

# Meridian

## Encounter Billing Education



# Agenda

- Meridian Programs
- Member Eligibility
- Encounter Information
- Claims Billing
- Encounter Claims Billing
  - Medicaid
  - Medicare
- FQHC/RHC/ERC fee for service billing
- Additional Resources

# Meridian Programs



333 S. Wabash Ave  
Suite 2900  
Chicago, IL 60604

Member Name:  
Plan Name: HealthChoice Illinois  
Medicaid ID:  
Effective Date:  
Member Services: 866-606-3700 (TTY: 711)

RxBIN: 610241  
RxPCN: MHPILMCD  
Prescriptions: 855-580-1688



**MeridianHealth:** MeridianHealth has an executed contract with the Illinois Department of Healthcare and Family Services (HFS) to provide Medicaid covered benefits to the beneficiaries of FHP, ACA, ICP and MLTSS.



Member Name:  
Member ID:

Health Plan (80840): 7437 152 425  
Medicaid ID:  
Effective Date:

PCP Name:  
PCP Phone:

**MEMBERS CANNOT BE CHARGED**

Cost sharing/Copays: \$0 for Medical and Waiver Benefits  
H6080 001



RxBin: 610241  
RxPCN: MHPILCOMP

**MeridianComplete:** (MMAI) integrates managed care for individuals who are eligible for both Medicaid and Medicare Parts A & B into Managed Care Organizations that are responsible for all services covered by both Medicare and Medicaid. This initiative is designed to provide better care coordination and improve health outcomes for individuals who have historically been left on their own to navigate two separate health care systems.



DentaQuest

**MeridianCare Extra (HMO SNP)**

Member Name:  
Member ID:  
Health Plan (80840) **7992 708 124**  
Card Issued:

PCP:  
PCP Phone:

Primary Care: \$0 | Specialist: \$0 | ER: \$0 | Urgent Care: \$0  
Copays may change 1/1/2019



CMS#: H5475  
PBP: 004  
RxBIN: 610241  
RxPCN: HPMPCR



**MeridianCare (HMO):** A Medicare Advantage and Prescription Drug Plan (MAPD) in Michigan and Illinois. MAPDs are a type of Medicare health plan that provide Part A, Part B and Part D prescription drug benefits and include additional benefits that are not covered by original Medicare.

# Member Eligibility

*It is important to verify eligibility prior to rendering services to a Meridian member.*

## **PCP Identification and Verification:**

- To verify a Meridian member's PCP, you may call Member Services department or utilize Meridian's online Provider Portal
- Medicaid: 866-606-3700 | Medicare Advantage: 1-877-902-6784

## **To verify member eligibility with Meridian:**

- Meridian Provider Portal: [www.mhplan.com](http://www.mhplan.com)
- Eligibility Verification Line: 855-291-5228
- Meridian Member Services: 866-606-3700

## **To verify member eligibility through the State of Illinois:**

- Medical Electronic Data Interchange (MEDI) Internet Site: [www.myhfs.illinois.gov](http://www.myhfs.illinois.gov)
- Recipient Eligibility Verification (REV) System: <https://www.illinois.gov/hfs/MedicalProviders/rev/Pages/default.aspx>
- Automated Voice Response System (AVRS): 800-842-1461
- Health Benefits Provider Line: 800-226-0768

# Claims Billing Requirements

- **Claims may be filed one of three ways:**
  - Paper
  - Provider Portal
  - Electronic
- **Claims filing deadline:**
  - **In Network** – Please see your contract
  - **Out of Network** – **180 days** from service date
- Corrected claims/reconsideration of payment request/appeal filing deadline: **120 days** from adjudication date
- Submit paper claims, corrected claims, requests for payment reconsideration and appeals to:

**MeridianHealth**

Attn: Claims Department

1 Campus Martius, Suite 720

Detroit, Michigan 48226

# Meridian Clearinghouse Partners

## Availity

**Customer Support:** 800-282-4548

**Claim Types:** Professional/Facility

**Payer ID:** 13189

<http://www.availity.com>

## Change Healthcare (Emdeon)

**Customer Support:** 800-845-6592

**Claim Types:** Professional/Facility

**Payer ID:** 13189

<http://www.changehealthcare.com>

## PayerPath

**Customer Support:** 877-623-5706

**Claim Types:** Professional

**Payer ID:** 13189

<http://www.payerpath.com>

## RelayHealth

**Customer Support:** 800-457-1209

**Claim Types:** Professional/Facility

**Payer ID:** 13189

<http://www.relayhealth.com>

## SSI Group

**Customer Support:** 800-880-3032

**Claim Types:** Professional/Facility

**Payer ID:** 13189

<http://www.thessigroup.com>

The Payer ID # is: 13189

# Taxonomy Codes

**Taxonomy codes required on all claims effective  
01/01/2017**

- Taxonomy codes are designed to categorize the type, classification, and/or specialization of health care providers
- The taxonomy code included on the claim must match the taxonomy code Meridian has on file for the rendering provider
- Meridian will require all claims, both paper and electronic to include the taxonomy code of the rendering provider
- Claims received on or after 01/01/2017 that do not contain the rendering provider's taxonomy code will be rejected as not a clean claim
- All rejected codes must be resubmitted within the claims filing timeframes
- For paper claims on a CMS 1500 this information may be included in box 24J
- Billing Taxonomy Code is also required

**Additional claim and provider updates are provided under  
the provider resources section on our website**

**[www.mhplan.com](http://www.mhplan.com)**

# Taxonomy

- The appropriate taxonomies must be submitted on the claim:

Example:

- RHC-261QR1300X
- ERC-261QP2300X
- FQHC-261QF0400X



# Encounter Definition

- An encounter is defined as a face-to-face visit with one of the following:
- **Medical encounter**
  - Physician
  - Psychiatrist
  - Physician Assistant
  - Nurse Practitioner or Midwife
- **Dental encounter (if the clinic is enrolled to provide dental services)**
  - Dentist
- **Behavioral Health encounter, if the clinic is enrolled to provide behavioral health services**
  - Licensed Psychologist
  - Licensed Clinical Social Worker
  - Licensed Clinical Professional Counselor

# Encounter Information

- Provider Type:

- 040 Federally Qualified Health Centers (FQHC)
- 043 Encounter Rate Clinics (ERC)
- 048 Rural Health Centers (RHC)

- Encounter Rate Schedule:

<https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>

- Billable Place of Service for Encounters

- Patient's home - if the patient is homebound (POS 12)
- Long term care facility- if it is the patient's permanent place of residence (POS 33)
- School – if the clinic has a school-based or school-linked specialty (POS 03)
- **Place of Service 22 (Outpatient Hospital) is fee-for-service only**

# Encounter Clinics

- FQHC/RHC facilities can only bill Meridian for medical and behavioral health encounters (section D-201\*)
  - Must have assigned behavioral and medical rates to bill for either
- ERCs can only bill Meridian for medical encounters (section D-201\*)
- Meridian does not accept dental encounters
  - Dental services can be billed directly through DentaQuest.

# Encounter Billing

- All FQHC, ERC, and RHC claims will be processed and reimbursed at the all-inclusive rate established by HFS based on the NPI and taxonomy of the group/clinic information.
  - Each clinic site must enroll with HFS to be considered for reimbursement. If multiple sites are owned or operated by the same entity, each site must be enrolled separately (section D-201\*)
  - Claims will NOT be processed on the individual physician information (section D-202.1\*)

# Encounter Billing Overview

- Meridian requires that FQHC and RHC providers rendering services to Medicaid members submit claims on a CMS 1500 form or 837P using the appropriate HCPCS Code T1015 for medical services and for behavioral health services
- All services provided during the encounter need to be line item listed on the claim using the appropriate E/M CPT Code(s)
- Meridian requires the FQHC or RHC Clinic NPI number is billed as the rendering/servicing provider and the service location address is also included

# Encounter Billing

- Encounter Clinics may bill only one medical encounter per patient per day
- Medical and Behavioral Health encounters must be submitted on two separate claim forms
- If enrolled for dental services, Encounter Clinics may bill for only one dental encounter per patient per day. If enrolled for behavioral health services, Encounter Clinics may bill for only one behavioral health encounter per patient per day
- If several different encounter types occur on the same date of service each encounter should be submitted on a separate claim

# Encounter Billing Codes

- T1015 must be on first detail service line. If submitted on any other detail service line, claim will reject
- If **T1015** or **S5190** is billed in any other service section the claim may reject for "no covered service"
- The CPT codes for the services provided must then be listed in the remaining service sections. These codes are referred to as the detail codes and will be reimbursed at \$0.00
- Detail codes billed should include all services provided so long as they are provided as part of a billable encounter, such as:
  - Evaluation/management services
  - Laboratory (if CLIA) and/or X-ray services
  - Immunizations administered
  - Assessments/screenings completed
  - Procedures performed

# CMS 1500 paper claim

- Box 32 and 32a must be included regarding servicing location
  - This must be the site NPI, registered as FQHC/RHC/ERC, where services are rendered

32	Required	Service Facility Location Information - Enter the provider name. Enter the provider address, without a comma between the city and state, and a nine-digit zip code, without a hyphen. Enter the telephone number of the facility where services were rendered, if other than home or office.
32a	Required	Service Facility Location Information - Enter the NPI of the facility where the services were rendered.

- Box 33 vendor information required
  - This must be the site NPI, registered as FQHC/RHC/ERC, where services are rendered



# Electronic Claims Submission



Welcome to Meridian Health Plan  
 Tech Support Line: 866-968-1935  
 Tech Support Hours: 7:30am - 5:00pm EST

User Settings



- Provider
- Admin
- Authorization
- Member
- Provider
- HEDIS Postcards
- Professional Claims
- Institutional Claims
- Vendor
- Formularies
- Feedback
- Contact
- Training
- User Guide

Home Professional Claims

## Professional Claims

Provider:  Primary Specialty:

In Plan  PCP  Accepting New Members  Provider Open

## Professional Claim

Note: A taxonomy is required if the services on this claim are not waived services.

Member ID: \*  Member Name:

Select Member's Plan:

Prior Auth #:  Patient Account#:

Billing NPI: \*  Serv Prov NPI:   Same as billing

Billing TIN: \*  Serv Prov Taxonomy:

Billing Taxonomy:

Claim Freq Code:  Original Claims  Orig. Claim Ref:

Place of Service: \*  Facility NPI:

Admit Date:  Discharge Date:

Diag. Code: \*

OB Visits Create New Claim Submit/Resubmit Claim

## Services

Add Remove

#	Serv. From	To	Proc Code	Description	NDC	Units	Billed	1	2	3	4	Diag Cd	Other Ins Paid	Deductible

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# Electronic Claims Submission



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Home Professional Claims

### Professional Claims

Provider:  Primary Specialty:

In Plan  PCP  Accepting New Members  Provider Open

### Professional Claim

Billing Taxonomy:

Claim Freq Code:  Original Claims  Orig. Claim Ref:

Place of Service:  Facility NPI:

Admit Date:  Discharge Date:

Diag. Code:

Carrier:  Insured:

Paid Amount:  Deny Reason:

LMP Date:

Notes:

OB Visits Create New Claim Submit/Resubmit Claim

### Services

Add Remove

#	Serv. From	To	Proc Code	Description	NDC	Units	Billed	1	2	3	4	Diag Cd	Other Ins Paid	Deductible

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## Encounter Rate Billing Guidelines for FQHCs (cont.)

### Procedure Code S5190

- Wellness assessment, performed by non-physician; limited to FQHCs, RHCs, and ERCs
- Used instead of T1015 and cannot be billed on the same claim as T1015
- **For reporting purposes only; not payable**
- Must be billed with at least one additional covered HCPCS code
- Example: vaccine given by RN without physician visit
- For more information please refer to the [April 23, 2012 provider notice](#)

*Q: Why would an FQHC have interest in submitting claims that are not payable?*

*A: Encounter Rate scheduled determinations are partly based on number of members and services served by the FQHC. This also allows the Center to report when HEDIS measures are met.*

# FQHC/RHC/ERC Vaccinations

- Effective 10/2016, Title 19 vaccines remains covered under VFC and Title 21 vaccines are payable in addition to the encounter rate.
- FQHC/RHC/ERCs billing for vaccines on the same claim as the encounter service must include GB modifier for reimbursement
- Title verification should always be done through MEDI
- Additional information:
  - <https://www.illinois.gov/hfs/SiteCollectionDocuments/d200a.pdf>

# Behavioral Health Encounter Rate Billing

## Behavioral Health Encounter Codes

- Licensed Clinical Social Worker -COS 58
  - Bill **T1015** with **AJ** modifier plus detail code
- Licensed Clinical Psychologist- COS 59
  - Bill **T1015** with **AH** modifier plus detail code
- Licensed Clinical Professional Counselor- COS 88
  - Bill **T1015** with **HO** modifier plus detail code
- Licensed Marriage and Family Therapist -COS 88
  - Bill T1015 with **HO** modifier plus detail code

*\*\*COS indicates Category of Service. The COS for which a clinic is enrolled for behavioral health services can be found on the provider information sheet.*

**Q:** *What encounter rate is due when a member receives services from a Psychiatrist for a mental health diagnosis?*

**A:** *Medical Encounter Rate*

# **Fee for Service Billing for FQHC/RHC**

# Fee For Service Billing Guidelines for FQHCs

Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), and Encounter Rate Clinics (ERC) will receive their established encounter rate when vaccinating Title XXI [21] and State Funded children when there is a billable encounter. A billable encounter is a face-to-face office visit with a physician, Advanced Practice Nurse, or Physician Assistant.

In order to receive vaccine product reimbursement:

- A practitioner must order the vaccine and document the vaccination administration in the medical record as well as the practitioner's medical record
- The clinic must use its fee-for-service NPI to bill the appropriate vaccine-specific procedure code with the 'GB' modifier on the **CMS 1500**
- The clinic must identify the NDC for the specific vaccine following the guidelines posted in [Chapter A-200, Handbook for Practitioners Rendering Medical Services, Appendix A-6](#).

# Fee For Service Billing Guidelines for FQHCs

- FFS Billing for Long Acting Reversible Contraception and Trans-cervical Sterilization Device
  - Effective with dates of service beginning July 1, 2012, IUDs and implantable contraceptives may be billed fee-for-service
  - Effective with dates of service beginning October 1, 2014, trans-cervical sterilization devices may be billed fee-for-service. A provider notice regarding this change is forthcoming
- Billing guidelines:
  - These charges should be billed at the actual acquisition cost and separate from the encounter claim for the insertion procedure
- If purchased under the 340B drug pricing program, charges should be billed at the actual acquisition cost with a UD modifier
  - Reimbursement will be made at the actual acquisition cost or the state max rate on the practitioner fee schedule, whichever is less

Reimbursement is separate from any encounter payment the clinic may receive for the insertion procedure.

**Encounter clinics may bill fee-for-service LARCs and the trans-cervical sterilization kits and must be on a stand alone claim separate from a second claim for the encounter, which should include the insertion procedure listed as a detail code.**



# Helpful Resources

# HFS Resources

- Handbook for Providers of Encounter Clinic Services\*:

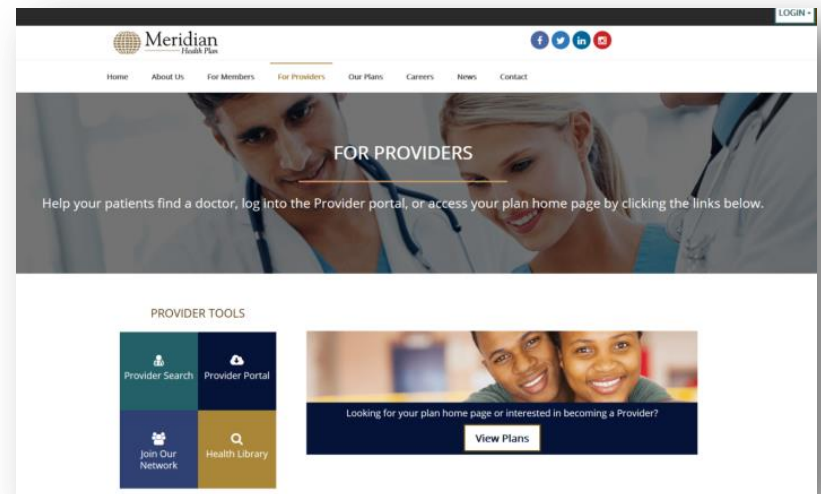
<https://www.illinois.gov/hfs/SiteCollectionDocuments/d200.pdf>

- FQHC/RHC/ERC Billing PowerPoint:

[https://www.illinois.gov/hfs/SiteCollectionDocuments/092414\\_FQHC\\_presentation.pdf](https://www.illinois.gov/hfs/SiteCollectionDocuments/092414_FQHC_presentation.pdf)

# Meridian Resources

- Member Services
- Pharmacy Benefit Manager
- Meridian Website:
  - <https://corp.mhplan.com/en/provider/illinois/meridianhealthplan>
  - Provider Manual
  - Provider Portal
  - Provider Directory



# Meridian Education Opportunities

- **Monthly Webinars:**

- Provider Orientation: 3<sup>rd</sup> Wed., 2-3pm
- Long Term Care Billing: 2<sup>nd</sup> Tues., 2-3pm
- Quality: 2<sup>nd</sup> Thur., 2-3pm
- CMHC/DASA: 3<sup>rd</sup> Thur., 2-3pm
- HCBS Billing: 2<sup>nd</sup> Wed., 2-3pm

- **Every other Month Webinar:**

- Ambulance Billing: 3<sup>rd</sup> Tues., 2-3pm

# Contact Information

- **Member Services**
  - Phone: 866-606-3700
  - Fax: 312-980-0445
- **Provider Services**
  - Phone: 866-606-3700
  - Fax: 313-202-0008
  - Email: [providerhelp.il@mhplan.com](mailto:providerhelp.il@mhplan.com)
- **Meridian Website**  
<https://corp.mhplan.com/en/provider>
- **Illinois HFS Website:**  
<http://www.illinois.gov/hfs/Pages/>

# Questions?