Provider Bulletin — February 2018

A bulletin for the Molina Healthcare of New York, Inc. Network -

Personal Care Services (PCS)

In December of 2016, providers and health plans were notified that the New York State Public Health Law was amended to require universal standards for coding of services for home and community based service claims. Specifically these codes were to be based according to a universal billing system approved by the health department.

The implementation date was originally set for May 1, 2017 and was later determined that it was to be put on hold. This caused much confusion for both health plans and the provider community.

Due to the confusion, providers were billing both the "old" and the "new" way, attaching either modifier U1 or C6. We as a health plan accepted these claims. Unfortunately, some claims were paid while others were denied.

Questions?

Call Provider Services (877) 872-4716- 8 a.m. – 6 p.m. Monday through Friday MHNYProviderServices@MolinaHealthcare.com

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In June 2017, the health plan requested detailed information via email from the New York State Department of Health (DOH) regarding the universal billing implementation date. The DOH communicated a new deadline of January 1, 2018.

In another letter dated December 7, 2017, the DOH advised providers and health plans of an updated implementation date for the Universal billing Codes for Home Care and Adult Day Health Care Services. The Department is requiring the implementation of these billing codes by April 1, 2018.

As a result, the health plan has determined that claims submitted with U1 or C6 modifiers will be accepted until March 31, 2018.

Effective April 1, 2018, the C6 modifier will no longer be accepted and claims will be required to be submitted according to the DOH Universal Billing Guidelines.

Additionally it was determined that claims for Personal Care Services or PCS are also being submitted with an incorrect bill type of 342 or 343 resulting in further claim denials. The second digit of these bill types, 4, is for services not under a plan of care. PCS does in fact require a plan of care. Please refer to the Center for Medicare and Medicaid Services, Claims Processing Manual for the correct bill type to use.

The health plan has decided that claims submitted on or before September 30, 2017 with bill type 342 or 343 will be re-adjudicated; However, effective October 1, 2017, Molina Healthcare of New York, Inc. will no longer accept claims for PCS with the incorrect bill type.

If you have any questions or concerns, please contact Molina Healthcare of New York, Inc. Provider Relations at 877-872-4716.

