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Provider update

Nursing facility provider billing reminders and updates

The purpose of this communication is to inform STAR+PLUS and 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

STAR+PLUS and 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 items such as, but not limited to: nursing facility daily rates, provider contracts, service authorizations, applied income and level of service (resource utilization group RUG).

Effective for SAS file changes received on or after May 15, 2021, Amerigroup will modify the existing nursing facility retroactive adjustment claims process to adjust all claims (not just claims in the 24-month look-back period) that result in a rate adjustment (over or underpayment. Per the Texas Health and Human Services Commission (HHSC), *45 CFR 95 Subpart A* outlines exceptions to the 24-month finalization timeframe, which includes HHSC rate adjustment. Thus, if MCOs receive notice of a retroactive rate adjustment after the 24-month deadline, the 30 day adjustment deadline would take precedence and the MCO would have 30 days after receipt of HHSC notification to adjust payment. 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 and overpayments

* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup. Availity, LLC, Emdeon, Caprio and Smart Data Solutions are independent companies providing Electronic Data Interchange services on behalf of Amerigroup.

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What is the process for a provider who has underpaid or overpaid claims that were not automatically adjusted?

If a clean claim was submitted and underpaid or overpaid, the provider should submit a dispute through Availity to have claims reviewed and adjusted. These projects will be completed within 30 days of notification.

Overpayments

STAR+PLUS and Amerigroup STAR+PLUS MMP have implemented the following recovery process:

- STAR+PLUS and 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 process gives the provider a more timely adjustment and more closely mirrors HHSC 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 two ways a provider can take care of self-identified overpayments:

- If the provider wants the overpayment to be offset, they 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** > Texas > Forms. They can also email CCURECOUPMENTREQUEST@anthem.com.
- If the provider wants to mail a check, they 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** > Texas > Forms.

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
- Availity website for STAR+PLUS and Amerigroup STAR+PLUS MMP (**https://apps.availity.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 of service.
- Nursing facility add-on services – 95 days from the date of service
- Corrected claims – 120 days from the date of the original *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 revenue code 0101 with a copy of the primary *EOP*. You can attach a primary carrier *EOP* using the Availity website for STAR+PLUS and Amerigroup STAR+PLUS MMP (**https://apps.availity.com**)

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

Nursing facilities should bill a coinsurance claim with revenue code 0101 in the first line of the body of the claim.

Billing for Amerigroup STAR+PLUS MMP coinsurance for skilled claims

Nursing facilities should bill revenue code 0101 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 you 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 Microsoft Teams and are held on the second Wednesday of every month, from 2 p.m. to 3 p.m. Central time. Provider orientation schedule information can be found at **https://provider.amerigroup.com/dam/publicdocuments/TXTX_CAID_LTSSProvOrientation.pdf?v1=02122021**.

What if I need help?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call our Provider Services team toll free:

- Medicaid: **1-800-454-3730**
- Medicare-Medicaid Plan: **1-855-878-1785, option 6**.

Provider Relations representative	**Assigned territory**	**Phone number**
Rikki Smith	El Paso Service area and West RSA (South of Gaines County)	**1-915-356-6581**
Shawncy Watts	Harris/Jefferson Service area	**1-346-233-7469**
Deborah Robertson	Hood, Johnson, Ellis and Tarrant Counties	**1-682-351-1696**

Pearl Adkison	Travis/Jefferson Service Area	**1-512-417-1592**
Cheryl Green	Lubbock Service area and West RSA (North of Gaines County)	**1-806-474-4157**
Letty Garcia	Travis/Bexar Service area	**1-866-696-0710, ext. 1061243041**
Tim Matthews	Wise, Parker, Denton, Collin and Tarrant Counties	**1-866-696-0710, ext. 1061220023** or **682-265-0829**
Arlene Salazar	Manager of Nursing Facility Provider Relations	**1-210-319-8899**