



# **District of Columbia Department of Health Care Finance**

**AAHAM Educational Session**  
Conduent Fiscal Agent Update  
November 16, 2018



# Presentation Agenda

- HCPCS/CPT Code Updates
- Top Hospital Denials
- Prior Authorization Requests
- Billing for Emergency Services – Alliance Beneficiary
- Timely Filing Requirements
- Claim Appeals



# HCPCS/CPT Code Updates



# HCPCS/CPT Code Update

- Annual coding updates occur in January
- A transmittal is usually posted online in December announcing the changes
- Refer to **Transmittal #17-34** posted on the Web Portal at [www.dc-medicaid.com](http://www.dc-medicaid.com) for the 2018 code changes





# Top Hospital Denials



# Top Denials for Hospital Providers

<b>Edit</b>	<b>Description of Edit</b>	<b>Resolution</b>
<b>5218</b>	Service Covered by MCO	<ul style="list-style-type: none"> <li>• Always verify eligibility before rendering services</li> </ul>
<b>0101</b>	Exact Duplicate Claim	<ul style="list-style-type: none"> <li>• Refer to 835's or RA's</li> <li>• Refer to Web Portal claim status</li> </ul>
<b>5237</b>	Medicare Eligible/Not Crossover	<ul style="list-style-type: none"> <li>• Verify deductible, coinsurance, Medicare paid amounts</li> <li>• Ensure the Medicare EOB showing payment or denial is submitted with claim</li> </ul>
<b>0366</b>	Procedure/Servicing Provider Specialty Mismatch	<ul style="list-style-type: none"> <li>• Contact the Conduent Provider Inquiry Call Center for verification</li> </ul>



# Top Denials for Hospital Providers

<b>Edit</b>	<b>Description of Edit</b>	<b>Resolution</b>
<b>0721</b>	Servicing Provider Not Enrolled on Date of Service	<ul style="list-style-type: none"><li>• Contact Maximus for provider enrollment status</li></ul>
<b>0135</b>	Claim Priced at Zero	<ul style="list-style-type: none"><li>• Review claim for submission/billing errors</li></ul>
<b>0750</b>	TPL-Beneficiary has Primary Insurance Coverage	<ul style="list-style-type: none"><li>• Verify eligibility for TPL coverage</li><li>• Resubmit claim with TPL EOB</li><li>• Medicaid is the payer of last resort</li></ul>



# **Submitting Prior Authorization Requests**





# Prior Authorization Requests

- Prior authorizations requests for non-emergent inpatient stays must be submitted to **Qualis Health**

Phone number: 800.251.8890

Email: [providerportalhelp@qualishealth.org](mailto:providerportalhelp@qualishealth.org)

Web address: [www.qualishealth.org/healthcare-professionals/dc-medicaid](http://www.qualishealth.org/healthcare-professionals/dc-medicaid)

- Escalated issues should be directed to:

Cavella Bishop, Program Manager

Department of Health Care Finance

Division of Clinician, Pharmacy & Acute Provider Services

Phone: 202.724.8936

Email: [cavella.bishop@dc.gov](mailto:cavella.bishop@dc.gov)



# Prior Authorization Requests

- The Prior Authorization process for organ transplants has been revised
  - Effective July 1, 2018, requests for Transplant PA's are submitted to Qualis Health
  - Medicaid Fee-for-Service and Managed Care Organization enrollees
  - Requests must be faxed to Qualis Health at **(800) 731-2314**
  - Paper claims will continue to be submitted to:
    - Department of Health Care Finance
    - Division of Clinicians, Pharmacy and Acute Provider Services
    - Attn: Transplant Claim Submission
    - 441 4<sup>th</sup> St NW
    - Suite 900 South
    - Washington, DC 20001

*Refer to **Transmittal #18-22** for additional information posted on the Web Portal at [www.dc-medicaid.com](http://www.dc-medicaid.com).*



# **Billing for Emergency Services – Alliance Beneficiary**



# Billing for Emergency Services – Alliance Beneficiary

- Effective **April 1, 2018**, Medicaid reimbursable emergency medical services including physician services shall be reimbursed by DHCF for DC Health Care Alliance beneficiaries.
- Emergency medical services are not included in the Alliance benefit package and are not paid to network hospitals by MCOs participating in the Alliance program.
- Hospitals providing Medicaid-reimbursable emergency medical services to Alliance beneficiaries must submit claims for these services directly to DHCF for reimbursement.

Follow the instructions listed in **Transmittals 18-16, 13-16, 12-27 and 12-21** posted on the Web Portal at [www.dc-medicaid.com](http://www.dc-medicaid.com).



# Billing for Emergency Services – Alliance Beneficiary

- Claims for a Medicaid reimbursable emergency medical condition are allowed if **all** of the following criteria are met:
  - ✓ Services were provided to an eligible and enrolled Alliance beneficiary
  - ✓ Services were provided to treat a medical condition that meets the requirements of being defined as an emergency
  - ✓ Services are not related to an organ transplant
  - ✓ Principal diagnosis code is an emergency diagnosis with a positive emergency room diagnosis indicator value:
    - Outpatient claims must have revenue codes of 0450 – 0549
    - Inpatient claims with an emergency room admission based on the presence of revenue code 0450 – 0459



# Timely Filing Guidelines



# Timely Filing Guidelines

- The timely filing period for Medicaid claims is 365 days from the date of service.
- The timely filing period for secondary and tertiary Medicaid claims is 180 days from the Medicare or third party payer's payment date.
  - The Explanation of Benefits statement must be submitted with the claim.

*Refer to **Transmittal #12-28** for additional posted on the Web Portal at [www.dc-medicaid.com](http://www.dc-medicaid.com).*



# Submitting Claim Appeals





# Claim Appeals

- When submitting claim appeals, include the following:
  - Detailed letter of explanation
  - Completed claim(s) on the appropriate claim form
  - Supporting documentation (e.g., remittance advice, eligibility results, etc.)
    - **Do not** include medical records unless requested by DHCF
- Appeal requests should be mailed to:

Conduent State Healthcare  
District Medicaid Claims Processing Fiscal Agent  
P.O. Box 34734  
Washington, DC 20043  
Attention: Claims Appeal
- Appeals past timely filing should be mailed to:

Conduent State Healthcare  
District Medicaid Claims Processing Fiscal Agent  
PO Box 34734  
Washington, DC 20043  
Attention: Timely Filing Claims Appeal

# Provider Resources





# Provider Resources

<b>MCO Contact Administrators</b>	
AmeriHealth	Felecia Stovall 202.724.2315
Amerigroup	Raquel Samson 410-981-4521
Trusted Health Plan	Jacquelyn Childs 202.478.5806
HSCSN	Anitta Lewis 202.442.4657



# Provider Resources

Web Portal	<a href="http://www.dc-medicaid.com">www.dc-medicaid.com</a>
State Plan Amendments (SPA) & Medicaid Regulations	<a href="http://www.dhcf.dc.gov">www.dhcf.dc.gov</a>
Conduent Call Centers	Provider Inquiry: 202.906.8319 EDI Technical Support: 866.407.2005
Provider Field Services	<a href="mailto:dc.providerreps@conduent.com">dc.providerreps@conduent.com</a>
Interactive Voice Response (IVR)	202.906.8318
Bi-Monthly Provider Bulletins	
Transmittals	
Hospital Billing Manuals	



# Provider Resources

Maximus (Provider Enrollment)	844.218.9700 <a href="http://www.dcpdms.com">www.dcpdms.com</a> <a href="mailto:outreach.dcpdms@maximus.com">outreach.dcpdms@maximus.com</a>
Economic Security Administration (ESA) – Recipient Eligibility	202.727.5355
Medical Transportation Management (MTM) – Transportation Broker	888.561.8747 866.796.0601 (scheduling) <a href="http://www.mtm-inc.net">www.mtm-inc.net</a>
Department of Health Care Finance (DHCF) – Medicaid	202.698.2000 202.442.5988 (Pharmacy & Policy) <a href="http://www.dhcf.dc.gov">www.dhcf.dc.gov</a>

# Questions???

