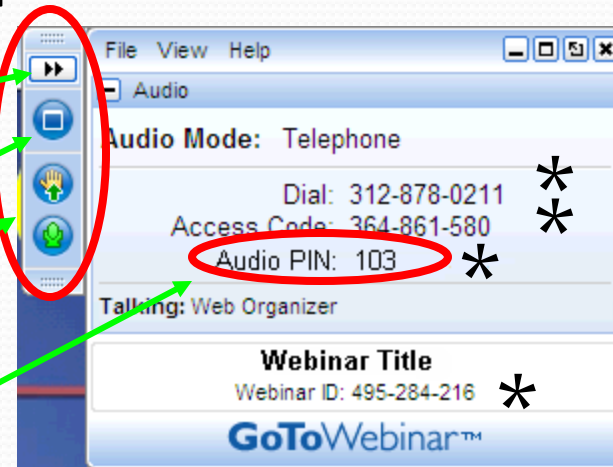


## Using the Attendee Control Panel

- 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 #9**

**August 7, 2012**



# **Bayou Health Implementation**

## **A Transition from Legacy Medicaid to Medicaid Managed Care**

**This webinar is the ninth 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

# Timely Filing

- The guidelines for timely filing for legacy Medicaid and shared plans have not changed
- Providers must still establish timely filing by submitting claims within one (1) year from the date of service
- After timely filing has been established the providers have an additional year to submit claims for payment

# 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.

# EPSDT Screenings

- Although the KidMed program has been eliminated, providers can still bill for EPSDT well children visits
- Providers need to use their best professional judgment when determining what diagnosis code to use for a well child visit
- Claims are now being billed on a CMS 1500
- **If a sick visit and a screening/preventive visit take place on the same day, the 25 modifier MUST be appended to the sick visit code 99211 or 99212**



# Hospital Observation Hours

- **For legacy Medicaid and shared plans 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.
- 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.
- **Reimbursement for observation hours is limited to 30 hours.**

# Behavioral Health

- Behavioral health claims (excluding RHCs) for Bayou Health shared plan members for dates of service February 1-29, 2012 will be sent to Molina for processing and payment
- RHC behavioral health claims for these dates of service must be sent to the shared plan
- This includes the period following the implementation of Bayou Health but prior to the implementation of the Louisiana Behavioral Health Program (LBHP)
- The programming to bypass edits is pending a completion date in the near future
- Claims will be recycled


# Verify NPI and Tie Breaker Code

- Registered NPIs and Tie Breakers (taxonomy or zip codes) can be verified on the secure side of [www.lamedicaid.com](http://www.lamedicaid.com)
- Sign into the Provider logon link found on the home page
- Select NPI Legacy Search
- Enter either the 7-digit legacy Medicaid or 10-digit NPI number
- If there is a Tie Breaker code associated with your NPI it will be displayed under Value
- If there is no Tie Breaker code associated with your NPI the Tie Breaker and Value fields will be blank
- For electronic claims please refer to the electronic 837 Companion Guide for the correct loop/segment for NPI data.

# NPI/Tie Breaker Cross Reference

- Example of NPI Entered:

**Louisiana**  
**Medicaid**



For Technical Support, call  
toll-free  
1-877-598-8753.

**Provider Logout**

Warning: Unauthorized use  
of this site or the information  
contained herein is  
prohibited by the Louisiana  
Department of Health and  
Hospitals

## Molina National Provider Identifier (NPI)

NPI / Legacy Provider ID Cross Reference Search

[Logout](#) [Main Menu](#) [Help](#)

Enter Legacy Provider ID or NPI to Search

MedicaidID:


NPI:

Legacy Provider	NPI	Tie Breaker	Value
1234567	1234567890	Taxonomy	123AB0000A
7654321	1234567890	Taxonomy	567AB0000Z

# NPI/Tie Breaker Cross Reference

- Example of Zip Code as Tie Breaker

**Louisiana**  
**Medicaid**



For Technical Support, call  
toll-free  
1-877-598-8753.

**Molina National Provider Identifier (NPI)**  
NPI / Legacy Provider ID Cross Reference Search

[Logout](#) [Main Menu](#) [Help](#)

**Provider Logout**

Warning: Unauthorized use  
of this site or the information  
contained herein is  
prohibited by the Louisiana  
Department of Health and  
Hospitals

Enter Legacy Provider ID or NPI to Search

MedicaidID:


NPI:

Legacy Provider	NPI	Tie Breaker	Value
1234567	1555555559	Zip Code	701120000
2234567	1555555559	Zip Code	708026290

# NPI/Tie Breaker Cross Reference

- Example of NPI without Tie Breaker Code needed:

**Louisiana**  
**Medicaid**



For Technical Support, call  
toll-free  
1-877-598-8753.

**Molina National Provider Identifier (NPI)**  
**NPI / Legacy Provider ID Cross Reference Search**

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Department of Health and  
Hospitals

Enter Legacy Provider ID or NPI to Search

MedicaidID:

NPI:

Search

Legacy Provider	NPI	Tie Breaker	Value
1112223	3456789012		



# Community Health Solutions

# Voids & Adjustments- Electronic Submission Preferred

- Voids and Adjustments can be submitted electronically, which is the preferred method for Community Health Solutions of LA
- The Void and Adjustment Form is no longer required if submitting electronically.
- Complete the information in your software for voids and adjustments and follow the instructions.
- If you have questions, please contact CHS-LA EDI at:  
EDI Helpdesk  
Phone: (855) 229-0258  
Email: [edihelpdesk@chsamerica.com](mailto:edihelpdesk@chsamerica.com)

Note: CHS does accept the 213 professional adjustment/void form



# TPL – Electronic Submission Preferred

- When submitting TPL claims as paper claims, the primary EOB is required and must be attached to the claim just as in the past
- Insert the proper Carrier Code where the Insured Policy Number goes  
CMS 1500 claim form: Box 9a  
UB 04: Box 51a
- [Carrier Code Link](#)
- Electronic submission of TPL claims is acceptable and preferred
- When submitting claims electronically, the primary EOB is not required
- Information that was previously required for Legacy Medicaid is still required when filing electronically.
- If you have questions, please contact CHS-LA EDI at:  
EDI Helpdesk  
Phone: (855) 229-0258  
Email: [edihelpdesk@chsamerica.com](mailto:edihelpdesk@chsamerica.com)

# Physician

## Individual NPI and Business Entity NPI

- Individual physicians that are incorporated must obtain and report a business entity/organizational NPI for billing claims paid to the business entity
- Individual physicians with both individual and business entity/organizational NPIs should submit claims using the business entity NPI as the billing NPI and the individual NPI as the rendering/attending NPI
- Affected physicians must report both NPIs to Medicaid through Molina Provider Enrollment.
- Submit a signed/dated letter with specific information



# **UnitedHealth Care Community Plan**

# Known Issues Being Addressed

- **Denial Code 273 – TPL**

Claims where a primary insurer is identified in box 9, UHC currently is not passing this information to Molina with the carrier code identified. UHC is working on a programming fix.

- **Denial Code 120 - Claims denied for missing NDC Drug Quantities**

UHC is not passing the appropriate NDC decimal quantity to Molina causing claims to be denied. This is a known issue and UHC is working on an appropriate fix.

# Known Issues Corrected

- **Denial Code 400 – Referring Provider Missing or Invalid**

The logic for claims denying with a 400 edit has been corrected and a recycle is still pending

- **Denial Code 813 – Facility Claims with Multiple Dates of Service**

These claims were passing to Molina with the first date of service listed for all dates causing the first date to be paid and the subsequent to be denied as a duplicate. This fix has been deployed and all claims have been recycled and processed.



# Other Outstanding Issues

# Status of Other Outstanding Issues

- RUM Procedures Performed in ER

Edit 191 (Procedure Requires Prior Authorization)

- The claims recycle was not completed on 7/3/12 as anticipated
- Final claims recycle occurred on 7/24/12 and 7/31/12

# Status of Other Outstanding Issues

- RUM – MSI PA Rejects Due to Bayou Health Eligibility Segment

Edit 190 (PA Number Not on File)

- MSI has re-transmitted the majority of the approximately 4000 authorizations impacted
- Approximately 150-175 PAs have not been submitted
- We are awaiting the transmission of these final PAs
- Providers can resubmit claims to receive payment in cases where the authorization has been received and the claim has not been previously paid
- Resubmission of claims will also assist providers with determining what authorizations are still outstanding.



# Status of Other Outstanding Issues

- Hospital - Well Baby Claims
  - Claims for well babies have been paying with an amount in error instead of paying at zero
  - The problem has been identified and resolution is pending
  - Claims will be systematically adjusted
- Hospital - Sick Baby Claims

Edit 161 (Hospital Stay Requires Precertification)

  - Some OB related claims that do not require precert denied for precertification
  - The logic has been corrected
  - Claims will not be recycled

# Status of Other Outstanding Issues

- Home Health Claims
  - Claims for Home Health services that are being rendered continue to have invalid modifiers
  - Please see the 2010 Home Health Provider Manual located on [www.lamedicad.com](http://www.lamedicad.com)
- Incorrect Bill Types on Institutional Claims
  - We are receiving claims from providers with incorrect bill types (i.e. Type of Bill)
  - We are researching to determine the source of the problem

# 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](http://www.lamedicaid.com)

Links:

➤ Provider Manuals/Hospital Services Provider Manual

[http://www.lamedicaid.com/provweb1/Providermanuals/Hosp\\_Main.htm](http://www.lamedicaid.com/provweb1/Providermanuals/Hosp_Main.htm)

or

➤ Billing information/UBo4 Billing Instructions

[http://www.lamedicaid.com/provweb1/billing\\_information/ubo4instructions.htm](http://www.lamedicaid.com/provweb1/billing_information/ubo4instructions.htm)

# 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

- Beginning on July 9, 2012 the noon calls started taking place on Monday - Thursday
- Schedule for providers is as follows:
  - Monday – Professional Services, RHC/FQHC
  - Tuesday – All other providers
  - Wednesday – Hospital

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](mailto:laproviderquestions@magellanhealth.com)

# Transition to 5010 Specifications for Electronic Billers

- All providers/submitters/vendors should have already transitioned to the 5010 Version for electronic claims or be in the process of completing their testing and conversion.
- The testing process should be completed as soon as possible, no later than September 14, 2012
- Providers and vendors must work with the Molina EDI Department to schedule a transition date
- Molina will continue to accept 4010 Version electronic files until September 17, 2012 to allow additional time for providers to complete the 5010 testing process
- Information regarding 5010 Testing can be found at the [HIPAA Information Center](#).





# 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

