



Encounters

Florida 2016

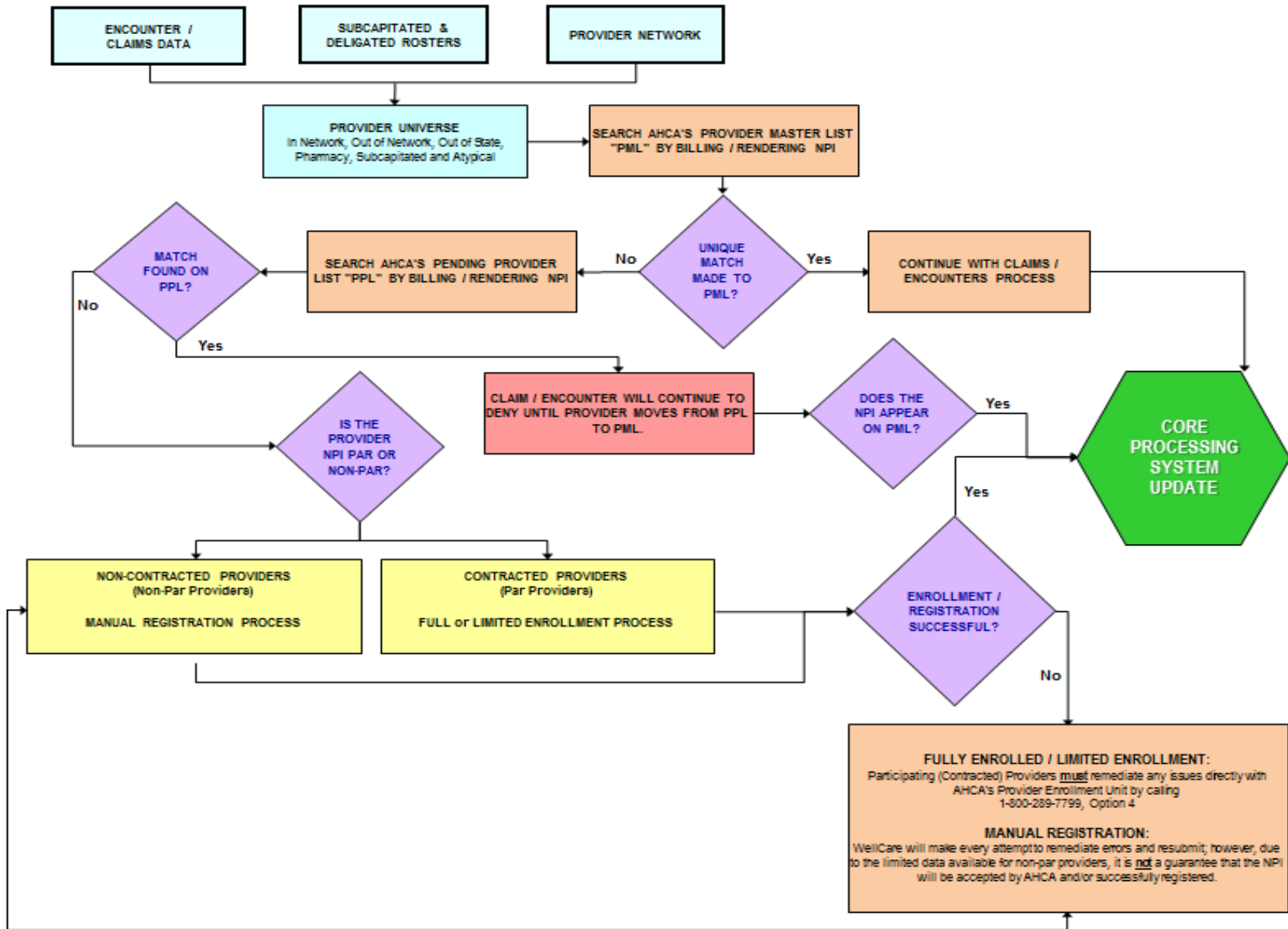
Module 2: AHCA Rules and Guidelines



Provider Validation and Registration



Medicaid ID Registration Process



National Provider Identifier (NPI) & Medicaid ID Validation



Per MMA guidelines, WellCare is working to implement a front-end claims validation process which will be modeled after AHCA's encounter validation process.

Once the new process deploys, the following will occur:

- When a claim or encounter is submitted to WellCare, the Billing and/or Rendering NPI(s) will be validated against AHCA's Provider Master List (PML).
 - If any of the NPI(s) within a given claim, are not recognized on the PML, the claim will reject and payment cannot be processed for the services rendered.
 - This new edit will be fully disclosed to each provider at least 60 days prior to deployment of the new validation process.
 - Training will also be offered to provide as much support as possible during this transition.
- These edits are necessary to ensure that the provider(s) submitting claims data, are not only eligible to care for our members, but also possess an active Florida Medicaid ID.

National Provider Identifier (NPI) & Medicaid ID Validation

- A simple search by NPI can be performed to see if a valid and active record appears on AHCA's PML, or a pending Medicaid ID on the Pending Provider List (PPL).
 - If after searching the PML or the PPL by NPI, it is determined that the provider does not have an active or pending Medicaid ID, one of two things must occur:
 1. Contracted Providers: (also known as Par or Participating)
 - Providers who are contracted with WellCare must follow AHCA's new *Limited Enrollment Process*; which AHCA launched December 2015.
 - Additional information about the Limited Enrollment Process can be found in this document on AHCA's Enrollment website: [Limited Enrollment FAQ](#).

NOTE:

Under AHCA's Limited Enrollment Process, WellCare (Staywell) may not intervene or assist with anything related to registration and/or enrollment.

All questions, issues, status updates, concerns, etc., must be directed to AHCA's Provider Enrollment Unit by calling 1-800-289-7799, Option 4.

2. Non-Contracted Providers: (also known as Non-Par or Non-Participating)
 - WellCare can attempt to submit a manual registration on the behalf of the non-par provider (providers that have rendered services but do not plan to become a participating or contracted provider with WellCare).
 - All NPIs submitted are subject to AHCA's Level 2 Background Screening requirements, if applicable, and can be deemed mandatory at AHCA's discretion.

NOTE:

The Manual Registration Process may take as long as, or longer than, the Limited Enrollment Process.

Submission of the manual registration form is not a guarantee that AHCA will accept and/or register the submitted NPI.

Provider Registration: Common Errors

AHCA requires key data elements be used to enroll for a Medicaid ID.

Common errors include:

Individual Providers: Individual providers must enroll using:

- Individual or Type 1 NPI;
- Individual License Number; and,
- Social Security Number.

(Using a Group Tax ID to enroll an Individual NPI is strictly prohibited).

Group Providers: If a group needs to be enrolled, or a provider owns a group practice, they must enroll using:

- Group or Type 2 NPI;
- Tax ID for the group;
- License number (if applicable); and,
- CLIA (if applicable).

Providers Not Required to Obtain an NPI

- Providers who provide medical care services are required to obtain an NPI; regardless of how they submit their claims or encounters.
- AHCA does not require atypical providers to obtain an NPI; however, many do as a personal preference or choice.

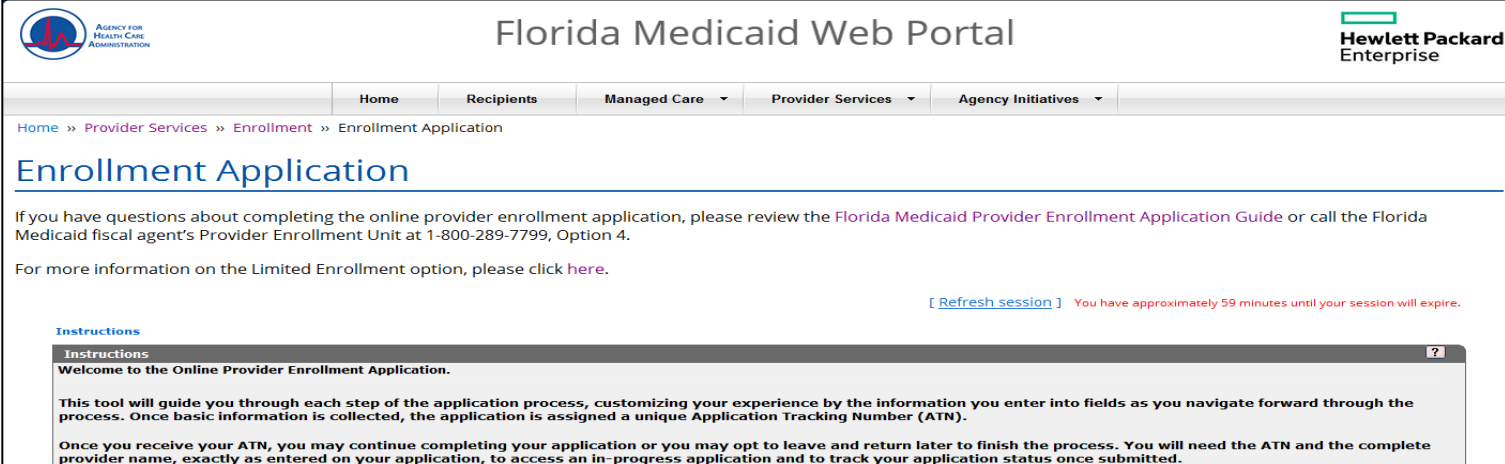
Examples of atypical providers include:

- Assistive Care Services (some, not all, are atypical)
- Billing Agents
- Case Management Agency
- Multi-Load Private Transport
- Government/Municipal Transportation
- Non-Emergency Transport
- Medical Foster Care/Personal Care Provider
- Non-Profit Transportation
- Private Transportation
- Taxicab Company
- Social Worker/Case Manager
- Home and Community-based Services Waiver (HCBS)*

*HCBS Waiver providers rendering Traumatic Brain and Spinal Cord Injury, or Cystic Fibrosis services are the exception and are required to obtain an NPI.

To submit either a Limited Enrollment or a Full Enrollment application to AHCA:

- Enroll online at: [Provider Enrollment Wizard](#)
 - Note: Full Enrollment is required if the provider plans to bill Medicaid as fee-for-service (FFS).



The screenshot shows the Florida Medicaid Web Portal. At the top left is the Agency for Health Care Administration logo. The title is "Florida Medicaid Web Portal" and the Hewlett Packard Enterprise logo is at the top right. A navigation bar includes "Home", "Recipients", "Managed Care", "Provider Services", and "Agency Initiatives". The breadcrumb trail is "Home » Provider Services » Enrollment » Enrollment Application". The main heading is "Enrollment Application". Below this, there is a paragraph of text: "If you have questions about completing the online provider enrollment application, please review the Florida Medicaid Provider Enrollment Application Guide or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-289-7799, Option 4. For more information on the Limited Enrollment option, please click here." A session expiration message reads: "[Refresh session] You have approximately 59 minutes until your session will expire." At the bottom, there is an "Instructions" box with the following text: "Welcome to the Online Provider Enrollment Application. This tool will guide you through each step of the application process, customizing your experience by the information you enter into fields as you navigate forward through the process. Once basic information is collected, the application is assigned a unique Application Tracking Number (ATN). Once you receive your ATN, you may continue completing your application or you may opt to leave and return later to finish the process. You will need the ATN and the complete provider name, exactly as entered on your application, to access an in-progress application and to track your application status once submitted."

- Alternatively, providers can register for a Medicaid ID:
 - Download and complete the [FL Medicaid Provider Registration Form](#).
 - Completed forms must be submitted to a Medicaid health plan prior to submission to Medicaid.
 - See the [FL Medicaid Provider Registration Guide](#) for directions on successfully completing the form.

Information is not correct on PML:

- If the Medicaid record is still active, but some of the information is incorrect (license number, misspelling of provider name, numbers transposed in NPI, etc.)
 - Download the Registration form here:
[NPI Registration Form](#)
 - Complete and fax directly to AHCA

Valid Medicaid Record; but NPI, Taxonomy, License, etc. missing on PML:

- Complete the [NPI Registration Form](#) and fax to the number listed on the form to have NPI, Taxonomy, License, Zip Code, etc., added to PML Record.

All Other Questions/Issues for Fully Enrolled or Limited Enrolled Provider Records:

- Call AHCA's Provider Enrollment Team at 1-800-289-7799, Option 4.

NOTE:

- If provider is fully enrolled with AHCA, making changes via AHCA's web portal will **not** update the PML.
- Only completing the NPI Registration Form will guarantee the revisions populate to the PML.

Provider Master List (PML) Changes



New Provider Master List (PML)

AHCA has prepared a revised PML layout with enhanced provider data. The following slides highlight the PML file layout and new changes.

The new PML was implemented June 9th, 2016.

Providers are encouraged to review the changes.



NOTE:

Pending provider applications are posted to the new Pending Provider List (PPL)

- All active and inactive Medicaid IDs over the previous eighteen (18) months are available on the new PML
- To view the new layout and the technical specifications for the revised PML, visit: [PML New Layout White Paper](#)
- The NPI cross-reference fields are used for identifying a unique Medicaid ID for Encounter Validation.

The NPI cross-reference fields are:

- NPI
 - NPI Crosswalk – Taxonomy
 - NPI Crosswalk – Zip Code
- Effective and End Dates are used to determine if the Medicaid ID is valid for the claim dates of service.
 - Providers may have more than one NPI cross-reference per Medicaid ID, so there will be one record on the PML for each cross-reference.

- The addition of all specialties and the service address for each provider.
 - Up to four (4) specialties can be associated with a provider's record and each will be reported in the PML.
- New value in Individual or Organizational Provider
 - The Provider's Practice Type will only have "I" (Individual) or "O" (Other as in Facility, Clinic, Group or other business entity)
- Registered_Provider column has been renamed Enrollment Type to reflect the Provider Enrollment Type and has three new values:
 - Enrolled
 - Registered
 - Limited
- The new PML includes both Federal Taxonomy (in the column Taxonomy Code on the PML) and the Provider Taxonomy (NPI Crosswalk Taxonomy) on the PML.

New Pending Provider List (PPL)

AHCA has announced the layout for a new Pending Provider List (PPL).

- The Pending Provider List (PPL) is provided for the purposes of verifying if providers, who do not currently have Medicaid IDs, have applied to Medicaid.
- To view the layout and the technical specifications for the PPL file, visit: [PPL New Layout White Paper](#)

Contents Include:

- All pending Medicaid IDs including the Application Tracking Number (ATN)
- The Service Address for each pending application
- The Primary Specialty associated with each pending application
- The National Provider Identifier (NPI), taxonomy, and ZIP+4, that are associated with each covered health care provider's pending application
- The pending Application Status, Status Date, and its description can be found in the table on the following slide.

Reading Response Files



Types of Response Files - Paper

FFS and Paper submitters will continue to receive:

1. Auto-Letters:

- Letters that outline reasons for *rejections*, and must be resubmitted as an original claim.



2. Claims-Remittance Letters:

- Letters that outline reasons for *denials* (not paid due to missing or erroneous information on the claim), and must be resubmitted as originals.



Types of Response Files - EDI

999

Definition:

- Functional Acknowledgement
- This acknowledgement provides information regarding the syntactical and implementation guide quality of an electronic claims submission (837)
- Claims may be rejected at this level if there are invalid characters or missing information, such as a zip code that is missing a number. If a claim is submitted with only four digits, the claim will be rejected
- This transaction contains details about submitting claims, including the accepted/rejected status and reason(s) for rejections. A rejected claim will not progress and must be corrected and resubmitted for consideration. If you receive a status that indicates there was an error in your file and are unsure which claim an error applies to, please contact us

277CA

Definition:

- Healthcare Claim Acknowledgement
- For all claims accepted in the 997 or 999, this transaction provides information regarding the accept/reject status of claims based on our internal requirements. If a claim rejects on the Healthcare Claim Acknowledgement, it requires correction of the inaccurate data and resubmission to be considered. You may receive more than one rejection for a claim
- Reported claims will be assigned a category code, status code, and entity code within this transaction.
- The table below outlines the codes and the descriptions of what they mean

277U

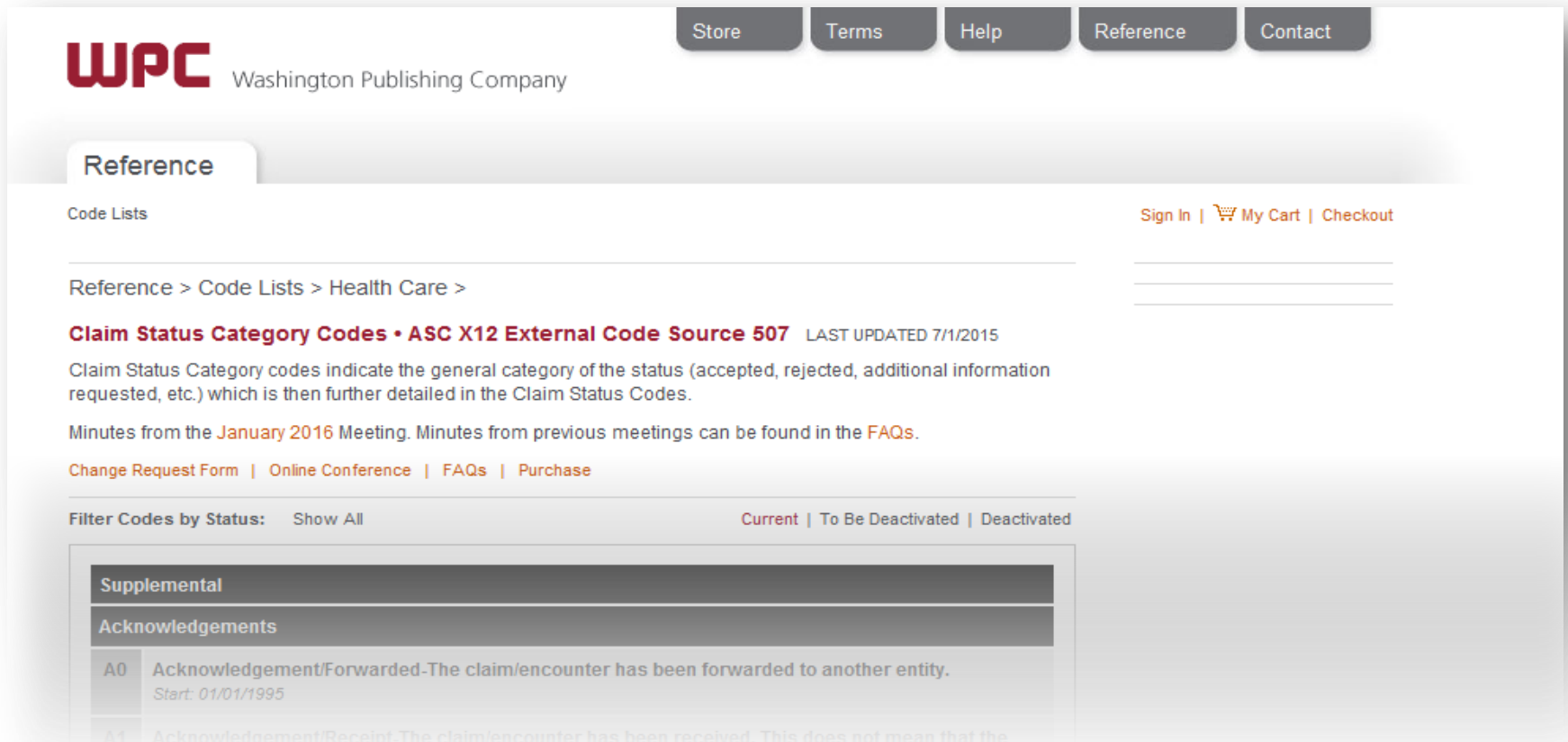
Definition:

- Electronic claims that pass the SNIP edits will be moved to the adjudication system to validate eligibility, service dates, benefits and authorizations as well as pricing. EDI status files known as 277U's will provide details on claim status throughout the adjudication process.
- Electronically filed claims that fail the edits described above will receive details of the rejection reasons via the 277U as well. Certain rejection reasons such as Non-Eligibility, POA missing or NPI missing or invalid will also be followed up with a paper letter mailed to the claim Bill-To/Pay-To address.

Claim Status Category Codes

Claim Status Category codes indicate the general category of the status (accepted, rejected, additional information requested, etc.) which is then further detailed in the Claim Status Codes.

For all available codes, visit the [Washington Publishing Company website](#).



The screenshot shows the Washington Publishing Company website. At the top, there is a navigation bar with buttons for Store, Terms, Help, Reference, and Contact. The WPC logo and "Washington Publishing Company" text are on the left. Below the navigation bar, there is a "Reference" tab. The main content area is titled "Code Lists" and includes a breadcrumb trail: "Reference > Code Lists > Health Care >". The main heading is "Claim Status Category Codes • ASC X12 External Code Source 507" with a sub-heading "LAST UPDATED 7/1/2015". The text explains that these codes indicate the general category of the status. There are links for "Sign In", "My Cart", and "Checkout" on the right. Below the main text, there are links for "Change Request Form", "Online Conference", "FAQs", and "Purchase". At the bottom, there is a "Filter Codes by Status" section with options for "Show All", "Current", "To Be Deactivated", and "Deactivated". A table of codes is visible, with the first row showing "A0 Acknowledgement/Forwarded-The claim/encounter has been forwarded to another entity. Start: 01/01/1995".

Types of Response Files - 999

Example of 999 Accepted File

```
ISA*00* 00* 27*PPPPPP*27*XXXXXX  
*100914*1025*^*00501*000000218*0*T*~  
GS*FA*PPPPPP*XXXXXX*20100914*10251463*3*X*005010X231A1~  
ST*999*3001*005010X231A1~  
AK1*HC*2145001*005010X222A1~  
AK2*837*000000001*005010X222A1~  
IK5*A~  
AK9*A*1*1*1~  
SE*5*3001~  
GE*1*3~  
IEA*1*000000218~
```

Example of 999 Rejected File

```
ISA*00* 00* 27*00883*27*ZAMH02  
*110607*1147*^*00501*000002394*0*T*~  
GS*FA*00883*ZAMH02*20110607*11470816*973*X*005010X231A1~  
ST*999*973001*005010X231A1~  
AK1*HC*436001*005010X222~  
AK2*837*000000001*005010X222~  
IK5*R*6~  
AK9*R*1*1*0~  
SE*6*973001~  
GE*1*973~  
IEA*1*000002394~
```

- To verify if the file was accepted, denied or rejected at this level, look for the IK5 and AK9 segments.
- If these two segments are followed by an 'A' the file was accepted.
- If these two segments are followed by an 'E' the file "accepted with errors" and will process onto the 277CA Claims Acknowledgement report.
- If the two segments are followed by an 'R' the file was rejected at this level. If the file is rejected at this level, the 277CA report will **NOT** follow.

Purpose of the 277CA Claims Acknowledgement:

Locate the QTY segments to determine total accepted/rejected claims and quantity:

- a. QTY*90=Acknowledged quantity
 - b. QTY*AA=Unacknowledged quantity
 - c. AMT*QA= Accepted claim count
 - d. AMT*QC=Rejected claim count
- For additional information about the 277CA, refer to the TR3 (Implementation Guide) which can be purchased from the Washington Publishing Company (WPC) at <http://www.wpc-edi.com/>
 - If you use a vendor you can contact your vendor to assist with translating the 277CA.

Types of Response Files – 277CA

```
ISA*00*      *00*      *ZZ*ASKINC      *ZZ*0003000
*110614*1355*^*00501*165140088*0*T*:~
GS*HN*BCBSKS*0003000*20110614*1355*165140905*X*005010X214~
ST*277*0001*005010X214~
BHT*0085*08*2011061413554781238*20110614*1355*TH~
HL*1**20*1~
NM1*PR*2*BCBS*****46*ASK INC~
TRN*1*2011061413554781240~
DTP*050*D8*20110614~
DTP*009*D8*20110614~
HL*2*1*21*1~
NM1*41*2*TEST*****46*0003000~
TRN*2*04EADE~
STC*A1:19:PR*20110614*WO*210~
QTY*90*1~
QTY*AA*1~
AMT*YU*105~
AMT*YY*250~
HL*3*2*19*1~
NM1*85*2*DONALD DUCK MD*****XX*1999999999~
TRN*1*0~
STC*A1:19:85**WQ*210~
QTY*QA*1~
QTY*QC*1~
AMT*YU*105~
AMT*YY*250~
HL*4*3*PT~
NM1*QC*1*MOUSE*MICKEY****MI*XSB123456789~
TRN*2*DOB-A~
STC*A1:19:OC*20110614*WO*105~
REF*D9*2009120109335P009123~
DTP*472*D8*20091130~
HL*5*3*PT~
NM1*QC*1*MOUSE*MINNEY****MI*XSB987654321~
TRN*2*DOB-A~
STC*A7:21:82*20110614*U*105*****A7:562:82~
STC*A7:562:82*20110614*U*105*****A8:562:85~
STC*A8:562:82*20110614*U*105*****A8:562:85~
REF*D9*2009120109335P009123~
DTP*472*D8*20091130~
SE*38*0001~
GE*1*165140905~
IEA*1*165140088~
```

File accepted at the Information Receiver (submitter) level.

Total Claims Accepted & Rejected

File accepted at the Billing Provider level.

File accepted at the Claim level.

Claim rejected at the patient level.

The Health Care Claim Status Category Codes of A7 and A8 indicate a rejection in the response file.

- This transaction provides fee-for-service and capitated providers/vendors' status information for pended claims and managed care organizations status information for paid and denied claims.
- The business application of the 277U will also augment the use of the Health Care Claim Status Request and Response paired transaction by providing the Internal Control Numbers (ICN) assigned to claims for trading partners to specifically inquire upon.
- Unsolicited Health Care Payer Claim Status responses will be sent:
 - Weekly in a batch mode for fee-for-service providers.
 - Daily for managed care organizations.
 - Along with any claim transaction in which a Medicaid provider ID or National Provider Identifier (NPI) is unidentifiable.

FTP Reports for Direct Submitters



WellCare provides readable reports to capitated vendors/providers, which outline the biggest claim/encounter submission issues for a specific period of time.

WellCare Provider Portal contains:

1. Additional tips and explanation to the submission methods
2. Provider Resources and materials such as:
 - Companion guides
 - Response file reading guides
 - Rejections grid
3. Answers to vendor/provider questions to help alleviate and surpass any hurdles during the submission process

Key Severity Definitions

Warning:

Data is captured and the vendor/provider is notified that the edit will reject in the future.

Normal:

Data is captured and the claims/encounters will reject against such edit.

If the encounter does not pass validation, it will be rejected at WellCare's front door causing the encounter to be returned to the Vendor/Provider for remediation.

Top Encounter Rejections Related to Provider Registration



Below is the list of rejections received by WellCare from AHCA due to provider registration related issues.

If these rejections appear on the reports for submitted claims, providers should carefully read the details of each rejection and take the necessary steps to remediate the rejections.

- Rendering Provider NPI Invalid, Missing or Mismatched; or Rendering Provider Number is Missing
- NPI required - billing provider - healthcare
- Billing Provider ID number not on file
- Multiple service locations for billing provider

Separate training modules have been designed to address the details related to each of these rejections.

To access the trainings, log on to the Provider Portal at:

<https://florida.wellcare.com/login/provider>

Data correction and resubmission:

- Make updates to data elements identified as the rejection root cause.
 - Ensure Billing/Rendering Provider NPI is:
 - ✓ Registered and has unique record on AHCA's PML
 - ✓ Has the right Application Type Combination
 - ✓ All codes, indicators, and NDCs are applied
 - ✓ Ensure provider type corresponds to services billed
- Avoid duplication by including Original Reference Number (WCN) and correct Frequency Code

Electronic Data Interchange Submitters:

- Errors to be resubmitted as an Original claim (Freq. Code 1)
 - Rejections in SNIP (On Response files: 999, 277CA, 277U)
- Errors to be resubmitted as an Corrected claim (Freq. Code 7 for replace or 8 for Void)
 - Denials from Xcelys (Notified by: 835 Response file or Remittance Advice)
 - IF a FFS correction is needed, send the WellCare Claim Number Document Control Number (DCN) for UB-04 or Original Reference Number for CMS 1500. Ref F8 Segment for 837I or 837P EDI
 - Or if CAP vendor submitting through FFS Payer ID: correct WellCare Claim Number
 - And if Direct Submitters/Encounter Payer ID ONLY:
 - Rejections from the State (Provider Report – *coming soon*)
 - and correct WellCare Control Number

Claims & Encounter Materials:

<https://www.wellcare.com/Florida/Providers/Medicaid/Claims>

- Companion Guides
- Provider Manuals
- Calendar with important dates and events
- Past Webinars
- “How-to” guides:
 - Additional response file guides
 - Rejection code guides
 - Reading an 837

Washington Publishing Company: <http://www.wpc-edi.com/reference/>

To verify a provider's license:

<http://ww2.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP>

To verify or obtain a facility license:

<http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx>

To verify or obtain a provider's NPI: <https://npiregistry.cms.hhs.gov/>

AHCA's NPI Crosswalk (Roster):

http://portal.flmmis.com/FLPublic/Provider_ManagedCare/Provider_ManagedCare_Registration/tabId/77/Default.aspx

Questions and Answers



WellCare would like to thank you for all you do to support our members.

*Thank
You*