

Rural Health Center (RHC) Update Seminar

Birmingham, AL – Emily Cook



Agenda

- Eligibility Verification
- Claim Submission Methods
- General Billing Information
- Top Five Denial Reason
- Contact Information
- Questions

Eligibility Verification

Providers should always verify eligibility prior to rendering services.

Tools available to verify eligibility:

- AL Medicaid Interactive Web Portal
- Provider Electronic Solutions
- Automated Voice Response System
- Vendor Software Product

Claims Submission Methods

Alabama Medicaid requires all claims be filed electronically.

Claim Submission Options:

- AL Medicaid Interactive Web Portal
- Provider Electronic Solutions Software
- Vendor Software Product

In some cases, a provider may have to file a claim on paper (Administrative Review, NCCI Redetermination, Medical Utilization, etc.)

General Billing Information

- Effective April 1, 2018, instead of billing a limited ranges of codes, Rural Health Clinics (RHC) should bill the actual procedure code for the services performed.
- RHCs receive a RHC Group National Provider Identified (NPI)/Medicaid Provider ID (MCD ID) and a non-RHC Group NPI/MCD ID for claims processing.
- Gainwell Technologies systematically adds the T1015 procedure code to the claim when processed and you will be reimbursed the encounter rate for services performed.
- Services rendered by CRNP or PA should be billed with the clinic's NPI as the rendering.



General Billing Information

What services are billable and reimbursable outside of the encounter rate under the RHC NPI and on a separate claims?

Vaccines for Children (VFC) 18 years and under

What services are billable and reimbursable outside of the encounter rate under the non-RHC NPI and on a separate claim?

Deliveries

Technical component for EKGs & Radiology

Surgeries with POS 21 or 22

Intrauterine Devices (IUDs)

Labs

Smoking Cessation Products (under family planning)

General Billing Information

- Office visits are limited to 14 visits per calendar year
- Visits are limited to one per day, per recipient, per provider
- For purposes of this limitation, a physician or physician of the same specialty and subspecialty from the same group practice are considered a single provider
- Additional visits are available for children (less than 21 years of age) through the Early Periodic Screening Diagnosis Treatment (EPSDT) Program



General Billing Information

EPSDT

- When a well child or interperiodic visit requires the recipient to come back for follow-up care, the visits should be billed as an EPSDT referred visit.
- This is done by utilizing a routine office visit code, indicating the visit is EPSDT referred, and using the EPSDT screening provider's NPI as the referring physician.
- EPSDT referred visits will NOT count against the recipient's benefit limits if billed correctly.



General Billing Information

EPSDT

Example:

Sarah's mom brings her in for her 4-month periodic screening on Friday, November 4 and no new problems are found.

Wednesday November 9, Sarah's mom brings her in for wheezing and coughing. She is diagnosed with asthma.

Since it is not time for her next periodic screening, and will require follow-up visits, the appropriate INTERPERIODIC screening is billed. All visits in the future related to Sarah's asthma are billed as EPSDT referred.



General Billing Information

EPSDT

Initial Screening Codes:

99381-EP Under 1 year

99382-EP 1-4 years

99383-EP 5-11 years

99384-EP 12-17 years

99385-EP 18-21 years

Periodic Codes:

99391-EP under 1 year

99392-EP 1-4 years

99393-EP 5-11years

99394-EP 12-17 years

99395-EP 18-21 years

Interperiodic Codes:

99211-EP – 99215-EP

99233-EP

General Billing Information

Maternity Services under Alabama Coordinate Health Network (ACHN)

- Providers must participate with an ACHN in order to receive reimbursement for maternity services.
- Effective November 1, 2019, all maternity claims require a Delivering Healthcare Provider selection referral from an ACHN to receive reimbursement.
- The First Prenatal Visit date and Last Menstrual Period (LMP) date is required on all maternity claims.



General Billing Information

DHCP Referral Example

Alabama Coordinated Health Network
Delivering Healthcare Professional Selection Referral Form

PCCM-E's Name: _____ **PCCM-E's NPI Number:** _____

Date: _____

Type of Referral: Initial Change of DHCP High-Risk/Specialty Other _____

Medicaid Eligible Individual (EI) Information

Name:

Last _____ **First** _____ **MI.** _____

Medicaid Number: _____ **DOB:** _____

Address: _____

Telephone Number (with area code): _____

General Billing Information

Bonus Payment Opportunity

Providers have the opportunity to receive two quality bonus payments in addition to encounter payments.

- H1000 – Initial Prenatal Visit
 - Criteria: Must be made within 90 days of LMP
- G9357 – Postpartum Visit
 - Criteria: Must be made between 21-56 days of delivery

These services must be billed on a separate claim.

General Billing Information

Alabama Coordinated Health Network (ACHN)

Managed Care: Attributed Provider for Quarter based on historical claim data

Managed Care Organization Information: ACHN responsible for recipient care coordination and DHCP referrals. Assigned based on recipient's county of residence.

Managed Care						
Plan Code	Provider Name	Provider Phone	24 Hour Phone	Effective Date	End Date	
ACHN	[REDACTED]	(256) [REDACTED]	(256) [REDACTED]	01/01/2020	03/31/2020	
DO NOT REQUEST A REFERRAL FROM AN ATTRIBUTED PROVIDER WHO IS A SPECIALIST, HEALTH DEPARTMENT (EXCEPT MOBILE AND JEFFERSON CO.), OR CRS						
Managed Care Organization Information						
MCO	Name	Primary Phone	Secondary Phone	From Elig Date	To Elig Date	
ACHNB-AL Coordinated Health Network	NORTH ALABAMA COMMUNITY CARE		(256)382-2590	10/01/2019	12/31/2299	



General Billing Information

Top Five Denials Reasons for RHCs

Code	Explanation	Resolution
1032	Invalid Claim Type for Billing Provider	Verify the claim type is valid. RHCs must bill on a CMS-1500 or Medicare crossover claim type.
5000	Medical Duplicate Exact	The service is an exact duplicate of a service on the current claim or in paid history.
1825	COBA Denial- Do Not Crossover	RHC claims will never crossover from Medicare to Medicaid automatically. Why? They file claims to Medicare on a UB-04; they file to us on a CMS-1500.
3307	FQHC/PBRHC FFS/Encounter Procedure Conflict	Fee for service procedures cannot be billed on the same claim as encounter procedure.
1065	Billing Provider Name and Number Disagree	Gainwell Technologies claims processing system requires first two letters of provider name on claim match information claims processing system.

Contact Information

Department	Function	Contact Number
Provider Assistance Center	Assists with basic billing questions, procedure code reimbursement information and general questions	1-800-688-7989
Electronic Media Claims	Assist providers with Provider Electronic Solutions, vendor related issues, electronic transmission, and pharmacy-related billing issues. This unit also issues user ID's and passwords for the Agency's secure website portal	1-800-456-1242
Provider Enrollment/Revalidation	Assist with new provider enrollment, basic provider enrollment functions, and revalidation of providers	1-888-223-3630
Provider Relations Representatives	Assists providers with in-depth billing issues and training on Provider Electronic Solutions Software, and Medicaid's Interactive Web Portal. Representatives are available for telephonic consultation, e-mail assistance or on-site training and workshops.	1-855-523-9170 Refer to the Medicaid website for extensions.

Questions?

