



Expert Billing & More, Inc.

Will the problems ever end???

As I'm sure you all know, we are still dealing with many problems with the new fiscal agent, EDS, with regard to claims not paying out correctly. We know everyone is frustrated, as we are as well. However, please know that we are continuously working with AHCA, APD and EDS on behalf of each and every one of you.

To facilitate a resolution, I met with AHCA and APD in Tallahassee to discuss the ongoing issues and to try to get some feedback as to when they thought the issues would be fixed. Special thanks to one of our providers that actually called the Governor's office to file a complaint about these problems. This provider included Expert Billing in on the meeting with AHCA because they were aware of how these problems were not only affecting their company, but many others and felt Expert Billing was a good voice to share those concerns.

I learned a few things when I was in Tallahassee. One interesting thing I wasn't aware of was not only did the fiscal agent change, but AHCA also converted all Medicaid records to an entirely new computer system. I was told that EDS converted 16 billion records to the new system in preparation for their new fiscal agent responsibilities. I also learned that they did do extensive testing prior to implementation; however, some of the issues that have come up would not have been detected until the system went into production. There are in fact other Medicaid programs also having difficulty but APD programs are experiencing their issues in part because of the need to link APD's computer system, the gatekeeper and EDS. There were several unexpected problems with this process. After my meeting with AHCA, I am confident that they are working with EDS and APD to resolve the issues as quickly as possible.

We have been sending out email updates each week with whatever info we have at the time. Again, if we do not have your email, you are missing out on valuable information and we encourage you to obtain an email address.

Below is a list of denial/problems that are still being worked on:

1. 3053 – This denial is due to the fact that the gatekeeper (prior authorization) is not recognizing your service authorization. I know this explanation is confusing because you are thinking "if I have my authorization and was previously getting paid fine, why is there a problem now." Basically what has happened is that APD realized that EDS does not update their gatekeeper records (your service authorization) in the same way that ACS previously did. Now, even a simple procedure code change by APD can wreak havoc on the gatekeeper records causing this denial. APD and EDS are working together to resolve this issue and we are hoping for resolution soon. In the meantime, if you receive a 3053 or 3054 denial, please let us know because sometimes it is a simple timing issue and the claim can possibly be resubmitted. If the issue relates to the more technical issues going on and we cannot rebill, we will let you know. At this time, we do not believe that EDS will automatically reprocess any previous 3053 or 3054 denials so at some point we will probably have to resubmit the claims ourselves so it is important that you are keeping us informed of your denials.
2. 471 – This denial is related to clients that have both Medicaid and Medicare. EDS' system is not recognizing Medicaid and therefore is denying the claim, stating "client does not have Medicaid". This was the majority of the denials that we have been seeing. It *appears* that this issue was corrected the first weekend in August as we have not seen any new denials for this reason since then. However, we are still waiting to hear from EDS if they will automatically reprocess past denials for this reason. If we do not hear from them soon, we will resubmit the claims ourselves to avoid any further delay in payment. Please note that because there are so many of these denials and early on we assumed EDS would automatically reprocess them, we were not keeping these issues in our follow up pile. If you do not see your previous 471 denials paid out on your 8/13 voucher, please fax us a copy of them and we will rebill.

3. Claims that were submitted but never showed up on your voucher. This was a HUGE problem the week of July 24. We submitted several thousand claims for which we received confirmation of receipt from EDS. For whatever reason, these claims were not passed through to Medicaid and were sent to a “pending cue”. This was VERY frustrating for all of us because of course once we received confirmation from EDS we expected the claim to pay or deny, but when the claims didn’t even show up on a voucher, it was very confusing because it appeared as though the claims were never even submitted. AHCA recognizes this as a major problem and is currently working with EDS on a future enhancement that if a claim is sent this cue and will not be processed then an error report is generated. We were told that during the week of July 24, there were 270,000 claims (not all from Expert Billing) that ended up in this pending cue. EDS has since addressed all but 1700 of these claims and have passed them through to Medicaid for processing. Once Expert Billing was made aware of this issue, we simply resubmitted the claims ourselves. For this reason, you will see several 482 denials which just mean the claim was previously paid. We figured you’d rather see the 482 denial than no claim or no payment at all. Again, this is another reason it is extremely important to verify your payments to be sure you were paid for everything. Notify us if you were not.

The denials/problems listed above reflect the majority of the problems. There are of course a few others out there that are also being addressed. Again we are hoping EDS will automatically reprocess these claims when the issues are corrected.

We want to reiterate that it is EXTREMELY important that you are comparing your payments to your invoices to be sure you are being paid for everything. As I’m sure you all can understand, there is no possible way Expert Billing can keep track of every single claim we submit so it is the provider’s responsibility to notify us of any claims that remain unpaid.

SUSPENDED CLAIMS

Many of you may still be seeing claims in suspended status (EOB code 9998). EDS is working to resolve the suspended claims and determine a payment status as quickly as they can. We have been researching the claims that have been in suspended status for more than 1 week and if it looks like nothing is wrong w/the claim, we are rebilling. In some cases, the rebilled claim is paying out while the original claim remains in suspended status. When the original claim finally comes out of suspension, it will deny for a 482 (duplicate). At this time, if you still have claims in suspended status that have not paid out, please let us know. We will research and rebill if we are able to avoid any further payment delays.

EMERGENCY/INTERIM/LIEN PAYMENT FROM JULY 25

As explained in emails throughout the month, APD/AHCA decided it was a good idea to automatically issue emergency payments to providers to financially help providers get through this rough period.

Unfortunately, the emergency payments were calculated based on *paid* claims in June and July rather than on actual outstanding or denied claims in the system. This resulted in some providers receiving excessively high emergency payments while others received none.

AHCA doesn’t like the term “emergency payment” or “loan” because they feel those terms are misleading. Call it what you want, essentially the payment was a prepayment for services expected to be billed. This means that you still have to bill for services rendered. As explained in an email from us, we would caution providers, especially ones that received excessively high payments, that these monies will be recouped at some time in the future. Initially when the payments were made, the info from ACHA stated they would begin recouping the funds after August 4.

During our meeting with AHCA this issue was discussed. Our concern was that they would begin recouping the emergency payment before all system issues were fixed. This would mean that they would start taking the money back while your claims still may not be paying out. We urged them to postpone the date when the funds would begin to be recouped. We also requested that the funds not be recouped 100% in one time, but yet based on a percentage of the total payment to ensure that providers would not be forced to endure continued financial hardship.

No official word has been received from AHCA at this time; however, I was assured in our meeting that funds would not begin to be recouped until at least September. As always, as soon as we get more info we will send out emails.



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MORE CLARIFICATION OF THE ONLINE REGISTRATION

Initially we were told that if providers did not complete the online registration and assign Expert Billing as the “agent” that we would not be able to submit claims. We have since learned that this is not the case. Expert Billing will still be able to submit claims; however, if we are not assigned as the “agent” we will never be able to see your claims so it is imperative that you at least register and set us up as your agent.

If you need assistance in this area, please contact our office. If you choose to do this on your own, you must choose the account we have set up EXPBILL. **Do NOT add a new agent**; choose us from the list after searching on our email. There are several others that come up, but you need to choose **EXPBILL**.

JUST A REMINDER ABOUT REPORTING DENIED CLAIMS TO US

Although you have signed us up as your agent and we can access your claims and remittance vouchers online, we are not able to verify each and every provider’s payments each week. As I’m sure you all understand, that would be an impossible task for us. As stated many times before, we do not submit claims we do not expect to pay so if something denies, it was unexpected and needs to be researched.

It is the provider’s responsibility to notify Expert Billing of any unpaid claims that we may need to research and/or rebill. The easiest way to do this is to print a copy of your voucher and fax it to us. This way we can see exactly what the denial is and go from there.

Although this has been said many times before, we strongly recommend that providers check for a voucher each week regardless of whether or not invoices were submitted the previous week. This will ensure that no payments are overlooked. We also strongly encourage each provider to compare vouchers against their invoices to be sure payments were made correctly. Notify us of any discrepancies.

Regular Office Hours

Monday-Thursday 8:30-4:30 pm / Friday 8:30-11:00 am

Labor Day Holiday Office Hours

Monday, September 1 – Office Closed

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