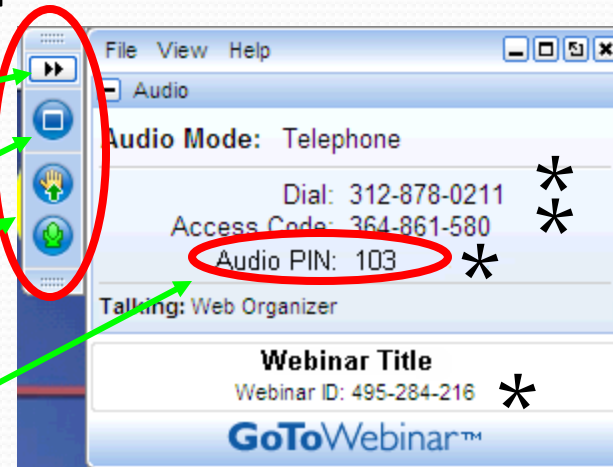# Using the Attendee Control Panel

- 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.

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Webinar ID: 495-284-216

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Bayou Health Shared Plans Joint Training

Molina Medicaid Solutions

Community Health Solutions

United HealthCare Community Plan

Webinar #15

May 7, 2013

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

This webinar is the fifteenth 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

Open Enrollment

- Open Enrollment is a staggered event throughout the state based on the effective date of the original Bayou Health Plan. Regions A and B are now closed and Region C is in progress

GSA Region	Mailing Date	Choice Begins	Choice Ends	Effective Date
GSA A	11/28/2012 – 11/30/2012	12/1/2012	01/30/2013	02/01/2013
GSA B	01/14/2013 – 01/21/2013	02/01/2013	03/27/2013	04/01/2013
GSA C	03/18/2013 – 03/25/2013	04/01/2013	05/30/2013	06/01/2013

Billing

- It is imperative that providers **DO NOT CHANGE** their billing practices from prior to BYU Health's implementation.

- We are seeing providers billing multiple different ways trying to get claims to process.

- Claims billed to the Shared Plans should be billed the same as they were previously billed to Molina Medicaid.

Billing Recipients for Non Covered Services

- Participation in the Medicaid program requires providers accept the Medicaid payment as payment in full for services rendered to Medicaid recipients.

- Exceptions where Recipients may be billed:
  - ➢ Services determined non covered
  - ➢ Exceeding service limits for recipients over the age of 21
  - ➢ Services rendered after his/her eligibility has ended.

- Providers **may not** bill recipients where billing errors result in a claim denial.

Medical Documentation

- The health plans now have the capability to submit medical documentation to Molina when appropriate to price/pay claims

- If a claim has been received by Molina without the appropriate medical documentation the provider will receive the edit/denial of 189

- To correct this issue simply rebill the claim to the appropriate health plan with applicable medical documentation attached

Transition of Provider Enrollment Functions from CNSI to Molina

- Effective March 25, 2013 Molina Medicaid Solutions resumed all operations of Provider Enrollment.

- Any questions or concerns related to provider file requests need to be addressed to Provider Enrollment at (225) 216-6370

Affordable Care Act Enhanced Reimbursement of Primary Care Services

- The Affordable Care Act (ACA) requires Medicaid to reimburse designated physicians for specified primary care services rendered during calendar years 2013/2014 at an enhanced rate
- In order to receive the enhanced reimbursements, eligible providers must submit a Designated Physician attestation form to Molina
- The form must be received by Molina no later than May 15, 2013 in order to be reimbursed for services rendered from January 1, 2013 to present
- If the form is received after May 15, 2013 the effective date for enhanced reimbursements will be the date the form was received

Affordable Care Act Enhanced Reimbursement of Primary Care Services

- If the form was originally submitted to PRISM please check the listing of providers who have successfully completed the form located on www.lamedicaid.com or click this link

- If a provider is not on this list, a form for the provider with an original signature/date must be submitted to:

    Molina Provider Enrollment

    P.O. Box 80159

    Baton Rouge, LA 70898

NOTE: The form <u>must</u> be an original form. Copies/faxes are not acceptable.

TPL Processing

- When submitting claims for electronic processing with TPL please submit the HIPAA reason codes and not the denial codes proprietary to the carrier.

CLIA Certificates

- A large number of denials have been occurring due to CLIA certificates not being updated on the provider files

- If you have received these denials please contact provider enrollment at (225) 216-6370 to check the status of your CLIA certificate

Timely Filing
for Shared Plan Claims

- Some Bayou Health claims are now denying for timely filing.

- Providers should submit shared plan claims with documentation supporting proof of timely filing to the appropriate shared plan.

- The shared plan will review the documentation supplied; determine if it meets the timely filing requirements; and, if so, forward the claim to Molina for processing.

- If the documentation supplied is not sufficient, the claim will be denied by the shared plan.

United HealthCare Community Plan

TPL Challenges

Our TPL challenges are the result of specific TPL data elements not being electronically transmitted to Molina. These specific data elements are required to process the TPL claim.

Status

- The hospital IP/OP fix has been deployed
- Over 4600 hospital claims have been resubmitted to Molina as of 4/15/2013
- An additional 6400 plus hospital claims were scrubbed for resubmission to Molina by week ending 4/19/2013
- The physician fix tests were completed 4/19/2013
- Resubmission activity will now commence for physician claims
- 42,500 plus professional claims were prepared for resubmission by 4/30/2013 with a pay date of 5/7/2013

NDC Challenges

Our NDC claims challenge was primarily the result of specific NDC data elements not being electronically transmitted to Molina.

Status

- A fix was deployed early December and a sweep of the system was initiated to recycle all affected claims
- There are sporadic reports that indicate there could be remaining inaccurate submissions to Molina
- On 4/10/2013 UHC initiated a manual review of all NDC claims to assure accuracy prior to submitting to Molina
- If you still have outstanding claims that were not recycled, UHC encourages you to resubmit

Dropped Digit in Medicaid Number

There was a known challenge with our system dropping the last digit of the member's Medicaid ID when submitting to Molina

Status

- Fix was deployed 1/29/2013
- At that time, we resubmitted claims identified that were impacted by this situation
- We are finding that not all impacted claims were identified (multiple eligibility time-lines, for example)
- We are resolving, as identified, via resubmission, but encourage you to resubmit
- In addition, some providers continue to report denials
- We are currently researching independently and are finding there are varying reasons involved, so far not related to this system concern

Dropped Modifiers

There was a known challenge with our system not passing the required modifier to Molina causing claims to deny for missing/invalid modifier

Status

- Fix was deployed 2/16/2013
- At that time almost 3000 claims were resubmitted that were known to be impacted by this situation
- If your denied claims have not yet paid, we encourage you to resubmit
- In addition, some providers continue to report denials
- We are currently researching independently and are finding there are varying reasons involved, so far, not related to this system concern, however, we will continue to research

Voids and Adjustments

There was a known system challenge with voids and adjustment claims, causing not all needed data elements to be successfully transmitted to Molina

Status

- System fix was deployed 2/16/13
- All known claims were resubmitted for processing by Molina
- Adjustments appear to be successfully processing
- We are continuing to be challenged by successfully submitting voids
- UHC will continue to research independent concerns as they are reported

Community Health Solutions

Utilization Management Updates

- Effective April 15, 2013, CHS-LA reinforced a clinical submission deadline of 3:00 pm CST for all initial prior authorization and precertification requests, and concurrent review requests

- Clinical documentation received **after** the 3:00 pm deadline will be counted as being received on the next business day

- CHS-LA requires the estimated number of inpatient days be submitted with all requests for precertification for inpatient admissions

- Updated Inpatient Precertification Fax Request Form is located: http://www.louisiana.chsamerica.com/documents/CHS-LA_Inpatient_Precertification_Fax_Request_Form.pdf

- Utilization Management 06-2013 CHS-LA Provider Bulletin is located at: http://www.louisiana.chsamerica.com/documents/06-2013_CHS-LA_Provider_Bulletin.pdf

Adjustments & Voids

- System reconfiguration was implemented by CHS-LA on March 1st to process claims sent via **Paper** for **Adjustments and Voids**
- The previous backlog was processed and sent to Molina on March 7, 2013
- **Electronically** submitted Adjustments & Voids have processed successfully.
  - We recommend and encourage filing electronically
  - If your office is not familiar with the process of submitting these electronically, please contact our CHS-LA EDI Help Desk:
    - **EDI Help Desk Phone: (855) 229-0258**
    - **Email: edihelpdesk@chsamerica.com**
- If an Adjustment/Void is being submitted for a claim originally submitted via a CMS 1500 paper claim form, the 213 Professional Adjustment/Void Form is still required.
- If an Adjustment/Void is being submitted for a UB-04 paper claim, it must be submitted on the UB-04 form using the appropriate fields for adjustment/void data.

Provider Portal Tool - Authorizations

- *New* Provider Portal Tool for Requesting & Receiving Authorizations

| Find Patient | → | Choose Inpatient or Outpatient | → | Complete Request Page 1 | → | Complete Request Page 2 | → | Verify Entries & Submit |

- Upon submission the Provider is given a reference number, and if auto-certified, will also receive an authorization number.

- At this point the Provider will also have the opportunity to Print the Request.

- Providers can view request from within the portal

Provider Portal Tool - Claims

- A provider can view any CHS-LA Paid Claim where that Provider is listed as either the Paid Provider, Servicing Provider, Referring Provider, or Prescribing Provider

- The provider must search by either the Service Start Date or the Paid Date, and the results are limited to a single month of Claims
- Additionally, the provider can further filter the search results by Patient, Claim Control Number * and Referral Number

Provider Portal Tool - Claims

- A limited amount of claims information is provided via the Provider Portal. The provider can see the date CHS-LA received the claim, the date CHS-LA sent the claim to Fiscal Intermediary, and the date the claim was paid.

Claims

Patient Name	MedicaidID	CHS Received Date	Date Sent to FI	Service Start Date	Service End Date	Days Covered	Charged Amount	Paid Amount	Date Paid	Claim Reject Reason	Primary Diagnosis	Primary Procedure
Duck, Daisy	2345678901234	8/16/2012	8/16/2012	8/16/2012	8/16/2012		0	0			V20.1 - CARE OF HEALTHY CHILD	90696 - DTAP-IPV VACC 4-6 YR IM
Duck, Daisy	2345678901234	8/16/2012	8/16/2012	8/16/2012	8/16/2012		0	0			V20.1 - CARE OF HEALTHY CHILD	90707 - MMR VACCINE, SC
Duck, Daisy	2345678901234	8/16/2012	8/16/2012	8/16/2012	8/16/2012		30	30	8/18/2012		V20.1 - CARE OF HEALTHY CHILD	90472 - IMMUNIZATION ADMIN, EACH ADD
Duck, Daisy	2345678901234	8/16/2012	8/16/2012	8/16/2012	8/16/2012		0	0			V20.1 - CARE OF HEALTHY CHILD	90716 - CHICKEN POX VACCINE, SC
Duck, Daisy	2345678901234	8/16/2012	8/16/2012	8/16/2012	8/16/2012		25	0		204	V20.1 - CARE OF HEALTHY CHILD	90471 - IMMUNIZATION ADMIN
Duck, Daisy	2345678901234	8/16/2012	8/16/2012	8/16/2012	8/16/2012		83	83			V65.5 - PERSN W FEARED COMPLAINT	99213 - OFFICE/OUTPATIENT VISIT, EST
Duck, Webagail	4567890123456	8/16/2012		8/16/2012	8/16/2012		83	83			784.0 - HEADACHE	99213 - OFFICE/OUTPATIENT VISIT, EST
Jack, Beanstalk	7890123456789	8/16/2012	8/16/2012	8/16/2012	8/16/2012		126	126			314.01 - ATTN DEFICIT W HYPERACTIVITY	99214 - OFFICE/OUTPATIENT VISIT, EST

Low Level Emergency Room Visits

- Effective **July 1, 2013** CHS-LA will require a referral for low level ER visits 99281 & 99282.
  - The treating ER would request the referral from the PCP prior to submitting their claim.
- Referral form is located at:

  http://www.louisiana.chsamerica.com/documents/CHS-LA_Referral_Form.pdf

- Additional Tools Available from CHS-LA to ensure patients access proper non-emergent care
  - 24/7 nurse hotline, 1-855-247-5248. This advice line faxes PCP office a summary of the patient interaction.
  - PCP provided ER Utilization Dashboard for Members
  - Outreach efforts made to educate members utilizing ER frequently of resources and alternatives

TPL

- TPL information not being provided to CHS-LA on the enrollment files for disenrolled members has been resolved

- As of April 15, 2013 Molina provided the updated TPL information for members who were previously enrolled with CHS-LA

- Providers who received rejection codes of 287 or 290, because of this issue are encouraged to resubmit their claims

Additional Information

- CHS-LA Provider Bulletins:

  http://www.louisiana.chsamerica.com/index.php?id=89

- Monthly Newsletters:

  http://louisiana.chsamerica.com/index.php?id=82

- Provider Handbook:

  http://www.louisiana.chsamerica.com/index.php?id=32

- Provider Portal:

  http://www.louisiana.chsamerica.com/index.php?id=78

- Provider Hotline:

  (855) CHS-LA4U or (855)-247-5248

General Information

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 Information and Updates

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

www.lamedicaid.com

Links:

➢ Provider Manuals

➢ Billing Information

➢ ClaimCheck (R)

➢ Provider Training Packets/Policy Updates

➢ RA Messages/Provider Updates

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.

- If you continue to have claims payment issues, we strongly encourage you to request a <u>joint visit </u>with the appropriate health plan representative and the Molina representative.

Bayou Health
Noon Conference Call

- Every Wednesday DHH holds a noon conference call for providers to call in and inquiry about issues. The phone number and access code are as follows:

1-888-278-0296

Access Code 6556479#

- On Thursdays DHH and Magellan holds a conference call for Behavioral Health providers to call in and inquire about issues. The phone number and access code are as follows:

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