Slide 5 through 20 only:

Our topic today is regarding Provider responsibility: Submitting true and accurate claims

This is a three-part series and today is the first of the three.

Next week, we will dedicate submitting true and accurate claims and how to adjust rejected claims for Agency providers only. This will also include Agency providers with third party EVV vendors.

The week after next, we will dedicate the same topic for our Independent providers only.

(Slide 5)

Before we discuss Provider responsibility as it relates to submitting true and accurate claims, A recap and a reminder of why we implemented the Electronic Visit Verification to capture services!

Next slide please

(Slide 6)

The Electronic Visit Verification is part of the 21st Century Cures Act. In the Cures Act, as it relates to EVV, any EVV system must meet the six requirements.

1. Type of service performed
2. Individual receiving the service
3. Date of the service
4. Location of service delivery
5. Individual providing the service; and
6. Time the service begins and ends

Now that you know about the six requirements that any EVV system must meeting, let's discuss explore the Nebraska regulations.

Next slide please

(Slide 7)

471 NAC 2-003.02B documents the service provider agreements. When anyone decides to sign up to be Nebraska provider, they are all given this service provider agreement. The agreement states that as a Nebraska provider, you cannot transfer your agreement with the state to someone else. That also means you are also not allowed to ask your friend or relative to perform services on behalf of you to a Medicaid participant.

In a different part of the 471 regulation, the state of Nebraska has the authority to sanction a provider if improper billing and claims payment practices are discovered. Throughout our provider meeting, we stress over and above how important it is to review your claims, before

releasing them. We also stress to write detailed notes whenever you have to manually adjust your claims. These best practices are all upstream preventative measure for you as a provider so that you are not being audited and in the worse case scenario, sanctioned.

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(Slide 8)

On this slide, we want to discuss submitting true and accurate claims and also post- payment review.

Some of you may know that if you are overpaid, you will be responsible to refund the excess amount back to DHHS. Claims released and eventually submitted to DHHS are reviewed and which is how you do receive either unprocessed claims that are in a rejected status in Tellus or if claims are in accepted status because your participant does have a share of cost.

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(slide 9)

I want to now hand it over to Kathy Scheele who is the PAS Administrator to address policy around Personal Assistance services.

Next slide please

(Slide 10)

Kathy, please send it back to me after you complete slide 10.

Next slide please

(Slide 11)

It seems like a long time ago, but, this is your paper billing document. In the paper billing document, it is stated in the signature line that

“I verify that the above hours/days are correct and accurate and understand that fraudulent claims may result in prosecution.”

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(Slide 12)

Seems like a long, long time ago In the month of Sept and November of 2020 Provider Bulletins were published to remind providers that Nebraska Live in Caregivers are subjected to EVV Requirements.

In November we informed you of the revised EVV GO LIVE date. You all have come SO far.. and this project truly cannot be successful without all of your support!

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(Slide 13)

Up until recent week, we have providers who asked us whether they need to use EVV.

So I want to show you the EVV mandated service codes. There are 12 altogether.

Here are these 12 EVV mandated service codes.

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Let's review again regarding releasing of claims.

Remember, you must release all your claims together for services rendered on the same day.

The example here has two days 4/26 and 4/27.

If you wish to release these two days claims, you should release them all on 4/28 all together.

You can release 4/26 claims on 4/27 but you cannot release 4/27 claims on 4/27 because you may have an evening service which you have YET to performed.

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(slide 15)
Be reminded to review your authorization for rate change. For providers with third party EVV vendors, please be sure the latest rate is used and the calculation reflects that as well!

Next slide please

(slide 16)

If you have reoccurring visits you need to end those recurring visits because those visits are scheduled using a previous authorization.

Next slide please

(slide 17)

Many times, we have ask of you to review your Explanation of payment otherwise called EOP.

This is just good business practice as you receive payments from the state, you should check against the EOP which is also a form of receipt issued by the state. This is also where you know how much you are getting paid and paid against date of services you rendered.

The system of record for accurate payments is NFOCUS and NOT Tellus. Please do review your EOP if you have never done so.

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(slide 18)

In recent months, we have also been receiving messages from providers that they have depleted their units. We urge that not only do you track your units, please perform services within the allotted time and duration.

For example: Let's just take PAS providers – if your tasks are Dishwashing, laundry, and showing of the participant, that would equate to at most 4 units – for PAS provider, your units are 15 mins increment.

So at 4 units that would be 1 hour. We often find that providers are over staying their duration of services which also means, you deplete your units.

Some times providers would bill for 12 units for three tasks. Remember, you must submit true and accurate claims. During post payment review, if we do see anomalies, we will flag the case for audit.

Next slide please

(slide 19)

Last but not least, we want to stress and overstress this with our providers: IF you are to adjust your amount, you MUST adjust your units. You cannot increase the billable amount without reflecting as such on the billable units. Your claims will not be processed!