENT OF HEALTH AND HOSPITALS
Medicaid

MOLINA Medicaid Solutions

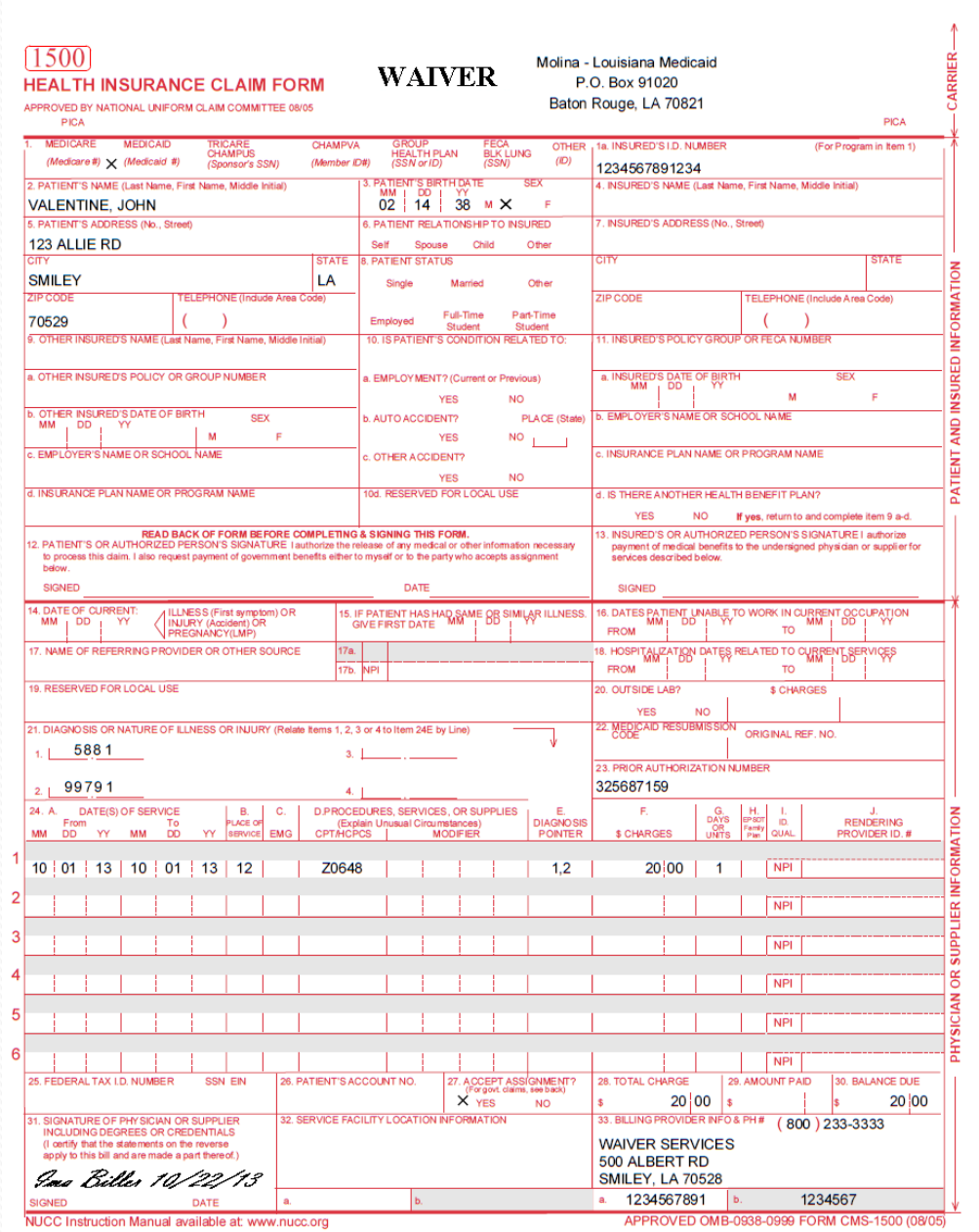
New Services for Community Choices Waiver

- Two new services that will enable participants transitioning from an institution to secure there own housing and prepare to receive waiver services in their own home or other community setting.
  - Z0648: Housing Stabilization services:
    - Assist participants to maintain their own housing as set forth in the approved plan of care for each participant.
  - Z0649:Housing Transition/Crisis services:
    - Assist participants transitioning from an institution to their own housing
    - These services are provided while the participant is in an institution and preparing to exit the institution.

Billing Information

- The services must be billed per date. Span date billing is not allowed.
- The services are billed paper on the CMS-1500 claim form or electronically on the 837P Professional transaction.
  - Paper forms can be obtained at office supply stores such as Office Depot and Staples.
  - Electronic billing instructions (preferred method):
    - http://www.lamedicaid.com/provweb1/HIPAABilling/837_Health_Care_Claim_Professional.pdf
    - Advantages of Electronic Claims Submission:
      - Increased cash flow;
      - Improved claim control;
      - Decrease in time for receipt of payment;
      - Automation of receivables information;
      - Improved claim reporting by observation of errors;
      - Reduction of error through pre-editing claims information.

Claim Example



1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

WAIVER

Molina - Louisiana Medicaid
P.O. Box 91020
Baton Rouge, LA 70821

CARRIER

PICA

1. MEDICARE (Medicare #) X | MEDICAID (Medicaid #) | TRICARE CHAMPUS (Sponsor's SSN) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (SSN or ID) | FECA BLK LUNG (SSN) | OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 1234567891234

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): VALENTINE, JOHN

3. PATIENT'S BIRTH DATE MM DD YY: 02 14 38 | SEX: M X F

4. INSURED'S NAME (Last Name, First Name, Middle Initial):

5. PATIENT'S ADDRESS (No., Street): 123 ALLIE RD

6. PATIENT RELATIONSHIP TO INSURED: Self | Spouse | Child | Other

7. INSURED'S ADDRESS (No., Street):

CITY: SMILEY | STATE: LA

8. PATIENT STATUS: Single | Married | Other; Employed | Full-Time Student | Part-Time Student

CITY: | STATE:

ZIP CODE: 70529 | TELEPHONE (Include Area Code): ( )

ZIP CODE: | TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER:

a. OTHER INSURED'S POLICY OR GROUP NUMBER:

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY | SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY | SEX M F

b. AUTO ACCIDENT? YES NO | PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME:

c. EMPLOYER'S NAME OR SCHOOL NAME:

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME:

d. INSURANCE PLAN NAME OR PROGRAM NAME:

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED: DATE:

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED:

14. DATE OF CURRENT: MM DD YY | ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO | $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 5881
2. 99791
3.
4.

22. MEDICAID RESUBMISSION CODE | ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER: 325687159

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EP SDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10 01 13 | 10 01 13	12		Z0648		1,2	20 00	1		NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) X YES NO

28. TOTAL CHARGE $ 20 00

29. AMOUNT PAID $

30. BALANCE DUE $ 20 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Gina Biller 10/22/13

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. b.

33. BILLING PROVIDER INFO & PH # (800) 233-3333

WAIVER SERVICES
500 ALBERT RD
SMILEY, LA 70528

a. 1234567891 b. 1234567

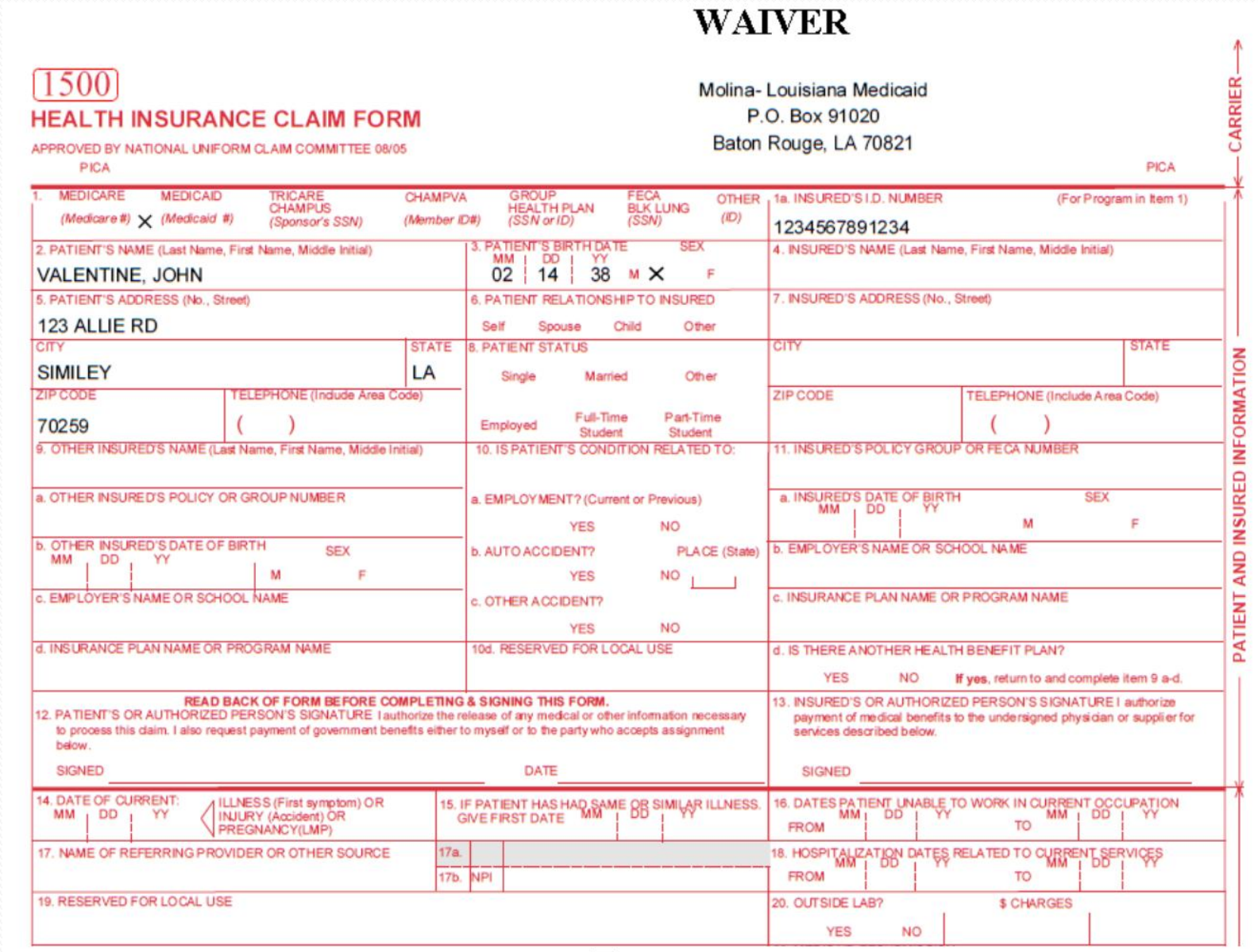
PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

Claim Example



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2. PATIENT'S NAME (Last Name, First Name, Middle Initial): VALENTINE, JOHN	3. PATIENT'S BIRTH DATE MM DD YY: 02 14 38 SEX: M X F	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street): 123 ALLIE RD	6. PATIENT RELATIONSHIP TO INSURED: Self Spouse Child Other	7. INSURED'S ADDRESS (No., Street)
CITY: SIMILEY STATE: LA	8. PATIENT STATUS: Single Married Other; Employed Full-Time Student Part-Time Student	CITY STATE
ZIP CODE: 70259 TELEPHONE (Include Area Code): ( )		ZIP CODE TELEPHONE (Include Area Code): ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES NO	a. INSURED'S DATE OF BIRTH MM DD YY SEX M F
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F	b. AUTO ACCIDENT? YES NO PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME
c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT? YES NO	c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO **If yes**, return to and complete item 9 a-d.
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____
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17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
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Claim Example

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1	10	01	13	10	01	13	12		Z0648		1,2	20 00	1		NPI
2															NPI
3															NPI
4															NPI
5															NPI
6															NPI

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Sara Biller 10/22/13
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APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

Timely Filing

- Medicaid claims must be filed within 12 months of the date of service.
- Medicaid claims received after the initial one year timely filing limit (one year from the date of service or date of retroactive certification) cannot be processed unless the provider is able to furnish documentation that verifies timely filing. Proof of timely filing may include one the following:
  - An electronic Claims Status Inquiry (e-CSI) screen print indicating that the claim was processed within the specified time frame.
  - A remittance advice indicating that the claim was processed within the specified timeframe.

Timely Filing

- Previously, when providers submitted claims that are over the 1-year filing limit but under the 2-year filing limit, they submitted a paper claim with proof of timely filing attached to each claim form. The provider would search for the proof of filing – generally the page from an RA where the claim was denied within the timely filing limit – make copies of the document, and mail the claim(s) to Molina for processing. This involves mailing time and processing/handling time once received, which may mean that payment was not received for up to 30 days.
- Effective with processing date January 14, 2013, if no other documentation is required for processing the claim, providers may submit claims over the 1-year filing limit but under the 2-year filing limit electronically or paper without attached proof of filing. When the claim is entered into the processing system, the system will search claims history for an exact match to the claim coming into the system. If a match is found, the 1-year edits (272, 371) will be systematically by-passed, and the claim will continue processing through other edits. If an exact match is not found in history, the edits will not be by-passed.

Timely Filing

- Provider Number (Billing and Attending), Recipient ID Number, Date of Service, and Procedure Code on the incoming claim must match a claim in history in order to bypass the timely filing edits.
- In many circumstances, this will allow providers to submit claims (either EDI or paper without an attachment) without trying to pull documentation to prove timely filing.
- These claims will initially appear as denied or pending on the first week processed, then will go through the history search process and appear on the following RA as paid (if history confirmed timey filing) or denied (because history did not confirm timely filing). Any claims denied on the second RA must be submitted paper with timely filing documentation attached (if available) in order to be processed for payment.

Remittance Advices (RA)

- This document plays an important communication role between the provider, the Bureau of Health Services Financing, and Molina Medicaid Solutions. Aside from providing a record of transactions, the Remittance Advice will assist providers in resolving and correcting possible errors and reconciling paid claims.
- Provider participation in the Louisiana Medicaid Program is entirely **voluntary**. State regulations and policy establish certain requirements for providers who choose to participate in the program. One of those requirements is the agreement to maintain any information regarding payments claimed by the provider for furnishing services for a period of **five years**. It is the responsibility of the provider to retain all RAs for five years.
- Louisiana Medicaid posts standard paper remittance advices to providers, billing agents, or other entities representing providers on the secure side of the Louisiana Medicaid web site, www.lamedicaid.com, under the link, Weekly Remittance Advices. The documents are available in downloadable and printable PDF format.

Remittance Advices (RA) cont.

- Providers who are not registered on the Louisiana Medicaid web site must register in order to access the website's secure portal. Once registered, providers may grant logon access to appropriate staff and/or any business partner entity representing them. Individuals who are allowed to access RAs will have the ability to download and save the documents or print the documents for reconciling accounts.
- Providers must implement procedures for appropriate individuals to access this information online and to download and save or print RAs for internal use and future reference.
- Standard RAs are available only online through the web site. RAs will only be available online for **five** weeks. These RAs are <u>not</u> reproduced for providers once they have been removed from the web site, so it is very important for providers to download or print and save each RA.

Remittance Advices (RA) cont.

- In situations where providers choose to contract with outside billing or collection agencies to bill claims and reconcile accounts, it is the provider's responsibility to provide the contracted agency with copies of the RAs or other billing related information in order to bill the claims and reconcile the accounts.
- Molina Provider Relations responds to inquiries concerning particular claims when the provider has reconciled the RA and determined that the claim has denied, pended, paid or been rejected prior to entry into the system. It is not possible for Molina Provider Relations to take the place of the provider's weekly RA by checking the status of numbers of claims on which providers, billers or collection agencies are checking.

Remittance Advices (RA) cont.

- Claims presented on the RA can appear under several headings:
  - Approved Original Claims (Paid claims);
    Denied Claims;
    Claims in Process (Pending claims);
    Adjustment Claims;
    Previously Paid Claims;
    Voided Claims.

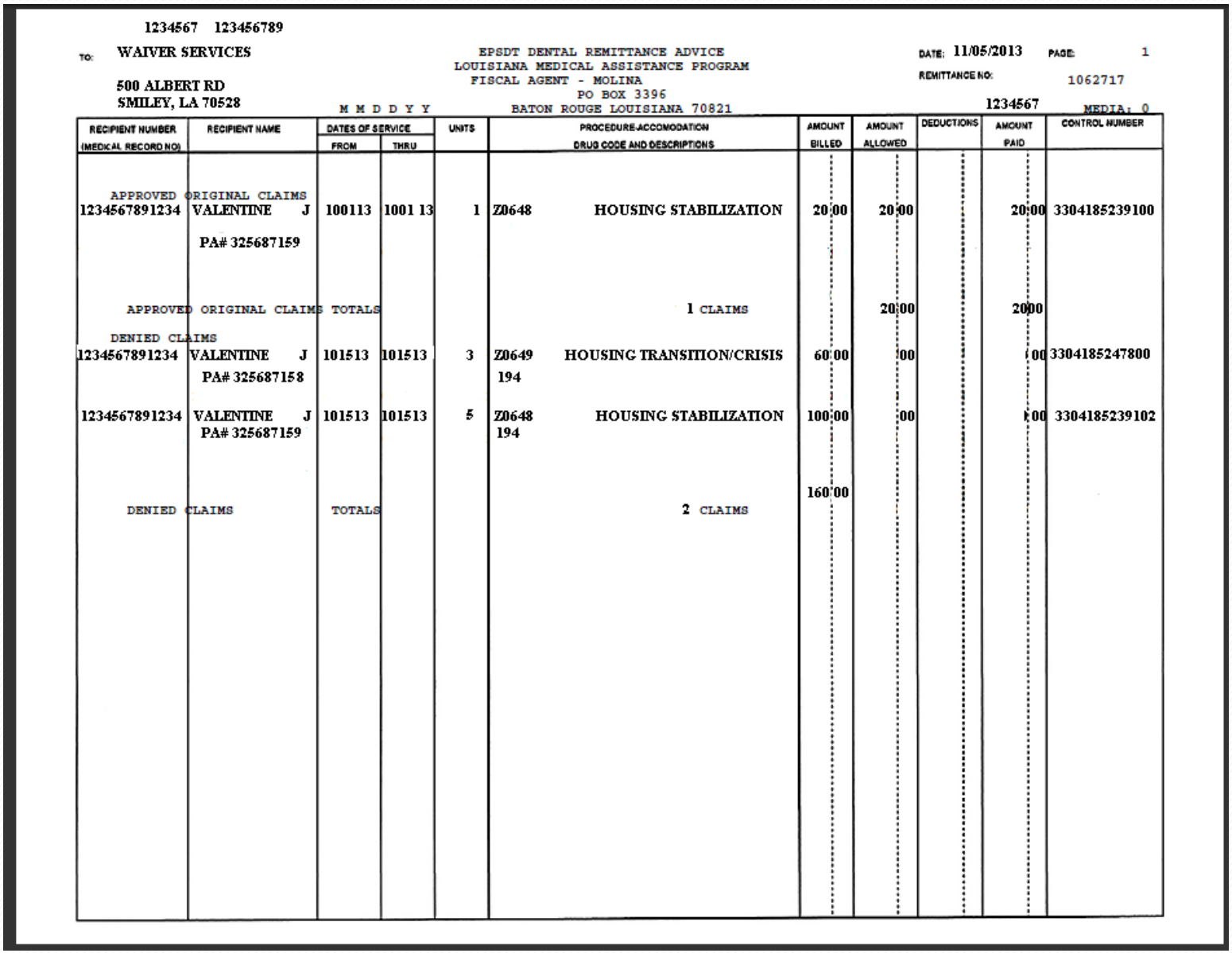
  When reviewing the RA, please look carefully at the heading under which the claims appear. This will assist with your reconciliation process.
- Always remember that claims appearing under the heading "Claims in Process" are to let the provider know that the claim has been received by the Fiscal Intermediary, and are pending in the system for review. Once that review occurs, the claims will move to a paid or denied status on the RA.
- These claims should not be worked until they appear as either "Approved Original Claims" or "Denied Claims".

Remittance Advices (RA) cont.

- On the line immediately below each claim, a code is printed representing denial reasons, pended claim reasons, and payment reduction reasons. Messages explaining all codes found on the RA will be found on a separate page following the status listing of all claims.
- At the end of each claim line is the 13-digit internal control number (ICN) assigned to that claim line. Each separate claim line is assigned a unique ICN for tracking and audit purposes.
- Listed below is a breakdown of the 13 digits of the ICN and what they represent:

Position 1	Last Digit of Current Year
Positions 2-4	Julian Date - ordinal day of 365-day year
Position 5	Media Code - 0 = paper claim with no attachments 1 = electronic claim 5 = paper claim with attachments
Positions 6-8	Batch Number - for Molina internal purposes
Positions 9-11	Sequence Number - for Molina internal purposes
Positions 12-13	Number of Line within Claim - 00 = first line 01 = second line 02 = third line, etc.

Remittance Advices (RA) cont.



1234567 123456789

TO: WAIVER SERVICES

500 ALBERT RD
SMILEY, LA 70528

EPSDT DENTAL REMITTANCE ADVICE
LOUISIANA MEDICAL ASSISTANCE PROGRAM
FISCAL AGENT - MOLINA
PO BOX 3396
BATON ROUGE LOUISIANA 70821

DATE: 11/05/2013 PAGE: 1
REMITTANCE NO: 1062717
1234567 MEDIA: 0

RECIPIENT NUMBER (MEDICAL RECORD NO)	RECIPIENT NAME	DATES OF SERVICE M M D D Y Y FROM	THRU	UNITS	PROCEDURE-ACCOMODATION DRUG CODE AND DESCRIPTIONS		AMOUNT BILLED	AMOUNT ALLOWED	DEDUCTIONS	AMOUNT PAID	CONTROL NUMBER
APPROVED ORIGINAL CLAIMS											
1234567891234	VALENTINE J PA# 325687159	100113	1001 13	1	Z0648	HOUSING STABILIZATION	20 00	20 00		20 00	3304185239100
APPROVED ORIGINAL CLAIMS TOTALS						1 CLAIMS		20 00		20 00	
DENIED CLAIMS											
1234567891234	VALENTINE J PA# 325687158	101513	101513	3	Z0649 194	HOUSING TRANSITION/CRISIS	60 00	00		00	3304185247800
1234567891234	VALENTINE J PA# 325687159	101513	101513	5	Z0648 194	HOUSING STABILIZATION	100 00	00		00	3304185239102
							160 00				
DENIED CLAIMS TOTALS						2 CLAIMS					

Common Edits

- 241 - Claim Held For Pre-payment Review
  - This message will appear for every claim submitted, and means the claim is being held for pre-payment screening. Providers will see an approximate 14-day waiting period between when claims are submitted and when they are paid.
    - Reminder: “Claims in process” are to let the provider know that the claim has been received and should not be worked or resubmitted. Once the review occurs, the claims will move to a paid status on the RA.
    - It is the provider's responsibility to implement a procedure to track and reconcile these claims pended for pre-payment review.

Common Edits

- 272 - Claim exceeds 1 year filing limit
- 371 - Attachment requires review/filing deadline
  - Medicaid claims must be filed within 12 months of the date of service.
  - Medicaid claims received after the initial one year timely filing limit (one year from the date of service or date of retroactive certification) cannot be processed unless the provider is able to furnish documentation that verifies timely filing.

Common Edits

- 215 - Recipient not on file
  - The recipient ID number on the claim form is not in the State eligibility files.
  - Verify the correct 13-digit recipient ID number using REVS, MEVS, and e-MEVS and enter this number where required on the claim form.
- 216 - Recipient not eligible on date of service
  - Remember to verify member eligibility monthly to ensure active Medicaid coverage.
  - Prior authorization does not override eligibility issues. Only dates of service during a recipient's eligibility will be reimbursed.
- 217- Name and/or number on claim does not match file record
  - Verify the correct spelling of the name via REVS, MEVS, and e-MEVS using the 13-digit recipient ID number. Ensure that the first and last names are entered in the correct order on the claim

Common Edits

- 190 - PA number not on file
  - Verify that the correct PA number was used on the claim.
- 191 - Procedure requires prior authorization
  - Verify that the PA number was listed on the claim
- 193 - Date on claim not covered by PA
  - Verify that the correct PA was used and covers the date of service billed.
- 194 - Claim exceeds prior authorized limits
  - Verify total units approved on the PA against the total units approved on previous claims and the current claim being denied.
- 196 - Claim recipient id does not match id on prior authorization file
  - Verify that the PA used on the claim belongs to the member listed on the claim
- **Contact SRI (225-767-0501) for assistance with PA denials between 190-198.**

Provider Assistance

Molina Provider Relations Department
Phone: (800) 473-2783
(225) 924-5040

Molina EDI Department
Phone: (225) 216-6303

Molina Provider Enrollment
Phone: (225) 216-6370

Molina Web Technical Support Help Desk
Phone: (877) 598-8753

Field Analyst Listing on Web Site
(www.LaMedicaid.com)

Field Analyst Listing

FIELD ANALYST	PARISHES SERVED	
Kellie Conforto-Hebert (225) 216-6269	Jefferson Orleans Plaquemines St. Bernard St. John the Baptist	St. Helena St. Tammany Tangipahoa Washington McComb (MS)
Aubrey Landry (225) 216-6306	Ascension Bienville Bossier Caddo Catahoula Claiborne Concordia Desoto East Baton Rouge East Feliciana Grant	LaSalle Livingston Natchitoches Rapides Red River Sabine Webster Winn Jasper (TX) Marshall (TX)
Pamela Watson (225) 216-6273	Assumption Avoyelles Caldwell East Carroll Franklin Iberville Jackson Lafourche Lincoln Madison Morehouse Ouachita Point Coupee	Richland St. Charles St. James Tensas Terrebonne Union West Baton Rouge West Carroll West Feliciana Centerville (MS) Natchez (MS) Vicksburg (MS) Woodville (MS)
Becky Mouton (225) 216-6249	Acadia Allen Avoyelles Beauregard Calcasieu Cameron Evangeline Iberia Jeff Davis Lafayette	St. Landry St. Martin St. Mary Vermillion Vernon Beaumont (TX) Out of State Providers (excluding assigned trade areas above)

Questions