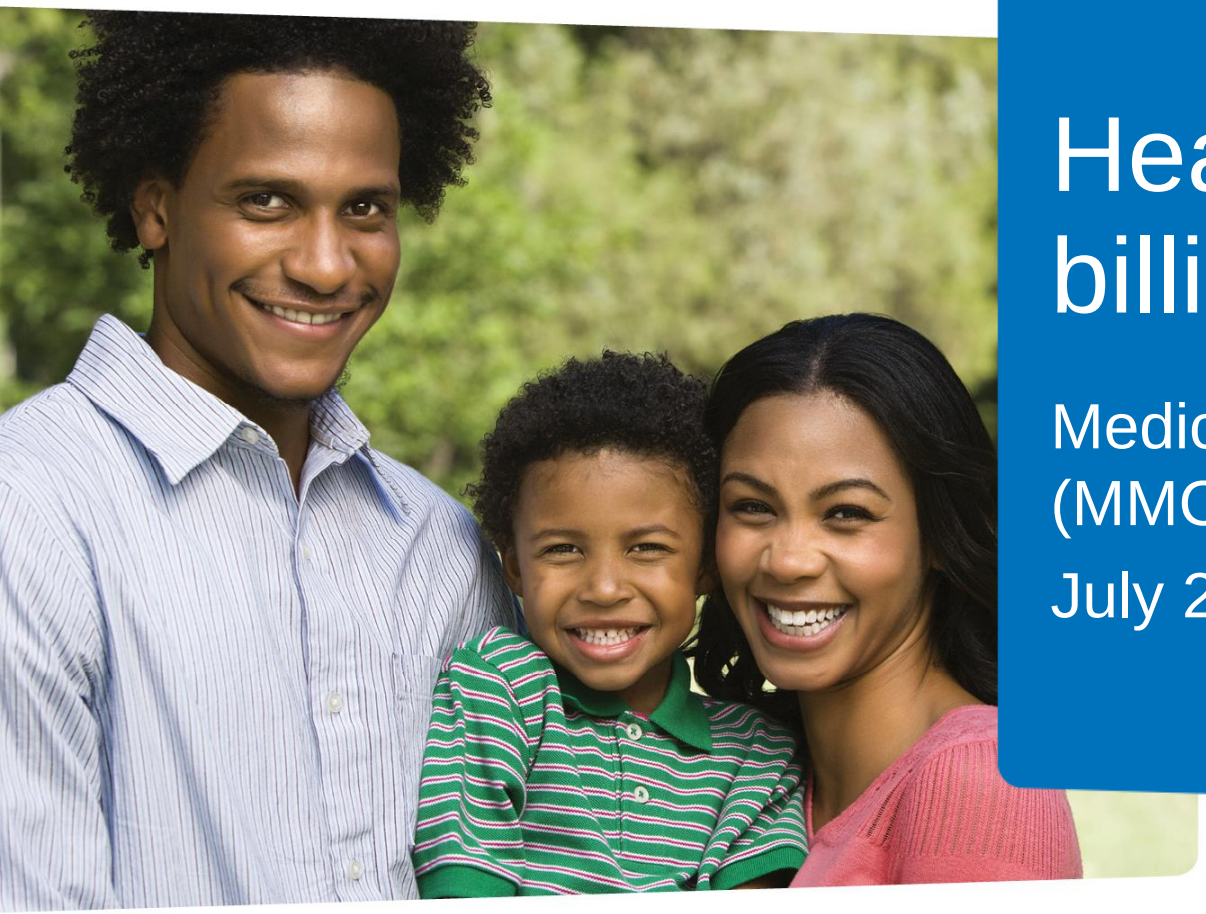
BlueCross BlueShield of Western New York



Health Home billing process

Medicaid Managed Care (MMC)

July 2018

Agenda

- Introduction
- Overview
- Outreach process
- Enrollment
- Availity®
- Billing/claims procedures
- Feedback and Q&A

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Overview

Pursuant to the changes imposed by New York State, effective July 1, 2018, the purpose of this overview is to:

- Discuss the procedures we have implemented to carry out the state's vision.
- Review outreach and enrollment parameters.
- Review the Health Home billing process to ensure accurate and timely claims submission, payment and remittance guidance.
- Answer any questions from the training.

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Outreach process

- All outreach services effective on or after October 1, 2017, will not exceed two consecutive months whereas the second consecutive month must be a face-to-face service.
- Face-to-face contact is defined as an in-person meeting with the member and/or parent, guardian or legally authorized representative who has the authority to consent and enroll.
- Outreach billable months cannot exceed four months in a rolling 12-month period.
- Exception: Outreach services may exceed the limits cited above when actionable information from the managed care organization supports additional outreach.

Department of Health enrollment guidance

MMC billing and payment protocol for Health Home services

Only Health Homes that have been designated to serve children may bill Children's High, Medium and Low (HML) rates, as determined by the Child and Adolescent Needs and Strength-New York acuity algorithm, for members under age 21. A monthly *Children's Questionnaire* in the Medicaid Analytics Performance Portal (MAPP) Health Home Tracking System (HHTS) must also be completed prior to submitting a children's Health Home care management claim.

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Department of Health enrollment guidance (cont.)

MMC billing and payment protocol for Health Home services

Health Homes that are not designated to serve children (anyone under 21) must bill at the adult rate, which is determined using the MAPP HHTS HML clinical and functional assessment (formally known as *Adult HML Questionnaire*).

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Department of Health enrollment guidance (cont.)

MMC billing and payment protocol for Health Home services

Any Health Home that serves a member who is 21 or over must bill the appropriate Adult HML Health Home rates. A monthly *Adult HML Questionnaire* that is similar to the *Children's Questionnaire* must be completed in the MAPP HHTS. This also applies to members 21 years and older who elect to be served by a Children's Health Home.

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Getting started: register with Availity

Availity is the website for BlueCross BlueShield of Western New York (BlueCross BlueShield) where you will find information related to:

- Electronic data interchange (EDI) transmission procedures.
- *HIPAA*-compliant billing procedures.
- Claim submission guidance.

For questions about Availity, call Availity Client Services at **1-800-282-4548**, Monday through Friday from 8 a.m. to 7 p.m. ET (excluding holidays).

You can also select **Contact Support** under *Help* in the top navigation by accessing the website at **https://www.availity.com**.

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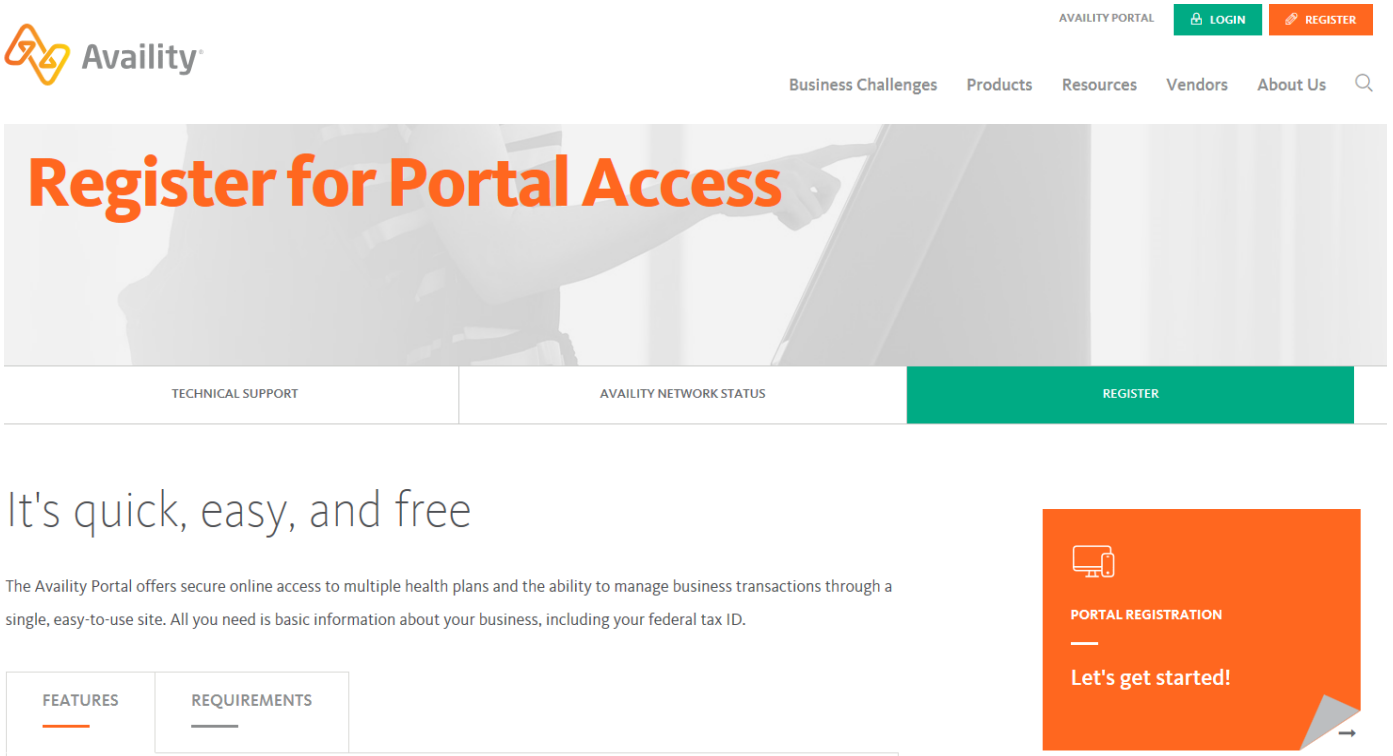
Organization registration

Go to **https://www.availity.com** and select **Register** to begin this process.



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Provider website: secure access only

- The Availity username and password are used for the BlueCross BlueShield and Availity secure provider self-service websites.
- The tools on the secure website (**www.bcbswny.com/stateplans**) let you perform key transactions.
- The website is also your source for informational notices, bulletins and updates that may affect the management of your practice and patients.

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Help with Availity

How can I learn about payer specifics, additional tools, link-out options and more information?

Don’t be afraid to explore and use Availity Help. You can access help by:

- Selecting **Help | Find Help**. Availity Help will then display in a separate window or tab. Under *Contents*, select the topic you need.
- Selecting **Help | Get Trained**. The Availity Learning Center (ALC) Web Portal Products Learning Center will open in a separate window or tab.
- Selecting **Help | Contact Support** for options to contact Availity Client Services.

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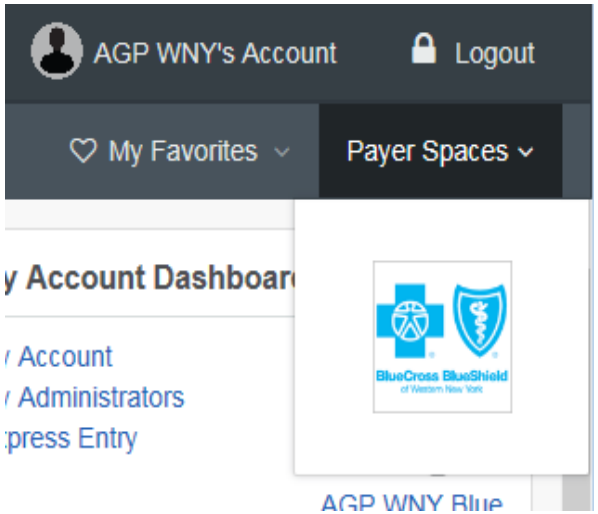
Payer Spaces and Provider Self Service

Navigate to *Payer Spaces* and select **Provider Self Service** to find information on all electronic transactions and claim billing:

- EDI registration information
- Electronic funds transfer (EFT) and electronic remittance advice (ERA) enrollment information
- Claims forms
- The provider manual (containing all billing policies and procedures)



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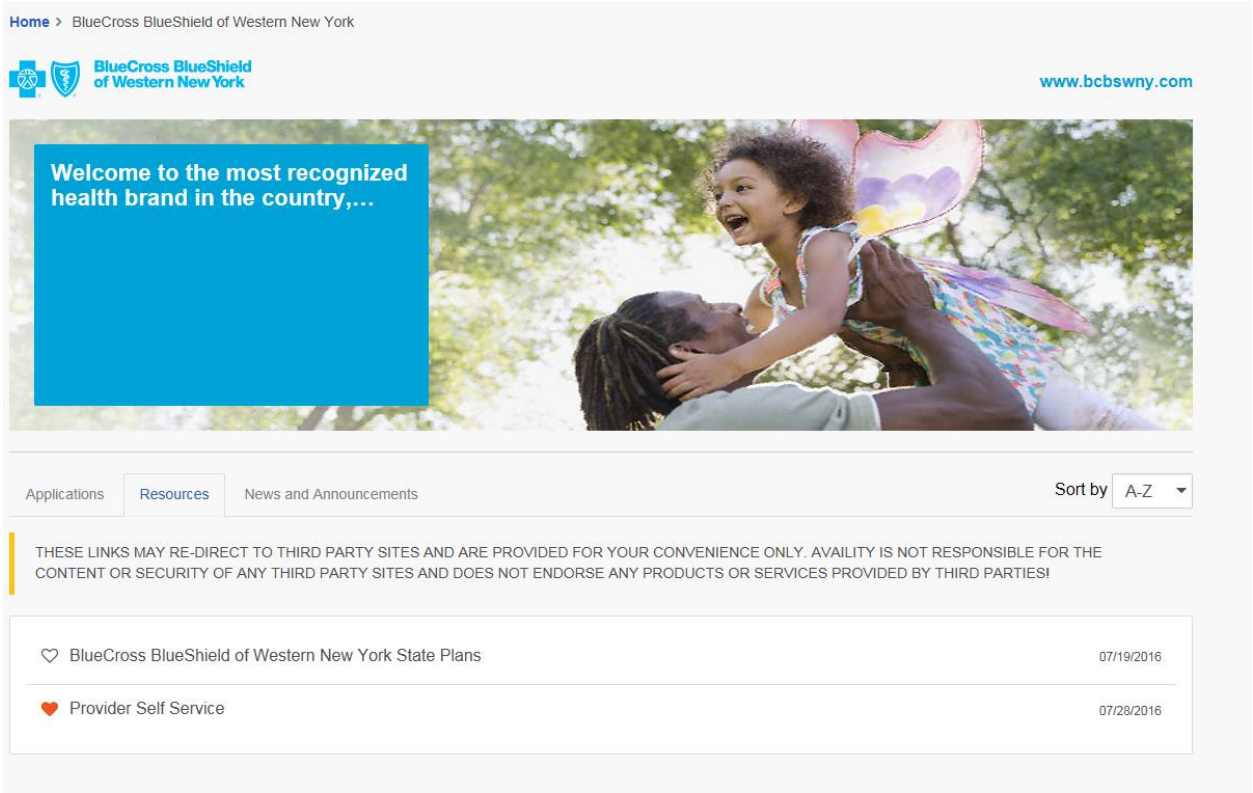
Provider Self Service

Select the **Resources** tab then **Provider Self Service** to be redirected to the BlueCross BlueShield self-service site.



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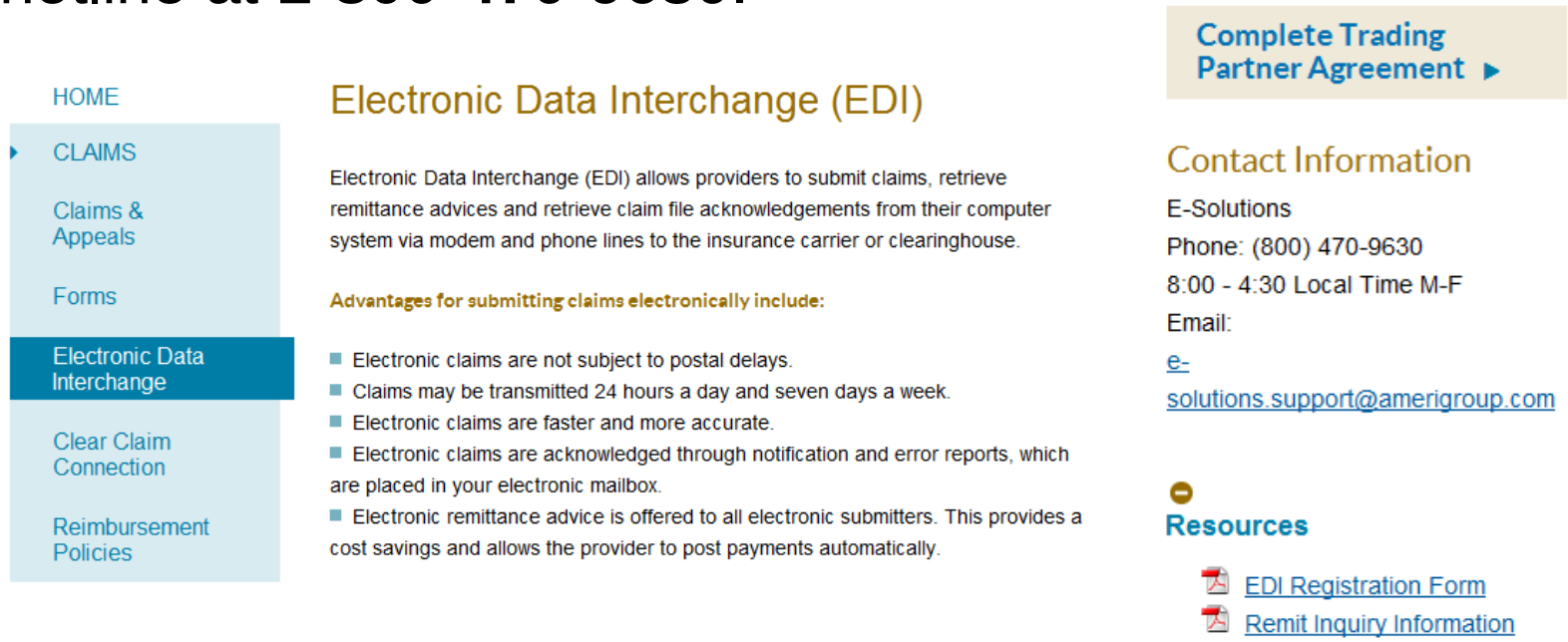
How to register for EDI

Access a *Trading Partner Agreement Form* at **www.bcbswny.com/stateplans** or by calling our EDI hotline at **1-800-470-9630**.



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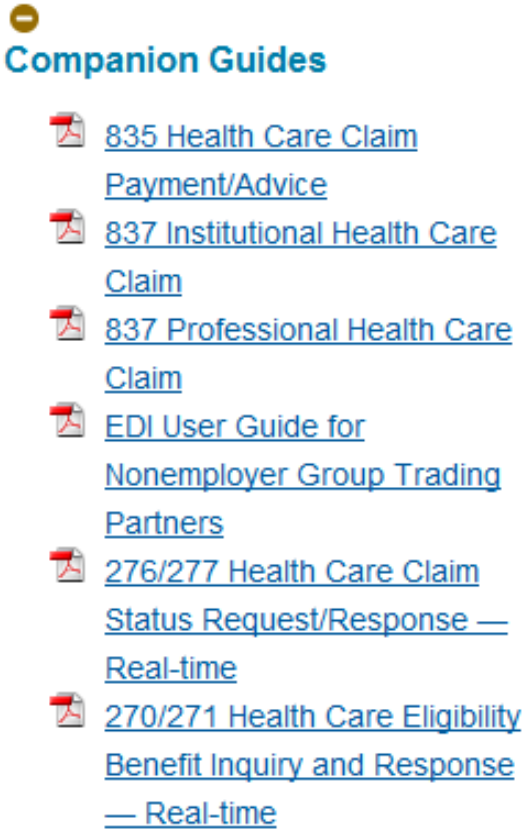
EDI

For payer IDs, please contact your clearinghouse.

Transaction companion documents (choose the applicable one) are also available on our website.



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EnrollHub: electronic payment enrollment

BlueCross BlueShield uses EnrollHub™, the secure Council for Affordable Quality Healthcare® solution, for EFT and ERA enrollment. EnrollHub is available at no cost to all health care providers.

Visit **www.caqh.org/eft_enrollment.php** for more information and to create your secure account.

To learn more, call **1-844-815-9763**. Representatives are available Monday through Thursday from 7 a.m. to 9 p.m. ET and Friday from 7 a.m. to 7 p.m. ET.

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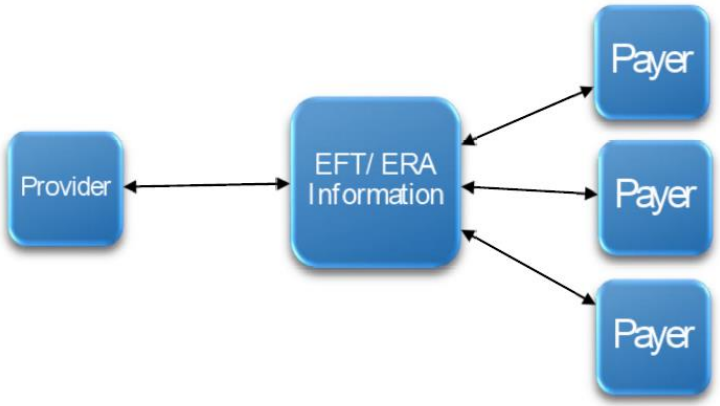
Electronic payment and remittance services

Providers who enroll for electronic payment services:

- Receive ERAs and import the information directly into their patient management or patient accounting system.
- Route EFTs to the bank account of their choice.
- Can use the electronic files to create custom reports in their office.
- Can access reports 24/7.



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How to submit claims

Providers can submit claims:

- On the Availity website (**https://www.availity.com**).
- Via *Batch 837* (electronic claims).
- Via Clearinghouse.
- On paper by mail.

For information on how to submit claims electronically, please visit our website at **www.bcbswny.com/stateplans** > Claims > Electronic Data Interchange.

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Paper claim submission

Submit claims using the *UB-04 Claim Form* printed with dropout red ink or typed (not hand written) in large dark font. Mail to:

BlueCross BlueShield of Western New York
P.O. Box 62509
Virginia Beach, VA 23466-2509

Note: Modifiers approved by the American Medical Association and the Centers for Medicare & Medicaid Services must be used appropriately based upon the service and procedure.

BlueCross BlueShield of Western New York

Clean claim submission

A clean claim is a request for payment for a service rendered by a provider that:

- Is submitted timely.
- Is accurately completed with all required fields filled in per our billing guidelines.
- Is submitted on a *HIPAA*-compliant standard *UB-04 Claim Form* or the electronic equivalent of such claim form.
- Requires no further information, adjustment or alteration by provider or by a third party in order for us to process and pay it.

Billing guidelines can be found on our provider website. Navigate to Claims > Electronic Data Interchange > Companion Guides > 837 Institutional Claim.

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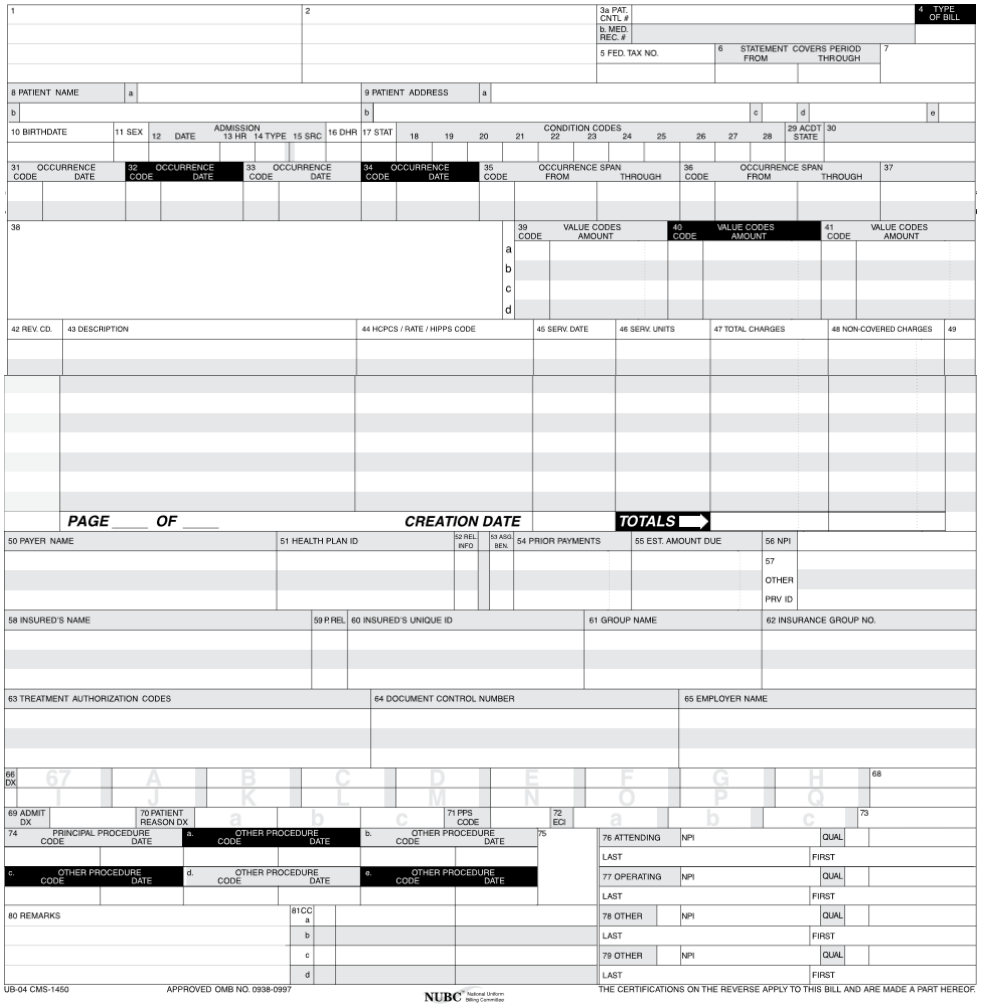
UB-04 Claim Form

For a web-based interactive *UB-04 Claim* tool, view the Managed Care Technical Assistance Center (MCTAC) website at **https://billing.ctacny.org**. The billing tool is an interactive form that walks through the components required to submit a clean claim.



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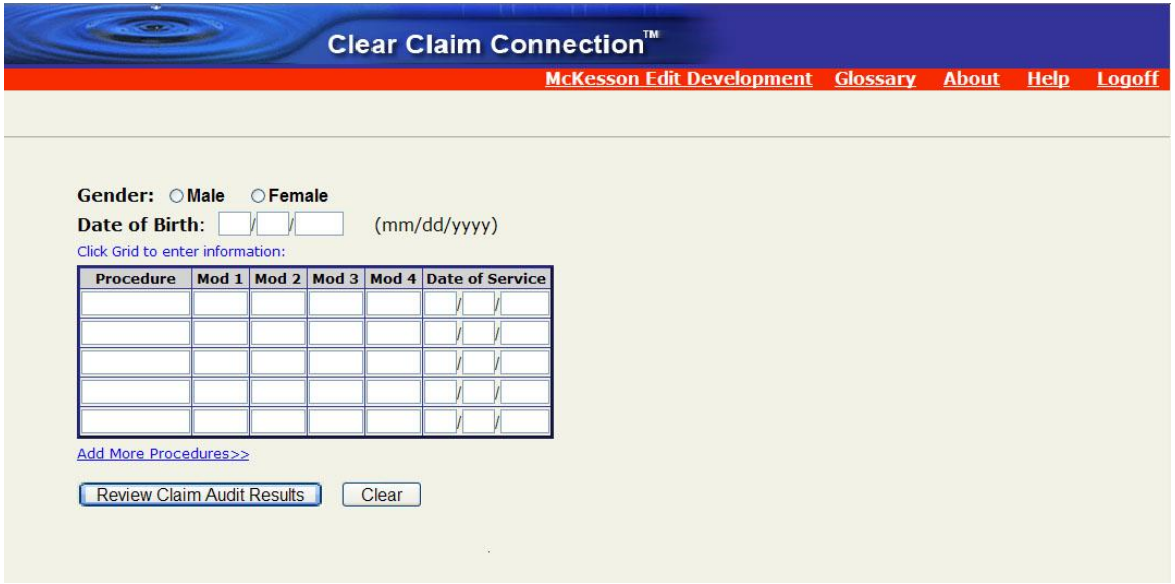
Clear Claim Connection™

This tool on our website can help you determine whether procedure codes and modifiers will likely pay for your patient's diagnosis.



Use Clear Claim Connection for guidance when you submit a claim. Submit payment disputes with a copy of the *Explanation of Payment* (*EOP*), supporting documentation and a letter of explanation.

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Submitting *HIPAA*-compliant codes

Use *HIPAA*-compliant codes from current versions of the following:

- Current Procedural Terminology (CPT)
- Health Care Common Procedural Coding System (HCPCS)
- International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
- Diagnosis-Related Group (DRG) codes
- Provider taxonomy codes

This applies to both electronic and paper claims. When billing codes are updated, you are required to use appropriate replacement codes for submitted claims. BlueCross BlueShield won't pay any claims submitted using noncompliant billing codes.

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Health Home billing codes

Rate Code	Rate Code Description	COS	Provider Specialty Code	Rates Apply to	Revenue Code	Procedure Code	Precedure Code Description	Modifier
1862	Health Home Outreach (Adult)	15	371	Health Homes Serving Adults	0500	G9001	Coordinated care fee, initial rate	
1863	Health Home Outreach (Children)	15	371	Health Homes Serving Children	0500	G9001	Coordinated care fee, initial rate	U1
1864	Health Home Services - Children (Low)	15	371	Health Homes Serving Children	0500	T2022	Case Management, per month	U1
1865	Health Home Services - Children (Medium)	15	371	Health Homes Serving Children	0500	T2022	Case Management, per month	U2
1866	Health Home Services - Children (High)	15	371	Health Homes Serving Children	0500	T2022	Case Management, per month	U3
1869	Health Home Services - Children (Low) (Inc FFP)	15	371	Health Homes Serving Children	0500	T2022	Case Management, per month	U1
1870	Health Home Services - Children (Med) (Inc FFP)	15	371	Health Homes Serving Children	0500	T2022	Case Management, per month	U2
1871	Health Home Services - Children (High) (Inc FFP)	15	371	Health Homes Serving Children	0500	T2022	Case Management, per month	U3
1868	Health Home - CANS Assessment (Children)	15	371	Health Homes Serving Children	0500	G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management	
1853	Health Home Plus/Care Management	15	371	Health Homes Serving Adults	0500	G9005	Coordinated care fee, risk adjusted maintenance	U4
1860	Health Home Services - Adult Home Transition	15	371	Health Homes Serving Adults	0500	G9005	Case Management, per month	U3
1861	Adult Home Assessment and Management Fee			Direct HH villing Through EMedNY				
1873	Health Home Care Management	15	371	Health Home Serving Adults	0500	G9005	Case Management, per month	U1
1874	Health Home High Risk/Need Care Management	15	371	Health Home Serving Adults	0500	G9005	Case Management, per month	U2

Billing type: 34
Taxonomy: 251B00000x
COS: 15

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Rejected and denied claims

Find claims status information at **https://www.availity.com** or by calling Provider Services at **1-866-231-0847**.

There are two types of notices you may get in response to your claim submission:

- Rejected: does not enter the adjudication system due to missing or incorrect information
- Denied: goes through the adjudication process but is denied for payment

If you need to appeal a claim decision, please submit a copy of the *EOP*, letter of explanation and supporting documentation.

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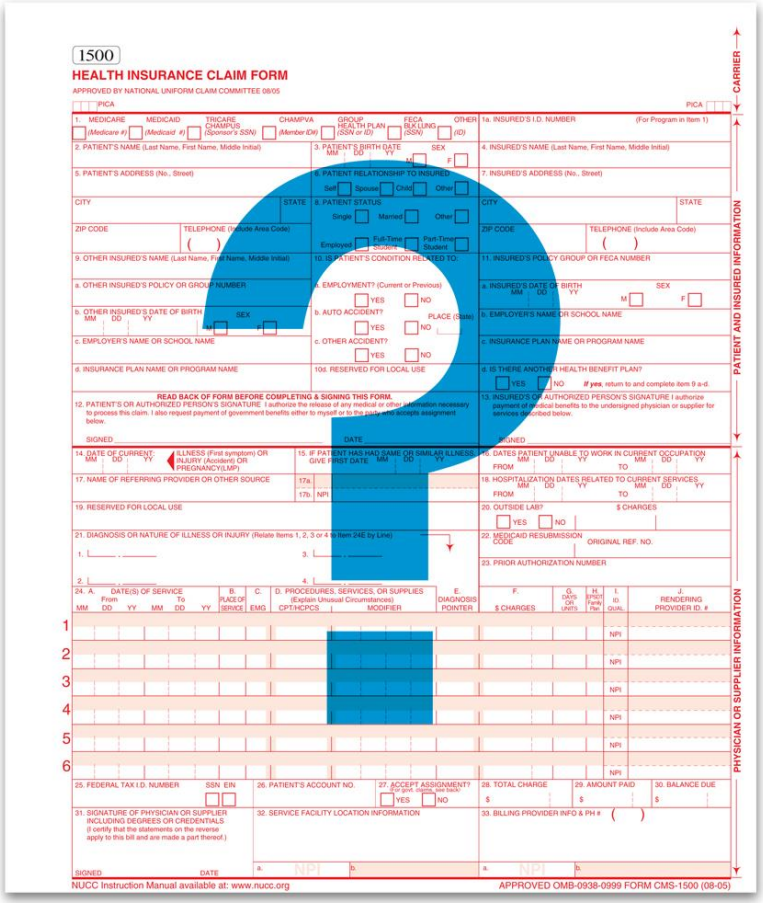
Routine claim inquiries



Our Provider Experience Program ensures provider claim inquiries are handled efficiently and in a timely manner. Calls are handled by trained call agents in Provider Services. Call **1-866-231-0847**.

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Complaints

Complaints, appeals and grievances should be mailed to:

BlueCross BlueShield of Western New York
Provider Complaint and Appeals Department
P.O. Box 62429
Virginia Beach, VA 23466-2429

BlueCross BlueShield of Western New York

Claims adjudication

For claims payment to be considered, adhere to the process outlined below:

- Submit claims within 120 days from the date of service.
- Submit the claim within 120 days of receiving a response from the third-party payer (in the case of other insurance).
- Claims for members whose eligibility has not been added to the state's eligibility system must be received within 120 days from the date of eligibility and by the time we're notified of the eligibility/enrollment.
- Claims submitted after the 120-day filing deadline will be denied.
- Submit a corrected claim within the 90-day filing resubmission period.

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Claims adjudication (cont.)

For claims payment to be considered, adhere to the process outlined below:

- We will provide a report to Health Homes to show payment breakdown by the care management agency.
- After filing a claim with us, review the weekly *EOP*. If the claim does not appear on an *EOP* within 30 business days of adjudication or you have no other written indication that the claim has been received, check the status of your claim on our website or by calling Provider Services at **1-866-231-0847**.

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Payment disputes

Claim payment disputes must be filled within 45 calendar days of the adjudication date of the *EOP*. Forms for provider appeals are located on our website at **www.bcbswny.com/stateplans**.

You can submit claims in the following ways:

- Submit a written reconsideration request, including all necessary supporting documentation to:

  BlueCross BlueShield of Western New York

  Payment Dispute Unit

  P.O. Box 61599

  Virginia Beach, VA 23466-1599

- Call Provider Services to request a reconsideration at **1-866-231-0847**.
- Access and submit a reconsideration through the secure provider website at **www.bcbswny.com/stateplans**.

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Key contact information

- Provider Services: **1-866-231-0847**
- Paper claims submission:

  BlueCross BlueShield of Western New York

  P.O. Box 62509

  Virginia Beach, VA 23466-2509
- Website: **www.bcbswny.com/stateplans**

BlueCross BlueShield of Western New York

Key contact information (cont.)

BlueCross BlueShield network staff

Mary Ferber
Senior BH Network Relations Consultant
Phone: **1-716-796-2663**
Fax: **1-844-831-6603**
Mary.Ferber@Amerigroup.com

Kathy Leonard
Health Home Plan Manager
Phone: **1-716-796-2637**
Fax: **1-844-831-6603**
Kathleen.Leonard@Amerigroup.com

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Next steps

- Register for Availity so you can access the secure BlueCross BlueShield provider website.
- Listen to a recorded Availity webinar at **https://www.availity.com**.
- Register for the EDI.
- Register for EFT/ERA services.
- Read your provider manual.
- Reference the *New York State Health Homes Provider Manuals* for specific program guidance at **https://www.emedny.org/ProviderManuals/HealthHomes/PDFS/Health_Homes_Provider_Manual.pdf**.

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Resources

- Companion billing guides
- Orientation presentation
- Availity information
  - FAQ
  - Registration guide

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Thank you

www.bcbswny.com/stateplans

Amerigroup Partnership Plan, LLC provides management services for BlueCross BlueShield of Western New York's managed Medicaid. A division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association.

NYWPEC-0887-18 July 2018

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