



# PROVIDER UPDATES

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SEPTEMBER 2018

INSURANCE. POLICY. REGULATIONS.

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## PROVIDER UPDATES

At MBIDV we are excited to introduce our interactive newsletter, MBIDV Provider Updates. This will be a forum for us to communicate the latest insurance, software / hardware, and other updates with our clients. Our goal is to be aligned with yours. If you have any questions or needs, we are here to create a more lucrative and efficient experience for your practice.

## ELECTRONIC PATIENT STATEMENTS

In our attempt to accrue a larger patient payment base for our providers, we have developed a HIPAA compliant Patient Email Communication Consent Form allowing us to send electronic patient statements. Once the patient provides their preferred email address and written consent to receive an electronic patient statement in your office, we are

permitted to email them their billing statement with our secured email. Please feel free to direct any questions your patients might have regarding signing this form to our office. Also, please emphasize to the patient that they can change their preferences, or information at any time.

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## SOFTWARE & HARDWARE

Beginning January 14, 2020, Windows 7 workstations and Microsoft 2008 Servers will no longer be supported. Additionally, your workstations will no longer be HIPAA compliant. Please make arrangements with your software and hardware vendors to ensure that you will have access to service, support, and remain compliant.

## WHAT IS THE PROCESS FOR BILLING OUT-OF-STATE MEDICAID PATIENTS?

Getting reimbursed for out-of-state Medicaid patients can be challenging. Per the U.S. Code of Federal Regulations and following: 42 CFR §431.52, Payments for services furnished out of State, Medicaid should pay for patients as if the services were rendered in their home state, as long as the services meet any of the following conditions:

1. Medical services are needed because of a medical emergency
2. Medical services are needed and the beneficiary's health would be endangered if the patient were required to travel to their State of residence.
3. The State determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other State.
4. It is general practice for beneficiaries in a particular locality to use medical resources in another State.

While we know that billing out-of-state Medicaid patients is not as easy as this regulation makes it seem, we have some suggestions for reimbursement. Your practice can follow the following precautions if you do not participate with the patient's particular Medicaid plan, and did not meet any of the above criteria. In order to protect yourself, and still attempt to retrieve reimbursement instead of a non-collectable write-off, your practice can follow the following precautions:

1. Credential: If you are repeatedly seeing patients that have a specific Medicaid plan, it might be worth credentialing with their plan.
2. ABN: Inform the patient of your participation status, and the potential that they might owe out-of-pocket before rendering services (if it is a non-emergency procedure), since the service may be determined to be non-covered, or unauthorized by their plan. Be sure to have the patient fill out an ABN (Advance Beneficiary Notice) to obtain their written consent and agreement that they may be financially responsible.
3. Caseworkers: You can bill the member and request that they seek reimbursement through their caseworker (still have an ABN). There is potential that the Medicaid plan would make an agreement (or one time payment) to avoid their member paying out of pocket.

It is imperative to note that once you receive payment for the Medicaid patient, you cannot charge the patient any more than the amount paid by the agency. You may, however, bill the patient their portion of deductible, coinsurance, and copayment as outlined by their specific plan.

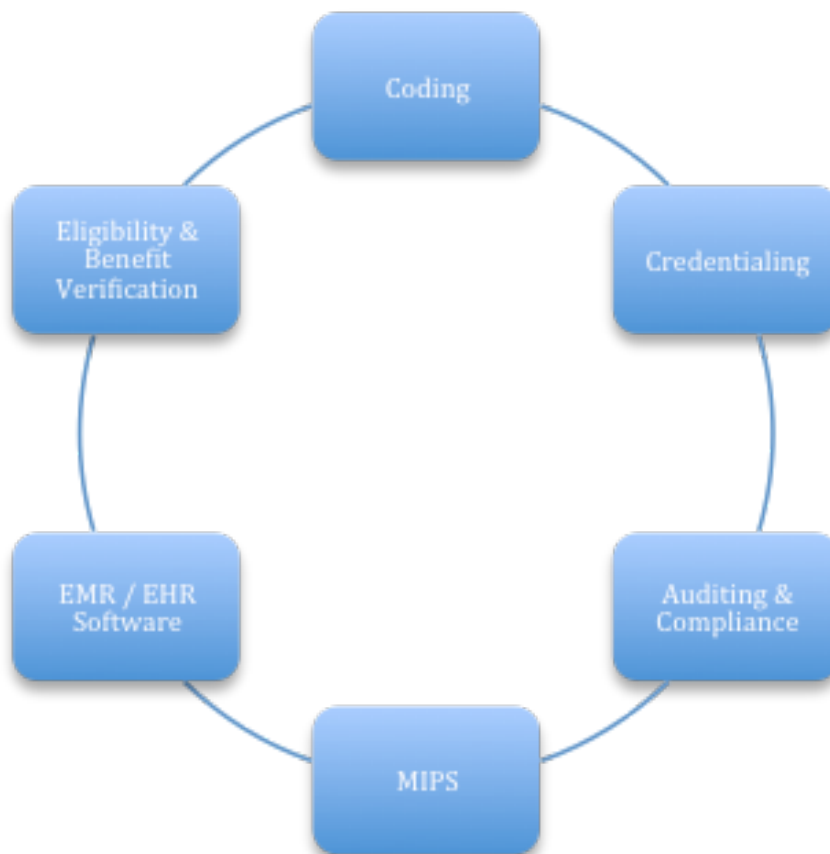
Billing for out-of-state Medicaid patients does not always have to be a time-consuming struggle, or write-off. If your practice does not currently have any guidelines for billing out-of-state Medicaid patients, these regulations and recommendations can be helpful in drafting your own practice's guidelines.

## DO NOT LOSE YOUR NOVITASPHERE / MEDICARE PORTAL ACCESS

Beginning September 1, 2018 CMS enhanced security standards to require users to log in at least once every 30 days. You should be receiving emails from [NovitasphereHelp@novitas-solutions.com](mailto:NovitasphereHelp@novitas-solutions.com) directly reminding you to log in. (Please note that these messages might be sent to your spam folder). If you do not log in you will risk losing access to Novitasphere, resulting in time-consuming calls, or access delays for your practice. For additional information on this practice you can review: [Novitasphere Log In Help](#), or call the Novitasphere Help Desk at 1-855-880-8424.

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We offer more than just billing and claim follow-up:



Have questions you would like answered? Please email [taylor.w@mbidv.com](mailto:taylor.w@mbidv.com)