RURAL HEALTH & FEDERAL QUALIFIED HEALTH CLINIC

MEDICAID PROVIDER WORKSHOP

2016

MISSISSIPPI DIVISION OF MEDICAID

CONDUENT

Web Portal Review

Rural Health and Federal Qualified Health Clinics Presentation

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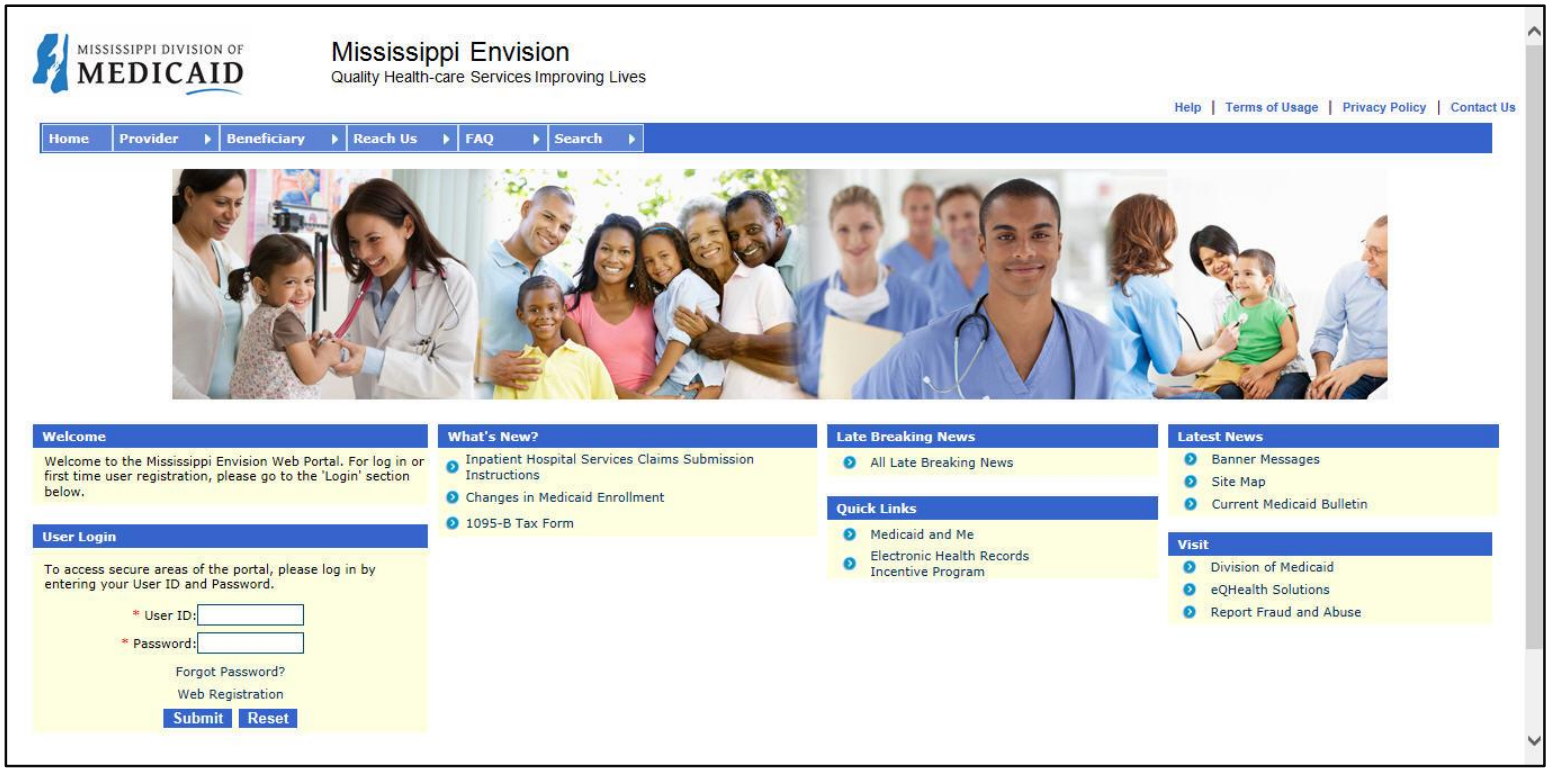
MS Envision Web Portal Homepage

http://ms-medicaid.com



Provider Tab (Non-Secure)

Web Portal Non-Secure Features

- What's New
- Late Breaking News
- Current Medicaid Bulletin
- Provider Lookup
- Interactive Fee-Schedules
- Provider Enrollment Application

Provider Tab (Secure)

Web Portal Secure Features

- Must be Registered to access secure functions
- Submit Claims
- Check Claims Status
- Verify Eligibility
- Remittance Advice (up to 60 days)
- Weekly Check Amount
- Physician Administered Drug Inquiry

Questions

Billing Tips, FAQs, Top Denials, & TCN

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Billing Tips

- ✓ Be sure to verify eligibility!
- ✓ Bill all services rendered for the beneficiary on date of service.
- ✓ Medicaid will only reimburse for encounters.
- ✓ Inquire about claims that do not appear on your remittance advice by:
  - Checking Envision website
  - Contacting Xerox customer call center 1-800-884-3222
- ✓ Use the correct billing provider on each claim.

Frequently Asked Questions

1. **How are we reimbursed for our Medicaid claims?**

   Answer: *FQHCs and RHCs are reimbursed at a rate. These rates are located on DOM's website under "Fee Schedules and Rates".*

2. **How many encounters per day is allowed per beneficiary?**

   Answer: *The Division of Medicaid limits reimbursement to a RHC and FQHC to no more than **four (4)** encounters per beneficiary per day, provided that each encounter represents a different provider type, as the Division of Medicaid only reimburses for one (1) medically necessary encounter per beneficiary per day for each of the following provider types:*

   1. A physician, physician assistant, nurse practitioner, or nurse midwife,
   2. A dentist,
   3. An optometrist, or
   4. A clinical psychologist or clinical social worker

Frequently Asked Questions Cont.

3. Can my providers perform services at an inpatient, outpatient, or emergency room setting?

Answer: *If a physician is employed by a FQHC or RHC and provides services at an inpatient, outpatient, or emergency room hospital setting, the services must be billed under the individual physician's Medicaid provider number and payment will be made directly to the physician.*

Claims billed by a FQHC or RHC with the following places of service will be denied:

POS 21	*POS 22*	*POS 23*
Inpatient Hospital	*Outpatient Hospital*	*Emergency Room Hospital*

Top Denials

Denial Code	Description	Resolution
1109	Service not authorized for MississippiCAN beneficiary	Verify beneficiary information on Envision Web Portal for begin and end date of service and refile the claim to the appropriate CCO (United or Magnolia)
0387	A denied claim cannot be voided/adjusted	Only paid TCNs can be adjusted or voided by providers, never denied claims.
0439	Procedure Not A Benefit For Service Date	Use Envision Web Portal to enter the procedure code and date of service by using interactive fee schedule to verify this is a covered procedure code.
0611	Medicare Amounts Less Than Zero	Crossover claim was sent to Mississippi Medicaid by a Medicare intermediary with a negative payment amount, providers should drop the claim to paper and attach the EOMB.
1710	Provider missing CLIA (Clinical Laboratory Improvement Amendment) number for lab service	When billing lab codes, a CLIA certificate must be on the provider number so that claims can be processed and paid when billing laboratory codes.
0029	Service not family planning	Verify eligibility on Envision Web Portal, only covered diagnoses and procedure codes are payable: http://www.medicaid.ms.gov/wp-content/uploads/2015/01/FPW-CODES-UPDATE-2015.pdf

Timely Filing Edits/Denials

3259 - CLAIM EXCEEDS FILING TIME LIMIT FOR CROSSOVER CLAIMS
Providers have 180-days from Medicare's paid date to get a crossover claim processed and adjudicated for payment.

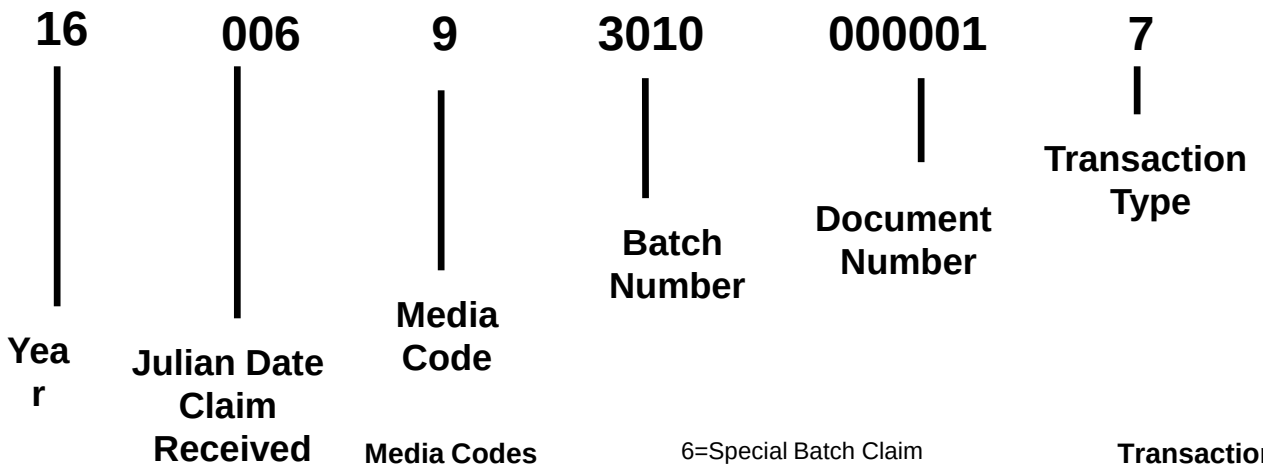
3272 - DATE OF SERVICE OLDER THAN ONE YEAR AND NO TIMELY FILING TCN ON CLAIM
Providers have up to two years from the date of service to get a primary Medicaid claim paid. Proof of timely filing is required when the claim is over one year from the date of service to show that it was filed at least once within the first year in order to get up to two years from through date of service.

3273 - DATE OF SERVICE IS OLDER THAN TWO YEARS FROM CURRENT TCN DATE
Date of service is past timely filing for payment by Mississippi Medicaid.

Transaction Control Number (TCN)

What does a TCN tell a provider?

Transaction Control Number (TCN)



Media Codes

1=Web Portal

2=Electronic Crossover

3=Electronic Submission

4=System Generated Claim

5=Web Portal w/Attachment

6=Special Batch Claim

7=Retro Rate Mass Adjustment

8=Paper Claim

9=Paper Claim w/ Attachment

Transaction Type

7=Original

8=Void/Credit

9=Debit

Questions