

NorthernBridges Billing FAQ's

FREQUENTLY ASKED QUESTIONS RELATED TO PROVIDER CLAIMS SUBMISSION / BILLING

- Why can't I just submit an invoice as I formerly did with the county?

NorthernBridges is a non-profit organization with a contract with the state of Wisconsin for Managed Care related to the Family Care expansion program. We do not receive or process invoices, we reimburse for claims submitted to our Third Party Administrator. Any repeat service must be reimbursed in this way.

- Why do I have to wait until services are delivered before submitting a claim?

Our contract prohibits us from pre-paying for services, and claims cannot be received or paid for services before they are delivered.

- If I wait until after the services are delivered, and then submit a claim, it can be several weeks delay compared to how I was paid by the county. Is there any way to avoid this delay?

This was addressed in provider information meetings and provider billing training sessions in all eleven counties. To offset the business impact of these requirements, we do allow providers to bill for services as often as they like (weekly, every two weeks, or monthly), and we create and pay claims batches twice per month.

- How often, and when do you process claims and make payments?

Twice per month. We recommend that providers submit claims immediately after their chosen billing period has ended in order to have that claim be included in the next batch that is processed and paid.

- What is the difference between a rejection and a denial?

A rejection of a claim happens when there is insufficient information for the claim to be included in the batch being processed. A denial of a claim can be for several reasons including using the wrong units of service, insufficient authorization of units, etc. NorthernBridges makes every attempt to avoid rejections and denials.

- Who should I call if I have questions about a service or a claim?

If you have any question about a claim, please call the customer service department, 1-800-508-6967, the NorthernBridges Care Managers who authorized your service, (their numbers are listed on your authorization letter), or Provider Network Development 715 934 2266.

- How can I check on the status of my claim?

Call the third party administrator at 1-800-508 6967

- What is an NPI number, and do I need one?

An NPI number is a National Provider Indicator number assigned to medical professionals. In order to be reimbursed for certain codes that are deemed "medical" and NPI number is required. Residential providers do not have an NPI number. The number is easy to acquire if you need, and do not have one. Please refer to the NPI Instructions insert in this package to learn how to acquire a NPI number.

- Will there be any more provider billing training?

Yes, please check the NorthernBridges web site for a calendar of training at hub offices.

- How can I get more business with NorthernBridges?

Services are assigned to our members by NorthernBridges Care Managers. After contracting with NorthernBridges through Provider Network Development, your company will be posted in the provider directory. It is also advisable to let The care management team leads in our hub offices know of your interest in or capacity for providing additional services. One and two bed adult family homes are not listed in the directory.

- Why don't you withhold taxes?

NorthernBridges is not an employer and does not with-hold taxes or social security from claims reimbursement checks.

- I am an occasional provider of chore services, do I need to contract with NorthernBridges?

Providers of occasional services may choose to have their billing handled by a fiscal agent. If you are interested in this, contact a care manager in a NorthernBridges hub office.

- Which NorthernBridges claim form should I use?

The Residential Facility Claim form is used by:

- All residential providers
- Respite providers who serve members in the respite provider's home

The Family Care Services Claim form is used by:

- All other service providers
- Respite providers who care for members in member's home

- Are medications covered in the Family Care program?

Medications are not covered by NorthernBridges, however in certain instances medication management may be. Consult with NorthernBridges member's care manager for this determination.

- Why does my contract show a different amount for residential services that I had been paid previously ?

The total amount you will be reimbursed will remain the same. In most cases, that amount will be split into two line items, one for residential services, and another for room and board. When submitting a

claim, these line items must both be submitted as indicated in your contract and on the authorization letter.

- Why are the codes different than I used in the past?

NorthernBridges is required to use HIPAA compliant codes for description of all services delivered and claimed. In most cases, these codes will be different than the SPC codes you may have used in the past. The correct HIPAA code for the services you are contracted for is on your provider rate sheet that you received with your contract. The appropriate HIPAA code is also on the authorization letter you received telling you what members to provide services for.

HIPAA codes are service codes. The authorization letter refers to service codes, and these are the HIPAA compliant codes you use for billing.

Modifiers are two digit extensions of your HIPAA compliant service code. If there are no modifiers on your authorization letter, leave the modifier column on the claim form blank.

- What services are taxed or not, and will 1099 be issued for non-taxed revenue?

All services are taxed EXCEPT adult family home owner occupied payments for both room and board and residential services. A 1099 will be issued for remittance to any remittance that does not have tax withheld.

- Do you need prior Authorization for respite?

Yes, for number of days per month in general, but contact a NorthernBridges Care Manager if an unplanned need develops.

- Will providers be able to receive Authorizations by fax or e-mail?

No. HIPAA requirements prohibit faxing or e-mailing of claims data.

- Will appropriate member-specific Care Manager contact information be on the Authorization Letter?

Yes .

- Will there be any change in personal care allowance reimbursement?

No, not unless IDT determines so in future.

- When we submit claims for member services, do we need to have a separate claim for each member?

Yes. The claim must match the authorization letter which will be member specific.

- Can we transmit a single workbook with multiple sheets for different members?

Yes

- If we submit a clean claim by your timeline, will the payment be for the full amount or 90%?

Full amount.

- If I submit a claim, when will I get paid?

Claims can only be submitted after services are provided. You should submit your clean claim within 90 days after the service has been performed. Clean claims are put into payment batches twice per month and processed. Payments on clean claims are also made twice per month.

- Can we set up automatic deposit for claims payments?

Not at this time.

- The County was paying for guardian services. NorthernBridges does not. What should guardians do?

Continue to work with the County as they did in the past.

- Who do I pay Room and Board to, when, and is any form involved?

NB sends an invoice to the member, or rep payee for that member, by approximately the 10th of each month. If you prepaid it, we will cancel the invoice.

- Is old MAPC going away?

Yes--for enrolled NB FC Members. MAPC will still be a service available through Family Care but instead of billing and payment coming through the state it will instead be paid through NorthernBridges. If you are a residential provider and have worked with an agency to provide MAPC services to your clients, that process will continue for the near future.

- When do I get my authorization letters?

After a NorthernBridges contract is executed, a NB Care Manager enters services for a member into the NorthernBridges Enterprise System. This triggers an authorization letter to be sent to the provider selected for the residential facility or family care service.

- What forms will NB accept for claims?

NorthernBridges has separate forms for Residential Facility Providers and Family Care Services Providers to use for submitting claims. They are posted on the web site, and available from the NorthernBridges provider network development department. NorthernBridges can also accept the CMS 1500 form, and the UB-04 form providing those forms contain all the required information.

- A CPA is no longer required to "audit" a provider. What are the replacement accountability standards, if any?

Our contract document still states that we have the ability to request financial information in any format desired, which may entail requesting a copy of an audit.

- Is a "Report of Care" or a separate 485 required to be submitted by a residential facility provider?

If a residential provider is providing MAPC, a 485 form is required every 60 days. This is a document delivery requirement associated with Medicaid, not NorthernBridges Family Care.

- Is a RN supervisory visit required every 6 months for a residential facility provider?

If a residential provider is providing MAPC, an RN supervisory visit is required every 6 months. In Family Care, we are required to do a nursing assessment on all our members within the first 30-days, and then every 6 months thereafter. This will be scheduled by NorthernBridges, and does not need to be tracked by the residential facility provider.

- What does a provider need to do about a member rollover in the middle of an existing DME contract – is there any specific procedure?

We would need to know the outstanding amount left on the contract to be able to issue an authorization for the appropriate remaining amount / number of services / products. This member-specific information should be communicated to care management, which would likely need to follow up with the county that previously authored it or otherwise verify in ISP the to-date payments.

- What is the “Rendering Provider” field used for on the Residential claim form?

The rendering provider is used when the service provided is delivered at a location different than the billing / remittance address. Please notify NorthernBridges of any additional locations for delivery of services , as information in that field must match locations on file for claims to process.