



Expert Billing & More, Inc.

August 2007

WHAT'S UP WITH THE

changes so far are: effective
Coordination takes effect,
hours/month for clients

be implemented, the elimination of the PCA rate modifiers and the monthly limit of PCA will be implemented. If you are affected by these changes, you should be getting corrected authorizations. If you haven't received them yet, you should contact your coordinator to determine if the changes affected you.

CHANGES:

The only confirmed
August 1 the Limited Support
the limitation of SIL to 20
receiving in home supports will

All other changes are still pending. Providers can contact their local APD office with specific questions, but the word on the street is that services should continue as usual (as long as you have a valid authorization) until you receive formal notification of the changes.

Support Coordinators: Please be sure to submit new ACLMSP screens for all your limited support coordination clients. Since they are not changing the procedure code, we need to be sure our system reflects the correct rate so your claims don't get denied.

DENIALS, DENIALS AND MORE DENIALS: Because so many authorizations are changing, we are seeing a lot of denials. In fact, it's quite overwhelming; I think we dealt with more denials than current billing last week! Please be patient as we are working as quickly as possible to resolve them.

If you want to be proactive, we suggest you contact your coordinators to determine if your authorizations have changed and be sure that you receive a copy of the changed authorization along with the new one. Remember to fax us a copy as well so that our system will be accurate.

WHAT THE HECK HAPPENED TO PAYMENTS ON 7/19/07?: Unfortunately, this was a sad reminder that the system is not perfect. Apparently, Medicaid had installed some upgrades to their system the week of July 10. This upgrade caused several providers throughout the state to be paid, but paid at zero dollars. Of course, no one knew there was an issue until providers didn't get paid. They promised to automatically submit adjustments to repay the claims correctly for the week of 7/25/07; however, we found out the next week that they skipped over 13,000 claims. We understand that everything has been corrected and all affected claims have been reprocessed to pay correctly for pay date 8/1/07. If you were affected by this, we highly suggest you review your remittance vouchers carefully to be sure all your claims were in fact correctly paid out. If you don't think you were paid correctly **AFTER** reviewing your 8/1/07 voucher, please call our office and we will look into it.

This fiasco is a prime example of the importance of having email. As soon as we found out about the problem, we sent emails to everyone that we have addresses for. There is no possible way we could have called each and every one of our providers (over 450!). We also post this type of info on our website. If you don't have email, you should review our website periodically to learn about important information. If you do have email, make sure we have your current email. If you not receiving at least one email per month, chances are we **do not** have your correct email. Also, this is a perfect example of why we suggest that providers call the Provider Check Inquiry line on Monday morning to be sure they are getting paid what is expected. This way, if there is a problem, we can research it immediately rather than waiting until Thursday. Provider Check Inquiry 800-239-7560.

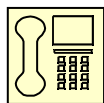
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→→→ OVER

EDS – NEW CLAIM PAYOR FOR FLORIDA MEDICAID EFFECTIVE MARCH 2008: We have recently learned that effective March 2008, ACS will no longer be responsible for processing claims on behalf of Florida Medicaid. A new company called EDS will be taking over. As we all know, changes cause problems. I know it's early, but I wanted to get this info out as soon as we learned about it. We do not anticipate any problems with our custom software; however, a major change like this could cause unexpected problems. Expert Billing will definitely stay on top of this news and do whatever it takes to have a smooth transition.

If you know of providers that are billing on their own, you may want to warn them about this. Apparently, the Winasap software that most providers billing on their own use will also be invalid as it belongs to ACS. Again, not going to be an issue for Expert Billing ☺. Feel free to refer those providers out there billing on their own to Expert Billing. Remember, we offer a \$25 referral fee to our current providers that refer new providers.

RECOUPMENT LETTERS: We have been notified from some providers that they have received letters from APD notifying them that they have overbilled and need to repay the monies back. Please be aware we should research each case before you respond to the letter. So far, we have found that the info APD has and the authorization that the provider has do not match. Because our system tracks the authorization and claims, you shouldn't have negative balances unless the SA was changed and you were not given a corrected copy. This is why it is imperative that providers stay in contact with their SCs, especially with all these changes going on, and also why SCs need to understand how important it is to make sure SAs are sent to providers timely. Also, an important reminder that providers should keep copies of ALL authorizations, even if they have changed 15 different times. What that SA says at the time you billed is the only recourse you have if they are trying to say you overbilled. If you get one of these letters, please fax it to us.



UPDATE YOUR CONTACT INFO: Please make sure that we have your correct contact information, including email addresses. We have been receiving a lot of updates on the changes and have been forwarding them via email. If we don't have your email address, you may be missing out on valuable information. **Please do not simply change contact info on your invoices. We will probably miss it if you don't write a separate page or send an email w/the new info.**

WAIVERPROVIDER.COM: This month I learned about a company called Clear Choice Web Solutions. The owner is a husband of a support coordinator in the Suncoast Region. He developed a website for providers and families on the Waiver. It contains an array of valuable information to both families and providers. For a fee, providers can advertise their business on there. He will even make you a website if you want. Check out his site at WaiverProvider.com.

3rd REMINDER ON MEDICAID BILLING GUIDELINES: According to Medicaid guidelines, providers cannot bill for services not yet **completed**. For example, if a provider is working until 10pm on the day invoices are submitted to Expert Billing, that date of service **should not be** submitted for processing until, at a minimum, the following day. As a precaution, our suggestion is **never** to bill for a service on the same day a service was completed. During auditing by the powers that be, you can be assured they are looking at specifics such as date of service, date/time invoice was faxed, date/time Medicaid received claim, etc. It's always best to leave that date of service off and submit it with the next invoice submission.

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August update: Some providers are still sending in invoices before they have completed their services, this includes support coordinators. Please **DO NOT** submit billing until services have been completed and the invoice is ready to be processed. We handle so much billing that if we have hold invoices off to the side until they can be processed there is a chance they could get lost in the shuffle.

As always, please feel free to call if you have questions.

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