

Hot Topics

September 2016

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Anthem Denied Medicare B Replacement Claims:

Many SNF's have experienced denial of payment from Anthem on their Medicare B Replacement claims. We have recently spoken with Anthem's Provider Network Manager Jacqueline Pedersen regarding the denials. She stated Anthem contracts have always included the CMS 1500 form billing requirement, but SNF's have not complied. In January 2015, Anthem implemented an edit to deny the SNF therapy claims that were not submitted on the CMS 1500 form.

Jacqueline stated that SNF's should have contracts with Anthem and every SNF should review their contract thoroughly. The SNF's Anthem contract should address Per Diem rates for inpatient SNF stays and a separate therapy agreement or addendum for outpatient therapy. Anthem views outpatient therapy as therapy the SNF provides for their patients that are not in an inpatient stay. The separate therapy agreement or addendum states that outpatient therapy MUST BE BILLED on the CMS 1500.

IF your facility is getting Anthem Medicare B Replacement claims denied, you are more than likely not submitting the therapy charges on the CMS 1500 form or you do not have a therapy agreement or addendum in your Anthem contract. To inquire about your Anthem contract you can contact Soni Smith, Network Management Support Rep for Anthem (Soni.Smith@Anthem.com).

We do not believe that SNF's should have to bill therapy charges to Anthem on the CMS 1500. We will continue to discuss this issue with Jacqueline and report any updates to you as soon as they are available.

Medicaid Pending:

A team has been assembled to work the Medicaid pending cases submitted by Hargis, KAHCF, and Leading Age. Kristi Putnam reported 25% of the Medicaid pending cases submitted have been worked in the first two days.

If you have a Medicaid resident who was previously pending that has now been approved, Myers & Stauffer will allow a rate revision request. Please notify our office if you are eligible for a rate revision.

Medicaid 552's replaced by Medicaid Cards and KYHealthNet Eligibility Screen:

Myers & Stauffer has always required a patient's 552 to prove Medicaid eligibility and make changes on the quarterly resident roster reports. Due to Medicaid no longer issuing 552's, other forms proving Medicaid eligibility will now be accepted.

Example forms proving eligibility are patient Medicaid cards and KYHealthNet screen showing eligibility.