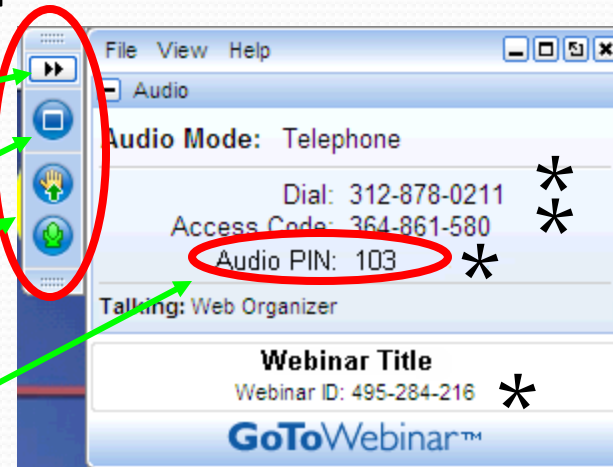


Using the Attendee Control Panel

- 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.

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 #12
November 13, 2012
(Slide 28 Updated 05/20/2013)



Bayou Health Implementation

A Transition from Legacy Medicaid to Medicaid Managed Care

This webinar is the twelfth 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 Issues

Sick Baby/Well Baby Claims

- Well Baby claims will be identified by Revenue Codes 170, 171 or 179 with an admit code of 4 and will continue to pay at \$0
- Sick Baby claims will be identified by Revenue Codes 173, 174, 175, or 172 (as a step-down) and will continue to pay as previously paid
- The recycle is to occur on the 11/13/2012 RA. The hospitals that have encountered a recoupment were notified by a Molina representative

Free Standing ASC

- New edit of 077 has been put into place for ASCs that submit claims with an attending provider that is not the billing provider
- There will be a systematic void in the next few weeks; an RA message will announce these voids
- Once the void has been completed providers must rebill these claims to the Shared Plan for payment

Code T1001

- Code T1001 is no longer payable effective with the implementation of Bayou Health in your region
- It is not appropriate for RNs to perform assessments in the Physician's office or the Physician's Group
- The RN can only bill 99211 for services previously performed in a Physician's Office, i.e. dressing changes, injections, etc.

OB Admit prior to Health Plan Enrollment

- If the mother is admitted to the hospital prior to the start date of her Bayou Health plan, Molina will be responsible for mother's charges
- If the baby is born after the BYU effective date, the Plan that the mother is enrolled in will be responsible for the baby's charges
- Example:
 - Mother admitted 6/30, delivers 7/4, effective date of BYU 7/1, Molina pays mother's claim.
 - Baby born 7/4, BYU Plan responsible for baby's claim.

Observation Hours

- **Reimbursement for observation hours is limited to 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.
- Patients are not automatically converted to inpatient status at the end of the 30 hours.
- To change a patients 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.
- This policy is still in effect for Legacy Medicaid claims and Shared Savings Plan claims.

NOTE: The individual health plan may require a PA even though Legacy Medicaid does not require one.

Claims Requiring Medical Documentation

Error code 078 – Resubmit with documentation.

- For claims that require medical documentation, please submit the claims to the appropriate plan hard copy with the documentation.
- Any services previously requiring documentation, including claims that involve unlisted procedure codes and those that are manually priced are also included.
- For clarification of these codes please refer to the fee schedule online.
- It is then the responsibility of the plan to receive the documents. The documentation will be reviewed by the plan or Molina, as appropriate.

TPL Update Process

- TPL Updates
 - Updates for recipients on Legacy Medicaid or the Shared Bayou Health plans should continue to be submitted to HMS as they have in the past.
 - Updates for recipients on the Pre-Paid Bayou Health Plans should be submitted to the appropriate Pre-Paid Plan.

****NOTE: A correct 6 digit carrier code must be transmitted to the shared plan by the provider.**



Community Health Solutions

Community Health Solutions

Known System Issues

TPL Claims Submitted on Paper (electronic submission is preferred and recommended)

- The fix for this issue has been tested and we anticipate reprocessing of claims to begin around November 1, 2012.
- There is no need to resubmit paper claims.

If submitting TPL paper claims:

- Attach primary EOB
 - Box 9: Member Name
 - Box 9a: 6 digit Carrier Code
 - (**not** the group #, **not** multiple numbers)
 - Carrier Code Link
<http://www.lamedicaid.com/provweb1/Forms/TPLCarrier/CodeSearch.aspx>
 - 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

TPL Claims Submitted Electronically

- Electronic TPL claims **no longer require the attached EOB.**
- Insert the proper Carrier Code where the Insured Policy Number goes:

	<u>5010 La. Medicaid Loop</u>	<u>5010 La. Medicaid Segment</u>
CMS 1500 claim form: Box 9a	2330B	NM109
UB 04: Box 51a	2330B	NM109

- Carrier Code Link <http://www.lamedicaid.com/provweb1/Forms/TPLCarrier/CodeSearch.aspx>
- Note: these loops and segments differ from the National 5010 Guidelines
- CHS-LA EDI Department has successfully worked with software companies and submitters for a solution to this issue.

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

EDI Helpdesk

Phone: (855) 229-0258

Email: edihelpdesk@chsamerica.com

Community Health Solutions

Known System Issues Continued ...

Adjustment and Voids Submitted on Paper

The solution for processing paper adjustments and voids is still pending.

- If submitting Adjustments and Voids, the 213 Professional Adjustment/Void Form is still required.
- However, adjustments and voids submitted electronically are successfully processing.
- Electronic submission does not require the 213 Professional Adjustment/Void Form

Community Health Solutions of La. Common Rejections

- Claims requiring documentation should be mailed hard copy and not submitted electronically.
- Claims submitted *electronically* that require documentation will be rejected by CHS-LA.

Community Health Solutions of La. Common Rejections

- CHS Edit 272 - Required Sterilization Consent form is missing or incomplete
 - Exp. : Consent form is out of date range
- CHS Edit 282 – Required Claim Documentation is missing or incomplete
 - Exp. : 2 ultrasounds allowed per pregnancy (not per provider).
Additional ultrasounds will be considered when medically necessary and appropriate documentation must be submitted.
- CHS Edit 283 – Provider NPI not currently enrolled with Medicaid.

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, MCD 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.
- **Claims Refunds**
 - Claim refund checks should not be issued to or sent to UHC. The appropriate procedure to handle overpayments is to submit a claim as an adjustment or void.

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 <https://www.lamedicaid.com/sprovweb1/default.htm>**
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 permanent fix for this issue to be deployed 12/7. In the meantime, we have found a temporary fix currently in testing. All claims received from 2/1/2012 through 10/31/2012 will be processed over a two week period with payments occurring on either the last payment in November or the first payment in December. When the permanent fix is deployed on 12/7, all claims received after 10/31/2012 to current will then be processed.

- **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. All effected claims should by now have been recycled.

- **TPL Claims requiring carrier codes**

The UHC fix for this issue is now in place and all affected bills should be recycled on 11/20/2012 or 11/27/2012.

- **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 Known Claims Issues

- **Bill Type Changes – 137/138**

There is a known issue regarding bill types 137 and 138 being changed to 131 when passed to Molina. UHC is currently working on a fix and will have a deployment date ASAP.

- **Modifiers not passing to Molina**

There is a known issue regarding certain modifiers not passing to Molina. There is a work around now in place while a permanent fix is being developed.

- **Claims Attachments**

UHC has discovered that attachments submitted by providers when documentation is required have not been passed to Molina. UHC is currently working with Molina and DHH to develop a workflow process to pass this documentation to Molina.

- **Claims billed with no NPI**

Please be advised that any claim UHC receives with no billing NPI identified will be rejected by UHC back to the provider.

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/HIPABilling/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 HCFA paper claims, the appropriate NPI should be placed in Box 33A with any required taxonomy code in 33B.
- If billing paper UB claims, the appropriate NPI should be placed in Box 56 with any required taxonomy code in 57.
- **CORRECTED INFORMATION: REPLACING BULLET #4 ABOVE – REVISED 05/20/13:**
If billing paper UB claims, the appropriate NPI should be placed in Box 56 with any required taxonomy code in 81.



General Information

Pharmacy

- Effective with dates of service 11/1/2012, pharmacy claims for recipients in Pre-Paid plans will now be processed by the individual plan
- Pharmacy claims for Shared Plan members will still be handled by Molina
- For further information please take a moment to review [Informational Bulletin 12-29](#) and [Informational Bulletin 12-30](#)

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

