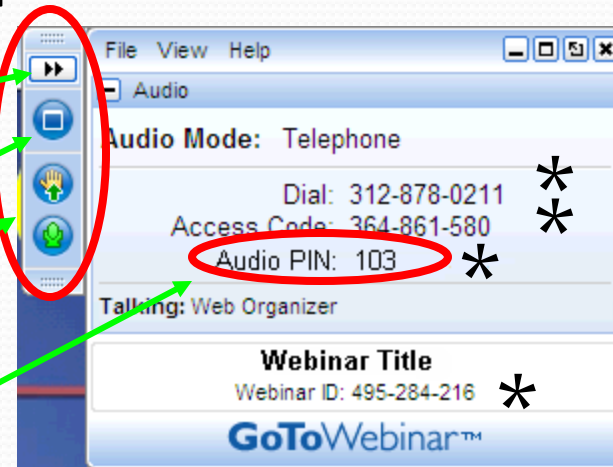## Using the Attendee Control Panel

- Grab Tab
  - Click arrow to open/close Control Panel.
  - Click square to toggle Viewer Window between full screen/window mode.
  - Click hand icon to raise/lower hand.

- **When joining via telephone, be sure to enter on the telephone keypad the Audio PIN noted in your Control Panel.**

- By default, you will be joined into the Webinar muted. Questions will be taken at the conclusion of the presentation.
  - Please use the Hand Icon to raise your hand to ask a question.
  - When the organizer is ready to address your question, your line will be unmuted and you will be cued to ask your question.

The * phone number, Access Code, Audio PIN, and Webinar ID shown are for informational purposes only. Please do not use these numbers.

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Audio

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GoToWebinar™

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 #11

October 2, 2012

Bayou Health Implementation
A Transition from Legacy Medicaid to Medicaid Managed Care

This webinar is the eleventh 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

Claims Recycle

Molina processed a claim recycle for 3 claims issues that were previously paid incorrectly. There is no action that is needed from providers for this recycle. The claims appeared on the 9/25/2012 RA

- Vision/Eyewear claims that were paid for recipients in the Pre-Paid plans were recycled and voided. To receive payment for these services please file claims with the pre-paid plans
- Claims that were paying at $0 in error have been recycled and paid at the appropriate amount

Claims Recycle

- EPSDT Preventative Care
  - Due to fee revisions an error was made on the procedure file to overpay certain preventative medicine and Take Charge codes to providers
  - This logic has been corrected and the claims were systematically adjusted

Current Issues Being Addressed

- Well Baby Claims
  - Claims for a well baby that were paying an amount other than $0 are currently being reviewed and tested for a recycle and systematic adjustment to pay at $0
- Hemodialysis Claims
  - The logic for Hemodialysis claims billed for Epogen (Q4081) has been corrected
  - Claims affected by this were submitted with a date of service after 7/1/2012
  - A systematic recycle of the claims is anticipated to happen in the next few weeks

Special Check Write

- Due to end of the Federal Fiscal Year, DHH approved a special mid-week check write
- The date of the check write was 9/26/2012
- This check write included claims that were received by Molina prior to Noon on 9/25/2012
- Please logon to www.lamedicaid.com and pull your RA for the special check write

Community Health Solutions

Recipient Eligibility Verification

- MEVS (www.lamedicaid.com):
  - Verify eligibility on every visit
  - Verify the following:
  1. Bayou Health Plan Name
  2. Carrier Code(s)
     - 6 digit Carrier Codes are listed on this verification to be used for billing
- Bayou Health Plan Website:
  - PCP Verification on each recipient
  1. PCP Verification must be performed on each of the designated websites
  2. LaMedicaid.com will not list the PCP for recipients in Bayou Health Plans
  3. If a provider has determined that a recipient was linked to another office in error, even outside of the 90 day window, Community Health Solutions of LA will allow that recipient to change PCPs

Referrals

- CHS has extended the blanket referral through the September 9, 2012. This was put into place during the implementation phase of Bayou Health and then extended after Hurricane Isaac to support transition to the new program.

- PCP Referral Numbers are placed in Box 23 on CMS 1500 form (and associated loops and segments if filing electronically)

- Through feedback from our providers, there are CHS members who are not linked to their established PCP.

- To preserve continuity of care, we have developed the following process to address this issue:
  - Call CHS-LA Member Provider Services at (855) 247-5248. You will receive a verbal referral # and confirmation that the patient will be transferred back to the original PCP.
  - OR: A Patient Transfer Form can be completed and faxed to CHS-LA Member Provider Services at (888) 219-4314.
  - Patient Transfer Form is located on our website at:
    - www.louisiana.chsamerica.com ; Go to Providers ; Go to Referrals and Authorizations tab
  - For more information, please contact your Louisiana Provider Services Representative or our Member Provider Services Department at (855)247-5248.

TPL – Electronic Submission Preferred

- Electronic TPL claims do not require the primary EOB.
- Insert the proper Carrier Code where the Insured Policy Number goes:

	Location on Claim Form	5010 LA Medicaid Loop	5010 LA Medicaid Segment
Professional Claim Form	Box 9A	2330 B	NM109
Institutional Claim Form	Box 61	2330B	NM109

- Carrier Code is indicated as the network plan identifier on the MEVS response

- If you have questions, please contact CHS-LA EDI at:

EDI Helpdesk

Phone: (855) 229-0258

Email: **edihelpdesk@chsamerica.com**

TPL – Paper Submission

- If submitting TPL paper claims:
    - Attach primary EOB
    - Box 9:   Member Name
    - Box 9a: 6 digit Carrier Code
        - Plan Network Identification Number
        - Carrier Code is indicated as the network plan identifier on the MEVS response
    - Box 9b: leave blank
    - Box 9c: leave blank
    - Box 9d: Primary Ins. Group Name
    - Box 11d :   mark "YES"
- If you have questions, please contact CHS-LA EDI at:
- EDI Help Desk Phone: (855) 229-0258

    Email: **edihelpdesk@chsamerica.com**

Billing Provider Taxonomy

- Billing Provider Taxonomy

  - Required for La. Medicaid when provider has enrolled a single NPI linked to multiple legacy Medicaid numbers

  - Billing Provider Taxonomy is used as a tie breaker to assure proper cross reference in identifying the Medicaid Provider being referenced

  - Electronic Claims (837P) file,

    - Send in the Loop 2000A with the qualifier BI, provider code PXC, then followed by taxonomy

  - Paper Claims (CMS 1500)

    - Enter in Box 33b next to the Billing Provider NPI in Box 33a

Pre-Certification for Babies in NICU

- To obtain a pre-certification for a baby being transferred to the hospital NICU:
  - Contact the Care Management Department
    - Call (855) 773-2884 and choose option 2 (phone call is preferred over FAX submission)
    - Fax (877) 448-8366
      - Mom's Name, DOB, Medicaid ID number
      - Baby's DOB, Gender
      - Hospital Name, contact name, phone and fax numbers

United HealthCare Community Plan

UHC Most Common Claim Denials

- Ambulance Claims
  - We continue to see a large number of ambulance claims denials. These should be billed directly to Molina and not to UHC

- Eligibility
  - We continue to see a large number of claims denying due to the member being ineligible on the date of services. UHC recommends that each provider check eligibility at each visit for current information

Checking Member Eligibility

How do I check member eligibility?

There are several ways to check member eligibility:
1. UHN Community State Call Center – 866-675-1607 available M-F, 8AM to 6PM
   You will need your National Provider Identifier number and your Tax ID
   Search can be made by entering one of the following:
   - Member Social Security Number, or
   - Member UHC ID Number, or
   - Member Name and Date of Birth

2. The UHC Community & State Web Portal at UnitedHealthCareOnline.com
   Search can be made by:
   - Member UHC ID Number and Date of Birth, or
   - Member UHC ID Number and Member Name

3. UHC Interactive Voice Response System at 866-675-1607 available 24/7
   Search can be made by:
   - Member Social Security Number, or
   - Member UHC ID Number, or
   - Member Name and Date of Birth, or
   - Member LA Medicaid Number

Checking Member Eligibility

4.   DHH Website at www.lamedicaid.com
      You will need your Provider Login and then search can be made by:

   - Card Control Number (CCN) and recipient birth date, or
   - CCN and social security number, or
   - Medicaid ID Number (valid during the last 12 months) and date of birth, or
   - Medicaid ID Number (valid during the last 12 months) and social security number; or
   - Social security number and date of birth.

5.   DHH Medicaid – Recipient Eligibility Verification Services at 1-800-776-6323
      or (225) 216-7387. Search can be made by:

   - Card Control Number (CCN) and recipient birth date, or
   - CCN and social security number, or
   - Medicaid ID Number (valid during the last 12 months) and date of birth, or
   - Medicaid ID Number (valid during the last 12 months) and social security number; or
   - Social security number and date of birth.

UHC Known Claims Issues

- NDC Code requiring quantity

  UHC has identified the fix for this issue and hopes to have a deployment date for the fix soon. This continues to be a high priority issue, receiving the appropriate attention of executive level decision makers.

- Claims with zero billed charges (usually FQHC's / RHC's)

  UHC may have identified a temporary fix while a system configuration fix continues to be researched. Deployment date should be forthcoming within the next few weeks.

- TPL Claims requiring carrier codes

  The UHC fix for this issue deployed 9/7 was not successful. UHC has since researched further and is now confident that a successful fix has been identified. UHC and Molina are working together to set a mutually agreeable testing date which will hopefully occur in two weeks.

- Paper HCFA 1500 billing adjustments or voids

  UHC continues to be challenged by a resolution to receiving paper Adjustment/Void claims. UHC continues to research a suitable resolution. Electronically filed Adjustment/Void claims are successfully processing. This is the method of filing we recommend and encourage.

UHC Provider Billing Information

- Providers billing adjustments and voids electronically should include the appropriate reason/frequency code along with the Molina ICN.

For further and more detailed instructions for the appropriate loop and segment, please see Molina 837p billing instructions at:

http://www.lamedicaid.com/provweb1/HIPAABilling/837_Health_Care_Claim_Professional.pdf

Refer to section:

CLM: Claim Information

UHC Provider Billing Information

- Please be sure you are billing with the appropriate NPI and tie-breaker if one is appropriate.

- If billing electronically, please refer to the instructions in the Molina billing guide found at:

http://www.lamedicaid.com/provweb1/HIPAABilling/837_Health_Care_Claim_Professional.pdf

        Refer to sections:

        PRV: Billing Provider Specialty Information AND

        NM1 :   Billing Provider Name

- If billing paper claims, the appropriate NPI should be placed in Box 33A with any required taxonomy code in 33B.

Informational Bulletin 12-27

- 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

Informational Bulletin 12-27

Current Billing Instructions

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

www.Lamedicaid.com

Links:

➤ Provider Manuals

or

➤ Billing information

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

- Schedule for providers is as follows:
  - Monday – Primary focus on Pharmacy
  - Tuesday – Primary focus on Pharmacy
  - Wednesday – Hospital, Physicians and all other providers
  - Friday – Pharmacy

    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

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