



# Expert Billing & More, Inc.

July 2009

## ARC OF FLORIDA ANNUAL BEST PRACTICES FORUM – Thursday, July 16, 2009 the

ARC of Florida has invited all providers to attend their quarterly meeting. The meeting is now full. Hopefully you've reserved your spot! **SEE YOU THERE!**

## DUPLICATE PAID CLAIMS

We have recently noticed that the old claims that were popping up over the past few weeks as suspended, were finally reprocessed. In some cases, this actually caused a claim to be double paid. Tallahassee is aware of the problem and is working on a resolution. Please note that unfortunately, it appears that the monies were deducted twice from your service authorizations. This is causing claims for the last part of June to deny because the authorization shows there is no money left. At this time, there is nothing we can do. We have to wait for a resolution from Tallahassee because we are afraid if we void the duplicate claim, that when EDS resolves these claims, they will void them as well.

Please review your vouchers carefully from the past few months. If you feel you have claims that were double paid, please contact us so that we can keep track of them to ensure that they are resolved.

## 2009-2010 Service Authorizations

Just a reminder that you should read the new handbook to ensure that you are providing service according to the guidelines and limitations now allowed. **Please note a new version is expected to come out shortly.** You should check the APD website regularly to be sure you are working from the current version of the handbook.

## National Provider Identification Number (NPI):

Several of you have inquired about the NPI requirement. Please note that Home and Community Based providers are **NOT** required to have an NPI. The bulletins you receive from Medicaid via email are generic bulletins for all types of Medicaid providers. You can verify that you don't need an NPI # by checking the APD website at <http://apd.myflorida.com/providers/npi-for-waiver-providers.htm>

## INCOMPLETE OR INCORRECT INVOICES

We are still receiving several incomplete or incorrect invoices. To avoid payment delays, please review your invoices to ensure they completed correctly before submitting them. We are no longer able to process invoices that are incomplete or incorrect.

**If your contact phone has changed, please let us know asap! Recently we have not been able to get a hold of several providers!**

## **QUICK REMINDER FOR THE TIMELY SUBMISSION OF INVOICES:**

A reminder of our guidelines for submitting invoices as stated in our contract...

### **Submission of invoices**

1. Providers can submit invoices on any day of the week either by fax, email, postal mail or they can be dropped off in person. **All invoices will be processed within 24 hours of receipt and are processed in the order they are received.**

*Providers that choose to fax invoices must do the following: number all pages of fax (i.e., 1 of 2, 2 of 2, etc.) and call the office immediately after faxing for confirmation fax was received. Due to the possibility of technical difficulties, Billing Agent may not receive fax even if a confirmation is received by Provider.*

*Providers that choose to email invoices will immediately receive a confirmation email stating the email was received. If this confirmation email is NOT received relatively quickly, then Provider must call the office for confirmation to ensure email was received.*

*Expert Billing makes every effort to assist Providers with submission of invoices; however, ultimately it is the Provider's responsibility to ensure invoices were received so taking these extra steps to confirm receipt is highly suggested.*

2. In order for Expert Billing to process invoices and meet Medicaid's payment deadline, **INVOICES MUST BE RECEIVED BY TUESDAY AT NOON.**

*Due to possible unforeseen delays in transmitting to Medicaid or other problems that may arise, it is best to make sure your claims are submitted timely. (Please note we will still process invoices received after Tuesday at Noon; however, there is no guarantee Medicaid will process them after Wednesday.)*

3. Invoices must be completed in full and must be signed by Provider. Only copies of invoices should be submitted to Billing Agent. Provider must retain original records.
4. **Billing Agent will not make any adjustments to invoices.** If an invoice is completed incorrectly or has missing info, Billing Agent will contact Provider to submit corrected invoice before invoice is processed. It is imperative to remember that, for audit purposes, your records must match Billing Agent records at all times.
5. According to Medicaid guidelines, invoices **cannot** be submitted until the service is completed. It is suggested that providers do not submit claims on the same day a service was completed.

**PLEASE REMEMBER providers should be reviewing the remittance voucher to ensure that the claims were processed correctly and in full. If there are any discrepancies, contact us immediately rather than waiting for the error to be discovered in an audit.**

**If you are unsure how to pull your voucher and think your payment was not accurate, just give us a call. We can pull your voucher and research the issue.**

## **IMPORTANT - DO WE HAVE YOUR CURRENT CONTACT INFO?**

**Please make sure we have your current contact info. We need to have current phone numbers to contact you if there are problems with your billing. We are noticing several providers that have disconnected phone numbers. If there is a problem with your billing and we can't get a hold of you, your billing may not get processed.**

**Email addresses are especially helpful because we communicate a lot of important info throughout the month via email. If you are not receiving at least one email per month from us, we do not have your correct email address.**

### **Regular Office Hours**

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

**We would like to thank all providers for your continued business.**