

Back to the Future: Medicaid Managed Care For ACH Communities

Presented on Behalf of the North Carolina Assisted Living Association

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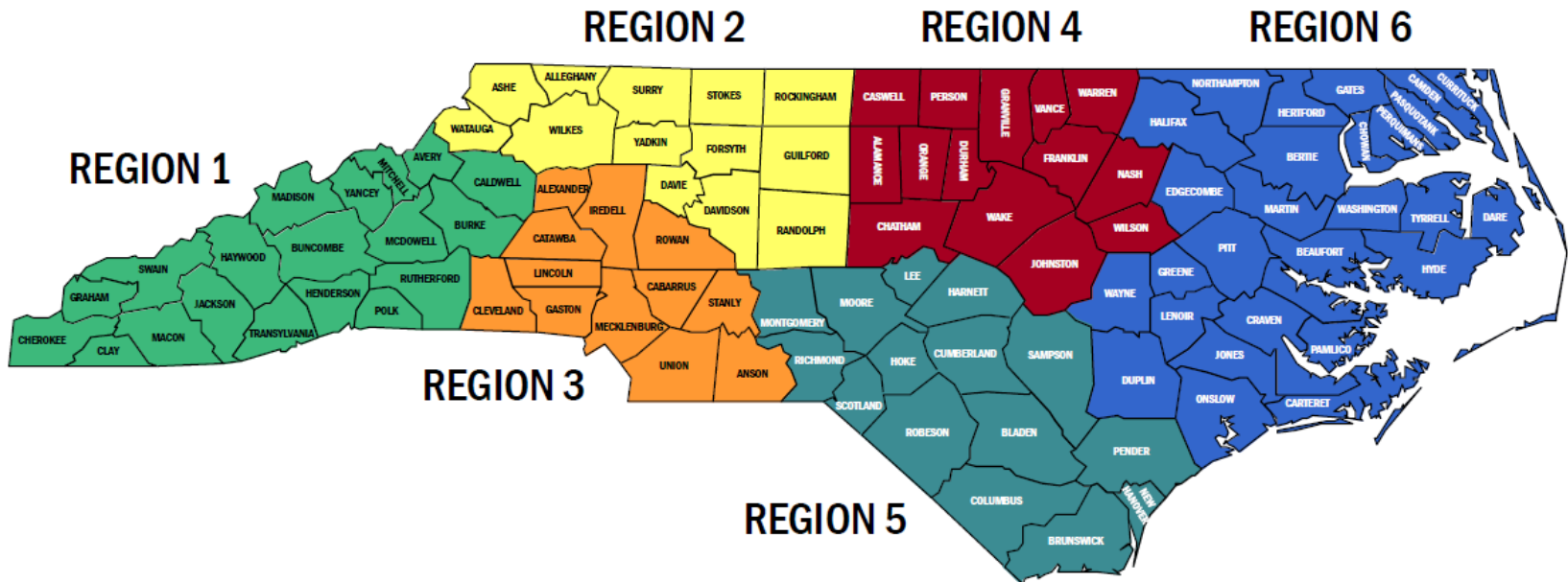
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Vocabulary

- Managed Care = Care is paid for by companies rather than the State
- PHPs = Prepaid Health Plans = the big five insurers
- Member = resident, patient, recipient, beneficiary, consumer of a PHP
- DHB or Medicaid Direct = traditional Medicaid
- Tailored Plans = insurance plans covering both regular health benefits and behavioral health and I/DD services. These don't exist yet and RFPs for bids have not been published.
- Dual Eligibles = folks with both Medicare and Medicaid coverage
- Maximus = company helping members enroll in PHPs
- Extra Benefits = benefits beyond the minimum that PHPs offer

NC Medicaid Managed Care Regions

Statewide Managed Care Launch: Feb. 1, 2020



Carolina Complete Health (Centene) is in Regions 3, 4, & 5 only; HealthyBlue, WellCare, UnitedHealthcare, and AmeriHealth Caritas are in all Regions.

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Steps for Success

- Contract as part of all PHP networks – know the rules and remedies – know what the contracts and manuals require
- Help your residents understand and navigate the enrollment and PHP Plan Choice processes
- Get ready to: bill clean claims, check PA's, check current eligibility and membership, receive and account for payments, organize your records, prepare for EVV, use improved technology to keep a handle on everything
- Prepare for coming audits and regulatory challenges
- Diversify and improve your business mix
- Prepare now for opportunities to pro\$per in Managed Care

Contracting

- You should sign contracts with all five PHP's – because you don't control resident PHP choice or change
- PHP Contracts consist of a number of documents – the Contract itself, the Provider Manual, and other related policies and sets of rules. Taken together, they are very lengthy and detailed. You may find it to be helpful to join a network of providers that contracts with the PHPs.
- Important items: what's a “clean claim”, DOS filing limits (much shorter), dispute resolution, EDI submission, payment schedule, billing cutoffs if any, who to call about what

Helping Residents in Enrollment

- The truth is that you have the main burden of helping the resident. Residents will be receiving information soliciting their membership from most if not all PHPs.
- Account for every resident – understand whether they are in or out of Managed Care, and what their options are, and WHY
- Choice of a plan is a personal one, but all plans provide basic benefits, including Personal Care. Among the factors which could affect choice – is the resident's PCP, pharmacy, hospital, specialist, or clinic in the PHP network? Make sure you confirm. **1-833-870-5500 to call the enrollment broker.**
- Extra benefits might make a difference to some – but make sure the resident understands the full details of the extra item for each PHP. Go to **[NCmedicaidplans.gov/find/viewhealthplans](https://ncmedicaidplans.gov/find/viewhealthplans)** . Double check with the PHP because the extras might be fluid or the description might be incomplete or unclear.

Basic Rules of Who Is In Managed Care

- Everyone is in, except:
 - Dual Eligibles – both Medicare & Medicaid
 - Tribal members may enroll or opt out
 - Individuals who because of receipt of behavioral health, I/DD, TBI services are allowed to opt out, stay with their LME. They will be in Tailored Plans
 - There are some other special rules – for example the SNF Rule.
 - Biggest group to come in later is the Duals

Getting Billing Started

- For billing you must sign a contract, get required data into the PHP network database, get credentials to submit claims, get EFT set up for paying claims. Practice billing. Remember you now have up to six places to bill and collect from: the five PHPs and NCTracks.
- Find out how to check which PHP the resident selected and joined, effective when. If you aren't using a clearinghouse or billing agent, you must find out how to bill in each PHP portal – that is, what are the steps, and what data you will need. You should attend every PHP billing training session you can. Recall – it took some time for providers to get used to billing in NCTracks.
- Remember that checking everything before billing saves time
- Study how to read and interpret the Remittance Reports for PHPs. Recall, it was a while before you could translate NCTracks RAs.

Billing Issues

- How do you save and retrieve prior billings, or update them for resubmission with new DOS?
- How do you batch bill in the portal?
- How can you revise or “unbill” individual claims?
- What are the EOBs on the RAs and what do they mean?
- Will the PHPs use the same HCPCS codes and extensions (for example, 99509-HC or SC) ?
- Of what importance are Zip codes and addresses
- Have you studied the PHP’s Claims Manual or billing guide ?
- How soon can you submit test billing?
- Will claims status queries be available (276/277)?
- Where and how will you do membership and eligibility checks?

Assessment for PCS

- Medicaid Direct recipients will continue to be assessed by the Independent Assessment Entity – currently Liberty.
- PHPs will do their own assessments to determine hours for members. We hope all the forms will be similar – at least one (PHP AmeriHealth Caritas) has adopted a form nearly identical to the DHB 3051 for initiating PCS service requests.
- It is unclear what calculations and rules PHPs will use to determine PCS hours: will they use the system now in place for Medicaid Direct? Will they interpret the rules to further the goal of better health?
- How will residents be able to obtain review of adverse decisions on current services or new services, while continuing benefits during an appeal?

Preparing for Audits; Regulatory Issues

- After a period of relative quiet, audits of PCS providers and services are more frequent
- Mini “desk” audits are popular – vocabulary of the audit remains obscure; don’t try this without experienced help!
- Watch for the “100 points of light” audit – RAT/STAT
- Audits of PCS services now involve more of the individual elements of PCS rules – 3136 and 3085 forms, service plan uploads, for example – than before
- Look for new audit items (OIG ? Training truancy?)
- PHPs will have their own audit plans and areas of emphasis

Regulatory Issues

- Under Managed Care, document retention requirements are more lengthy than ever – at present it is a minimum of ten years for the PHPs. You need everything in your system, not in some state contractor database.
- There is no safe time to dispose of any records (fraud)
- Staff hiring, training and assignment errors continue to catch many providers unaware – e.g. CBC, OIG, HCPR, TB Tests, documentation errors.
- Electronic records policy! Use scanners!
- Quality control and Plans of Correction
- Document everything, Event and Complaint Handling

Diversify Business Mix

- Your Adult Care Home license allows you to perform assisted living services for a variety of payers: private pay, VA, Bundled Payment Medicare providers, and Long Term Care Insurers, for example
- You may find that rates are better, or have more hours, or can be paid on a per diem basis, with less administrative and regulatory burden and more opportunity to pay staff well in these programs.
- Referral sources abound – but they can't refer clients to you if they don't know you, what you do, how you differ from other kinds of service providers, and how well you do it. Examples: tax and estate lawyers, CPAs, CFPs, Brokers and other financial advisors, funeral services providers, PCP and surgical practices.

Pro\$per During Managed Care

- Managed Care may present the opportunity to seek better compensation for better data and outcomes – for the prepared.
- Essentially the PHP system will fail unless health improves
- PHPs must achieve majority of value based contracts.
- PHPs are now offering 100% of FFS DHB rate
- Any willing provider (today) can join
- What are the quality measures and outcomes that matter?
- Value based purchasing is DHB's goal – who provides the best value and the best outcomes?

Questions?

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