CLAIMS FILING

Billing and Claims

Payments/reimbursement for self-direction services will be made through claims submitted by the fiscal/employer agent (F/EA) to the Medicaid fiscal intermediary (FI) in accordance with the below methodology.

Prior to submission to the Medicaid FI, claims must be submitted through a third party electronic visit verification (EVV) vendor that has a business relationship with the F/EA.

Overlapping Dates of Services

Dates of service on the claim must match the dates approved on the plan of care (POC) and cannot overlap.

Same Day Service When Hospitalized or in a Long-Term Care (LTC) Facility

In certain situations, home and community-based services (HCBS) approved on the POC and provided the same day a beneficiary is hospitalized or in a nursing facility may be allowed.

Situations are limited to:

1. HCBS provided the date of admission, if provided ***prior*** to the beneficiary being admitted; and

2. HCBS provided the date of discharge, if provided ***following*** the beneficiary's discharge.