

---

**From:** Credible Behavioral Health, Inc. <hope.winkowski@credibleinc.com>  
**Sent:** Tuesday, November 21, 2017 10:39 AM  
**To:** Credible Documentation  
**Subject:** Credible Payer and Billing News: November 2017

# CREDIBLE

Behavioral Health Software



## Credible Payer and Billing News: November 2017

CREDIBLE,

November's listing of Payer and Billing News!

We have news from four states and one CMS update. You can find all these updates — as well as those for clinical and industry news — under General Information > Release Notes and Communications.

[Announcements](#)

er 1, 2017, four states rescinded 'retroactive eligibility' for Medicaid consumers. Arkansas, Indiana, Iowa, and New Hampshire are sh function more like private insurance. Removing the ability to institute retroactive eligibility will push consumers to enroll in Medicaid s verage while they are healthy, and reduce waste in medical billing processing/reprocessing of claims related to back dating eligibility.

new Arkansas Medicaid Management Information System (MMIS) is live!

priority of rejections and denials have been related to Rendering Provider NPIs. Per AR Medicaid Front Line reporting:

- o A denial can occur if a provider's NPI is not linked to their Arkansas Medicaid provider ID number. If you are receiving denials, the complete the [NPI reporting form \(Word, new window\)](#), and fax it to DXC to create the link. Once your NPI and Medicaid ID have b your claims can be resubmitted.
- o If your rendering provider does not have an NPI because they are not a "medical" provider (i.e., a teacher), then you would leave rendering provider field blank. You must leave it blank in both the header and detail of the claim to bypass this edit.
- o RSPMI providers whose rendering providers have not yet enrolled have been given permission to leave both the header and deta bypass this edit until their rendering providers have enrolled and their NPIs are linked.

e Partners are reporting receipt of payment from AR Medicaid, should you need assistance in assessing a rejection or denial:

- o Utilize the 999 Reader within Credible:  
[https://help.crediblebh.com/CredibleHelp/default.aspx?pageid=999\\_acknowledgement\\_reader&SearchHighlight=999&condition=](https://help.crediblebh.com/CredibleHelp/default.aspx?pageid=999_acknowledgement_reader&SearchHighlight=999&condition=)
- o Enter a Task Ticket for further review by a Billing Specialist.

egrated Healthcare Delivery: RFP for Health Care Contractors has been released. Contracts will be awarded to health plans in March ve for Integrated Care for consumers is slated for October 2018.

CS will be resending the annual Arizona Long-Term Care enrollment choice letters as those sent to consumers in early November c rrect information. New ALTCS Annual Enrollment letters will be mailed the week of November 20, 2017. Consumers will have 60 day

gratulations, OH Partners are reporting passing files for the OH BH Redesign payer testing. Go live for OH Medicaid, MyCare Ohio (M is slated for January 1, 2018.

er Testing has been extended until December 15, 2017.

f November 13, 2017, ODM reported that 63 Providers have submitted test files. 98% of the submitted files have passed for proper a nsure a successful transition, Partners are encouraged to submit a wide variety of test scenarios to both OH Medicaid, MyCare Ohio

ia

HC payer testing with payer CCBH has passed successfully!

reminder, starting January 1, 2018 all psychiatrists, psychologists, certified registered nurse practitioners, and physician assistants v , or prescribe services to Medical Assistance recipients have to be enrolled in the PA MA Program (i.e. have their own PROMISe ID).

- o History: In the MA Fee for Service program, the NPI of the provider who ordered/referred/or prescribed the service must be repor claim. If the NPI on the claim does not match the NPI of an MA enrolled provider, the cliam was denied. This has been in effect s 2017. BH MCOs in PA will also be initiating this requirement as of 1/1/18.

- o Billing Staff can utilize <https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider> to verify prescribing provider is enrolled in the MA Program.

- o Refer to each payer specific BH MCO 837 Companion for specific requirements regarding sending Referring/Ordering data in L23

- o For PA Partners, this policy/payer change will require configuration changes to the *Client Profile* and *Billing Payer*.

- o Basic Configuration:

- Add the following fields to the *Client Profile*:
  - referred\_by (use this field to enter the first and last name of the referring/ordering/prescribing provider)
  - referred\_npi (use this field to capture the NPI of the referring provider)
  - referred\_id (use this field to capture the PROMISe ID of the referring provider)
  - referred\_id\_qualifier (enter G2 in this field)
- *Billing Payer*:
  - Sending Referring Provider
  - Alternate ID Info for Referring
- When configured and data populated in the client profile, Loop 2310A returns as:
  - NM1\*73\*1\*LastName\*First\*\*\*\*XX\*1234567890~
  - REF\*G2\*PROMISe ID~

November 7, 2017, CMS Administrator, Seema Verma, released her vision for the future of Medicaid. Her vision included streamlining the process for Medicaid/CHIP Scorecards. For more information see:

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press-releases-items/2017-11-07.html>.

November 17, 2017, CMS released the 2018 Medicare Part A & B Premiums and Deductibles. Please see

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-11-17.html> for more information.

## Payment Update

**Matching Criteria:** Credible happy to announce the introduction of new matching criteria to the Billing Matrix. Do you need to send different rates based on age? Do you want to limit services available based on the age of the consumer? Age Matching on the Billing Matrix is now available. You can use a single service type to calculate different rates, CPT Codes, or modifiers based on how old the client is when they received the service. If you have a need to future configuration needs or want to reduce the number of service types or billing matrix lines, consider using age as a matching criteria.

For more information, please see: [Age as Matching Criteria](#)

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!

**Hope Winkowski, M.Ed, NCC**

*National Billing Manager*

o. 301-652-9500 x0428 | f. 240-744-3086

e. [hope.winkowski@credibleinc.com](mailto:hope.winkowski@credibleinc.com) | w. [www.credibleinc.com](http://www.credibleinc.com)

**Mission:** Improve the quality of care and lives in Behavioral Health  
for clients, families, providers and management.

301.652.9500 | [info@credibleinc.com](mailto:info@credibleinc.com) | [www.credibleinc.com](http://www.credibleinc.com)

*This communication is proprietary and confidential to Credible and its Partners. No part of this document may be disclosed to a third party or published externally without prior consent of Credible Behavioral Health, Inc.*