Financial Eligibility Advanced Scenarios

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Pre Test

1. It isn't necessary for self Pay or Non rec to be loaded in an FE.

   True   False

2. It's OK to carve out Managed Medicaid Companies depending on the patient's coverage and clinic setting.

   True   False

3. ePaces verification is enough for a comprehensive eligibility.

   True   False

4. SEDs can easily be determined by verifying on ePaces.

   True   False

5. We will get paid at all times as long as there is active coverage.

   True   False

Agenda

- Importance of Self Pay and Non Recoverable
- When to mark "Eligibility Verified"
- Carve Out Recipient:
  - SSI
  - Article 32
  - SED clients
  - Program Settings
- Quirky Eligibilities:
  - Restricted Patients
  - Family Health Plus
  - Deductibles only coverage
- The World of Medicare
  - Alphabet Soup: Part A, B, D & suffixes
  - Managed Medicare
  - Medicare Supplemental
  - Get Acquainted with Connex
- Insurance Changes
- Questions

My Notes

Importance of Self Pay and Non Recoverable

- Self Pay is necessary when there is a lapse in coverage and we need to charge the patient services.

  - Example: Medicaid recertification or change of jobs.

Importance of Self Pay and Non Recoverable cont'd

- Non Recoverable are for payments or services that cannot be charged to the patient for a write off.

Set up with and without Self-Pay & Non-Rec

	Remittance or EOB reads	Correct Set up	Incorrect Set up	
		Non Rec & Self Pay in FE	No Self Pay in FE	No Non Rec in FE
Charge:	$100.00	$100.00	$100.00	$100.00
Insurance Payment:	$60.00	($60.00)	($60.00)	($60.00)
Patient's Copay:	$25.00	($25.00)	0	($25.00)
Contractual Write Off (Transfer):	$15.00	($15.00)	($15.00)	0
Left Over		$0.00	**$25.00**	**$15.00**

Claim won't go anywhere without reconciliation

Eligibility Marked Verified If:

- You've verified insurance coverage with website or customer service representative (specifically, that **<u>your</u>** services are covered under that company)

- Non – Recoverable (Always YES)

- Self Pay after sliding Scale Fee information is loaded (if self pay only)

- Self Pay if accompanied by any other guarantor

Carve out Recipients

- SSI: Those who are receiving social security disability payments whose Mental Health Services are Carved out from Managed Medicaid companies.
- Article 32: All OASAS services are carved out of the Managed Medicaid companies.
- SED clients: Medicaid allows clinics to bypass Managed Medicaid companies and bill services directly to Medicaid.
- Program Settings: various programs do not require services to be billed to other payers other than Medicaid.

SSI (Mental Health Carve Out)

SSI (MH Carve Out) cont'd

- Only affects Managed Medicaid Plans
- **CANNOT** carve out Commercial or Medicare plans in Clinic Settings
- FE set up and order:
  - Managed Medicaid Plan with Non-Contract Carve Out Benefit Plan
  - Medicaid
  - Self
  - Non-Rec

Article 32 (OASAS/ARS)

- Only affects Managed Medicaid Plans
- **<u>CANNOT</u>** carve out Commercial or Medicare plans in Clinic Settings
- FE set up and order:
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  - Medicaid
  - Self
  - Non-Rec

Severely Emotionally Disturbed (SED)

- Based Clinical determination
- We cannot tell SED clients from ePaces eligibility
- Medicaid allows us to carve out Managed Medicaid plans and send bills directly to Medicaid.
- Medicaid does not know an SED client unless we "tell them".

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SED cont'd

- SED guarantor (555) – this is how we "tell" Medicaid.
- Requires Special FE set up
- Upon acknowledgement of clinical staff:
  - Carve Out Managed Medicaid Plan
  - Forward Terminate Medicaid (161) plan either 15th or end of month.
  - Add 555 guarantor effective 1 day after termination date
  - Reset order to
    - Managed Medicaid Plan (Non Contract Carve Out Benefit Plan)
    - Medicaid Guarantor (Terminate 4/15/14)
    - SED guarantor (Effective 4/16/14)
    - Self Pay
    - Non-Rec

Program Settings

- Some programs allow for carve out from billing to: Commercial, Managed Medicaid, Managed Medicare, and Medicare plans.

- For these programs, we still must list the coverage, but add the benefit Plan Non-Contract Carve out.

Program Settings cont'd

Programs	Medicare	Commercial (Third Party)	Managed Medicare	Managed Medicaid
ACT				
Article 16 OPWDD Clinics				
Article 31 OMH Clinics				Depending on the coverage
Article 32 OASAS Clinics				Depending on the coverage
Community Hab	X	X	X	X
Community Residence	X	X	X	X
Day Hab	X	X	X	X
HCBS	X	X	X	X
Health Home	X	X	X	X
Hourly Respite	X	X	X	X
ICF	X	X	X	X
IPRT	X	X	X	X
IRA	X	X	X	X
MEDS programs (Risperdal, Invega, Abilify)	Pharmacy directly bills	Pharmacy directly bills	Pharmacy directly bills	Pharmacy directly bills
Metrocards	X	X	X	X
MSC	X	X	X	X
Partial Hospitalization				Depending on the coverage
PROS	Psychiatric Component only	Psychiatric Component only	Psychiatric Component only	Psychiatric Component only

X = PAYER IS CARVED OUT

Quirky Eligibility: Restricted Coverage

- Patients coverage can be restricted in one of 2 ways:

  1. Restricted to only have certain services
  2. Restricted to only receive services from one provider

Quirky Eligibility: Restricted cont'd

- Restricted Services:

Eligibility Response Details

Medicaid Eligibility Information:

ELIGIBLE ONLY FAMILY PLANNING SERVICES
1 - Medical Care
30 - Health Benefit Plan Coverage
82 - Family Planning

Date of Service:	02/01/2013	Co-pay Remaining:
Plan Date:	02/01/2013	

Client's Medicaid coverage is restricted to receive only the services listed under Medicaid Eligibility services. In this example, the client can only receive Family Planning and Medical services.

Client Information:

Client ID:		Client Name:	
Gender:	F	SSN:	
Date of Birth:	9/1/1993	Address 1:	.
Anniversary Date:	02/01/2013	Address 2:	
Recertification:	December	City, State , Zip:	RONKONKOMA ,NY 11779
County:	Suffolk	Office	

Quirky eligibility: Restricted cont'd

- Restricted to provider

Quirky Eligibility: Family Health Plus

- Appears as if active Medicaid, but the services are covered under a Non-Medicaid Product

Eligibility Response Details

Client Information:

Client ID:	Client Name:
Gender: M	SSN:
Date of Birth:	Address 1:
Anniversary Date: 11/1/2013	Address 2:
Recertification: December	City, State Zip: CENTERPORT, NY 11721
County: Suffolk	Office:
Date of Service: 4/3/2014	Plan Date: 4/1/2014

Medicaid Eligibility Information:

Family Health Plus

Co-pay Remaining: $200.00

Covered Services

Code	Description
82	Family Planning

Standard Co-pay

Service Type	Co-pay
Clinic	$3.00
X-Ray	$1.00
Lab	$0.50
Inpatient	$25.00
OTC	$0.50
Brand Drug	$3.00
Generic	$1.00

Medicaid Managed Care:

Plan name:	NYS CATHOLIC HEALTH PLAN INC
Address:	95-25 QUEENS BLVD
	REGO PARK, NY 113744511
Phone:	(800) 749-0820
Plan Code:	SP

Quirky Eligibilities: Deductibles and Coinsurances Only

- Appears as Active Medicaid coverage, but Medicaid will only honor Coinsurance and

Eligibility Response Details

Client Information:

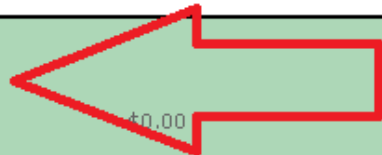|	
Client ID:	Client Name:
Gender: F	SSN:
Date of Birth:	Address 1:
Anniversary Date: 3/1/2013	Address 2:
Recertification: September	City, State Zip:
County: Suffolk	Office:
Date of Service: 7/11/2013	Plan Date: 7/1/2013

Medicaid Eligibility Information:

Medicare Coinsurance Deductible Only

Co-pay Remaining: $0.00

Covered Services

Code	Description
AL	Vision (Optometry)

The World of Medicare

- Medicare Part A: covers Inpatient Hospital

- Medicare Part B: covers Office and clinics

- Medicare Part C: Medicare Advantage Plan

- Medicare Part D: covers Prescription

The World Of Medicare cont'd

- Managed Medicare: Takes the place of Medicare Part B billing. Clinic services will go to this payer **instead** of traditional Medicare part B

- Medicare Supplemental: This coverage is addition to Medicare. In Part A, it may help with some part of the Medicare deductible. In Part B, it may lower the patient's coinsurance. In Part D, it may lower the copay for a prescription

The World of Medicare cont'd

- Get acquainted with Connex:

- https://connex.ngsmedicare.com

(See Latoya separately if you need access)

- Helps Determine the following:
  - Patient met Deductible
  - Part A and B effective date
  - Medicare Advantage Plan
  - Supplemental Coverage
  - Crossover coverage

Insurance Changes

- In all cases of Insurance Changes, please alert the AR billing team.

- Please do not switch orders, terminate coverage, or retroactively enroll a coverage **without** the consult of an AR team member.

- This ensures that all the claims will go out according to the changes you make.

Post Test

1. It's OK to carve out Managed Medicaid Companies depending on the patient's coverage and clinic setting.   True   False

2. We will get paid at all times as long as there is active coverage.   True   False

3. It isn't necessary for self Pay or Non rec to be loaded in an FE.   True   False

4. SEDs can easily be determined by verifying on ePaces.   True   False

5. ePaces verification is enough for a comprehensive eligibility.   True   False

Questions?

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