

Healthy Connections *Visual*

MEDICAID BASICS BOOK



➤ Resources

An illustrated companion to the interactive courses at: MedicaidLearning.com.

Updated January 2015

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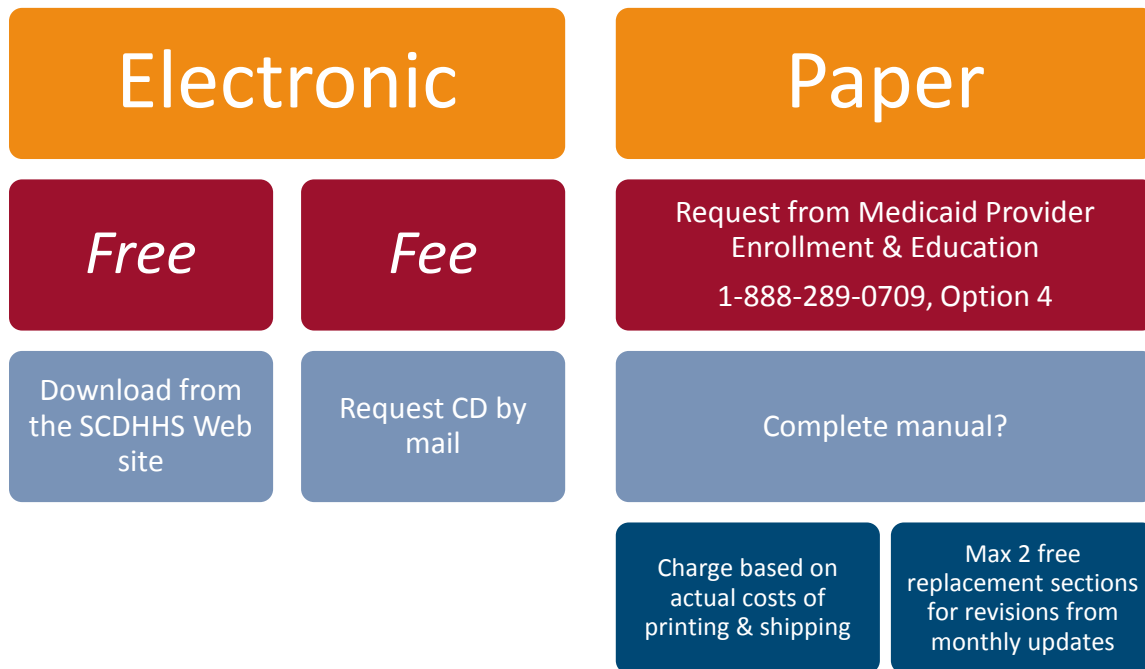
Provider Manuals

Each provider specialty has its own manual. Some content is common to all manuals; other content is program-specific.

Contents	Explanation
Section 1	<p>General Information and Administration</p> <ul style="list-style-type: none"> Standard policy and practices for all policy program areas Includes: records/documentation requirements, reimbursement, anti-fraud provisions, provider exclusions/suspensions, and program integrity & utilization review
Section 2	<p>Policies and Procedures</p> <ul style="list-style-type: none"> Program-specific policies: provider qualifications; and staff, documentation, beneficiary, and billing requirements
Section 3	<p>Billing Procedures</p> <ul style="list-style-type: none"> Claim filing policies, timeliness, claim filing options (such as paper or electronic), claim processing, Remittance Advice, ECFs, checks, third-party liability Billing procedures for the type of billing your program uses <ul style="list-style-type: none"> Turnaround documents (TADs) [nursing, Optional State Supplementation (OSS), Integrated Personal Care (IPC)] Dental, CMS 1500 or UB-04 (hospital claims)
Section 4	<p>Procedure codes</p> <ul style="list-style-type: none"> Program-specific procedure codes, fee schedules, approval codes, and modifiers Some programs (e.g. nursing program), use this section for other information such as resident rights. Some programs do not include this section.
Section 5*	<p>Administrative Services</p> <ul style="list-style-type: none"> SCDHHS contact information: SCDHHS county offices, addresses/telephone numbers, and claim form providers. Forms section *Administrative information will be shifted to section 4 if your program does not include typical section 4 procedure codes, fee schedules, etc. In this case, there would be no section 5.
Appendices	<p>Edit Codes · CARCs/RARCs (claims adjustment reason codes, remittance advice remark codes) · (edit) Resolutions · Carrier Codes · Schedule of Copayments · Fee Schedule</p> <ul style="list-style-type: none"> Appendices are included only when applicable to the program. For instance, not all programs receive copayments. Some specialties without all of the appendices: Nursing Home, IPC – Integrated Personal Care, OSS – Optional State Supplementation, CLTC – Community Long Term Care TPL Supplement: Additional information to correctly file third-party liability claims: cost avoidance vs. pay and chase, reasonable effort, etc. Managed Care Supplement

Obtaining a Provider Manual

Provider manuals come in two formats.



Provider Manual Navigation

Physicians Provider Manual Manual Updated 09/01/11

**SECTION 5
ADMINISTRATIVE SERVICES**

TABLE OF CONTENTS

GENERAL INFORMATION	1
ADMINISTRATION	1
CORRESPONDENCE AND INQUIRIES	1
PROCUREMENT OF FORMS	3
REPRODUCIBLE NEGATIVES	3
SOFTWARE	3
HARD COPY CLAIM FORMS	3
PRIVATE VENDORS	3
FAX REQUESTS	4
WEB ADDRESS	4

Updates

Change Control Record (CCR) documents all changes made to each manual.

Date of change

- Check the SCDHHS Web site monthly for minor or non-policy changes made on the 1st of every month.
- Any policy changes are announced by bulletin.

Physician Provider Manual			
CHANGE CONTROL RECORD			
Date	Section	Page(s)	Change
12-01-11	2	70 85	<ul style="list-style-type: none">• Updated Prescription policy• Added Alcohol and Drug Testing policy to reflect Medicaid Bulletin dated November 3, 2011
12-01-11	4	12 18	<ul style="list-style-type: none">• Deleted codes 22551 and 22552• Added codes 22551 and 22552
11-10-11	2	36	Deleted reference to Q0091 in first paragraph

Changes documented on the CCR since the “birth” of the manual.

Adobe Reader

Adobe Reader

- Used to view PDF files: manuals, bulletins, forms
- **Free** - already installed on most computers
- Available at: www.adobe.com

SCDHHS Web site

SOUTH CAROLINA
Healthy Connections
MEDICAID

Report Fraud

SEARCH

GETTING MEDICAID FOR PROVIDERS MEDIA ROOM USEFUL TOOLS ABOUT US

Provider Manuals
Fee Schedules
Provider Enrollment
Training Opportunities
Contact a Provider Representative
EHR Incentives
Managed Care
Provider Areas
Enrolled Providers

Apply for South Carolina Medicaid
the new online application for Healthy Connections,
our program for better care, better value and better health.

Visit the Federal Marketplace
if you qualify for federal assistance in purchasing
insurance at HealthCare.gov.

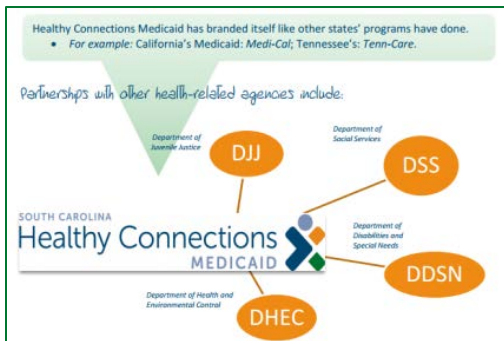
www.SCDHHS.gov

Medicaid information · Provider manuals · Managed Care information · Fee schedules and crosswalks (new procedure codes that are HIPAA compliant) · Edit codes and carrier codes · Electronic filing resources: Trading Partner Agreements, Companion Guides (used to help providers transfer software to meet HIPAA compliance regulations)

Online Learning

Locate provider training and resources at MedicaidLearning.com.

Choose from a variety of learning tools...



Menu

CARRIER

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA	1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA (LUMP) <input type="checkbox"/> OTHER <input type="checkbox"/>	1a. INSURED'S I.D. NUMBER (For Program in Item 1)	PICA <input type="checkbox"/>
(Medicare#) <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/>	3. PATIENT'S BIRTH DATE MM <input type="text"/> DD <input type="text"/> YY <input type="text"/> SEX M <input type="checkbox"/> F <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)			

Bulletins



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December 3, 2013
MB# 13-061

MEDICAID BULLETIN

All

TO: All Providers

SUBJECT: Discontinuation of Edit Correction Forms (ECFs)

The South Carolina Department of Health and Human Services is improving provider communications regarding the status of claims submitted to SC Medicaid. Effective **January 3, 2014**, providers will no longer receive Edit Correction Forms (ECFs) for rejected claims. Additionally, effective **April 1, 2014**, SC Medicaid will no longer accept provider corrected ECFs. Providers will be required to submit a new claim form to resolve billing edits. This change will allow SC Medicaid to keep providers informed of the status of each claim.

Bulletins

- Used by SCDHHS to inform providers of policy changes
- Issued as necessary
- Available by automatic e-mail notification upon request
- To subscribe, go to bulletin.scdhhs.gov
- Otherwise, visit the scdhhs.gov website to view bulletins that have been issued

Provider Workshops

SCDHHS offers free workshops for providers that you'll be notified about if you've subscribed to receive bulletins.

FREE WORKSHOPS:

Medicaid Basics (click to register)
Jan. 13 • Feb. 10 • March 10 — 10 a.m.-4 p.m., Columbia
March 5 — 10 a.m.- 4 p.m., Charleston
Discover the South Carolina Healthy Connections Medicaid Program. This course provides overviews on general policies and topics such as: eligibility, claim filing options, the remittance package, Third Party Liability (TPL) and claim-level adjustments.

KEPRO Quality Improvement Training (click to register)
Jan. 20 — 9 a.m.-Noon, Greenville Jan. 21 — 9 a.m.-Noon, Florence
Jan. 22 — 9 a.m.-Noon, Charleston Jan. 23 — 9 a.m.-Noon, Columbia
Held in conjunction with Keystone Peer Review Organization (KEPRO), this annual quality improvement training includes requirements, updates and a review of the process and procedures for prior authorization.

Comprehensive Web Tool (click to register)
Jan. 21 • Feb. 18 • March 18 — 10 a.m.-3 p.m., Columbia
Explore all the available features on the South Carolina Healthy Connections Medicaid Web-based Claims Submission Tool. This class navigates claim entry and submission as well as how to check eligibility, claim status and e-remits in the online tool.

Overview of Third Party Liability (click to register)
Jan. 27 • Feb. 26 • March 26 — 10 a.m.-3 p.m., Columbia
Examine Third Party Liability (TPL) reporting responsibilities, refund process, claim adjudication, edit resolution and other resource information.

Overview of Claim-level Adjustments (click to register)
Jan. 29 — 10 a.m.-12:30 p.m., Columbia
Learn the detail-level process that gives professional providers the capability of submitting claim-level adjustments directly to South Carolina Healthy Connections Medicaid.

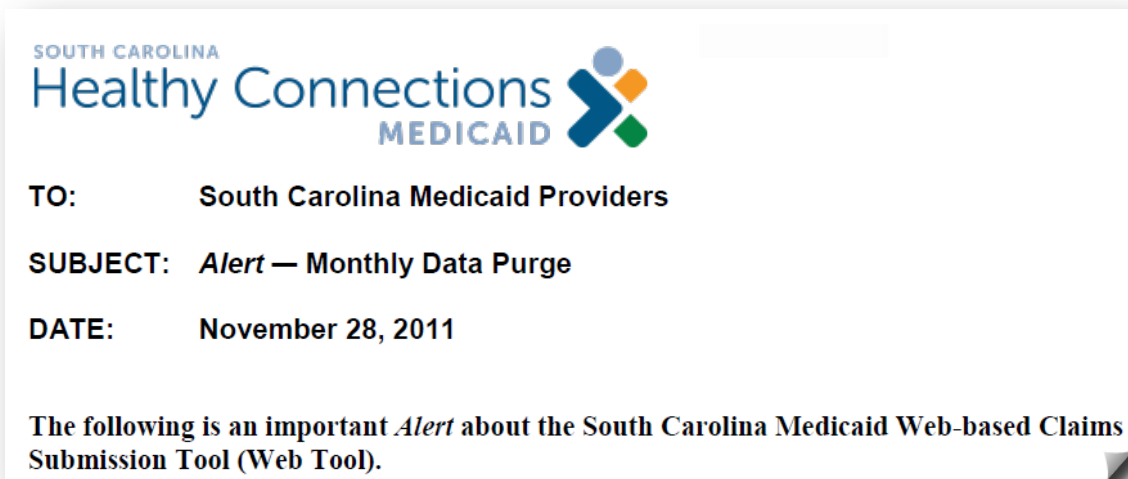
To register for a workshop, visit MedicaidLearning.com or call 1 (888) 289-0709 and select option 1.

Resources and training content are also available online at MedicaidLearning.com. For KEPRO Prior Authorization online training, visit scdhhs.kepro.com/content/training.aspx?t=GEN.

Better Care. Better Value. Better Health.

Web Tool Alerts

SCDHHS notifies WT users of any changes and events that pertain to the Web Tool.



Alert types

Monthly
system purge

System
updates

for claims
older
than 3
months

alert sent
one week
prior

changes
and
events

alert
issued as
necessary

- Alerts distributed electronically. Also, viewable on MedicaideLearning.com.

Obtaining a National Provider Identifier (NPI)



- Web: <https://nppes.cms.hhs.gov>
- Toll-free number
 - (800)465-3203 or (800)692-2326 (TTY)
- Email: customerservice@npienumerator.com
- Mailing address
 - NPI Enumerator
 - PO Box 6059
 - Fargo, ND 58108-6059