Medicaid

Empire BlueCross BlueShield

An Anthem Company

Managed Long-Term Care (MLTC) provider orientation

Agenda

- Welcome to the Empire BlueCross BlueShield HealthPlus (Empire) managed care network!
- Provider website
- Authorization process
- Claims submission
- Appeals and grievances
- Empire compliance program
  - Fraud, waste, and abuse (reporting suspected cases)
  - *False Claims Act*
  - *Anti-Kickback Statute*
  - *HIPAA*
  - Cultural and linguistic competency

Welcome to the Empire network!

- Empire Managed Care believes members receive the best care when Empire and its providers work in true partnership with each other.
- This orientation establishes a foundation for this partnership, ensuring providers are properly trained and introduced to Empire's values, policies, and procedures.

Empire provider website

Requesting access, checking status of referrals and authorizations

Provider website

- A web-based application that provides the ability to review referral and authorization information
- Updated every 15 minutes Monday through Friday.
- A tool that allows providers to have access to the latest data in a quick and efficient manner
- A streamlined approach for reviewing and printing service authorizations

Provider website access

Registration is quick and easy	
Requesting access	• Access to Empire provided website is granted by contacting Provider Portal Support at MLTCPortal@empireblue.com. • A temporary password is sent with login instructions via email.
First time login	• Go to the provider website and select **Log In**. • Enter your email and password.
Active authorization	• Active authorizations can be viewed by selecting **Authorizations**. • **Authorizations** can be searched by choosing **Search** on a member's name or any other member related key.
Status of referrals	• This enables you to track active referrals. • Referrals can be viewed by selecting **Referral Tracking Page**. • List of active referrals can be exported to **Excel**.
Status of claims	• All claims can be viewed by selecting **Claims.** • All claims can be exported to **Excel**.

Authorization process

Requesting authorization, checking status of authorizations, delegated vendors

Authorization process

- Providers may request authorizations verbally or in writing:
  - On behalf of a member
  - For a new service
  - For a concurrent review to change an existing service:
    - Toll free: **929-946-6500**
    - Fax: **718-368-6267**

- Authorization status is available in the Provider Portal

Covered services

Examples of services covered by Empire	
Care management	Nonemergency transportation
Nursing home care	Podiatry
Home care: • Nursing services • Home health aide services • Physical therapy • Occupational therapy • Speech pathology • Medical social services	Dentistry
Adult day health center	Optometry
Personal care	Audiology
Durable medical equipment (DME)	Social and environmental support

Delegated vendors

- Empire Managed Care is contracted with the following vendors to offer optimal services to its members:
  - **Dental:** Liberty Dental*
  - **Transportation:** ModivCare*
  - **Vision:** Superior Vision*
- Please see *Provider Quick Reference Guide* for contact information.

Provider Quick Reference Guide

Service	Contact information
Enrollment	**929-946-6500 (phone)** **718-368-6244 (fax)**
Care Management	**929-946-6500 (phone)** **718-368-6267 (fax)** **917-436-4597 (fax)**
Provider Relations	**929-946-6500 (phone)** **718-368-6269 (fax)** Providerrelations@empireblue.com (email)
Dental services	Liberty Dental: **888-325-7924 (phone)**
Transportation services	ModivCare: **877-831-3146 (phone)**
Vision services	Superior: **866-819-4298 (phone)**
Claims submission	Clearinghouses: **Change Healthcare (Emdeon), and MD Online/Ability** Payer ID number: **45302**

Claims submission

Requesting authorization, checking status of authorizations, delegated vendors

Electronic claims submission — benefits

- **Electronic Claims Submission** is the **easiest and fastest** way to submit claims to Empire.
- Empire Managed Care has contracted with **Change Healthcare and MD Online:**
  - Payer ID number: **45302**
  - Change Healthcare telephone number: **866-371-9066**
- Submitting **claims electronically** ensures that your claims get processed timely and accurately.
- **Electronic Claims Submission** lowers the number of claims denied.

Timely filing policy

- Primary services: 120 days from date of service
- Secondary services: 120 days from *Explanation of Medical Benefits (EOMB)*
- Appeals: 60 days from the original *Explanation of Payment (EOP)* denial date
- Paper Claims should be sent to:

Empire C/O Relay Health
1564 Northeast Expressway, Mail Stop HQ 2361
Atlanta, GA 30329

Note: New York State prompt payment law requires claims to be paid/denied within 30 days for electronic and 45 days for paper upon receipt.

Appeals and grievances policy

- Providers who are dissatisfied with a claim determination made by Empire can submit a written request for review.
- **Appeals:** 60 days from the original *EOP* denial date
- **Appeals and grievances with all supporting documentation should be sent to:**

Empire BlueCross BlueShield HealthPlus
Grievances and Appeals
1981 Marcus Ave, Suite 100
Lake Success, NY 11042

- Please refer to the *Claims FAQ* for answers to frequently asked questions.

Compliance program

Fraud, Waste, and Abuse (FWA), *False Claims Act*, *Anti-Kickback Statute*, Reporting suspected cases of FWA, *HIPAA*, Provider manual, Cultural and linguistic competency, Electronic Visit Verification (EVV), Wage parity

Empire compliance program

- **Empire** is committed to conducting our business with integrity and in compliance with applicable laws and regulations.
- The **Empire FWA** compliance program is designed to identify and eliminate FWA.
- **Empire** expects its provider network to adhere to all applicable State and Federal compliance program requirements.

FWA — definitions

- **Fraud:** **Knowingly** and willfully executing, or attempting to execute, a scheme or artifice to defraud any healthcare benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.
- **Waste:** Includes overusing services, or other practices that, directly or indirectly, **result in unnecessary costs** to the Medicaid Program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.
- **Abuse:** Includes actions that may, directly or indirectly, result in **unnecessary costs to the Medicaid Program**. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

Examples of FWA

- **Fraud:** Knowingly submitting claims for services that were not rendered.
- **Waste:** Costs incurred when an individual is receiving more units or hours of service than needed, e.g., when an individual's health improves but their intensity of supports remains the same.
- **Abuse:** A personal care provider bills for services during an individual's institutional stay. This is abuse because the PCA provider should have been aware of the rules, which specify that services cannot be billed during an institutional stay.

False Claims Act

- The federal *False Claims Act* creates liability for the submission of a claim for payment to the government that is known to be false – in whole or in part.
- Claims "submitted to the government" include claims submitted to intermediaries such as state agencies, managed care organizations, and other subcontractors under contract with the government to administer healthcare benefits:
  - **Examples:** A provider bills Empire for personal care services that were supposedly rendered when the patient was in the hospital.

False Claims Act – (31 U.S.C. §§ 3729-3733)

Prohibits	Criminal penalties	Civil penalties
• Presenting a false claim for payment or approval • Making or using a false record or statement in support of a false claim • Conspiring to violate the *False Claims Act* • Falsely certifying the type/amount of property to be used by the government • Certifying receipt of property without knowing if it's true • Buying property from an unauthorized Government officer • Knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay the government	If convicted, the individual shall be: • Fined • Imprisoned • Or both If the violations resulted in death, the individual may be imprisoned for: • Any term of years • Or for life • Or both	• The damages may be tripled. – Plus – • Civil money penalty between $5,000 and $10,000 for each claim.

Anti-Kickback Statute (42 U.S.C. §§ 1320a-7b(b))

- The *Anti-Kickback Statute* makes it a crime for individuals or entities to knowingly and willfully offer, pay, solicit, or receive something of value to induce or reward referrals of business under federal healthcare programs.
- The *Anti-Kickback Statute* is intended to ensure that referrals for healthcare services are based on medical need and not based on financial or other types of incentives to individuals or groups.

Anti-Kickback Statute (42 U.S.C. §§ 1320a-7b(b)) (cont.)

Prohibits	Penalties
Knowingly and **willfully** soliciting, receiving, offering or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid in whole or in part under a federal health care program (including Medicaid).	• Fine of up to $25,000 • Administrative civil money penalties up to $50,000 • Exclusion from participation in Federal Health Program • Imprisonment up to 5 years **Note:** Can receive both fines and imprisonment

Reporting FWA and compliance Issues

- It is everybody's responsibility to report suspected cases of Fraud, Waste, and Abuse.
- Do not be concerned about whether it is Fraud, Waste, or Abuse. Just report any concern to:
  - The compliance email: MLTCcomplianceofficer@empireblue.com
  - The toll-free Compliance Hotline: **833-480-0010**

Retaliation in any form against anyone who makes a report of suspected FWA is **strictly prohibited**.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- The *HIPAA* privacy rule requires providers to protect and safeguard the Protected Health Information (PHI) of members.
- PHI Includes the following information:
  - Medical records
  - Claims submission for payment
  - Enrollment information
- As a provider who has access to protected healthcare information, you are responsible for adhering to *HIPAA*.
- Ways to protect member PHI:
  - Allowing only authorized employees to have access to members' files.
  - Limit members' information on attendance sheet.
- Empire members' PHI **must** be safeguarded and kept in confidence.

Provider manual

- The **provider manual** offers detailed information about Empire policies and procedures, care management, FWA, and other important areas.
- Print and electronic copies of the Empire provider manual are available to all providers to ensure providers understand and adhere to established guidelines.
- Additional information on the Empire compliance program is available in the provider manual.

Cultural and linguistic competency training

Provider cultural competency is the ability of providers to effectively deliver healthcare services that meet the social, cultural, and linguistic needs of patients.

Empire expects providers will:

- Complete an annual cultural and linguistic competency training as mandated by *CMS Requirement Section 438.10*.
- Practice culturally competent care by understanding the disability, racial, ethnic, and cultural differences between the provider and member.
- Attest that this annual training was completed.

Electronic Visit Verification (EVV)

- Effective January 1, 2021, EVV requires states to electronically collect service delivery information for personal care services, to verify service type, individual receiving the service, date of service, location of service delivery, individual providing the service, begin and end time of the service.
- Under the choice model to implement EVV, providers will choose a system that best meets their needs and that is compliant with the EVV requirements and DOH will provide a statewide aggregator solution to collect and aggregate the data.
- Questions can be directed to EVVHelp@health.ny.gov.
- EVV website: https://www.health.ny.gov/health_care/Medicaid/resdesign/evv/index.htm

Wage parity

- The *Wage Parity Law* establishes a minimum wage rate, additional wages, and supplemental benefits for home care aides who perform Medicaid-reimbursed work within New York City and the counties of Nassau, Suffolk, and Westchester.
- In order for all certified home health agencies (CHHAs), Consumer Directed Personal Assistance Programs (CDPAPs), and licensed home care service agencies (LHCSAs) to be compliant with this *Wage Parity Law* by the New York Department of Health (NYDOH), they are required to submit quarterly basis written certifications to Empire.
- Providers should send completed and signed *Wage Parity* certifications to providerrelations@empireblue.com.
- All wage parity questions/inquiries should be directed to Provider Relations.

* Liberty Dental is an independent company providing dental benefit management services on behalf of Empire BlueCross BlueShield HealthPlus. ModivCare is an independent company providing transportation services on behalf of Empire BlueCross BlueShield HealthPlus. Superior Vision, offered by Versant Health, is an independent company providing routine and medical optometry services on behalf of Empire BlueCross BlueShield HealthPlus.

https://providerpublic.empireblue.com

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