



# Rhode Island Medicaid Billing 101 For Providers

February, 2015

PR0042 V1.1 1.28.15

# Agenda

**Overview of HP Enterprise Services**  
**Your Role as a Billing Provider**  
**Recipient Eligibility**  
**Third Party Liability**  
**Timely Filing**  
**Prior Authorization**  
**Electronic vs. Paper Claims**  
**NPI and Taxonomy**  
**Claim Forms**  
**Provider Electronic Solutions (PES)**



# Objectives

Providers will:

- Know what eligibility information is available on the website
- Know the guidelines for timely filing of claims
- Understand the guidelines for claim submission



# HP OVERVIEW

HP, the world's largest technology company, simplifies the technology experience for consumers and businesses with a portfolio that spans printing, personal computing, software, services and IT infrastructure.

HP helps clients manage the business and technology complexities of the digital economy, eliminate boundaries, collaborate in new ways, establish their customers' trust and continuously seek improvement.



# HP OVERVIEW (continued)

## HP Facts:

- Established: 1939
- Acquired: EDS (the original Contractor with RI Medicaid) in 2008
- Headquarters: Palo Alto, CA
- Employees: More than 300,000 in 57 countries
- Market leader as Medicaid fiscal agent in 18 states (4 in New England)

## Rhode Island Title XIX:

The Rhode Island Executive Office of Health and Human Services (EOHHS) contracts with HP as its Fiscal Agent to process the state's Medicaid Program claims, to enroll and train providers, and perform other duties to fulfill State and Federal requirements. EOHHS has the sole responsibility for formatting program policy and procedures.



# HP OPERATIONS SUPPORTING RI MEDICAID

## Claims Processing (as of SFY 2014)

- 5.6 Million Claims Processed Annually
  - 277,351 Paper
  - 4,816,136 Electronic
  - 567,628 POS

## Provider Services

- Customer Service Help Desk
  - Average 362 calls daily
- Provider Representatives
  - Provide policy education and training
- Electronic Data Interchange (EDI) Coordinator
  - Electronic billing support
- Surveillance Utilization Review
  - Fraud and abuse detection

## MMIS Support

- Business Service Analysts/System Engineers
- Research and analyze business needs
- Develops/programs solutions
- Implements/Supports MMIS

## Operations

- Support and maintain MMIS
- 24/7 POS online transaction processing
- Host EOHHS web site



# YOUR ROLE AS A BILLING PROVIDER

- Verify Beneficiary RI Medicaid Eligibility
- Confirm Third Party Liability (TPL)/ Other Insurance
- Determine Prior Authorization (PA) Requirements
- Adhere to Timely Filing Guidelines
- Complete Claim Forms



# RECIPIENT ELIGIBILITY

- Available 24/7
- RI Medicaid Healthcare Portal

<https://www.riproviderportal.org>

- Healthcare Portal Resource Page

<http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx>

The screenshot shows the Rhode Island Executive Office of Health and Human Services Medicaid Healthcare Portal. The page features a blue header with the state seal and navigation links for 'Home' and 'Login'. A 'Login' section on the left includes a 'User ID' input field, a 'Log In' button, and links for 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'. Below this is a 'Protect Your Privacy!' notice and a section asking 'Would you like to enroll as a Trading Partner?' with a 'Click here to Enroll' link. The main content area is titled 'What can you do in the RI Medicaid Health Care Portal' and lists that healthcare providers and billing agents can enroll as Trading Partners, and that Trading Partners can access eligibility, claim status, and other services. A photo of a doctor and a patient is shown below the text. At the bottom, there are buttons for 'FAQs', 'Trading Partner Agreement', and 'Trading Partner Enrollment User Guide', along with links for 'Website Requirements' and 'Rhode Island Medicaid Providers'. The footer contains the text 'R4.2' and '© 2014 Hewlett-Packard Development Company, L.P. All rights reserved. | Privacy Notice'.

# RECIPIENT ELIGIBILITY

## Healthcare Portal

### ➤ Information Provided:

- Aid Category Type
- Managed Care
- Vision/Dental Limits
- Third Party (Other Insurance)
- Rlte Share
- Confirm Medical Identification Number (MID) and Spelling of Name
- Claim status

### Customer Service Help Desk (CSHD)

Available from 8:00 AM- 5:00 PM

401-784-8100 for local and long distance

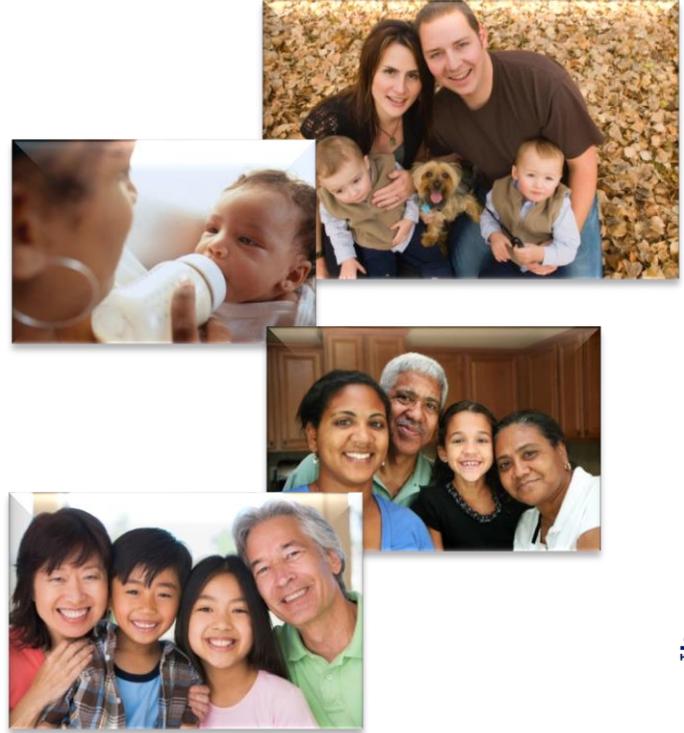
1-800-964-6211 for in state toll and  
border communities

### **Remember:**

***Eligibility should be verified  
on the date of service  
before services are provided***

# RECIPIENT ELIGIBILITY *Continued*

The Medicaid Program provides coverage for necessary medical services to recipients who are  
**Categorically Needy OR Medically Needy.**



# BENEFIT

## Categorically Needy

Categorically Needy individuals are entitled to Medicaid benefits. All recipients of cash assistance under the Aid to Families with Dependent Children (AFDC) program for families and the SSI program for the Aged, Blind or Disabled are Categorically Needy. In addition, many adults, families, pregnant women and children who do not receive cash assistance are Categorically Needy.

## Medically Needy

Those individuals whose income or resources disqualify them for Categorically Needy coverage may qualify for Medically Needy benefits.

Individuals in the Medically Needy coverage group achieve eligibility by applying a flexible test of income which applies excess income to certain allowable medical expenses thereby enabling the individual to “spend down” to within a medically needy income limit (MNIL) established by the Medicaid agency.

# QUALIFIED MEDICARE BENEFICIARIES (QMBs)

**QMBs** are Medicare Beneficiaries who meet special income and resource requirements. Once qualified, Medicaid pays for their Medicare premiums, and pays deductibles and co-insurance up to the Medicaid allowable amounts for the Medicare-Covered services.

Medicare

Medicaid



# THIRD PARTY LIABILITY

## ➤ Identification of TPL:

- Prior to billing RI Medicaid for services rendered to a recipient, providers are required to exhaust all other third party resources

## ➤ To Determine Primary Coverage:

- Obtain information from a client at the time the service is provided
- Verify third party coverage through the web site
- Contact the CSHD for assistance

## ➤ TPL Data Match Process:

- HP electronically obtains third party coverage using data from Health Management Systems, matching commercial insurance for recipients



# TPL INFORMATION FOR CLAIMS SUBMISSION

After exhausting all third party resources, the following TPL information is required to appear on all paper or electronic claims billed to the Medicaid Program:

- Other Insurance Carrier Name
- Policy Number
- EOB from Primary Carrier
- Applicable TPL Carrier Code
  - Lists of carrier codes are found on the website on the TPL page under Billing and Claims
- The Payment Amount from Other Insurance



# TIMELY FILING

The Rhode Island Executive Office of Health and Human Services has a claim submission restriction of twelve (12) months from the date the service was provided to Medicaid recipients.

HP must receive a claim for services for Medicaid clients with no other health insurance and no previous denial from HP within 12 months of the date of service in order to process claims for adjudication.



# TIMELY FILING

- Claims with a date of service over one year with an involved third party insurance must be submitted within ninety (90) days from the process date of the other payer.
- Claims with a date of service over one year that had denied previously by HP must be submitted within ninety (90) days from the date on the remittance advice, including denials resulting from processing and/or recoupment errors.
- Any claim with a service date over one year and a process date from another payer or a remittance advice date from HP over ninety (90) days will be denied for timely filing.



Once the date of service is over 1 year old, the claim and supporting documentation to prove timely filing must be submitted on paper to your provider representative for approval.

# PRIOR AUTHORIZATION

- A Prior Authorization (PA) is required for specific procedures, services and equipment as identified by the RI Medicaid Program
- The request is initiated by the provider
- Upon completion of the review, Prior Authorization status is available on the EOHHS website. Written notification of denials and incomplete requests are returned to the provider my mail



The Medicaid Program does not require providers to obtain prior authorization (PA) when Federal Medicare is primary, and there is a payment from Federal Medicare

# PRIOR AUTHORIZATION FORM

HP Enterprise Services-  
Prior Authorization  
P.O. Box 2010  
Warwick, RI 02887-2010



**RHODE ISLAND MEDICAID PRIOR AUTHORIZATION FORM**



Recip MID(SSN) \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Requesting Medicaid Provider NPI \_\_\_\_\_ Taxonomy \_\_\_\_\_  
 Requesting Provider Name \_\_\_\_\_ Return Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Performing/Billing Provider Name \_\_\_\_\_

**HOSPITALS ONLY**    **SERVICE TYPE**    **INPATIENT**     **OUTPATIENT**

EOHHS ONLY	BILLING PROV NPI	TAXONOMY	START DATE	END DATE	NDC/PROCEDURE OR REVENUE CODE/MOD	ADD MOD	TTH SRF	DIAG CODE	UNITS/OCCUR	DOLLAR AMOUNT

(Reason service is required, diagnosis/prognosis and treatment described) \_\_\_\_\_

PERFORMING PROVIDER SIGNATURE AND TITLE \_\_\_\_\_

**OFFICIAL USE DO NOT WRITE BELOW**

EOHHS AUTHORIZED \_\_\_\_\_ EOHHS DENIED \_\_\_\_\_ DATE \_\_\_\_\_  
 NOTES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# ELECTRONIC VS PAPER CLAIMS

## Electronic

- Faster turnaround time
- No original signature required
- Quicker corrections
- Free Provider Electronic Solutions (PES) Software for Billing
- Cost savings

## Paper

- Slower Turnaround Time due to Manual Data Entry
- Requires an original signature
- Cost of postage and forms
- Claims with Manufacturer's Invoices, Consent Forms and Medical Records Require Paper Billing

# NATIONAL PROVIDER IDENTIFIER (NPI)

“What is NPI”



- NPI is a 10 digit numeric, standard, unique health identifier/number established for health care providers.
- It is assigned by a CMS funded NPI “Enumerator”, FOX Systems, through the NPPES (National Provider and Plan Enumeration System) <https://nppes.cms.hhs.gov>.
- Any health care provider who transmits health information using the standard transactions must obtain an NPI.

RI Medicaid requires a copy of the original letter or e-mail received from FOX which shows your NPI and Taxonomy

Were You Denied?  
Please forward the denial letter/information

# BILLING GUIDELINES USING NPI

The NPI will be used to identify the following:

- Billing Provider ID
- Attending/Rendering Provider ID
- Referring Provider ID
- Prescriber ID (NCPDP)

The NPI is required on all standard EDI transactions

Within these transactions

- 837 Health Care Claims
- 277 Unsolicited Suspended Claims Response
- Recipient Eligibility Inquiry and Response
- 835 Remittance Advice (RA)
- NCPDP Pharmacy Transactions

# BILLING GUIDELINES USING NPI & TAXONOMY



A Taxonomy code allows for specification of the provider's services

The 10 character alpha numeric identifier represents the provider type and specialty

*Providers must choose taxonomies when applying for NPI*

RI Medicaid requires taxonomy codes on paper claims and standard 837 electronic claims, except for Pharmacy (POS) claims.

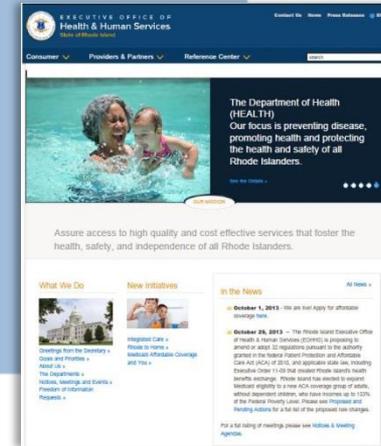
# CLAIM FORM INSTRUCTIONS

The Executive Office of Health and Human Services website has resources for providers.

Visit [www.eohhs.ri.gov](http://www.eohhs.ri.gov) to access the following resources:

Links to the following forms and instructions are listed:

- CMS-1500 Claim Form and Instructions
- UB-04 Claim Form and Instructions
- Dental Claim Form and Instructions
- Pharmacy Claim Form and Instructions
- Waiver claim Form and Instructions
- NDC Attachment Form and Instructions





# UB CLAIM FORM

1 PATIENT NAME		3 PATIENT ADDRESS		2 PLAN NO. & PLAN TYPE		4 FID. NO. NO.		6 STATEMENT COVERED PERIOD FROM		7 STATEMENT COVERED PERIOD THROUGH		8 TOTAL	
10 BIRTH DATE		11 SEX		12 DATE		13 PER		14 TYPE		15 SRC		16 CHR	
17 START		18		19		20		21		22		23	
24		25		26		27		28		29		30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37	
38		39		40		41		42		43		44	
45		46		47		48		49		50		51	
52		53		54		55		56		57		58	
59		60		61		62		63		64		65	
66		67		68		69		70		71		72	
73		74		75		76		77		78		79	
80		81		82		83		84		85		86	
87		88		89		90		91		92		93	
94		95		96		97		98		99		100	
101		102		103		104		105		106		107	
108		109		110		111		112		113		114	
115		116		117		118		119		120		121	
122		123		124		125		126		127		128	
129		130		131		132		133		134		135	
136		137		138		139		140		141		142	
143		144		145		146		147		148		149	
150		151		152		153		154		155		156	
157		158		159		160		161		162		163	
164		165		166		167		168		169		170	
171		172		173		174		175		176		177	
178		179		180		181		182		183		184	
185		186		187		188		189		190		191	
192		193		194		195		196		197		198	
199		200		201		202		203		204		205	
206		207		208		209		210		211		212	
213		214		215		216		217		218		219	
220		221		222		223		224		225		226	
227		228		229		230		231		232		233	
234		235		236		237		238		239		240	
241		242		243		244		245		246		247	
248		249		250		251		252		253		254	
255		256		257		258		259		260		261	
262		263		264		265		266		267		268	
269		270		271		272		273		274		275	
276		277		278		279		280		281		282	
283		284		285		286		287		288		289	
290		291		292		293		294		295		296	
297		298		299		300		301		302		303	
304		305		306		307		308		309		310	
311		312		313		314		315		316		317	
318		319		320		321		322		323		324	
325		326		327		328		329		330		331	
332		333		334		335		336		337		338	
339		340		341		342		343		344		345	
346		347		348		349		350		351		352	
353		354		355		356		357		358		359	
360		361		362		363		364		365		366	
367		368		369		370		371		372		373	
374		375		376		377		378		379		380	
381		382		383		384		385		386		387	
388		389		390		391		392		393		394	
395		396		397		398		399		400		401	
402		403		404		405		406		407		408	
409		410		411		412		413		414		415	
416		417		418		419		420		421		422	
423		424		425		426		427		428		429	
430		431		432		433		434		435		436	
437		438		439		440		441		442		443	
444		445		446		447		448		449		450	
451		452		453		454		455		456		457	
458		459		460		461		462		463		464	
465		466		467		468		469		470		471	
472		473		474		475		476		477		478	
479		480		481		482		483		484		485	
486		487		488		489		490		491		492	
493		494		495		496		497		498		499	
500		501		502		503		504		505		506	
507		508		509		510		511		512		513	
514		515		516		517		518		519		520	
521		522		523		524		525		526		527	
528		529		530		531		532		533		534	
535		536		537		538		539		540		541	
542		543		544		545		546		547		548	
549		550		551		552		553		554		555	
556		557		558		559		560		561		562	
563		564		565		566		567		568		569	
570		571		572		573		574		575		576	
577		578		579		580		581		582		583	
584		585		586		587		588		589		590	
591		592		593		594		595		596		597	
598		599		600		601		602		603		604	
605		606		607		608		609		610		611	
612		613		614		615		616		617		618	
619		620		621		622		623		624		625	
626		627		628		629		630		631		632	
633		634		635		636		637		638		639	
640		641		642		643		644		645		646	
647		648		649		650		651		652		653	
654		655		656		657		658		659		660	
661		662		663		664		665		666		667	
668		669		670		671		672		673		674	
675		676		677		678		679		680		681	
682		683		684		685		686		687		688	
689		690		691		692		693		694		695	
696		697		698		699		700		701		702	
703		704		705		706		707		708		709	
710		711		712		713		714		715		716	
717		718		719		720		721		722		723	
724		725		726		727		728		729		730	
731		732		733		734		735		736		737	
738		739		740		741		742		743		744	
745		746		747		748		749		750		751	
752		753		754		755		756		757		758	
759		760		761		762		763		764		765	
766		767		768		769		770		771		772	
773		774		775		776		777		778		779	
780		781		782		783		784		785		786	
787		788		789		790		791		792		793	
794		795		796		797		798		799		800	
801		802		803		804		805		806		807	
808		809		810		811		812		813		814	
815		816		817		818		819		820		821	
822		823		824		825		826		827		828	
829		830		831		832		833		834		835	
836		837		838		839		840		841		842	
843		844		845		846		847		848		849	
850		851		852		853		854		855		856	
857		858		859		860		861		862		863	
864		865		866		867		868		869		870	
871		872		873		874		875		876		877	
878		879		880		881		882		883		884	
885		886		887		888		889		890		891	
892		893		894		895		896		897		898	
899		900		901		902		903		904		905	
906		907		908		909		910		911		912	
913		914		915		916		917		918		919	
920		921		922		923		924		925		926	
927		928		929		930		931		932		933	
934		935		936		937		938		939		940	
941		942		943		944		945		946		947	
948		949		950		951							



# WAIVER CLAIM FORM

RI MEDICAL ASSISTANCE PROGRAM WAIVER/REHAB CLAIM FORM													
PLEASE TYPE OR PRINT CLEARLY. ONLY BLACK OR BLUE INK CAN BE PROCESSED.													
LINE	RECIPIENT NUMBER	PRIMARY DIAGNOSIS	PROCEDURE CODE	LOC	PATIENT LIABILITY	FROM DATE	THRU DATE	OI IND.	OI CODE	OI AMOUNT	UNITS	RATE	CHARGE
	PATIENT NAME LAST   FIRST	SECONDARY DIAGNOSIS	MODS 1   2   3			MM   DD   YY	DATE						
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
										TOTAL OI	TOTAL CHARGE		

BILLING PROVIDER NUMBER \_\_\_\_\_

BILLING PROVIDER NAME \_\_\_\_\_

PERFORMING PROVIDER NUMBER \_\_\_\_\_

PERFORMING PROVIDER NAME \_\_\_\_\_

CERTIFICATION

THIS IS TO CERTIFY THAT THE FOREGOING INFORMATION IS TRUE, ACCURATE AND COMPLETE. UNDERSTAND THAT PAYMENT OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS AND THAT ANY FALSIFICATION OR OMISSION OF A MATERIAL FACT MAY BE PROSECUTED UNDER FEDERAL AND STATE LAWS.

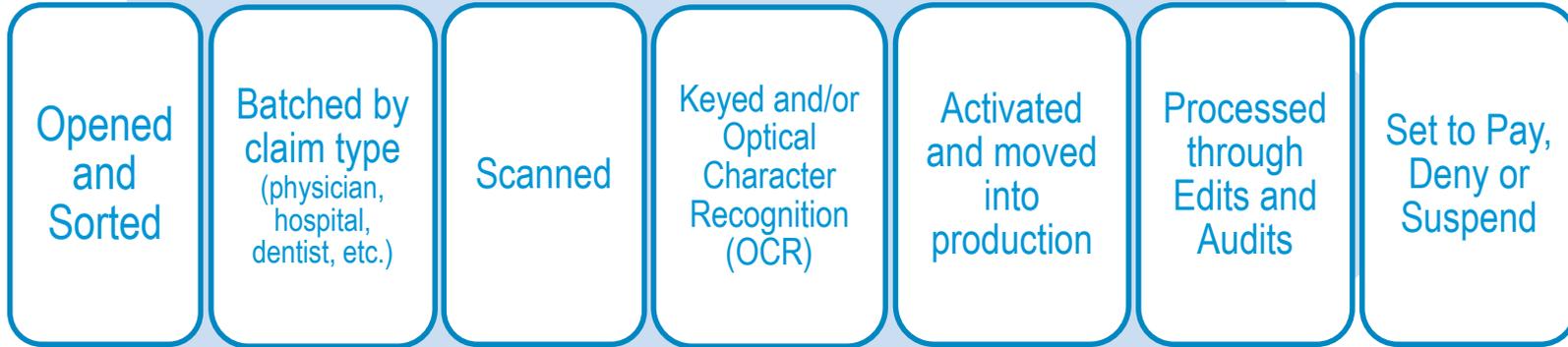
PROVIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EDS COPY

INTERNAL CONTROL NUMBER/MEDICAL ASSISTANCE USE ONLY



# WHAT HAPPENS TO MY PAPER CLAIM?



**99% of all claims adjudicate under 30 days**

# PROVIDER ELECTRONIC SOLUTIONS (PES)

PES software is available to support your HIPAA compliant electronic billing needs

A Trading Partner ID Number is necessary.

For support: Contact the EDI Coordinator at (401) 784-8014

PES version 2.07 can be accessed to download from the EOHHS website at

[www.eohhs.ri.gov](http://www.eohhs.ri.gov)

Download and Installation instructions are available on the website.



# HELPFUL PHONE NUMBERS

## For Providers

- Customer Service Help Desk: 401.784.8100 or 1.800.964.6211 (In-state toll calls)
- Office of Managed Care: 401.462.5300
- Managed Care/United Health: 1.877.842.3210
- Managed Care/Neighborhood Health: 401.459.6020 (local)  
or 1.800.459.6019
- Rhody Health Options 401.459.6601 (local) or 1.855.996.4774
- Qualidigm 1.800.357.8417



Provider Representative	Contact Information	Focus Area
Sandra Bates	<a href="mailto:sandra.bates@hp.com">sandra.bates@hp.com</a> 401-784-8022	Dental, Vision, FQHC, Lifespan Hospital, Independent Labs, Ambulance, Non-emergency Medical Transportation
Marlene Lamoureux	<a href="mailto:marlene.lamoureux@hp.com">marlene.lamoureux@hp.com</a> 401-784-3805	Nursing Homes, Hospice, DME, Skilled Nursing, Personal Care/Homemaker, Meals on Wheels
Karen Murphy	<a href="mailto:karen.murphy3@hp.com">karen.murphy3@hp.com</a> 401-784-8004	Child & Family Services, CEDARR services, Behavioral Health, Adult Day Care, Assisted Living, Care NE Hospital, EI, LEA, BHDDH
Daphine Monroe	<a href="mailto:darphine.monroe@hp.com">darphine.monroe@hp.com</a> 401-784-8003	Physician Services, Audiologist, Chiropractor, Nurse Practitioner, Pathology, Physician, Physician Assistant, Podiatry, Independent and Out of State Hospitals.
Mary-Jane Nardone	<a href="mailto:mary-jane.nardone@hp.com">mary-jane.nardone@hp.com</a> 401-784-8014	EDI Coordinator
Deborah Meiklejohn	<a href="mailto:deborah.meiklejohn@hp.com">deborah.meiklejohn@hp.com</a> 401-784-3859	Training and Documentation Specialist

Kelly Leighton	<a href="mailto:kelly.leighton@hp.com">kelly.leighton@hp.com</a> 401-784-8013	Provider Services Manager
Dorothy Pizzarelli	<a href="mailto:dorothy.pizzarelli@hp.com">dorothy.pizzarelli@hp.com</a> 401-784-8012	Customer Service Supervisor
Customer Service Help Desk	401-784-8100 for local and long distance calls or 1-800-964-6211 for in-state toll calls	Monday through Friday 8:00 AM – 5:00 PM



# UPCOMING PROJECTS

- **ICD-10 – (October 1, 2015)**
  - Change to ICD-10 code set on October 1, 2015
- **Provider Enrollment - (Spring, 2015)**
  - Revalidation of enrollment information
- **Member ID Conversion – (TBD)**
  - Member ID will be converted from social security number to a 10 digit ID number

\*





- Healthcare Portal
- ICD-10 Implementation
- Provider Training and Education
- General Information
- Certification, Licensing & Registration
- Provider Enrollment
- Electronic Health Records (EHR) Incentive Program
- Billing & Claims
- Provider Manuals & Guidelines
- Forms & Applications
- Program Tools & Resources
- Grant & Contract Opportunities
- Program Integrity

Assur  
health

What We Do

New Initiatives and  
Updates

In the News

# Provider Training and Education

Providers & Partners > Provider Training and Education



## Provider Training and Education Healthcare Portal

The Healthcare Portal is replacing Interactive Web Services (IWS). New Trading Partners are required to enroll through the Healthcare Portal and all existing Trading Partners are required to register to use the Healthcare Portal. Training sessions have been scheduled to support providers, clearinghouses, billing entities and all other users of IWS in this transition.

For more information, and to view the training schedule, visit the [Healthcare Portal](#) page on this website

### Getting Ready for ICD-10 Webinar

HP and RI Medicaid hosted webinars titled "Getting Ready for ICD-10" in late February and early March, 2014, to help providers prepare for the upcoming transition to ICD-10. Although the implementation date has been delayed, providers are encouraged to continue preparation.

To view the presentation slides and the Question and Answer document from the live presentations, visit the [ICD-10 Implementation page](#).

### Billing 101

#### Part 1 -The Basics

This following documents are for new providers seeking information on basic billing practices and processes.

[Presentation slides](#)

[Questions and Answers Document](#)

Executiv  
Human S  
Healthca  
Innovat  
Rhode Is  
services

See the Details of

ION

effective se  
Rhode Isla



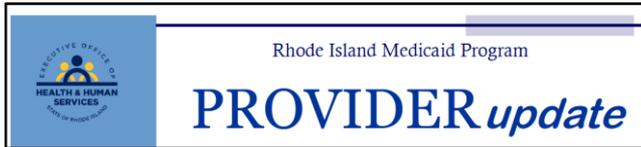
# MONTHLY PROVIDER UPDATE

The monthly Provider Update delivers news and information to providers.

It is posted on the EOHHS website at:

<http://www.eohhs.ri.gov/News/ProviderNewsUpdates.aspx>

Or you can receive it electronically by subscribing. To subscribe, send an email to [deborah.meiklejohn@hp.com](mailto:deborah.meiklejohn@hp.com)



# Q and A

# Thank you

