

## **Nursing facility provider billing reminders and updates**

The purpose of this communication is to inform Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) contracted providers of updates to nursing facility provider billing and to assist providers with billing nursing facility claims. This update provides instructions and answers to frequently asked questions by nursing facility providers and it offers guidance to prevent claim denials and/or rejections.

### **Nursing facility adjustments**

Amerigroup STAR+PLUS MMP will automatically adjust previously adjudicated claims within 30 days from the date of receipt of a change in data from the State to reflect adjustments to such items as, but not limited to, nursing facility daily rates, provider contracts, service authorizations, applied income and level of service (resource utilization group [RUG]).

Any adjustments besides the ones listed above, and some denials, may require a corrected claim by the nursing facility provider. Corrected claims must be submitted within 120 days from the date of the explanation of payment (EOP). Corrected claims may be submitted using Availity, with a type of bill (TOB) 217 and referencing the original claim number.

Below are some examples of reasons nursing facilities may need to submit a corrected claim:

- Incorrect tax ID
- Incorrect units billed
- Two different RUG levels billed on the same line
- Updates to date span
- Invalid or missing attending Provider ID

### **Provider identified underpayments**

#### **What is the process for a provider that has underpaid claims that are not due an automatic adjustment?**

If a clean claim was submitted and underpaid, the provider will need to notify their Provider Relations Representative and give him/her the claim number so that it may be reprocessed. These projects will be completed within 30 days of notification.

### **Overpayments**

Effective December 2016, Amerigroup STAR+PLUS MMP will begin automatically recovering overpayments resulting from nursing facility automatic adjustments. Previously, Amerigroup STAR+PLUS MMP notified the provider in writing of overpayments and followed the traditional Amerigroup STAR+PLUS MMP recovery process.

Amerigroup STAR+PLUS MMP will implement the following new recovery process:

- Amerigroup STAR+PLUS MMP will identify under and overpayments during each automatic recovery adjustment cycle.
- Both under and overpayments will be adjusted at the claim level.

- Providers will be notified of the adjustments via EOPs. The adjustments on the EOP will mirror current adjustments being processed that day, including the resulting additional payment or recovery.

The new process gives the provider a more timely adjustment and more closely mirrors the Department of Aging and Disability Services (DADS) and the Texas Medicaid & Healthcare Partnership (TMHP) process. Utilizing this specific process for state-directed nursing facility adjustments will prevent those adjustments from experiencing inappropriate delays.

### **What is the process for taking care of provider specific overpayments that are outside the scope of a global overpayment claim project?**

There are three ways a provider can take care of self-identified overpayments:

- If the provider wants the overpayment to be offset, he/she should fill out the *Recoupment Notification Form* and mail it to the address on the form. The form is located at <https://providers.amerigroup.com>
- If the provider wants to mail a check, he/she should fill out the *Refund Notification Form* and mail it, with a check, to the address on the form. The form is located at <https://providers.amerigroup.com> > Forms.
- The provider may also notify his/her Provider Relations representative and give him/her the claim numbers so that it may be recouped at the provider's request.

### **Billing requirements**

All nursing facility services must be billed using an electronic billing format that is 5010, level seven edit-compliant, via the HIPAA 837I format for a CMS 1450 claim form. No paper claims will be accepted.

Nursing facility providers have three options for submitting claims:

- Electronic data interchange (EDI)
  - Availity payer ID: 26375
  - Emdeon payer ID: 27514
  - Capario payer ID: 28804
  - Smart Data Solutions ID: 81237
- Amerigroup STAR+PLUS MMP Claim Portal (<https://providers.amerigroup.com>)
- TMHP website claim portal

Nursing facility providers must adhere to the following guidelines and time limits for claims to be considered for payment:

- Nursing facility unit rate claims – 365 days from the date of service
- Skilled Medicare-Medicaid Plan (MMP) services – 365 days from the date on the claim
- Nursing facility add-on services – 95 days from the date of service
- Corrected claims – 120 days from the date of the EOP

### **Billing for coinsurance and deductibles**

#### **Billing STAR+PLUS coinsurance when the member has Medicare Advantage as primary insurance**

Nursing facilities should submit a coinsurance claim with a copy of the primary EOP. You can attach a primary carrier EOP using the Amerigroup STAR+PLUS MMP Claim Portal (<https://providers.amerigroup.com>).

#### **Billing STAR+PLUS coinsurance when the member has traditional Medicare as primary insurance**

Nursing facilities should bill a coinsurance claim with revenue code 101 in the first line of the body of the claim.

**Billing for MMP coinsurance for skilled claims**

Nursing facilities should bill revenue code 101 in the body of the skilled nursing facility claim.

**Billing for Medicare Part B deductibles**

Nursing Facilities will continue to send Part B deductible claims to TMHP.

**Nursing facility provider trainings**

If you would like more information on how to check eligibility, how to read an EOP, or authorization and claims status, please join one of our online nursing facility provider trainings. Orientations are via Webex and are held on the third Wednesday of every month, from noon to 1:00 p.m. Central time.

WebEx information can be found at

[https://providers.amerigroup.com/Public%20Documents/TXTX\\_NFTrainingSchedule.pdf](https://providers.amerigroup.com/Public%20Documents/TXTX_NFTrainingSchedule.pdf).

**What if I need help?**

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call our Provider Services team toll free at 1-855-878-1785, option 5.

<b>Provider Relations representative</b>	<b>Assigned territory</b>	<b>Phone number</b>
Rikki Smith	El Paso Service area and West RSA (South of Gaines County)	1-866-696-0710, ext. 59652
Shawncy Watts	Harris Service area	1-866-696-0710, ext. 55686
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