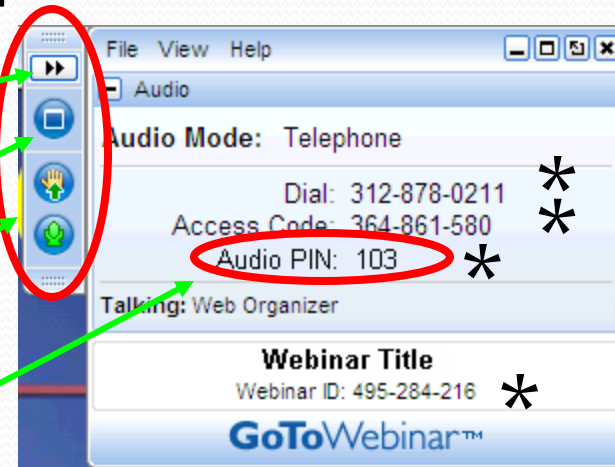


Using the Attendee Control Panel

- 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 #5

May 22, 2012



Bayou Health Implementation

A Transition from Legacy Medicaid to Medicaid Managed Care

This webinar is the fifth 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. A red arrow means that your hand is up and the green arrow signals that your hand is down.
- 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.

Home Health Claims

- The attending physician is the provider ordering the plan of care. The provider's name **and** NPI or Medicaid Provider Number must be entered on the claim.
- Paper claims billed on the UB-04 must have this information entered in Form Locator 76 (ATTENDING).
- Electronic claims billed on the 837I must have this information entered as follows:

Loop 2310A

Segment NM 103 – 104

(Name)

Segment NM 109

(10-digit NPI)

REF 02 Qualifier G2

(7-digit Medicaid Provider Number)

- Claims submitted without this information will deny with edit 400 – Referring/Attending Physician Required.

Home Health – PA – CHS

- Routine home health services prescribed by a physician for only one skilled nursing visit per day or less does not require prior authorization and no further action is needed when services are provided by an agency listed in the Medicaid Provider Directory
- A prior authorization is required whenever the prescription of the physician includes multiple daily visits.
 - Multiple visits in the same day are usually associated with IV therapy but prescriptions can also be for three or more hours per day to care for a recipient age birth through 20 meeting the criteria for this care.

Home Health – PA – UHC

- Prior authorization may be obtained 24 hours per day/ 7 days a week:
 - Phone number is **1-866-604-3276**
 - Fax number is **1-877-271-6290**
 - Provider web portal

Hospital Observation Hours

- In legacy Medicaid the observation status time limit is 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. Notification or precertification is not required for observation stays. Reimbursement for observation hours is limited to 30 hours. Patients are not automatically converted to inpatient status at the end of the 30 hours. To change a patient’s 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.

Hospital Observation Hours

- Community Health Solutions
 - The allowed period of time for observation is 30 hours. There is no prior authorization or notification required for 30 hour observations. After 30 hours of observation, if the member is admitted to the hospital as an inpatient, authorization will be required. An authorization request for the hospitalization can be made via fax at to 1-877-448-8366 or telephonically to 1-855-PRE-AUTH (1-855-773-2884)

Hospital Observation Hours

- United Health Care
 - UHC's observation status limit is 30 hours. Precertification or notification is not required by UHC for observation stays. At the end of the 30 hour observation period, the physician would need to determine if the patient should be discharged or changed from an observation status to inpatient. Patients are not automatically converted to inpatient status at the end of the 30 hours. To change a patient's 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. The hospital is responsible for notifying UHC telephonically at 866-604-3267 or by fax at 877-271-6290 of the change in level of care.

Ambulatory Surgery

- Ambulatory Surgery Centers should only bill for one procedure per day and not bill for multiple lines.
- Some claims have processed in error paying multiple line items per day instead of denying the additional lines with edit 214.
- These claims will be corrected and systematically voided.
- ASC's should not enter an attending provider number on the claim form.

Authorizations for Ambulatory Surgery – CHS

- Providers should check the Community Health Solutions website to verify if a prior authorization is required for a procedure
- <http://www.louisiana.chsamerica.com/index.php?id=34>
 - In the Referrals and Authorizations section

Authorizations for Ambulatory Surgery – UHC

- **Prior authorization and pre-certification may be obtained 24 hours per day/ 7 days a week:**
 - Phone number is **1-866-604-3276**
 - Fax number is **1-877-271-6290**
 - Provider web portal
- **Type of information needed for prior authorization requests:**
 - **Pertinent Clinical Data**
 - Progress Notes
 - Treatment Rendered
 - Tests Performed
 - Lab Results
 - Radiology Results

Newborn Baby Health Plan Eligibility

- If a Mother is not enrolled in a Bayou Health Plan on her newborn's date of birth, the newborn's birth will be covered by Legacy Medicaid
- Check the Mother's eligibility for the month of birth. If the Mother is in a Health Plan, the baby will be covered by that Health Plan for the month of birth.
- Check the babies eligibility to make sure they have been listed on the Medicaid file.
- Refer to Bayou Health Informational Bulletin 12-5 dated February 16, 2012 for complete details.

New/Established Patient

- With the Implementation of Bayou Health, the same guidelines are being followed for the criteria of either a New or Established patient
- The transition from Molina to the health plans, CHS or UHC, does not change this policy
- Claims will run through ClaimCheck (which follows CPT guidelines for this policy) to verify new or established patient
- Claims with a new/established patient conflict will receive the denial of 645

Common Denials

- Edit/Denial 130 -ALL PROVIDERS 99999999 TO BE DENY.
 - Individual physicians with both a individual NPI and an organizational/business entity NPI can submit claims under their organizational/business entity NPI. However, if the claim is billed with the organizational/business entity NPI the provider must use their Medicaid NPI as the attending provider on the claim.

Common Denials

- Edit/Denial 313 - SUBMIT CLAIM TO FISCAL INTERMEDIARY NOT BYU HEALTH PLAN
 - We have identified claims that have been billed to the Shared Plans for Carved Out services.
 - Examples are:
 - Specialized Behavioral Health Services
 - Dental Services
 - GNOCHC

Common Denials

- **Edit/Denial o84 – Invalid or missing Place of Service**

- These errors are being seen on professional claims
- Place of Service Codes are still required for each service
- See current CPT guidelines for Place of Service Codes

24.	A	B	C	D	E
	DATE(S) OF SERVICE From To MM DD YY MM DD YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE

Louisiana Behavioral Health Partnership

- The program took effect March 1, 2012.
- Providers offering specialized behavioral health services as identified as covered in the service manual by the Statewide Management Organization (SMO), Magellan, must enroll with and submit their claims to Magellan for any client participating in the Partnership.
- Note that recipients must meet the clinical requirements established by Magellan in order for providers to service and be paid through LBHP.

Louisiana Behavioral Health Partnership

Examples of specialized behavioral health services and providers that may be part of the Partnership include, but are not limited to:

- Multi-Systemic Therapy providers
- Homebuilders Providers
- Functional Family Therapy Providers
- Community Mental Health Centers
- Psychiatrists
- Doctors of Osteopathy with a specialty in psychiatry
- Medical & Licensed Psychologists
- Licensed Clinical Social Workers
- Licensed Professional Counselors
- Licensed Marriage and Family Therapist
- Licensed Addiction Counselors
- Free Standing Mental Health Hospitals
- Distinct Part Psychiatric Units
- Mental Health Clinics
- Mental Health Rehabilitation Providers
- Advanced Practice RN (NP in psychiatry or certified nurse specialist in psychiatry)
- Psychiatric residential treatment facilities
- Therapeutic Group Home
- Substance Abuse & Alcohol Abuse Centers
- Family Support Organizations
- Respite Providers
- Crisis Stabilization Providers
- Transition Coordination Agency

Louisiana Behavioral Health Partnership for LEA/EPSDT Services

- OT, PT, ST Services rendered for children billed by Local Educational Agencies will continue to be submitted to and paid by Molina.
- Behavioral health services must be submitted for payment through the **Statewide Management Organization (SMO)**.
- There is no billing impact on other providers.
- 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.

Behavioral Health Services

- “Basic” Behavioral Health Services
 - Claims for basic behavioral health services for Bayou Health members should be submitted to the Bayou Health Plan.
 - Basic mental health services are defined as those provided by a provider who is not a mental health/behavioral health professional.

Behavioral Health Services

- There are discrepancies between the information provided in Bayou Health Bulletin 12-18 and the logic programmed for LBHP services.
- These discrepancies are in the areas of RHC/FQHC services and hospital services.
- Clarification is forthcoming and you will be informed of the final and correct determination of this information.

Dissolving of KIDMED Program

- “KIDMED”, The Program name for EPSDT Screening for Medicaid recipients, and the administration of that function through the Medicaid Program is being discontinued. **EPSDT Screenings will continue.**
- Effective June 1, 2012 the KIDMED Program name in Louisiana will be dissolved
- KIDMED Clinics will no longer be an active provider type with Medicaid
- KM-3 Forms and the 837P .KID (electronic KidMed transactions), will no longer be accepted by Medicaid for claims with a date of service 6/1/2012 and after
- Claims for EPSDT screening services (including immunization claims) for patients enrolled in a BAYOU HEALTH Plan on the date of service (which can be verified through the eMEVS system), must submit either electronically via 837-P or hardcopy using the CMS-1500 form.

Elimination of Edit 517

Bill in KIDMED Format

With the transition from KIDMED claims submissions to the CMS-1500 Form or the 837P electronic transaction:

- The Denial/Edit 517 has been removed and claims that denied for this edit from date of service 2/1/12 forward were recycled on RA dated 5/3/2012.
- A new duplicate denial edit 845 has been established to prevent payment of the screening/preventive medicine code(s) as both a professional claim billed on the 1500/837P and a KIDMED claim from February to June when the KIDMED program is eliminated.

EPSDT Screenings and General Claims Submissions

- While the periodicity schedule will not change, certain policies and procedures will change and may differ depending on the Health Plan.
- It is very important that you contact each plan to determine the requirements.
- All claims for BAYOU HEALTH members must be submitted to the Health Plan in which the patient is enrolled on the date of service.

EPSDT Screening Claims Filing Guidelines

- The health plans are responsible for managing EPSDT services and coordinating all specialty services for their members.
- All claims must be submitted to the health plan for preprocessing and within 2 business days, the health plan will send clean claims to Molina for payment.
- To be reimbursed for services provided to members of a Shared Savings Plan, the provider must be enrolled as a Louisiana Medicaid provider.
- Appropriate codes and modifiers covered by Medicaid must be used to assure correct reimbursement.

Who do I contact now that AHS is no longer the CommunityCARE/KidMed Contractor?

- Eligibility questions or concerns for legacy Medicaid recipients should be directed to Louisiana Medicaid Eligibility at 1-888-342-6207
- For eligibility questions or concerns for Bayou Health Plan members contact the appropriate health plan. You may call 1-855-229-6848 should you need assistance reaching the health plan.
- The Specialty Care Resource Hotline (1-877-455-9955) has not changed.

Medicaid vs. Commercial Insurance Guidelines

DO NOT change your system to accommodate billing guidelines billed for commercial insurance. **Bill claims as previously billed to Medicaid.**

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.



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

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

