

Provider Billing Errors for BAYOU HEALTH Claims Submitted to Shared Savings Plans

School Based Health Centers

and

RHC/FQCH

April 23, 2012

Bayou Health Implementation

A Transition from Legacy Medicaid to Medicaid Managed Care

- Transition Began February 1, 2012.
- Approximately 800,000 Medicaid recipients are being transitioned from the existing legacy Medicaid Program to Medicaid Managed Care operated by private insurance companies.
- Pre-Paid Plans – Responsible for all aspects of program, including claims payment.
- Shared Plans – Responsibilities are shared; claims are pre-processed by the shared plans, then transmitted to Molina for final processing and payment.

This presentation addresses billing issues identified with claims processed for shared plan members.

Medicaid vs. Commercial Insurance Guidelines

DO NOT change your system to accommodate billing guidelines for commercial insurance.

- Bill claims as previously billed to Medicaid.
- Requirements have not changed for billing claims for Medicaid Recipients.

Examples of Identified Errors:

- NPIs – Billing/Attending
- Taxonomy codes not included on claims where required
- Modifiers
- Billing Non-Covered Services

Only La Medicaid Enrolled Providers

- Providers billing claims for **Shared Plan members** **MUST** be enrolled as Louisiana Medicaid providers.
- Being contracted/affiliated with the Shared Plan for commercial business does not prevent a provider from having to enroll as a Louisiana Medicaid provider.
- Once enrolled, the NPI or NPI plus taxonomy or tiebreaker code registered with Medicaid must be used to bill claims for Medicaid members enrolled in Shared Plans.
- Claims submitted by non-Medicaid enrolled providers are not processed because the provider is not enrolled with Medicaid.

Providers and Their Contractors

- In circumstances where providers have billing vendors or use clearinghouses to transmit claims on their behalf, it is the provider's responsibility to:
 - Notify contractors that claims must be sent to the Shared Plans for recipients enrolled in Bayou Health Shared Plans. These claims may not come directly to Molina if dates of service are on or after the Shared Plan effective date.
 - Notify contractors that providers **must** submit claims with the NPI/NPI-tie-breaker/taxonomy combination registered on the LA Medicaid provider file for that provider number AND contractors **can not** change this data.
 - Work with contractors to accomplish these requirements.
 - We continue to identify many claims denied with edit 506 - SUBMIT TO RECIPIENTS SHARED PLAN


Submitting Correct NPIs

- If claims are submitted to the Shared Plans with an NPI/NPIs that are different from those registered for the Medicaid provider number billing the services, the claims are not processed.
- The claims do not appear on a remittance advice because the billing NPI (or NPI/taxonomy combination) is not on the LA Medicaid provider file.
- This error continues to cause thousands of claims to fail for processing and final adjudication.
- Providers must ensure that correct NPIs/NPI-taxonomy are submitted.
- Individual Providers who have both individual and organizational/business entity NPIs should register both NPIs with Molina Provider Enrollment.

NPI / Legacy Provider ID Tie Breaker Code Cross Reference

- Example of NPI without Tie Breaker (Taxonomy Code or Zip 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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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:


Search

Legacy Provider	NPI	Tie Breaker	Value
1112223	3456789012		

NPI / Legacy Provider ID Tie Breaker Code Cross Reference

- Example of the Tie Breaker as a Taxonomy Code

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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 / Legacy Provider ID Tie Breaker Code Cross Reference

- Example of the Tie Breaker as a Zip Code

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Enter Legacy Provider ID or NPI to Search

MedicaidID:

NPI:

Legacy Provider	NPI	Tie Breaker	Value
1234567	1555555559	ZipCode	7011200000
2123456	1555555559	ZipCode	7080206290

Telephone Notification to Providers

- When EDI claims files are not processed by Molina due to a missing or invalid NPI for the billing provider, the Molina Provider Enrollment Department contacts the provider by telephone to inform them of this issue.
- The phone number listed on the Medicaid provider file is used for this contact.
- If the phone number is incorrect or disconnected, an attempt is made to locate a valid phone number through the NPI registry.
- Every attempt is made to contact the provider directly with notification of this problem.

Importance of Providing Molina with Current & Accurate Provider Information

- **It is the provider's responsibility to ensure that correct information is always present on the Medicaid provider file.**
- It is the provider's responsibility to ensure that the correct billing NPI is submitted on claims – which ensures that they are processed and appear on a remittance advice (RA).
- Providers that have chosen to use 1 NPI for multiple Medicaid provider numbers **MUST** ensure that the correct NPI and Taxonomy or tie-breaker combination is submitted for the correct Medicaid provider number.

Prior Authorizations

- Prior Authorization of services is performed by the Shared Plans.
- Shared Plans may vary somewhat in the requirements for providers transmitting claims.
- Providers should discuss authorization requirements for claims with each Shared Plan.

Common Denials

Denial/ Edit 209 – Group Must Bill for Provider

- Provider groups must continue to bill as a group and not as an individual physician(s).
- The group NPI that is on the Medicaid file should be entered as the billing number on the claim.
- The individual provider NPI that is on the Medicaid file should be entered as the attending provider number.

Claims should match the same format as previously billed to legacy Medicaid.

Common Denials

Denial/Edit 187 – Recipient Not Enrolled in a Bayou Health Plan.

- Provider should verify eligibility on every recipient for every visit to insure claims are being submitted to the appropriate plan.
- If the recipient is not enrolled in a Bayou Health Plan on the date of service, the claims should be submitted directly to Molina Medicaid.

Common Denials

Denial/Edit 127 – NDC Code Missing or Incorrect

- NDC and accompanying HCPCS are still required when billing for physician administered drugs in the appropriate field of the claim as required by legacy Medicaid.

NDC Entry Format with J codes:

N 4 1 2 3 4 5 6 7 8 9 0 1 U N 1 2 3 4 . 5 6 7 J1000

NDC Format:

XXXXXX – XXXX – XX

Providers should review drug invoices or contact the drug manufacturer or salesman if NDC numbers are not 11 digits in 5-4-2 format. Molina and the Shared Plans can not assist with this issue.

Common Denials

- **Denial/Edit 092 – Invalid or Missing Modifier**
 - Medicaid policy has not changed with regard to acceptable modifiers for each program.
- **Denial/Edit 299 – Procedure/Drug Not Covered by Medicaid**
- Denial/Edit 232 – Procedure/Type of Service Not Covered by Program**
 - Policy and Fee Schedules found on www.lamedicaid.com.

Common Denials

Denial/Edit 273 – Third Party Code Missing

Refer to the Carrier Code Listing

- The TPL 6-digit carrier code must continue to be listed in the appropriate field as required by legacy Medicaid.
- The carrier code is returned as a part of the e-MEVS eligibility response- Plan Network Identification Number
- Refer to the TPL listing found on www.lamedicaid.com for the correct carrier code.

Links:

Forms/Files/User Manuals

Online Forms

Claim Check/NCCI Edits

Where applicable claims will continue to process through ClaimCheck and NCCI editing.

Examples of Denials/Edits Identified:

- **567 – Procedure incidental to procedure on current claim**
- **573 – Procedure incidental to procedure in history**
- **759 – CCI: Procedure incidental to procedure in history**

EPSDT Screenings and General Claim Submission

- The “KIDMED” Program, the name for EPSDT Screening for Medicaid recipients, and the administration of that function through the traditional Medicaid Program are being discontinued.
- The five BAYOU HEALTH Plans are responsible for the administration of EPSDT Screening for their members under age 21.
- 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 services claims (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.

EPSDT Screenings and General Claim Submission

Shared Saving BAYOU HEALTH Plans

UnitedHealthCare (UHC) and Community Health Solutions (CHS).

- These plans will manage the EPSDT services and coordinate the specialty services for their members.
- All claims must be submitted to them for preprocessing and the Health Plan will send clean claims to Molina for payment within two business days.
- 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.
- Example: 99173 (when billed for an EPSDT vision screening) must be billed with an EP modifier; or 99381-99385 (initial medical screening service) when provided by an RN, must be billed with the TD modifier.

Sample Claim

Screening by Nurse Practitioner

PICA										PICA									
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> TRICARE (Sponsor's SSN) <input type="checkbox"/> CHAMPVA (Member ID) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BENEFIT (SSN) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1234567890123									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Clark, Katrina										3. PATIENT'S BIRTH DATE 02 14 02									
4. INSURED'S NAME (Last Name, First Name, Middle Initial)										5. PATIENT'S ADDRESS (No., Street)									
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street)									
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>										9. INSURED'S DATE OF BIRTH MM DD YY M F									
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>										11. INSURED'S POLICY GROUP OR FECA NUMBER									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____									
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY									
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY										17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
18. NAME OF REFERRING PROVIDER OR OTHER SOURCE										19. RESERVED FOR LOCAL USE									
20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____										21. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.									
22. PRIOR AUTHORIZATION NUMBER										23. DATE(S) OF SERVICE From MM DD YY To MM DD YY									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										25. B. PLACE OF SERVICE EMG									
26. C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER										27. D. DIAGNOSIS POINTER									
28. E. \$ CHARGES										29. F. \$ CHARGES									
30. G. DAYS OF UNITS										31. H. I.D. QUAL									
32. J. RENEWING PROVIDER ID #										33. BILLING PROVIDER INFO & PH #									
34. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Imma Biller SIGNED _____ DATE 4/21/12										35. SERVICE FACILITY LOCATION INFORMATION My School High 8961 Playground Rd SeeSaw, LA 79999									
36. 25. FEDERAL TAX I.D. NUMBER SSN EIN										37. 26. PATIENT'S ACCOUNT NO.									
38. 27. ACCEPT ASSIGNMENT? (For gov. claims see back) YES <input type="checkbox"/> NO <input type="checkbox"/>										39. 28. TOTAL CHARGE \$ 96.00									
40. 29. AMOUNT PAID \$										41. 30. BALANCE DUE \$ 96.00									
42. 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Imma Biller SIGNED _____ DATE 4/21/12										43. 32. SERVICE FACILITY LOCATION INFORMATION My School High 8961 Playground Rd SeeSaw, LA 79999									
44. 33. BILLING PROVIDER INFO & PH # My School High 8961 Playground Rd SeeSaw, LA 79999										45. 34. BILLING PROVIDER INFO & PH # My School High 8961 Playground Rd SeeSaw, LA 79999									

RHC/FQHC Sample Claim

Screening by Doctor

1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID) (SSN or ID) (SSN) (ID)</small>												1a. INSURED'S I.D. NUMBER (For Program in item 1) 1234567890123																							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Clark, Katrina												3. PATIENT'S BIRTH DATE 02 14 02																							
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)												4. INSURED'S NAME (Last Name, First Name, Middle Initial) 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)																							
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>												10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10d. RESERVED FOR LOCAL USE																							
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER TPL carrier code if applicable b. OTHER INSURED'S DATE OF BIRTH c. EMPLOYER'S NAME OR SCHOOL NAME d. INSURANCE PLAN NAME OR PROGRAM NAME												11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete item 9 a-d																							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED DATE																								13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED											
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 19. RESERVED FOR LOCAL USE												15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE 17a. PCP Auth # if applicable 17b. NPI PCP NPI if applicable																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3 or 4 to Item 24E by Line) 1. V70.0												16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 20. OUTSIDE LAB? \$ CHARGES 22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER																							
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER MM DD YY MM DD YY CPT/HCPCS MODIFIER												F. \$ CHARGES G. DAYS OR UNITS H. EXPOSIT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #																							
1												04 20 12 04 20 12 11 T1015 EP 1 200.00 1 NPI 1551559 1992233445																							
2												04 20 12 04 20 12 11 99393 1 80.00 1 NPI 1551559 1992233445																							
3												04 20 12 04 20 12 11 99173 EP 1 4.00 1 NPI 1551559 1992233445																							
4												04 20 12 04 20 12 11 92551 1 12.00 1 NPI 1551559 1992233445																							
5												NPI																							
6												NPI																							
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (If gov't agency, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>												28. TOTAL CHARGE \$ 296.00 29. AMOUNT PAID \$ 30. BALANCE DUE \$ 296.00																							
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Imma Biller SIGNED DATE 4/21/12												32. SERVICE FACILITY LOCATION INFORMATION Rural Health Clinic 8961 Playground Rd SeeSaw, LA 79999 a. NPI b. 1234567890 c. 1234567																							

Current Billing Instructions

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

www.lamedicaid.com

Links:

- Provider Manuals
- or
- Billing information

Previous Presentations

- A link has been placed on www.lamedicaid.com to previous School Based Health Center presentations and Rural Health Clinic/Federally Qualified Health Center presentations.
- You can access the presentations by clicking on the directory link:
 - “Training/Policy Updates”
 - “Training Presentations”

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

Contact Information

Amerigroup

Provider Relations

800-454-3730

LaCare

Provider Relations

888-992-0007

Louisiana Healthcare Connections (LHC)

Provider Relations

866-595-8133

Questions

