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**From:** Credible Behavioral Health, Inc. <hope.winkowski@credibleinc.com>  
**Sent:** Tuesday, October 31, 2017 8:49 PM  
**To:** Credible Documentation  
**Subject:** Credible Payer and Billing News: October 2017

# CREDIBLE

Behavioral Health Software



## Credible Payer and Billing News: October 2017

DEAR CREDIBLE,

Welcome to October's listing of Payer and Billing News!

This month we have news from six states, one CMS update, and one Credible Billing enhancement. You can find all these updates — as well as those for clinical and industry news — in Credible Help under General Information > Release Notes and Communications.

### Payer Announcements

#### Arkansas

- The new Arkansas Medicaid Management Information System (MMIS) will go live on November 1, 2017! If you submit AR Medicaid claims, they will be processed through this new system.
- Please make sure you are using your new submitter id's when sending claim files to the MMIS portal. The new MMIS system does not recognize old submitter id's and files submitted under the old submitter id's will not be accepted for processing. Please note: The EDI relationship is held between AR Medicaid and the Partner. The submitter id is populated in the *Billing Office Claim Config* section on the Billing Tab.
- MMIS is compliant with CMS 5010 specifications. With initial testing, your claims will need to be reported as chargeable claims (BHT06 = CH). For some of our Arkansas Partners, this has required an update to your *Billing Office Claim Config* settings for AR Medicaid to change the Claim Indicator setting to *Chargeable*. Other note-able edits you may encounter:
  - 837I – 2310F loop (Referring Provider First and Last Name must be populated)
  - 837P – 2310A loop (Referring Provider First and Last Name must be populated)
  - The qualifier in NM102 must be a 1 (Person) not a 2 (Organization)
- Should your Agency encounter rejections or denials with the new MMIS portal, please enter a task ticket and a Billing Specialist will be happy to assist you with identifying the needed configuration change.
- The MMIS Transition Guides are available at <https://www.medicaid.state.ar.us/Download/Provider/Insider/AreYouReady.pdf>.
- Please see <https://www.medicaid.state.ar.us/provider/frontline.html> for additional information regarding AR Medicaid's claim suspense and transition plan.
- Mercy Health of Arkansas and the Centene Corporation have received approval to operate an ACO (Accountable Care Organization). For more information, please see <https://healthpayerintelligence.com/news/mercy-health-centene-form-medicaid-accountable-care-organization>.

## Arizona

- Integrated Healthcare Delivery: RFP for Health Care Contractors opens in November 2017. Contracts will be awarded to health plans in March 2018. The go live for Integrated Care for consumers is slated for October 2018.
- Please see <https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/integrateddelivery.html> for additional information regarding major decisions released on September 25<sup>th</sup> and October 18<sup>th</sup>.

## Iowa

- Iowa withdrew its application for 1332 Waiver for Insurance Market Stabilization citing that the waiver rules inflexibility did not meet the needs for Iowa. To review Governor Reynolds press release, please see: <https://governor.iowa.gov/2017/10/iid-commissioner-iowa-to-withdraw-stopgap-measure-from-federal-consideration>.

## Indiana

- Effective 1/1/2018, Providers submitting claims to Indiana Medicaid are required to use a full 9-digit zip code and taxonomy code on all claims. Partners will need to update the

*Billing Provider* and *Geo Area* configurations to ensure the 9-digit zip code is populated prior to 1/1/2018.

## Ohio

- BH Redesign Payer Testing is now available. Partners should currently be finalizing configuration and preparing to send test files to OH Medicaid. Please contact Credible via task ticket should your Agency require assistance.

## Pennsylvania

- CCBHC payer testing with payer CCBH has passed successfully! Timeline for Payer Testing included:
  - Demonstration Period went live on 7/1/17.
  - Payer Testing opened with MCOs on 8/1/17.
  - Credible received final specifications from CCBH in early September 27, 2017 which were considerably different than the State specifications provided in June 2017.
  - Credible received final clarifications regarding specifications from CCBH on October 6, 2017.
  - Credible's technical team have been dedicated to building the additional requirements for the NTE segment specific for MCO payer CCBH.
  - The configuration passed testing on October 27<sup>th</sup> with CCBH.
  - Billing Specialists are actively working with the CCBHC Partners in PA to finalize testing and submission of production files.

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## CMS

- CMS reveals new Medicare Card Design in efforts to prevent fraud and identity theft. The New Medicare card removes the SSN and replaces it with an 11-digit Medicare Beneficiary Number. CMS will begin mailing cards to consumers in April 2018. To take a look at the new card, please go to <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>.

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## Enhancement Updates

**Real Time Eligibility** - Agencies now have the option of verifying a client's insurance eligibility in real-time. Payers listed with Change Healthcare can now have their *Change Healthcare Payer IDs* entered in their payer configurations. A **Real-Time Eligibility** link will appear when viewing a client's insurance records; clicking that link will display a popup which contacts Change Healthcare immediately to verify the status of the client's insurance. For more information, please see *Credible Help*.

Please note: *Real-Time Eligibility Verification* is a *Credible Premium* feature. Contact your Partner Relationship Manager for more information.

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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for clients, families, providers and management.

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