TEXAS LTC
VIRTUAL SYMPOSIUM

SESSION 6

# TMHP & MCO Billing:
## Challenges and Best Practices

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Trends, challenges and solutions in Texas skilled nursing

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# Texas Medicaid

- Data Flow (reminder)
- Medicare A & Managed Care Copay changes effective 1/1/2020
- MAP Denials for Insurance CoPays
- PASRR Habilitation
- Medicaid Rates
- MCO Adjustments

# Data Flow

THE FLOW OF INFORMATION MUST BE ORDERLY AND TIMELY AND CANNOT BE SUPERSEDED

# Data Timing

- TMHP will need at least 24 hours up to weeks* to process facility forms
  ( * depending on SAS files, eligibility, AI, P.A.R.)
- TMHP begins putting files together from midnight to 1:00 a.m. – anything not fully processed by then will be in the next day's files
- TMHP posts MCO files around 3:00 AM Tuesday through Saturday
- MCO picks up the files after 3:00 AM
- MCO needs 24 to 36 hours to process and update their files and then move them to the billing files before information is available to show approved days, rates, and AI's

# Timeliness is EVERTHING

We all need time:

- **We must stay on our Medicaid Eligibility Workers**
- **3618s & 3619s are required to be done within 72 hours of the event**
  - **TODAY – we need these completed and submitted the day of the event**
- **MDSs for LTCMIs – Nursing has 7 to 14 days to complete and another 7 days to transmit**
  - **TODAY – we need these completed & transmitted sooner than the max allowed** (unless you are waiting to show a higher RUG – but never let one lapse on a MESAV)
    - *IF an LTCMI lapses on a MESAV – all new files will have to be sent and reloaded to the MCO*
- **When anything hit P.A.R – we worked it as quick as we could**
  - **TODAY – we must review and call daily as soon as it hits and act on it!**

# Claim Billing

- DO NOT BILL UNTIL MCO HAS PROCESSED DATA
- Match the TMHP MESAV to the MCO MESAV before billing
- Break your RUG based on LTCMI Coverage dates, even if the RUG does not change

## CHANGE TO TMHP PAYMENTS FOR MEDICARE A & MANAGED CARE COPAYS

# TMHP and Coinsurance/CoPay

- For all CoIns/CoPay claims processed after 01/01/2020:
  - If TMHP is paying the CoIns/Copay
    - AND the MESAV shows for the "Medicaid Eligibility" period the resident has Q Coverage
    - AND there is no Managed Care MCO
    - The Applied Income will be 0.00 regardless of the AI on the MESAV

  - NOTE: The day the resident comes off of CoInsurance/CoPay and goes onto straight Medicaid the AI is applied.

# Examples – Resident is on Medicare A for the month of August and all days are CoIns days

MESAV

| Month | Coverage Code | Secondary CC | AI | Managed Care (MCO) | AI Applies? |
|---|---|---|---|---|---|
| 08/2020 | P | | 537.00 | | Yes |
| 08/2020 | Q | | 1,250.00 | | No |
| 08/2020 | R | Q | 628.00 | | No |
| 08/2020 | P | Q | 2,198.50 | | No |

# Examples – Resident is on Medicare A for the month of August and all days are CoIns days

MESAV

| Month | Coverage Code | Secondary CC | AI | Managed Care (MCO) | AI Applies? |
|---|---|---|---|---|---|
| 08/2020 | P | | 537.00 | Amerigroup | Yes |
| 08/2020 | Q | | 1,250.00 | Molina | Yes |
| 08/2020 | R | Q | 628.00 | United | Yes |
| 08/2020 | P | Q | 2,198.50 | Superior | Yes |

# Examples – Resident is on Medicare A for Aug 1-15 and then goes Medicaid Aug 16th-31st

MESAV

| Month | Coverage Code | Secondary CC | AI | Managed Care (MCO) |
|---|---|---|---|---|
| 08/2020 | P | | 537.00 | |
| 08/2020 | Q | | 1,250.00 | |
| 08/2020 | R | Q | 628.00 | |
| 08/2020 | P | Q | 2,198.50 | |

- AI Applies?
- Yes
- Zero 1-15 then Private
- Zero 1 -15 then 628.00 prorate for 16-31
- Zero 1-15 then 2,198.50 prorated for 16-31

# MAP Denials for Insurance CoPays

THIS ONLY APPLIES TO MANAGED CARE/COMMERCIAL INSURANCE DAILY COPAY

# Billing TMHP for Insurance Copays

## Explanation of Benefits F0304 Medicare Advantage Plan (MAP) Part C Coinsurance Claims for Dual-Eligible Clients

Information Posted December 12, 2019

Beginning December 13, 2019, Texas Medicaid & Healthcare Partnership (TMHP) will reprocess all long-term care (LTC) fee-for-service (FFS) skilled nursing facility (SNF) Medicare coinsurance claims with dates of service (DOS) from March 1, 2015, to October 31, 2019, that denied for Explanation of Benefits (EOB) F0304 – "Client is enrolled in a Medicare Part C Advantage Plan (MAP) contracted with HHSC to cover all cost sharing obligations. See the client's MESAV for Medicare and Medicaid eligibility details."

TMHP will also perform monthly recurring reprocessing of LTC FFS SNF Medicare coinsurance claims for DOS after November 1, 2019, that deny for EOB F0304.

These reprocessed claims will bypass the denial EOB F0250 – "Late billing - Claim must be filed 12 months from the end of the month of service or 12 months from the end of the eligibility add date," and reconsideration requests will not be required.

Claims with DOS between March 1, 2015, and August 31, 2017, will be processed and paid through the Comptroller's Miscellaneous Claims process and will change from ***Denied (D)*** status to ***Transferred (T)*** status on your TMHP Remittance & Status (R&S) Report. You should expect to receive the Miscellaneous Claim Application and Fiscal Year Debit Statement by mail, from the HHSC Accounts Payable (HHSC AP) department. You must complete the Misc. Claim Application and return it to HHSC AP for the claims to be processed and paid. These claims will change from T status to ***Paid Transferred (PT)*** status on your TMHP R&S. You should expect warrants to be issued directly by the Comptroller. The date warrants are issued to your account ,varies by financial institution.

Claims with DOS from September 1, 2017 to current, will also be reprocessed. They will process normally and change from ***D*** status, to ***Paid (P)*** status on your TMHP R&S Report. You should expect warrants to be issued directly by the Comptroller. The date warrants are issued to your account varies by financial institution.

Providers should ensure they have successfully submitted all claims for all necessary DOS to TMHP. If you have already successfully submitted all claims, resubmission is ***not necessary***. Providers are encouraged to regularly review and reconcile their bi-weekly TMHP R&S Report.

For questions about submission of LTC FFS claims and the TMHP R&S Report, call the TMHP LTC Help Desk at 1-800-626-4117, Option 1. See *Accessing R&S and CIPR Reports from the Website*.

For questions about reprocessed LTC FFS ***T*** claims that appear on the Fiscal Year Debit Statement, call the HHSC Provider Recoupments and Holds (PRH) department at 512-438-2200, Option 3.

For questions about the Misc. Claim Application process, call the HHSC AP department at 512-438-5936.

PASRR REQUIRED HABILITATION THERAPY

# General

- Do not do therapy on the day of evaluation, just the evals
- Do not start services until they are approved (other wise you are giving free services)
- PASSR Support is no longer with TMHP – it is now with HHSC. Currently no phone number is being given out by TMHP, all they have is the email: PASRR.Support@hhsc.state.tx.us

- Example billing:

| Date: | Qualifier | Code | Units | Unit Rate | Total | REV Code |
|---|---|---|---|---|---|---|
| 6/4/2020 | HC | G0465 | 3 | 1.00 | 3.00 | 0441 |
| 6/11/2020 | HC | G0465 | 3 | 1.00 | 3.00 | 0441 |

Some may have KX. You have to look at the crosswalk

- A 3618 discharge will terminate a PASRR authorization – still trying to find out some of the details on this
- Email the address above and ask for the latest Crosswalk for billing PASSR Therapies. It will give you the codes and modifiers to use. It is an Excel spreadsheet that looks like this:

TEXAS Health and Human Services

## LTC Bill Code Crosswalk

| Texas LTC Local Codes | | | | National Codes | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SERVICE GROUP | BILL CODE | DESCRIPTION | SERVICE CODE | LEVEL TYPE | LEVEL VALUE | PROC CD QUAL | HCPCS CODE | CPT CODE [1] | REVENUE CODE | POS | MODIFIER 1 | MODIFIER 2 | MODIFIER 3 | MODIFIER 4 | CLAIM FIL IND | ClaimType to File I=837I; P=837P; D=837D; E=Expdtd; N=NAT | ACTIVE | BEGIN DATE | END DATE |
| 1 | G0473 | OT-SPECIALIZED REHABILITATIVE SERVICE CONTRACTED | 7A | | | HC | | 97039 | 0431 | | GO | | | | | I | A | 10/01/2008 | 12/31/2199 |
| 1 | G0475 | PT- SPECIALIZED REHABILITATIVE SERVICE CONTRACTED | 8A | | | HC | | 97039 | 0421 | | GP | | | | | I | A | 10/01/2008 | 12/31/2199 |
| 1 | G0477 | ST- SPECIALIZED REHABILITATIVE SERVICE CONTRACTED | 9A | | | HC | | 92507 | 0441 | | GN | | | | | I | A | 10/01/2008 | 12/31/2199 |
| 1 | G0527 | OT-NF ASSESSMENT - SPECIALIZED SERVICES, CONTRACTED | 7AE | | | HC | | 97003 | 0434 | | GO | KX | | | | I | A | 06/01/2016 | 12/31/2016 |
| 1 | G0529 | PT-NF ASSESSMENT - SPECIALIZED SERVICES, CONTRACTED | 8AE | | | HC | | 97001 | 0424 | | GP | KX | | | | I | A | 06/01/2016 | 12/31/2016 |

## 2020 MEDICAID RATE ROLLER-COASTER

# Medicaid for TMHP, MCOs, & Hospice

Medicaid Rates were effective 09/01/2019:

- https://rad.hhs.texas.gov/long-term-services-supports/nursing-facility-nf

Participation Levels effective 09/01/2019:

- https://rad.hhs.texas.gov/long-term-services-supports/2020-rate-enhancement-attendant-compensation-information
  - Scroll down to "Other Documents Important To The 2020 Enrollment Information:" and click on : View the Participation Status - Levels Awarded

Participation Level effective 09/01/2020 (should be posted between 09/16 and 09/30/2020:

- https://rad.hhs.texas.gov/long-term-services-supports/2021-rate-enhancement-attendant-compensation-information

COVID-19 Temporary Rate Increase, Effective 04/01/2020:

- https://rad.hhs.texas.gov/long-term-services-supports
- No end date set as of today

EACH MCO HAS ITS OWN PROCESSES FOR CORRECTIONS

# Amerigroup

- Amerigroup uses Availity as their portal where you have access to (4) useful tools.
  - Pre-Billing Audit Report
  - Post Billing Audit Report
  - Individual Audit Report
  - Amerigroup Mesav

Claims Dispute

Added in February 2019, you can now dispute claims in Availity, individually or grouped.

- Your best tool is your Network Relations Consultant

# Cigna/HealthSprings

- Cigna has many tools to utilize on HSConnect and Emdeon.
- Cigna offers their version of the MESAV under the Member lookup tab in HSConnect.
- When auditing under claim status, Cigna shows if a claim has been reversed or not, making it easier to audit your accounts. Make sure to have all payments and recoupments posted.
- Your best tool is your Facility Network Analyst

# Molina Healthcare

- To check on claims billed, consult the 'Claims Status Inquiry' in the Molina Portal, sorting by the dates of service billed, to check status on all submitted claims.
- To ensure all patient days are billed for each Resident, use the 'Claims Status Inquiry' function in the Molina Portal, by resident name.
- Rebilled dates of service will deny as duplicates.  If a claim denies, it must be corrected, **not** rebilled.
- Molina NF Provider Issue Log should be utilized to inquire about a credit balance or an outstanding balance.  This log should be submitted to the Molina Provider Service Rep via email for research.
- On the Molina Portal, the 'Export Claims Report to Excel' will list all claims received within a specified date range.
- Admit date on skilled claims should be the date they became skilled, not the original date of admission.
- When a RUG changes during the span of a claim, there should be 2 lines reflecting the beginning date of service for each.
- When a facility is going through CHOW (change of ownership), please ensure:
    a) All contracting and credentialing has been completed.  This process can take up to 90 days.
    b) Billing submitted to Molina after CHOW is completed should be filed with the updated NPI and Tax ID.
    c) Claims should only be billed when the CHOW is complete.
- When rate changes occur, all claims affected will be reprocessed on the next Adjustment File after the new rate information is received in the SAS file.  No corrections or rebilling necessary.
- Molina Healthcare does not load rates or levels into the payment system.  Claims are paid strictly from the SAS data received from the State.
- When State audits occur and there are RUG level changes, Molina will recoup the original claim and repay at the updated rate received from the State, regardless of the dates of service.
- Your best tool is your Provider Services Representative

# Superior

You can utilize Superior’s portal and Payspan for many different tasks.

Superior does have their version of a MESAV on their portal via the eligibility tab.

Superior made changes on their claim status that now shows the start date of your claim but does not show the end date. So if you have multiple claims, pay close attention, this can get confusing when auditing.

When needing to submit claim corrections, always correct the original claim.

Your Best tool is your Provider Relations Representative

# United Healthcare

- Utilize the many different self-service tools in Link to submit claims, check claim status, submit claim reconsiderations, and much more.  Link can be accessed at UHCprovider.com.
- When submitting claim reconsiderations , keep the reason for reconsideration straightforward.  Example, if a claim is denied for no level of care, the reason should state “RUG rate updated, please reprocess”.  Too much information can confuse the issue.
- If you have trouble determining an appropriate reconsideration reason, or you don’t know what reason you should give, contact your Provider Relations Advocate.

PLEASE USE THE Q&A BUTTON TO SUBMIT YOUR QUESTIONS

# **IMPORTANT:** How to Receive your CEU Certificate for Attending

To receive your certificate with the awarded one (1) nursing contact hour for attending this session, go to simpleltc.com/texas-ltc-symposium/ceu and click on **SESSION 6: TMHP and MCO Billing: Challenges and Best Practices** to complete the required evaluation.

**IMPORTANT! You will need to enroll as a CodeProU/Thinkific user before you can complete the evaluation**. To enroll, click the purple “Enroll for free” button under the session title. Once you’re enrolled, follow the steps to complete the evaluation and download your certificate. Your certificate can be downloaded as soon as the evaluation is complete.

Questions? Please contact Jill Miller at codeprou@selmanholman.com or 214-550-1477 ext 4.

Complete Session Evaluation

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simpleltc.com/symposium