

Q&A

PROVIDER EDUCATION SESSIONS

Eligibility Questions:

- Q. How often does SCHA/MMSI receive eligibility files?
- A. SCHA receives the enrollment file twice a month.
- Q. What will happen if SCHA/MMSI receives a claim for a newborn and the baby's enrollment has not been complete?
- A. MMSI will pend (hold) the claim up to 30 days awaiting the notification. At the end of 30 days, if MMSI has not received the newborns PMI, the claim will be denied back to the provider for lack of member information.
- Q. Can a newborn's admission be billed under the mother's South Country identification number?
- A. No. MMSI requires a PMI number for the newborn.
- Q. Will SCHA/MMSI require the provider to fax a birth notice with newborn information?
- A. Yes. SCHA/MMSI requires notification for All inpatient hospitalization and also requests newborn information be completed on this form under "Deliveries Only". (see the inpatient worksheet on SCHA website (www.mnscha.org))
- Q. Does MMSI have a contract with Emdeon for eligibility? We use their Assistant product for verification.
- A. Yes.

Prior Authorization Questions:

- Q. What is the Prior Authorization turn around time?
- A. DHS Mandates a 14 calendar day turn around. MMSI's average is 2-3 days for non emergent Prior Authorizations, and 1-2 day average on emergent cases.

- Q. What is the Notification requirement for inpatient admissions?**
- A. Within 24 hours, or the next business day. The inpatient notification form should be faxed to SCHA/MMSI.**
- Q. Is authorization required for a Cesarean Section?**
- A. No**
- Q. Does a Hysterectomy require a prior authorization?**
- A. No. Prior Authorization is not required. The Hysterectomy Acknowledgment Statement must accompany the surgeon and or physician claim.**
- Q. Is a prior authorization required for Radiology tests (CT Scans, MRI's etc.)?**
- A. No. SCHA does not require Radiology services and/or test to be authorized.**
- Q. Prior Authorizations that are in place with Blue Plus for 2008, will these be transferred to MMSI?**
- A. Yes. All authorizations that carry over into 2009 will be honored by SCHA/MMSI and loaded into the system.**
- Q. Do you require Inpatient notification and or authorization when a SCHA member has other primary insurance?**
- A. It is not a requirement, but notification and communication is appreciated and the best practice for all inpatient admissions.**
- Q. Do you require authorization for PCA Assessments?**
- A. No**
- Q. There is a clause in the contract page 9, clause 4.5 that states we need to notify the primary care physician as well as SCHA in the event of an emergency admission. We have never had to notify a PCC or PCP before only the PMAP. Utilization Review may work with the primary clinic to set up further care but the patient accounting office has never dealt with that. Do we have to notify the PCP or only SCHA? If we have to provide notification can we notify the PCC**

(clinic) not the PCP (physician), we have no way of knowing if the PCP is available or if they will receive our notification timely.

- A. **SCHA/MMSI needs notification of admissions (planned or emergency). We do not require PCC or PCP notification.**

DME

- Q. **Is there a Prior Authorization requirement for In-Home Blood Pressure Monitoring?**
- A. **No. Items equal to or greater than \$1000.00 or rental for more than four months require authorization.**
- Q. **What address should DME claims be mailed to?**
- A. **Same address as Medical Claims, this information can also be found on the back of the member's ID Card. Instructions for paper and electronic billing can be found in the SCHA Provider Manual.**

Billing Questions:

- Q. **What is the address for medical and behavioral health claims?**
- A. **MMSI – Claims PO Box 4014 Rochester, MN 55903**
- Q. **How should car seat education be coded?**
- A. **Individual education code as S9445
Group education code as S9446**
- Q. **Are there visit limits for Maternal Child Health (MCH) or High Risk Pregnancy visits by a Public Health Nurse?**
- A. **South Country Health Alliance has no service/visit limits on Public Health or Maternal Child Health services. Counties and Public Health Agencies must use common practice discretion when providing these services.**
- Q. **Where should an Outpatient facility claim be sent when the services performed were dental in nature?**
- A. **The claim should be sent to SCHA/MMSI.**
- Q. **Can a Critical Access Hospitals (CAH) use Type of Bill (TOB) 851?**

- A. Yes – provider are encouraged to continue billing their services to SCHA/MMSI using the Medicare and Medicaid billing practices.**
- Q. We are a critical access hospital. Do you support method II billing?**
- A. SCHA/MMSI support both the Standard Method and Method II.**
- Q. What are the benefit limits for therapy services? Will the amount used be posted on your website? If max benefit reached will you authorize more based upon medical necessity? If so, will you do retro authorization?**
- A. Physical therapy, Occupational therapy and Speech therapy do require prior authorization after the 20th visit for In-Home services only. Services provided in the out-patient setting do not have visit limits or prior authorization requirements. Benefit limits are not available on the verification system at this time.**
- Q. Do you require the Advanced Beneficiary Notice (ABN) to be signed in order to bill the SCHA member/patient for a routine newborn circumcision? Do you have your own ABN form that we could/should be using?**
- A. Providers who have the signed ABN should submit claims for Circumcision using the appropriate modifier identifying the ABN is on file. If the appropriate modifier is not used, the services will be denied as Provider Liability. If the provider adds a modifier that indicates they have the ABN on file – MMSI will deny the service as member liability. If the provider submits the service without a modifier – MMSI will deny as provider liability. If the circumcision is medically necessary, MMSI would require medical records with the claim in order to be reviewed.**
- Q. If a patient has two outpatient visits on the same day, can we bill two separate claims or are we required to bundle services on one UB-04?**
- A. Services provided to members on one of the dual eligible programs through SCHA include SeniorCare Complete (MSHO) and AbilityCare (SNBC) – providers must follow Medicare guidelines for any services that qualify as a Medicare covered services. The programs and services that qualify as Medicaid covered services must follow Medicaid guidelines. MMSI can accommodate both billing methods.**
- Q. Will SCHA/ MMSI require outpatient services to be bundled when provided prior to an inpatient admission?**

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Q. What is the effective date of the Income Based Co-payments for Minnesota Care?

A. DHS indicates March 2009.

Q. Does Specialized Transportation Services require prior authorization?

A. *Specialized Transportation* does not require a prior authorization, SCHA follow the DHS criteria for coverage. *The transport of a recipient who, because of physical or mental impairment, is unable to safely use a common carrier and does not require ambulance service. "Physical or mental impairment" means a physiological disorder, physical condition, or mental disorder that prohibits access to, or safe use of, common carrier transportation. A "Door through Door" or "Station to Station" service.*

Q. Is a qualified hospital stay required prior to a Long Term Care (Nursing Home) admission?

A. Members on AbilityCare (SNBC) or SeniorCare Complete (MSHO) do not require the three day hospital stay prior to a Long Term Care Stay. The hospital admission is waived.

Q. What are your Third Party Liability (TPL) rules?

A. Third Party Liability (TPL)
SCHA recipients may have other health coverage. If a recipient does not inform a provider of other health coverage, the provider can obtain the information by calling EVS at (651-282 5354 or 1-800-657-3613) or accessing MN-Its online.

Bill liable third party payers (including Veteran's Benefits) and receive payment to the fullest extent possible before submitting SCHA claims to MMSI. Private accident and health care coverage, including HMO coverage held by or on behalf of a SCHA recipient, is considered primary and must be used according to the rules of the specific plan. A recipient with more than one level of private benefits

must receive care at the highest level available. SCHA will not pay for services that could have been covered by the private payer if the applicable rules of that private plan had been followed. There is additional information in the SCHA Provider Manual regarding unsuccessful TPL billing. SCHA is the payer of last resort.

EDI Questions:

- Q. Will providers receive the 997 electronic confirmation acknowledgments from MMSI for the receipt of claim files?
- A. Not at this time.
- Q. When will electronic remits be available?
- A. MMSI will have more details on electronic remits by the end of the 1st quarter 2009.

Mental Health and Chemical Dependency Questions:

- Q. How does MMSI base their authorizations, by session or date span?
- A. SCHA utilizes the Minnesota Universal Mental Health/Chemical Dependency request form for authorizing behavioral health services. The request is then reviewed for medical necessity. If approved, the authorization is given for a specified number of sessions over a specified period of time.
- Q. Does MMSI authorize services based on HCPC or CPT?
- A. MMSI does authorize services based on specific codes for several reasons.
- It identifies the services the provider is requesting authorization for.
 - Coding from the authorization help with claim processing and pricing – used specifically for internal purposes.
 - Some codes require supporting clinical information before the services is approved
 - Some provider types are approved for certain codes/services only. The Authorization process may be partially based on the codes submitted.
- Q. Is mileage allowed for the PMAP population when billed by a Clinical Social Worker for both individual and group therapy?

- A. Mileage is an allowable expense.
- Q. Rule 25 Assessments, who has placement authority?
- A. The Rule 25 Assessor.
- Q. Where can I find more information about Chemical Dependency coding for R&B and treatment?
- A. The coding structure can be found in the Chemical Dependency Chapter in the Provider Manual, located on mnscha.org web site under the Provider resource Tab.

PCA Questions:

- Q. What form is used for PCA services?
- A. PCA agencies must follow these guidelines:
- Use the CMS 1500 Claim form
 - List the Individual PCA's UMPI in box 24J
 - List the individual PCA name in box 31
 - List the agencies NPI in box 33
 - Only one PCA per CMS 1500 claim form
 - Only one service date per line (can not bill date spans).
- Q. Are the RN PCA Supervision services allowable?
- A. Yes
- RN PCA Supervision services must be billed on a separate claim from the PCA services
 - Use HCPCS code T1019 with UA modifier
 - List the Agencies NPI in box 33

Credentialing and Contracting Questions:

- Q. Do Providers need to credential through MMSI?
- A. Providers that are directly contracted with SCHA will need to credential directly with South Country Health Alliance.
- Providers that are directly contracted with MMSI will need to be credentialed directly with MMSI.
- Q. What are the required documents SCHA require for a completed application?

- A. A completed MN Uniform Credential Application, current copies of license, DEA registration if applicable, malpractice liability insurance.**