Managing Nursing Home Medicaid Eligibility and Mandatory Managed Care Enrollment

Highlights

- Using MEDS® to electronically submit Nursing Home applications, conversions, and other undercare transactions to HRA's EDITS system
- As your EDITS submitter, working as your advocate at Medicaid to get the initial coverage put up correctly so you can get paid
- Using the Batch Eligibility Inquiry System for managing ongoing Medicaid eligibility to manage continuous coverage and uninterrupted payment
- Leveraging our experience to get difficult cases approved
- Utilizing our billing and collections services

Mandatory Managed Care Enrollment for nursing home residents has been upon us for some time now, and with it has come many new challenges on top of the usual issues when dealing with Medicaid - getting MAP-2159i forms signed and submitted, having to check if the MLTC renewals are done, tracking residents changing plans, and getting paid by the managed care plan.

As an EDITS submitter to Medicaid for over 70 nursing homes and MLTC plans in the New York City area, and with years of consulting experience to the nursing home industry, RES Systems is uniquely positioned to assist nursing homes with these challenges, both new and old.

When you use MEDS® to submit electronic Medicaid applications to EDITS, you get a partner to help you get applications approved and get paid - not just a software company that provides you with an interface to Medicaid. The system features automated creation and electronic signature of Medicaid forms, integrated imaging, data validation, electronic delivery of eligibility determinations, a customizable reporting system, and email notifications of decisions and cases due.

Our staff includes former Medicaid employees that are extremely knowledgeable about Medicaid rules and can answer the most difficult of Medicaid eligibility inquiry questions.

We utilize our Batch Eligibility Inquiry System to check on all of your cases when they receive decisions to make sure they are put up correctly so you can bill. If there is an issue, or if they were submitted correctly and should have been approved, they are added to our proprietary case management system that we have developed through years of experience of dealing with Medicaid, allowing us to easily track and follow up on issues and automatically generate a number of reports that we bring in to the Medicaid office on a weekly basis to be worked on.

The Batch Eligibility Inquiry System is now available to clients as an add-on to MEDS® or as a stand-alone system.

As an add-on to MEDS®, where we work as your advocate at Medicaid to get the initial eligibility up correctly for all cases you submit, you can then send batch inquiries on your entire census, allowing you to monitor ongoing Medicaid eligibility to manage continued coverage and ensure uninterrupted payment on all of your Medicaid eligible residents.

After you upload your census via CSV or XML, an inquiry can be created for each resident at the beginning of the month and the last day of the previous month. All data you see on the ePACES screen is returned. Our comparison report automatically highlights any differences in the response from the previous month, as well as any discrepancies from the expected coverage, so appropriate action can be taken immediately.

The Batch Eligibility Inquiry System can also be used to:

- Identify Nursing Home recertifications due
- Identify MLTC renewals due to ensure forms are submitted to the Home Care Unit timely
- Obtain copies of nursing home recertifications and MLTC renewals that were not received by the facility
- Change the address of long term residents on Medicaid file to the facility address to ensure both facility and MLTC renewals are mailed to facility
- Identify Medicaid fee for service residents who lose coverage, and identify the reason and corrective action needed
- Identify MLTC cases that lose Medicaid coverage so the plan can be notified to provide a status, or a new application can be submitted by the facility to avoid a lapse in coverage
- Identify residents who change managed care plans from previous month
- Identify residents whose NAMI changed from previous month
- Review billing rejections and correct the Medicaid file when needed.

Other Services

Our staff includes experienced former Medicaid employees that have expertise in all facets of the eligibility and systems rules and processes, as well as former billing managers and expert Medicaid billers.

We have had a great success rate in obtaining Medicaid approvals for difficult applications for many nursing home clients for over 15 years. Our staff consists of former Medicaid managers with many years of specific experience in processing nursing home applications. We offer a free analysis of the facility's accounts receivable aging reports to identify problem accounts and advise the appropriate corrective action.

In response to the implementation of mandated managed care in New York, many of our clients approached us for help in obtaining payment from recalcitrant plans. We in turn hired an expert in managed care billing and problem solving with 30 years of experience, and have had an excellent success rate over the last two years. Many of these claims require endless calls and follow-up with the plan which is a burden on facility staff. Our manager and his staff are dedicated to constant pursuit of claims until their resolution. We provide detailed status reports of each contact and the strategy for obtaining payment, including appeals to plan management staff

For private pay and NAMI collection, RES is a licensed Debt Collection Agency with the New York . City Department of Consumer Affairs.

We have over ten years of experience in private and NAMI collections. Our attorney has over 20 years of litigation experience in recovering private and NAMI receivables, and has obtained countless guardianships as well.

Many of our case management services are included in our services for MEDS® clients, but are also available to clients who do not wish to submit electronically with our system. These include:

- Monitoring of your submissions
- Following-up/tracking status of cases
- Ensuring Medicaid systems are updated correctly for billing, including:
  - Principal Provider File is put up correctly
  - Surplus is converted to NAMI correctly
  - Ongoing NAMI is done correctly

We can provide billing assistance, staff training, or a complete outsourcing solution for your billing operations. On a case-by-case basis for billing and collections, we charge a contingency fee only upon receipt of payment, and do not charge for normal business expenses. We will charge for legal fees if we need to process a summons, but only after approval from the facility. If we collect on the account we will deduct the expenses from our fee.

We can also provide assistance in the following areas:

- Working with the resident and nursing home to obtain required resource documentation for the 5 year look-back period
- Pre-screening the Medicaid application and submitting it timely with the correct documents in an orderly format, facilitating review by the Medicaid workers
- Assistance with completion of MAP-2159i forms
- Responding to requests for information
- Attending Medicaid conferences and fair hearings

For More Information

For more information or to schedule a demo, please contact:

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