Credible Payer and Billing News: January 2017

DEAR PARTNER,

Welcome to January's listing of Payer and Billing news!

Payer Announcements

MMIS - AR Medicaid announced a transition to MMIS — a new EDI Platform — in mid-2017. The new MMIS system is a web-based system that will not require software downloads; but will require Provider registration. Standard CMS1500s and CMS1450s will continue to be accepted and scanned into MMIS; however Providers are encouraged to submit electronically. Please see ARMedicaid Insider for ongoing updates.

AR Medicaid - AR Medicaid announced that claims denied for eligibility with DOS starting 10/1/2013

can be refiled from 10/17/16 to 4/15/16. Please see What's New for Arkansas Medicaid Providers or contact your Medicaid Provider Representative for more information.

Iowa Medicaid - Electronic Visit Verification (EVV) System will be implemented on a date that is to be determined. EVV will be used to monitor the delivery and utilization of services in non-traditional settings, ensure quality and program integrity. Please see the EVV Resource Center for ongoing updates.

CCBHCs - CMS/SMAHSA announced on December 21, 2016 the 8 states that will move forward as CCBHCs with the Phase 2 Demonstration Grant. States include: Minnesota, Missouri, New York, New Jersey, Nevada, Oregon, Oklahoma, and Pennsylvania. Currently 12 Credible Partners will move forward as CCBHCs with demonstration implementation efforts underway. Demonstration can begin between 1/1/17 to 6/30/17. Credible is currently reviewing EDI companion guides released from the states and finalizing state specific trainings on how to re-configure your Billing Matrix and Billing Config to support CCBHC billing. Look for Webinar registration information in early February. Additional support from the Billing Department and Reporting SMEs is available upon request through the submission of a Task Ticket.

Ohio - OH Medicaid CPT changeover is still on target for July 2017. Credible is currently developing the additional loops and segments needed to submit claims electronically: to include L2310D and L2430E.

Medicare - Changes to the Medicare Physician Fee Schedule became effective January 1, 2017. Please see this November 2016 article *CMS Issues Final Rule on CT 2017 Physician Fee Schedule* for additional information regarding the changes as well as the final rule:

- **Provider requires for Medicare C** - Providers must be enrolled in Medicare to contract with Medicare Advantage Organizations.
- **Revised billing codes** - To more accurately pay for primary care, care management, and cognitive specialties, will require new service types and billing matrix lines for Partners providing integrated care.
- **Physician payment rates will increase by 0.24% in 2017**. This will be returned in the 835 as a negative disallowed. Recent enhancements to the 835 reader to better support negative disalloweds have been made available allowing the negative disalloweds to apply to a service, increasing the balance of the claim prior to the posting of the insurance payment.
- **MIPS/MACRA will replace PQRS for Medicare Part B reimbursement**. This is a down-side shared risk plan where Partners could see +/- 4% on their claims, based on their quality reports. Credible's Holly Carman is currently working with several Partners in moving them forward in reporting initiatives.

Billing and Payer Enhancements and Updates

The following updates were made to Credible with the release of January 13, 2017.

Billing Matrix Allowed Payers

The Billing Matrix Allowed Payers list now displays correctly.

835 Enhancement

Credible enhanced 835 functionality so that when uploading large 835s and reconciling claims, the user has additional checks in place to prevent payments being incorrectly applied on the same claim.

Filtering on Eligibility Results

Credible has added an Eligibility Date filter when viewing the Eligibility results for a client's insurance (viewable when clicking the orange 'e'). If no Eligibility Date is entered, the most recent 50 results will display; when a date is entered, all results from that date until the current date will display.

PAID Status Visits Having a Balance

Certain workflows could result in visits having a balance, but also having a status of PAID. To help prevent this situation, when the visit balance is 0 and the status is PAID, the Add Adjustment to Service section will now be hidden to prevent users from performing manual adjustments. In the case where an adjustment is needed, the visit will first need to be marked as RESUBMIT.

When *Partner Config: Undo Auto Contract Rate Adjustments For 835* is enabled, visits had the contract rate reversed without having the status changed. This resulted in *PAID* visits having a balance. The auto-reversal will now set the visit status to *RECONCILED.*

Bed Board and Overlapping Visits

When generating visits using Bed Board Billing, the start and end times extend for the full time range of the interval. If Overlapping Visits are blocked, these full day bed board visits can prevent all other visits from being entered.

To resolve this, a new setting has been added, *Partner Config: Exclude Bed Board Visits for Overlapping Visits*. This is used in conjunction with the other Block Overlapping settings.

- o When *Exclude Bed Board Visits for Overlapping Visits* is checked, bed board visits are excluded from all overlapping checks and will not block other visits from being entered.
- o When *Exclude Bed Board Visits from Overlapping Visits* is unchecked, bed board visits will continue to block other visits from being entered.

Should you have any questions, please open a task ticket or contact a Partner Service Coordinator at 301-652-9500 for assistance.

Thank you for reading, and thank you for your Partnership!

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