

# VERMONT HEALTH ACCESS ADVISORY



Linking OVHA and EDS to your Office

OVHA- <http://www.ovha.state.vt.us/>

October 2005, Volume XXXVI; Number 10

EDS- <http://www.vtmedicaid.com>



## ALL PROVIDERS

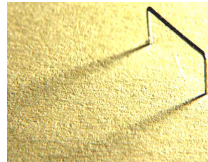
### In This Issue

Staples.....	1
Faster Claims Processing.....	2
Billing Multiple Page Claims.....	2
Primary Insurance Co-Pay.....	2
Hurricane Assistance.....	3
Accident Liability Billing.....	3
Mailing Guidelines.....	4

### Webpage Updates

[www.vtmedicaid.com](http://www.vtmedicaid.com)

UB-92 Billing Manual  
Updated Fee Schedules  
Updated Active Provider List  
Updated Ladies First Prov. List



### Staples: the Ripple Effect

**W**ould you dedicate an employee to do nothing all day but remove staples from documents? It is unlikely that any business would choose to or could afford to use an employee for such a task yet EDS is forced to do exactly that in order to process paper claims.

In short, we are asking providers to **STOP** using staples to secure attachments and other documentation to submitted paper claims. This is not a new request but one now made with more urgency as EDS works to streamline and automate the paper claims processing cycle. The serious impact of staples on the overall processing cycle has become more evident in recent months after EDS began using a Kodak i600 scanner to scan all paper claims. Though many benefits have already been realized, the scanner's full potential is compromised by stapled claims.

Every staple must be removed from a claim by hand before the claim can be processed. A single staple slows the process by a degree that ripples through the overall processing chain. Imagine, then, the impact of spending several minutes *per claim* (EDS receives on average, 4,000 paper claims daily) removing dense clusters of staples on corners or lining the edge like the binding on a book. If the claim is ripped or excessively bent in the process of removing the staple then that claim will jam the scanner. Such is the ripple effect of staples on the overall process which ultimately results in slower payment of your claim.

We understand that stapling is second nature and we appreciate your efforts to keep documentation together but we must strongly discourage the use of staples. It is preferable (and perfectly safe) that documents are not attached with any fastener at all but if the urge to use some sort of fastening device is too hard to resist, than paper clips are acceptable.

*\*Also, do not attach post-it notes or other processing instructions to your regular claim submissions.*

If you must submit your claims on paper, you can purchase blank forms on-line at: [www.officemaxsolutions.com](http://www.officemaxsolutions.com) or [www.staples.com](http://www.staples.com). Staples carries both CMS 1500 (aka HCFA) and UB 92 claim forms.

Did you know that 98.6% of all claims submitted in 2004 were processed and paid within 30 days? On average, paper claims are processed within 30 days. Electronically submitted claims are generally processed within 9 days.

## Want Faster Claims Processing?: Bill Electronically

We encourage all providers to submit their claims electronically whenever possible. Electronic claims submission allows for faster processing and payment. It also reduces errors and enables better record tracking. Plus, our electronic billing software is FREE! More than 800 providers can testify to the benefits of using EDS PES software.

Even if you use other software to bill your claims, you can use PES to process electronic adjustments, secondary claims, or re-submit claims. Providers who currently submit claims on paper and would like to take advantage of electronic billing please contact Rich Rettig, the EDS EDI Coordinator at: 802-879-4450, option 3, or [vtedicoordinator@eds.com](mailto:vtedicoordinator@eds.com) to discuss the electronic billing option.

---

### How to Bill a Multiple Page Paper Claim

This is a procedural review. Providers may bill a multiple page claim to Vermont Medicaid using these instructions. Each claim form must include the required patient information (name, MID, diagnosis, etc). Indicate the appropriate page number on each page, in the appropriate box (i.e. page 1 of 2). Below are the page number locations according to claim type. To indicate the conclusion of the entire claim the last, and only the last page, must include the total and an authorized signature.

#### On a HCFA Form

Indicate the page number in Box 19, "Reserved for Local Use."

#### On a UB-92 Form

Indicate the page number in Box 84, "Remarks."

#### On a Dental Form

Indicate the page number in Box 38, "Remarks or Unusual Services."

---

### Primary Insurance Co-Payments

If the service is under a capitation agreement the provider may bill Medicaid for the visit's co-payment using the T1015 code.

If the service is not **capitated** by the primary insurance the provider may not bill Medicaid using the T1015.

Instead, the provider may bill the primary insurer, record the payment, and then bill Medicaid for the difference between the primary insurance payment and the Medicaid allowed amount for that service.

If the provider accepts Medicaid as a source of payment for the visit, the provider can not bill the patient.

## MEDICAID PROVIDER HURRICANE ASSISTANCE

Hurricane Katrina's aftermath may bring some people from Louisiana, Mississippi, Alabama and Florida to seek refuge in Vermont. In the advent of evacuees migrating to Vermont, the Office of Vermont Health Access is involved in coordinating efforts to meet the potential needs of these Medicaid beneficiaries. Vermont providers with a hurricane evacuee/patient in their office should encourage them to call the American Red Cross to help with registration, lodging, and to notify FEMA.

### American Red Cross in Vermont

Northern Vermont: 800-660-9130

Central Vermont: 802-773-9159

Southern Vermont: 800-288-3554

*Vermont providers caring for these Medicaid beneficiaries can enroll as Louisiana, Mississippi, Alabama and Florida Medicaid providers. Please call the numbers below for information on the programs in these states or visit: [vtmedicaid.com](http://vtmedicaid.com) for FAQ lists and a full listing of contacts.*

Louisiana Medicaid, General: 1-888-342-6207

Mississippi Medicaid, General: 1-800-884-3222 and select option 6 or stay on the line.

Alabama Medicaid, Provider Information: 334-215-0111

Florida Medicaid, Provider Information: 1-888-419-3456

CMS has indicated that it will be flexible in regard to Medicaid program requirements for services provided to victims of Hurricane Katrina. See the CMS website for more information:

<http://www.cms.hhs.gov/>.

---

## Workers Compensation/Accident Liability Billing

Providers have two choices regarding billing when a beneficiary is also covered by auto insurance, worker's compensation: bill Medicaid or the workers compensation/auto insurance. If the provider chooses to bill the workers compensation/auto insurance, the provider cannot bill Medicaid simultaneously. (Refer to your provider enrollment/recertification agreement.)

If a provider decides at any point to bill Medicaid the provider must withdraw the claim to the workers compensation/auto insurer. These claims are still subject to the six-month timely filing limit. If a payment is received from a workers compensation/auto insurer after the provider has received payment from Medicaid, the provider must return or refund the payment to Medicaid.

In regards to billing the beneficiary, 42 USC §1396a (a)(25)(C) states: "In the case of an individual who is entitled to medical assistance under the State plan with respect to a service for which a third party is liable for payment, the person furnishing the service may not seek to collect from the individual (or any financially responsible relative or representative of that individual) payment of an amount for that service . . ."

*\*Please note, this does not pertain to medical health insurance.*

## Mailing Guidelines for Faster Claims Processing

To facilitate claims processing and reduce the amount of unnecessary mail to EDS Provider Services please follow these guidelines:

Regular claims should be addressed to: EDS, PO Box 888, Williston, VT 05495. Please use this EXACT mailing address. *Any other address on regular claims may delay processing.*

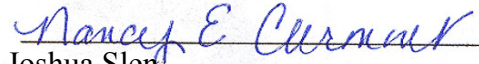
All **appeals** go to: EDS, PO Box 888, Williston, VT 05495. It must be labeled attention "Appeals".

All **inquiries** go to: EDS, PO Box 888, Williston, VT 05495, Attn: Provider Inquiries. All inquiries must have a Provider Inquiry cover sheet attached. It is available on-line at: [www.vtmedicaid.com/Downloads/forms.html](http://www.vtmedicaid.com/Downloads/forms.html)

All beneficiary documentation (i.e. bills, paperwork, premium payments) should be sent to: Health Access Eligibility Unit, 103 South Main, Waterbury, VT 05676.



Barbara H. McMahon  
Program Manager-EDS



Joshua Slen  
Director-Office of Vermont Health Access