



Expert Billing & More, Inc.

November 2009

ANNUAL REBASING

Support Coordinators have begun the annual rebasing process. We are finding that claim data from ABC does not match EDS. If you have questions about what was billed or paid, please feel free to call the office. We can assist with obtaining accurate data.

If your clients are affected by rebasing, you should receive new authorizations at some point. You should receive two: 1 that ends 12/31/09 and 1 that begins 1/1/10. Stay in contact with your support coordinator to ensure that you receive your new authorizations timely.

As a side note – we see many authorizations that are approved incorrectly, whether it be an incorrect rate or incorrect number of units. If you receive an authorization that is not accurate, it is in your client's best interest to request that it be corrected. In some cases, with incorrect rates approved, there can be an excessive amount of money approved that will never be used. When rebasing is done, this can negatively impact your client by having their services reduced by the amount of money that was not spent.

MORE BUDGET CUTS TO COME?

Deborah Linton from the ARC of Florida was kind enough to pass this information along to all providers via email. This email was forwarded by us (the attachment was sent via email, if you want a copy call the office):

"I have attached the committee packet from today's Senate Appropriations reduction exercise for various agencies. Agency Directors and Secretaries were to present a 10% reduction exercise for all of the agencies they represent. The Committee members asked if the ARRA (Federal Stimulus Funds) were extended further how this would impact the projections to Medicaid that were in the packet. The Secretary told the committee that every projection would change if indeed the stimulus funds were extended further.

The APD proposal is about 3/4th of the way into the document. The target was a 10% reduction exercise, again, and there are some of the same proposals you have seen in the past. The one that most of you will probably be the most alarmed about is the combining of meaningful day and reducing the services. Please note on the second page of that recommendation that APD does not recommend this action and they state that over 24,000 people would be impacted by this reduction. The proposal to delete behavior overlay services to specialized group homes is back on the table in this proposal as well as some other reductions.

Once again we will work to get out of this session without any reductions to services or provider rates and hope to provide some alternatives for people on the waitlist to receive services."

Thanks Deborah for keeping us in the loop and continuing to advocate on behalf of all providers.

1050 DENIAL CODE

The week of October 16 we discovered several claims denying for an erroneous denial code. The denial code was 1050 "services not approved by case manager". After researching the reason for the denials, we learned that EDS had implemented a "fix" for Medipass providers. Unfortunately, when EDS put the "fix" in place, they were not aware that it would affect all provider types. If your client has a Medipass doctor as their primary care physician, your claims were denied. We are happy to report that the issue was corrected within a few days. We rebilled all claims that we knew of that were affected by this. Please review your vouchers carefully to ensure that you have been paid in full for all claims. If you feel you have not, please contact our office and we will research.

FYI – This information along with updates was sent out via email. If we do not have your email address, you are missing out on important information.

PCA FOR CLIENTS UNDER 21

Apparently the word on the street is that January 1, PCA will no longer be paid through the Waiver for clients under 21. This has been something that has been in the works for a long time. There will be different requirements for obtaining authorizations and billing. Providers that are going to provide PCA to clients under 21 will have to have a Medicaid State Plan provider number – your Waiver provider number will no longer be used for this service.

We have been asking for training on the new process, but unfortunately, can't get any answers. If you have not already submitted an application to be a Medicaid State Plan provider you should do so immediately. Contact your local APD office for assistance.

Because information on this process is so sketchy, if you find out anything pertinent, please share it with us.

SUMMARY BALANCE REPORTS

For those providers that request them, summary balance reports are sent out monthly (around the same time our invoices are mailed out) via email. Expert Billing sends emails with client-specific data via Zixmail. Zixmail emails are available for providers to retrieve for 30 days. After the 30 days, if the email has not been retrieved, the email is deleted. If you have requested balance reports and have not received them recently, they were sent via Zixmail. Check your spam folder for the email notification from Zixcorp with instructions on how to open a zixmail.

FYI FOR PROVIDERS THAT SUBMIT INVOICES ON FRIDAYS

As you know, there is no guarantee that Medicaid will process your claims if they are submitted on a Friday. **I want to reiterate that sending invoices on Fridays is really taking a chance.**

On Friday, October 16 the webportal was down for almost 4 hours in the morning. It was at the last minute that it was back up and running and we were able to submit claims.

If you **absolutely** need to get paid the following week, we highly suggest you submit your invoices by Tuesdays.

PROVIDERS THAT FAX INVOICES

We cannot stress the importance enough of calling to verify your fax has been received. As explained several times before, even if your fax machine gives confirmation the fax went through, there is still a chance we may not receive it. We do not know we didn't receive something unless you call us. Take 5 minutes to call us to confirm receipt so that you will receive payment as expected.

EFFECTIVE JANUARY 1, 2010, PAYMENT FOR BILLING SERVICES WILL BE DUE BY THE 20TH OF THE MONTH. WE ARE SORRY FOR ANY INCONVENIENCE THIS MAY CAUSE; HOWEVER, WE FIND IT NECESSARY TO CHANGE THE DUE DATE TO ENSURE TIMELY PAYMENT FROM ALL PROVIDERS.

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.

Regular Office Hours

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

Holiday Hours

Wednesday, November 25 closing at Noon

***(invoices must be received by 10 am so that we have enough time to process before the office closes)*
Thursday, November 26 & Friday, November 27 Closed for Thanksgiving**

Thursday, December 24 closing at Noon

***(invoices must be received by 10 am so that we have enough time to process before the office closes)*
**Friday, December 25 closed for Christmas
Friday, January 1, 2010 closed for New Years Day****

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