

# IMPORTANT NOTICE TO PROVIDERS

- DHH has made the decision to delay implementing this process which was to start on the November 5, 2013 RA. Further information will be forthcoming.



# BAYOU HEALTH RETROACTIVE ENROLLMENTS AND DISENROLLMENTS

Tuesday, October 29, 2013

Presented By: DHH and Molina Medicaid Solutions

# Who can be Retroactively Enrolled or Disenrolled?

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- Newborns – Informational Bulletin [12-5](#)
  - ▣ Enrollment of newborns in Medicaid is retroactive to the date of birth.
  - ▣ Newborns are enrolled in the Mother's Plan –at a minimum – for the month of birth.
- LaHIPP Members
- Dual Eligibles (Medicare/Medicaid)

# What this means to Providers

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- MEVS must be re-verified for retroactive members
- Providers may have obtained authorizations from an incorrect entity (Molina or Health Plan)
- Providers may have received payment from an incorrect entity (Molina or Health Plan)
- Providers may have received denials directing them to an incorrect entity

# How are Retroactive members identified?

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- On the 5<sup>th</sup> of each month, Molina will review all prior month changes made by the Enrollment Broker to member linkages
- Based on the timing of the change, the change may result in a member being retroactively enrolled or disenrolled from a Plan
- Based on linkage changes, claims may have been paid or denied by an incorrect entity

# Retroactive Disenrollment – MMS System

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CCN/PACE PROV	ORG BEGIN	END	COV CD	GEO CD	ENR TY	DIS RSN	AA IN	ADD DATE	CHANGE DATE	CHG SRC
44	01/01/13	05/31/13	DE	4	S	917	A	12/07/12	07/08/13	EB

- Linkage added timely and correctly
- Retroactive disenrollment received in July 2013 effective 5/31/2013

# How will Providers identify impacted claims?

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- A new edit (999) Administrative Correction has been created to notify providers of claims affected by change in linkage to health Plans
- For changes made in July, August and September 2013, identified claims paid by Molina (Legacy and Shared Savings Plan) will be voided on the RA dated November 5, 2013
- Claims which should have been billed to Legacy and paid by Molina will be reprocessed on the following RA
- Providers will not have to resubmit these claims

# How will Providers identify impacted claims? (continued)

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- Claims (paid and denied) which should have been billed to either a Shared Savings or Prepaid Plan will be reprocessed to return a correct denial edit of 506 or 507, along with edit 999.
- Providers must re-verify eligibility with MEVS to determine the appropriate entity in which to submit a new claim. The correct date of service must be entered into the MEVS inquiry as “Plan Date” in order to obtain the correct eligibility information for that date.
- Prepaid Plans perform voids based on retro disenrollment from their Plan.
- Molina does not have the ability to reprocess Prepaid Plan claims.



# MEVS

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Search Type Recipient ID and DOB

Recipient ID

Date of Birth

Plan Date 06/26/2013

## Subscriber Information

Name

Subscriber ID

Date of Birth

Sex

Address

## Provider Information

Provider

DHH EXEC MGMT/MOLINA PRSTAFF

NPI

Submitter ID

## Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. <b>Plan Begin Date</b> 03/01/2013
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Other or Additional Payor	Health Benefit Plan Coverage	Medicare Part A	<b>Benefit Begin</b> 06/01/2013
Other or Additional Payor	Health Benefit Plan Coverage	Medicare Part B	<b>Benefit Begin</b> 06/01/2013
Other or Additional Payor	Health Benefit Plan Coverage	Other	Eligible for Medicare Part D <b>Benefit Begin</b> 06/01/2013
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

# What happens to claims for which I have already received Authorization of Services?

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- DHH has directed the new entity (Plans and Molina) to accept and honor prior authorizations, if appropriate\*, from the entity the recipient was enrolled in at the time of service
- Providers must attach a copy of the approved original authorization when submitting a new claim.
- In situations where the original authorization request was denied, the new entity will not be expected to approve and pay for services that were not approved.

# How do I address Timely Filing?

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- If timely filing was established prior to the voiding of the claim, DHH has given the direction that the new entity accept proof of timely filing from the original entity.
- A copy of the EOB establishing timely filing must be attached to the new claim.

# Verification for New Claims

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- For claims that require prior authorization or timely filing, providers must submit
  - ▣ A hard copy claim
  - ▣ Letter requesting the claim be processed per the DHH Directive
  - ▣ Copy of the approved authorization and/or a copy of the EOB from the payer at the time of processing
- Please note that Prepaid Plans should be contacted individually about the procedures for handling claims related to this issue

# Claims with dates of service older than one year old

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- For claims that have a date of service older than one year MEVS will not return enrollment information
- For these claims the provider must call the REVS hotline to get enrollment information at 800-776-6323 or 225-216-7387
- The REVS hotline will prompt the provider for two identifying pieces of information for the member and is available 24/7



# Claim Examples

# Member 1 – Status File (MMS System) Inpatient Hospital Claim

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CURR./FORMER	PROV.	DOS (MMDDYY)	DOP	STA TYPE	CHARGES	PAYMENT
3274512345600	1234567	05/28/13	08/06/13	1-1	2196.14	374.78
UVS: 00002		EOB: 000		MOD:	PROC:	MOD2:
ATT-PROV: 0012345		SUBID #: 450XXXX		PA:000000000		

- Claim was paid by Legacy Medicaid

# Member 1 – MMS System

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CCN/PACE PROV	ORG BEGIN	END	COV CD	GEO CD	ENR TY	DIS RSN	AA IN	ADD DATE	CHANGE DATE	CHG SRC
84	05/01/13	12/31/20	IE	1	P	000	O	07/31/13	00/00/00	DH
84	06/01/13	06/01/13	DE	1	P	311	C	06/18/13	07/31/13	DH

- ❑ Original linkage was not added until June 2013
- ❑ Correct linkage was added in July 2013 retroactively until May 2013



# Member 1- MEVS

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Search Type Recipient ID and DOB

Recipient ID

Date of Birth 05/28/2013

Plan Date 05/28/2013

## Subscriber Information

Name

Subscriber ID

Date of Birth

Sex

Address

## Provider Information

Provider

DHH EXEC MGMT/MOLINA PRSTAFF

NPI

Submitter ID

## Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. <b>Plan Begin Date</b> 05/01/2013
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN PHARMACY PBM IS USSCRIPT <b>Managed Care Organization</b> LOUISIANA HEALTHCARE CONNECT <b>Telephone</b> (866) 595-8133
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

# Member 2 – Status File (MMS System)

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CURR./FORMER	PROV.	DOS (MMDDYY)	DOP	STA	TYPE	CHARGES	PAYMENT
31781456789100	1234567	06/26/13	07/09/13	1-1	04	132.93	132.93
UVS: 00001 EOB: 66X				MOD:		PROC:123456	MOD2:
ATT-PROV:4012345 SUBID #XXXXXX 62						PA:000000000	
						.000	

- Shared Savings Plan claim paid by Molina

# Member 2 – MMS System

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CCN/PACE	ORG		COV	GEO	ENR	DIS	AA	ADD	CHANGE	CHG
PROV	BEGIN	END	CD	CD	TY	RSN	IN	DATE	DATE	SRC
44	01/01/13	05/31/13	DE	4	S	917	A	12/07/12	07/08/13	EB

- Linkage added timely and correctly
- Retroactive disenrollment received in July 2013 effective 5/31/2013

# Member 2

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Search Type Recipient ID and DOB

Recipient ID

Date of Birth

Plan Date 06/26/2013

## Subscriber Information

Name

Subscriber ID

Date of Birth

Sex

Address

## Provider Information

Provider

DHH EXEC MGMT/MOLINA PRSTAFF

NPI

Submitter ID

## Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. <b>Plan Begin Date</b> 03/01/2013
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Other or Additional Payor	Health Benefit Plan Coverage	Medicare Part A	<b>Benefit Begin</b> 06/01/2013
Other or Additional Payor	Health Benefit Plan Coverage	Medicare Part B	<b>Benefit Begin</b> 06/01/2013
Other or Additional Payor	Health Benefit Plan Coverage	Other	Eligible for Medicare Part D <b>Benefit Begin</b> 06/01/2013
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

# Member 3 – Status File – MMS System

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CURR./FORMER	PROV.	DOS (MMDDYY)	DOP	STA	TYPE	CHARGES	PAYMENT
3345678910123	2545678	04/22/13	06/18/13	1-1	04	26.49	20.96
	UVS: 00001	EOB: 650			MOD:	PROC: 82775	MOD2:
ATT-PROV: 3100562	SUBID #: 45000XX						PA:000000000
<hr/>							
3345678910234	3152346	04/16/13	05/14/13	1-1	04	85.00	26.12
	UVS: 00001	EOB: 650			MOD:	PROC: 99462	MOD2:
ATT-PROV: 2965437	SUBID #: 45000XX						PA:000000000
<hr/>							
3345678210673	3629437	04/18/13	05/14/13	1-1	04	103.00	57.53
	UVS: 00001	EOB: 650			MOD:	PROC: 99238	MOD2:
ATT-PROV: 2490478	SUBID #: 45000XX						PA:000000000

□ Claims were paid by Legacy Medicaid

# Member 3 – MMS System

22

CCN/PACE	ORG		COV	GEO	ENR	DIS	AA	ADD	CHANGE	CHG
PROV	BEGIN	END	CD	CD	TY	RSN	IN	DATE	DATE	SRC
84	04/01/13	05/31/13	DE	2	P	310	O	07/02/13	07/02/13	DH

- Retroactive enrollment added in July 2013 effective April 2013 into a Plan

# Member 3 - MEVS

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Search Type Recipient ID and DOB Recipient ID Date of Birth **Plan Date 04/22/2013**

## Subscriber Information

Name

Subscriber ID

Date of Birth

Sex

Address

## Provider Information

Provider

DHH EXEC MGMT/MOLINA PRSTAFF

NPI

Submitter ID

## Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. <b>Plan Begin Date</b> 04/01/2013
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN PHARMACY PBM IS USSCRIPT <b>Managed Care Organization</b> LOUISIANA HEALTHCARE CONNECTI <b>Telephone</b> (866) 595-8133
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care
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Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

# Next Steps

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- The claims for the period of February 2012 through June 2013 will be worked in phases
- Further information will be posted on [www.lamedicaid.com](http://www.lamedicaid.com) when it becomes available



# Questions

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