

STAR+PLUS

PROGRAM

Your Health Plan ■ Your Choice

LTSS Provider Training for STAR+PLUS

Joint HMO Presentation

on

Uniform Billing of LTSS Services

Assisted Living, Residential Care and Adult
Foster Care

HMO Contact Information

AMERIGROUP

Provider Services	800-454-3730, prompt 7
Bexar	210-737-5700
Harris	713-218-5100
Travis	512-382-4970

EVERCARE

Provider Services	800-349-0550, opt. 4, ext. 8710
Harris	888-887-9003
Travis	888-887-9003
Nueces	888-887-9003

MOLINA

Provider Services	877-665-4622
Bexar	210-366-6500
Harris	713-418-1900

SUPERIOR

Providers Services	877-391-5921, opt. 3
Bexar	Director-Pat Townsend 210-615-9383 Ext 22716 Superv-Jocelyn Zimmerle 210-615-9383 Ext 22714 PR Rep-Stacy Arrieta 210-615-9383 Ext 22719 PR Rep-Irma Paveglio 210-615-9383 Ext 22731
Nueces	Manager, Michelle Jones 361-994.5600 ext 22907

Benefits of STAR+PLUS

- Integrates behavioral, physical, environmental and long-term services and supports into a single coordinated system of care and services
- Helps members navigate through the fragmented and complicated service system
- Emphasizes community based services over institutional services to help maintain independence
- Provides the right mix of service coordination and option for member self direction to promote independence.
- Emphasizes primary care and prevention over inpatient and emergency room services

Benefits of STAR+PLUS

- Provides the right mix of service coordination and consumer directed care to promote member independence
- Ensures coordination with providers and community support services (housing, utilities, home delivered meals)
- Promotes Disease Management programs
- Provides hospital discharge planning
- Nursing home diversion
- Helps to coordinate with Medicare services for dual-eligible membership

Results of STAR+PLUS

- Increases Community Care services
- Reduces inpatient hospital and ER services
- Results in fewer nursing home admissions
- Demonstrates consumer satisfaction

SERVICES - AUTHORIZATION

LTSS Services	AMERIGROUP	Evercare	Molina	Superior
LTSS Services (PAS, DAHS, AL/RC, AFC, etc.)	Yes, auth required and issued for 12 month periods with eligibility	Yes, auth required, monthly roster to provider based on eligibility, issued for 6 month block	Yes, auth is required and issued for 90 days with eligibility	Auth is required and issued for a 12 month period, if eligible.
Skilled Nursing	Yes, authorization required	Yes, authorization required	Yes, authorization is required	Yes, if it meets medical necessity. Will need a doctor's order and prior auth
Supplies	<p>Non Dual: No Dual: Yes</p> <p>For Dual members: Medicare covered services should be billed to Medicare; Gaps in Medicare and/or services covered under Title 19 should be billed to TMHP. Finally, if the above program's coverage leaves gaps or services not covered but are part of the ISP or service plan then, providers should bill AGP with authorization.</p>	<p>Non Dual: Notification is requested; authorization is required if over \$1000</p> <p>For Dual members: Medicare covered services should be billed to Medicare; Gaps in Medicare and/or services covered under Title 19 should be billed to TMHP. Finally, if the above program's coverage leaves gaps or services not covered but are part of the ISP or service plan then, providers should bill AGP with authorization.</p>	<p>Non Dual: Yes, auth is required if supplies are over \$200.00.</p> <p>Dual: Yes, auth is required if supplies are over \$200.00.</p>	<p>SC will review for eligibility. If eligible an initial auth will be entered in the system. After the initial auth has been entered there will not be a need to enter again as long as the supplies remain under \$500. An auth is required for anything over \$500.</p>
DME	<p>Non Dual: Yes Dual: Yes Duals: (see above comment)</p>	See above under supplies.	<p>Non Dual: Auth is required. Dual: Auth is required.</p>	See above under supplies.

UNIFORM BILLING GUIDELINES

- Use only the CMS 1500 form or its successor form
- Use only the Uniform Billing defined code, modifier, type and place of service combinations when billing LTSS services.

- **File within 95 days of the date of service/date of discharge**

- You may bill either individual dates of service or bill using a span of dates of service.

For example: you may bill for 1/1/07 – 1/15/07 on one billing and then bill for 1/16/07 – 1/31/07 on your next billing.

Completing the Claim Form – Key Points

Ensure you have completed all required boxes on the claim form, but double check you have completed:

- Box 1a – Member's Medicaid ID # and Boxes 2, 3, 4, 5, 6, 7 to cover the name, date of birth and address of the member.
- Box 21 – Diagnosis Code
- Box 24 a-g – Place Date of Service, Place of Service, Type of Service, CPT/HCPC, modifiers, diagnosis code, charges and units.
- Box 25 – must include the tax ID you have on file with each HMO
- Box 31 – Signature on File or your signature authorities name/organization
- Box 32 – address of where services were provided

Completing the Claim Form – Key Points

- Box 33 – The name and address where your payments should be mailed, this information must also match what is on file per your contract with each HMO.

LTSS # IDs are assigned to specific categories of service, some plans require you to submit an LTSS number that matches the services you are billing.

Sample ID:

Statewide = S00000000

Facility Based Provider = F00000000

- **Box 33 Pin # must include your State issued LTSS Provider ID number. This number goes in box 33 Pin # for the current CMS 1500 form layout.**

Using the new CMS 1500 – 0805 - During the Dual Use Period starting 2/1/07 until each HP has made NPI/API submission mandatory please follow these guidelines for placement of the NPI/API # and LTSS #:

- Box 32 – placement of your NPI/API # is optional in this box
- Box 33a – **Evercare and Superior** - using the new CMS 1500 – 0805 you will need to place your NPI # or LTSS # in box 33a;
- Box 33a – **AMERIGROUP and Molina** - using the new CMS 1500 – 0805 you will need to place your NPI # only in box 33a
- Box 33b - using the new CMS 1500 - 0805 you will need to place your LTSS # in box 33b (AMERIGROUP and Molina)

SAMPLE - CMS 1500 FORM

Include the member's Medicaid Number

HEALTH INSURANCE CLAIM FORM

MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP OTHER NOT REQUIRED + + + + + 1. INSURED'S ID NUMBER 123557896		FECA + ASW + AS 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe John M	
3. PATIENT'S BIRTHDATE 02/25/40		SEX M	
4. PATIENT'S ADDRESS (No., Street) 125 Same Street		5. PATIENT'S RELATIONSHIP TO INSURED Spouse	
CITY Houston		STATE TX	
ZIP CODE 77045		TELEPHONE (include Area Code) (713) 555-5555	
6. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) (If 00)		7. INSURED'S POLICY GROUP OR NUMBER	
8. EMPLOYER'S NAME OR SCHOOL NAME		9. INSURED'S DATE OF BIRTH / /	
10. INSURED'S DATE OF BIRTH / /		11. INSURED'S POLICY GROUP OR NUMBER	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the authorized person. SIGNATURE ON FILE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician. SIGNATURE ON FILE	
14. DATE OF CURRENT ILLNESS (if not symptom) OR INJURY (Accident) OR PREGNANCY (LMP) / /		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE / /	
16. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE 1. 79979		17. ID NUMBER OF REFERRING PHYS. 3. 4.	
19. RESERVED FOR LOCAL USE NOT REQUIRED		20. OVERSIC LAST \$CHARGES NOT REQUIRED	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Provide items 1,2,3 or 4 to Item 24E by ICD) 1. 79979		22. MEDICARE REVISIONS NOT REQUIRED	
23. PRIOR AUTHORIZATION NUMBER		24. HOSPITALIZATION DATES RELATED TO CURR SERVICES FROM: / / TO: / /	
25. FEDERAL TAX ID NBR 123456789		26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
28. NAME AND ADDRESS OF SUPPLIER WHERE SERVICES WERE RENDERED (If other than home or office) Name: NEW WAY HOME HEALTH Addr: 444 Care Street City: Houston ST: TX ZIP: 77045		29. AMOUNT PAID \$ 800.00	
30. BALANCE BILL \$ 800.00		31. PHYSICIAN BILLING NAME, ADDRESS, ZIP CODE & PHONE Name: NEW WAY HOME HEALTH Addr: 444 Care Street City: Houston ZIP: 77045	

Indicate the date of service, place of service, type of service, code, modifier(s), diagnosis code, charges and units. In box 25 place your Tax ID and in box 33 your payment address and LTSS#.

Ensure you complete the member's name, address and DOB information

Adult Foster Care Agencies

Code	Unit of Service Description	Place of Service	Type of Service	Modifier 1	Modifier 2	Modifier 3	Modifier 4
S5140 – Adult Foster Care L 1	1 day = 1 unit	12	19	99	U3		
S5140 – Adult Foster Care L 2	1 day = 1 unit	12	19	99	U4		
S5140 – Adult Foster Care L 3	1 day = 1 unit	12	19	99	U5		

Code	Unit of Service Description	Place of Service	Type of Service	Modifier 1	Modifier 2	Modifier 3	Modifier 4
S5151 – Adult Foster Care L 1 - Respite	1 day = 1 unit	12	19	99	U3		
S5151 – Adult Foster Care L 2 - Respite	1 day = 1 unit	12	19	99	U4		
S5151 – Adult Foster Care L 3 Respite	1 day = 1 unit	12	19	99	U5		

Assisted Living & Residential Care Agencies

Assisted Living Apartment -- Single Occupancy (one day)		Unit Description	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Type of Service	Place of Service
T2031	Level 6, Tile 211	1 day = 1 unit	99	U8	U1	U1	19	13
T2031	Level 5, Tile 210	1 day = 1 unit	99	U7	U1	U1	19	13
T2031	Level 4, Tile 209	1 day = 1 unit	99	U6	U1	U1	19	13
T2031	Level 3, Tile 208	1 day = 1 unit	99	U5	U1	U1	19	13
T2031	Level 2, Tile 202, 206 & 207	1 day = 1 unit	99	U4	U1	U1	19	13
T2031	Level 1, Tile 201, 203, 204, & 205	1 day = 1 unit	99	U3	U1	U1	19	13

Assisted Living & Residential Care Agencies

Residential Care Apartment -- Double Occupancy (one day)		Unit of Description	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Type of Service	Place of Service
T2031	Level 6, Tile 211	1 day = 1 unit	99	U8	U2	U1	19	13
T2031	Level 5, Tile 210	1 day = 1 unit	99	U7	U2	U1	19	13
T2031	Level 4, Tile 209	1 day = 1 unit	99	U6	U2	U1	19	13
T2031	Level 3, Tile 208	1 day = 1 unit	99	U5	U2	U1	19	13
T2031	Level 2, Tile 202, 206 & 207	1 day = 1 unit	99	U4	U2	U1	19	13
T2031	Level 1, Tile 201, 203, 204, & 205	1 day = 1 unit	99	U3	U2	U1	19	13

Assisted Living & Residential Care Agencies

Residential Care -- Non-Apartment (one day)		Unit of Description	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Type of Service	Place of Service
T2031	Level 6, Tile 211	1 day = 1 unit	99	U7	U2	U2	19	13
T2031	Level 5, Tile 210	1 day = 1 unit	99	U8	U2	U2	19	13
T2031	Level 4, Tile 209	1 day = 1 unit	99	U6	U2	U2	19	13
T2031	Level 3, Tile 208	1 day = 1 unit	99	U5	U2	U2	19	13
T2031	Level 2, Tile 202, 206 & 207	1 day = 1 unit	99	U4	U2	U2	19	13
T2031	Level 1, Tile 201, 203, 204, & 205	1 day = 1 unit	99	U3	U2	U2	19	13

Assisted Living & Residential Care Agencies - Respite

Respite Care -- Assisted Living Apartment (Single Occupancy)		Unit of Description	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Type of Service	Place of Service
S5151	Level 6, Tile 211	1 day = 1 unit	99	U8	U1	U1	19	13
S5151	Level 5, Tile 210	1 day = 1 unit	99	U7	U1	U1	19	13
S5151	Level 4, Tile 209	1 day = 1 unit	99	U6	U1	U1	19	13
S5151	Level 3, Tile 208	1 day = 1 unit	99	U5	U1	U1	19	13
S5151	Level 2, Tile 202, 206 & 207	1 day = 1 unit	99	U4	U1	U1	19	13
S5151	Level 1, Tile 201, 203, 204, & 205	1 day = 1 unit	99	U3	U1	U1	19	13

Assisted Living & Residential Care Agencies - Respite

Respite Care -- Residential Care Apartment (Double Occupancy)		Unit of Description	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Type of Service	Place of Service
S5151	Level 6, Tile 211	1 day = 1 unit	99	U8	U2	U1	19	13
S5151	Level 5, Tile 210	1 day = 1 unit	99	U7	U2	U1	19	13
S5151	Level 4, Tile 209	1 day = 1 unit	99	U6	U2	U1	19	13
S5151	Level 3, Tile 208	1 day = 1 unit	99	U5	U2	U1	19	13
S5151	Level 2, Tile 202, 206 & 207	1 day = 1 unit	99	U4	U2	U1	19	13
S5151	Level 1, Tile 201, 203, 204, & 205	1 day = 1 unit	99	U3	U2	U1	19	13

Assisted Living & Residential Care Agencies - Respite

Respite Care -- Residential Care (Non- Apartment)		Unit of Description	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Type of Service	Place of Service
S5151	Level 6, Tile 211	1 day = 1 unit	99	U8	U2	U2	19	13
S5151	Level 5, Tile 210	1 day = 1 unit	99	U7	U2	U2	19	13
S5151	Level 4, Tile 209	1 day = 1 unit	99	U6	U2	U2	19	13
S5151	Level 3, Tile 208	1 day = 1 unit	99	U5	U2	U2	19	13
S5151	Level 2, Tile 202, 206 & 207	1 day = 1 unit	99	U4	U2	U2	19	13
S5151	Level 1, Tile 201, 203, 204, & 205	1 day = 1 unit	99	U3	U2	U2	19	13