Third Party Reimbursement: Insurance

Credentialing with insurance companies requires contacting each company and applying to become a provider. Once accepted/paneled by an insurance company, the social worker is responsible for maintaining the practice requirements for each company with regards to service provision, documentation, availability, and other areas indicated in the contract.

Once one insurance company has credentialed the social worker, he or she may choose to apply with the Council for Affordable Quality Healthcare (CAQH) to streamline the credentialing process when applying to become a provider with other insurance companies. CAQH is an American non-profit organization that collaborates with healthcare providers, trade associations, and insurers. Contact the Help Desk at 888-599-1771 for assistance.

The CAQH Universal Provider Datasource (UPD) is an online provider data collection service. It streamlines provider data collection by using a standard electronic form that meets the needs of nearly every health plan, hospital, and other healthcare organizations. UPD enables physicians and other healthcare professionals, including social workers, in all 50 states and the District of Columbia to enter information free-of-charge into a secure central database, then authorize healthcare organizations to access that information. UPD eliminates redundant paperwork and reduces administrative burden.

Registration for the UPD services can be completed online at: https://upd.caqh.org/OAS/

Steps to Credentialing

1. Acquire a list of insurance companies that may cover your services. The Ohio Department of Insurance may have a list of insurance companies that operate in your area, with contact numbers and addresses.
2. Ask colleagues what provider panels they belong to, as well as their experiences with the plan, and contact information.
3. Call the insurance plan or go to the plan’s website to apply. Many plans have provider applications on their website. You may start first with a phone call asking for Provider Contracting. Ask if the network is open to new providers in your area. If they say no, make your case by finding out what the plan needs and market yourself. Insurance plans must meet the varied clinical needs of their members. Let them know if you have a needed specialty, have an office in a less populated area, see clients on weekends, can conduct sessions in another language, treat veterans, specialize in substance abuse, treat autism, or see children and adolescents – they may make an exception for you.
4. If closed, continue to make your case for how you can serve their members. Consider sending a letter of interest and a résumé noting your specialties and qualifications; denote what you can offer that is different from other therapists in the community. In your letter of interest note your location strengths; perhaps you are located near a large company who uses their plan or you are in an underserved area. Mention if you are seeing a large number
of the plan’s members; consider keeping a log of individuals on plans that you are not paneled under and use this list to reference in your letter. Insurance plans seek therapists of diverse gender, race, ethnicity, and cultures – cross-cultural competency is also valued. If denied, continue to follow up every 3 to 6 months. Target your letter to a specific person and follow up by phone or email, and if possible speak to the target person.

5. Keep a log on your communication with insurance plans; include dates of your calls, names of the people you spoke with, their responses, and actions taken.

6. Panel applications vary with the plan. If you are mailing a hard copy, make a copy of your application as these can get lost or you may be asked to resubmit and make corrections in areas of the application.

Third Party Reimbursement: Medicare Part B

Services provided by social workers are reimbursable under Medicare Part B. Covered services are defined as services that the social worker is legally authorized to perform under state law. Information in this section applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

Participating in Medicare is optional for social workers. A social worker in private practice who does not wish to participate in Medicare but provides psychotherapy services to a Medicare eligible client must sign a “Medicare Opt Out Affidavit” with Medicare and a “Medicare Opt Out Contract” with all Medicare eligible clients. Information on opting out of Medicare can be found at the WPS website listed below.

To participate in Medicare Part B reimbursement, a licensed social worker must:

(1) Agree to accept assignment from Medicare; the social worker must agree to accept the amount Medicare determines it will reimburse a social worker. As of this edition, the social worker is reimbursed at a rate of 75% of the amount a clinical psychologist is paid under the Medicare Physician Fee Schedule. For an up-to-date fee schedule go to www.medicare.gov. The social worker will then be reimbursed at a rate of 80% for services that are for diagnosis and treatment of mental illnesses. For example, if Medicare allows the social worker to bill at a rate of $100 per session, multiply $100 by 75%, then multiply $75 by 80%, which would result in a $60 payment (100 X .75 = $75 X .80 = $60). Medicare authorizes one to bill per current CPT codes allowed by social workers.

(2) Agree to accept whatever a secondary insurance company pays if a client has a secondary insurance company that does not fully pay the amount that Medicare does not pay; the social worker is legally bound to accept whatever the secondary insurance pays, and the social worker cannot bill the client for the remainder of the bill.

The following points will be helpful when working with Medicare:

- Register for the CMS Secure Net Access Portal (C-SNAP) at www.medicareinfo.com, C-
SNAP is a primary Medicare information source for patient and claim data.

- All providers are expected to subscribe to WPS Medicare e-newsletter. Subscribe at www.wpsmedicare.com/listserv.

- When submitting claims to Medicare electronically (which is almost entirely mandatory except those situations in which the clinician has a very small practice and receives special notice that they can bill using the CMS 1500 form), the clinician must enroll in Medicare’s Electronic Data Interchange (EDI) system. This ensures the clinician will follow Medicare’s billing procedures.

- The social worker must register with the WPS Bulletin Board System when submitting claims to Medicare. This system is used for transmitting information to and from Medicare regarding claims.

- WPS provides free billing software called PC-ACE Pro32. It can be downloaded from www.wpsmedicare.com.

- Medicare Remit Easy Print (MREP) software is available free to Medicare subscribers to download, view, and print remittance advice information, including special reports from the HIPPA 835. A user guide is available at http://cms.gov. The guide explains how to implement and use the software.

- Medicare currently reimburses social workers for telehealth services using specific individual and family psychotherapy Current Procedural Terminology (CPT) codes. Please refer to NASW’s Practice Perspectives for up-to-date-information.

- The Centers for Medicare and Medicaid Services (CMS) removed regulations requiring social workers who furnish services to a Rural Health Clinic (RHC) and/or a Federally Qualified Health Center (FQHC) to be employees of the RHC and FQHC. Social workers may contract for services with RHCs and FQHCs. Refer to NASW’s Practice Perspectives for guidelines on how to become a provider.

- The international classification of Diseases, Tenth Edition, Clinical Modification Codes (ICD-10- CM) will be implemented on October 1, 2015. Social workers will not be able to use the ICD-9-CM codes after September 30, 2015 and will suffer a claim denial with Medicare if they do. Please refer to NASW for training.

- If it is known that a person has Medicare, it is illegal to attempt to sell them a Marketplace plan.

- Report Medicare fraud at 800-MEDICARE or at stopmedicrefraud.gov.
A person with limited income and resources may qualify for Medicaid, a joint federal and state program that helps pay for medical costs. Even if a person does not qualify for Medicaid, there are four other Medicare Savings Programs that may help pay for Medicare premiums and other costs. Go to www.medicare.gov for more information.

Once a social worker is approved by Medicare, the clinician will also be able to work and bill directly with the Railroad Retirement Board (RRB) and Medicare Advantage plans. These do not require separate applications, however, clinicians may need to register with individual Medicare Advantage plans for claims to process correctly. Inquire at www.medicare.gov for information regarding both plans.

The Internet-based Provider Enrollment, Chain and Ownership System (Internet-based PECOS) can be used in lieu of the Medicare enrollment application (i.e. paper CMS-855) to:

- Submit an initial Medicare enrollment application
- View or change enrollment information
- Track the application
- Add or change a reassignment of benefits
- Reactivate an existing enrollment record
- Withdraw from the Medicare program

Physicians and Non-Physician Practitioners (licensed independent social workers) may access the Internet-based PECOS system by using the user IDs and passwords they established when they applied online to the National Plan and Provider Enumeration System (NPPES) for their National Provider Identifiers (NPIs).

**Third Party Reimbursement: Medicaid**

In Ohio, social workers cannot bill Medicaid directly (there are plans that this will be changing), but can register to be a provider for HMO Medicaid. HMOs are regionally specific.

Some of the larger organizations with Medicaid HMO plans in Ohio include the following:

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckeye Health Plan</td>
<td>(866) 246-4358</td>
<td><a href="http://www.bchpohio.com">http://www.bchpohio.com</a></td>
</tr>
<tr>
<td>CareSource</td>
<td>(800) 488-0134</td>
<td><a href="http://www.caresource.com">http://www.caresource.com</a></td>
</tr>
<tr>
<td>Molina HealthCare</td>
<td>(800) 642-4168</td>
<td><a href="http://www.molinahealthcare.com">http://www.molinahealthcare.com</a></td>
</tr>
<tr>
<td>Paramount Advantage</td>
<td>(800) 462-3589</td>
<td><a href="http://www.paramountadvantage.org">http://www.paramountadvantage.org</a></td>
</tr>
</tbody>
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The Ohio Medicaid provider helpline can be reached at: 800-686-1516 or [http://medicaid.ohio.gov/PROVIDERS.aspx](http://medicaid.ohio.gov/PROVIDERS.aspx)

**Other Issues in Third Party Payments**
Be prepared to wait with insurance companies and Medicare before being accepted as a provider. Many insurance companies, including Medicare, will reimburse retroactive to the date the provider application was submitted.

**Pre-authorization**

Typically, most insurance companies do not require pre-authorization for a basic office visit, therapy session, and initial session. However, there are plans that do not allow you to bill the client for a session where you failed to get needed authorization. It is always best to check with the insurance plan.

"Signing off"

According to NASW’s standards, it is fraudulent and unacceptable to bill clients or third party carriers for services that have not been provided, for services provided by another individual, or to imply through a bill that the person signing the form provided services that he or she did not provide. This includes signing off on services provided by another practitioner. Some insurance companies may allow exceptions to this rule if the supervisor and provider are clearly identified. This exception must be made with the individual insurance company prior to any billing.

**Billing Oneself or Hiring a Biller**

There are two main options for billing in a private practice. Many social workers hire a biller who understands the rules and policies of various companies, operates an electronic billing system and dedicates the time to contact payer sources when there is a question or issue. Billers generally base their pay on a percentage of income received for the clinician. For example, a biller may receive 5-7% of all paid claims.

Other social workers choose to keep the responsibility of submitting claims. Personally submitting claims can save money, allows the clinician a better understanding of the status of the claims for each client, and increases control of overall billing. Each clinician needs to decide which option works best for them. There are free online billing services such as *OfficeAlly, which provides a free clearinghouse service.

*Below is a short list of other inexpensive options:*

- KASA Practice Solutions Services
- Therapypartner
- PsychBiller
- My Client Plus
- Therabill
- Pschadmin Partners
- Speedy Claims
* None of these are NASW endorsed. Do your research to determine what works best for you.