

SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Rural Health Clinic

Medicaid Update



February, 2013

Rural Health Clinic Medicaid Update

Objectives

- Medicaid Program Perspective
- Review of Policy Basics
 - Eligibility
 - Third-Party Liability
 - Copayments
 - Timely Filing
- Rural Health Clinic (RHC) Billing
- SCDHHS Provider Tools
- Policy Changes & Medicaid Updates

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Medicaid Program Perspective

Medicaid Program Perspective

Current Stage

- SCDHHS total budget is more than \$5 billion annually, approx. 20% of the state's general fund
- Serves about 844,000 beneficiaries each month
- Pays for more than half the births in South Carolina

Medicaid Program Perspective

Current Stage (cont'd)

- Approximately 43% of all children in South Carolina are on Medicaid
- Enrollment is now growing by 2,500-5,000 beneficiaries each month as a result of the economy



Review of Policy Basics

Review of Policy Basics

Eligibility

- It is the provider's responsibility to verify coverage prior to services being rendered
 - The day of or the day before
- Providers can verify eligibility via the Web Tool
 - For information on verifying eligibility over a year, contact the SCDHHS Medicaid Provider Service Center
 - 1-888-289-0709
- Eligibility is determined at the county DHHS office
 - For problems or questions concerning eligibility data, contact the county office.

Review of Policy Basics

Third-Party Liability

- Third-Party Liability” (TPL) refers to the responsibility of parties, other than Medicaid, to pay for health insurance costs.
- Medicaid will not pay a claim for which someone else may be responsible until the party liable has been billed before Medicaid has been billed.
 - Private health insurers and Medicare are the most common types of third party that providers are required to bill.
- Medicaid is **always** the payer of last resort.

Review of Policy Basics

Third-Party Liability (cont'd)

- Other health coverage includes Medicare, Tricare, and private insurance confirmed by the recipient and the Web Tool
 - All claims must be filed to other insurance companies before filing to Medicaid
- If other insurance payment is greater than Medicaid's allowable, no Medicaid payment will be made
 - Medicaid will not make a payment greater than the amount that the provider has agreed to accept as payment in full from the third party payer.

Review of Policy Basics

Third-Party Liability (cont'd)

Medicaid Only	Encounter Rate
Medicaid/Medicare	Encounter Rate – TPL Payment, Not to exceed Medicare coinsurance and deductible amount
Medicaid/Other TPL	Encounter Rate – TPL Payment

Review of Policy Basics

Copayments

- The following beneficiary groups are excluded from copayments:
 - Children under age 19
 - Institutionalized individuals
 - Individuals receiving hospice care, family planning services, End Stage Renal Disease (ESRD) services, pregnancy-related services, behavioral health services, and emergency services

Review of Policy Basics

Copayments (cont'd)

- Members of a Federally Recognized Indian Tribe are exempt from most copayments.
- Tribal members are exempt from copayments
 - When services are rendered by the Catawba Service Unit in Rock Hill, South Carolina
 - When referred to a specialist or other medical provider by the Catawba Service Unit
- Members of the Health Opportunity Account (HOA) program are exempt from copayments

Review of Policy Basics

Copayments (cont'd)

- Medicaid beneficiaries cannot be denied services if they are unable to pay the copayment at the time the service is rendered.
- This does not relieve the beneficiary of the responsibility for the copayment.

Review of Policy Basics

Timely Filing

- “Clean” claims and corrected ECFs must be received within one year from the date of service to be considered for payment
 - A “clean” claim is edit free and able to be processed with no additional information.

Review of Policy Basics

Timely Filing (cont'd)

- The timely filing deadline is not extended on the basis of third-party liability
 - With the exception of Medicare
- It is the provider's responsibility to follow-up on all claims to ensure timely filing guidelines are met
- The 510 edit indicates failure to meet timely filing guidelines

Review of Policy Basics

Timely Filing Exceptions

- Dually Eligible claims will be accepted two years from the date of service or six months following the date of Medicare's payment, whichever is later
- Retroactive Eligibility claims must be received within six months of the recipient's eligibility determination
 - A DHHS statement verifying retroactive eligibility must be attached to the claim/ECF.

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Rural Health Clinic (RHC) Billing

RHC Billing

Covered/Non-covered Services

- RHC services are covered when furnished to clients at the clinic, skilled nursing facility, or the client's place of residence.
- Services provided to hospital patients, including emergency room services, are not considered covered RHC services.

RHC Billing

Encounter Codes

- All encounter codes and ancillary services must be billed under the RHC provider number.
- Only one encounter code may be billed per day, with the exception of the Psychiatry and Counseling encounter.

RHC Billing

Codes and Modifiers

- All medical encounters must be billed using the procedure code **T1015**.
- Maternal encounters must be billed with the **“TH”** modifier.
- Psychiatric and counseling encounters must be billed with the **“HE”** modifier.
- HIV and AIDS related encounters must be billed with the **“P4”** modifier.
- Family planning services must be billed with the **“FP”** modifier.
- Telemedicine Consulting Site must be billed with the **“GT”** modifier.

RHC Billing

Included Services and Supplies

- The types of services and supplies included in the encounter are as follows:
 - Commonly provided in a physician's office
 - Commonly provided either without charge or included in the RHC's bill
 - Provided as incidental, although an integral part of the above Provider's Services
 - Provided under the physician's direct, personal supervision to the extent allowed under written clinic policies

RHC Billing

Included Services and Supplies (cont'd)

- The types of services and supplies included in the encounter are as follows:
 - Provided by a clinic employee
 - Not self-administered (drug, biological)

Note: Supplies, injections, etc., are not billable services unless listed under special clinic services.

RHC Billing

Outside Billing

- The following can be billed outside of the RHC encounter rates:
 - 11975 - Insertion, implantable contraceptive capsules
 - 11976 - Removal, implantable contraceptive capsules
 - 11977 - Removal with reinsertion, implantable contraceptive capsules
 - 58300 - Insertion of Intrauterine Device (IUD)
 - 58301 - Removal of Intrauterine Device (IUD)
 - S4989 - Progestasert IUD
 - 90657, 90658, Q2035, Q2036, Q2037, Q2038, Q2039 - Influenza vaccine (over 19yo)
 - 90732 - Pneumococcal vaccine (over 19yo)

Mental Health Visits (Encounters)

- Must develop an Individualized Plan of Care (IPOC) stating the treatment objectives/interventions
- Mental health visits are defined as face-to-face encounters between the beneficiary and the physician, clinical psychologist, clinical social worker, Advance Practice Registered Nurse (APRN), physician assistant, certified nurse midwife or an allied professional under the supervision of a physician or APRN
- One encounter allowed per day, with 12 mental health visits per fiscal year

Mental Health Visits (Cont'd.)

- Additional mental health visits over the allowed 12, require Prior Authorization from the SCDHHS designated Quality Improvement Organization (QIO), KePRO.
- Please refer to the Medicaid RHC Policy Manual for Behavioral Health Services for all related policy requirements.

RHC Billing

Outside Billing (cont'd)

- The following can be billed outside of the RHC encounter rates:
 - J1055 - Depo-Provera for family planning
 - J1950 - Leuprolide Acetate, per 3.75mg
 - J7300 - Paraguard IUD
 - J7302 - Levonorgestrel-Release IUD Contraceptive, 52mg
 - J7307 - Etonogestrel, Implanon
 - D1206 - Application of Fluoride Varnish (3yo)

RHC Billing

Outside Billing (cont'd)

- The following can be billed outside of the RHC encounter rates:
 - All laboratory services (including the six laboratory tests required for RHC certification)
 - Non-stress tests, EKGs, and x-rays performed in the clinic must be billed using the appropriate CPT code
 - With a TC modifier indicating the technical component only
 - Telemedicine Referring Site – Q3014

RHC Billing

Common Billing Errors

- RHC's cannot bill for VFC administrations
- Billing E/M code under regular provider number and Encounter under RHC provider number
- Billing hospital services under RHC number

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SCDHHS Provider Tools

SCDHHS Provider Tools

Web Site

- www.scdhhs.gov
 - Current Fee Schedule
 - Provider Manual
 - Managed Care Health Plan Information
 - Additional information concerning the managed care initiative
 - Trading Partner Agreement
 - Live Training Workshop Dates/Directions and Online Registration
 - Web Tool Training Resources

SCDHHS Provider Tools

Phone Numbers

- SCDHHS Medicaid Provider Service Center
 - **1-888-289-0709**
 - Claim Status
 - Eligibility Inquires
 - Register for Training Workshops
 - Obtain Web Tool Support
 - Request Web Tool User IDs
 - Obtain Electronic Filing Assistance
 - Request a Provider Manual - Hard Copy or CD-Rom

SCDHHS Provider Tools

Addresses

- CMS-1500 Claims and ECFs
 - Medicaid Claims Receipt
PO Box 1412
Columbia, SC 29202-1412
- Provider Enrollment Forms
 - Medicaid Provider Enrollment
PO Box 8809
Columbia, SC 29202-8809
- Prior Authorizations
 - See bulletins in packet for KePro

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Policy Changes & Updates

Policy Changes & Updates

Medicaid Policy Changes & Updates

- KePRO Prior Authorization Process
- Provider Enrollment Changes
- Forthcoming changes to RHC Billing

Policy Changes & Updates

Provider Enrollment and Screening

- Effective December 3, 2012, SCDHHS implemented new policies to emphasize stronger requirements for enrollment and screening as established by the Affordable Care Act (ACA)

Policy Changes & Updates

Provider Enrollment

- Initial enrollment processing
 - www.scdhhs.gov
 - Click "For Providers"
- Address and other status changes
 - 1-888-289-0709
 - Option 4

Policy Changes & Updates

New Policies Include:

- Reactivation of Enrollment
 - Revalidation of enrolled providers every five years
 - DME providers are revalidated every three years

Policy Changes & Updates

Contractors:

Medicaid Claims Control System (MCCS)

- Provider Enrollment and Screening
 - Interactive Web Application
 - New enrollment for individuals and organizations
 - Ordering/referring provider enrollment
 - Existing providers to add new location(s)

Policy Changes & Updates

Contractors:

Medicaid Claims Control System (MCCS)

– Provider Enrollment and Screening

- The application fee will apply to:
 - Business organizations and entities that enroll with an Employer Identification Number (EIN)

Policy Changes & Updates

Contractors:

Medicaid Claims Control System (MCCS)

– Provider Enrollment and Screening

- Pre and Post Site Visits

- SCDHHS will conduct pre-enrollment and post-enrollment site visits designated as “moderate” or “high” categorical risks to the Medicaid program.
 - » DME
 - » Home Health
- The purpose of the site visit is to verify the information submitted to SCDHHS for accuracy and to ensure compliance with State and Federal enrollment requirements.

Policy Changes & Updates

Contractors:

Medicaid Claims Control System (MCCS)

- Provider Enrollment and Screening

- Ordering/Referring Providers

- All ordering/referring providers are required to be enrolled with SC Medicaid if they order and/or refer services for Medicaid beneficiaries.

Policy Changes & Updates

Contractors:

Medicaid Claims Control System (MCCS)

– Provider Enrollment and Screening

- Provider Enrollment Manual

- <http://provider.scdhhs.gov>
- Contains extensive information regarding all new requirements and detailed policy information
 - » Section 1 - General Information and Administration
 - » Section 2 - Enrollment and Screening Policies
 - » Section 3 - Program Integrity
 - » Section 4 - Administrative Services