

PCA Provider Troubleshooting Guide

Topic	What to do
Referrals/Prior Authorizations	<p>All Personal Care Assistance services require an authorization.</p> <ul style="list-style-type: none"> • The PCA Provider contacts the member’s Care Coordinator for an authorization. • Out-of-Network PCA providers also require a prior authorization, with the exception of a member newly enrolled with Medica and currently receiving PCA services with the same out-of-network provider. This coverage is limited to 120 days from enrollment. • The Care Coordinator is the PCA agencies primary contact regarding services and authorizations. • Providers can call the Provider Service Center to obtain the Care Coordinator contact information. • The Prior Authorization List is located on Medica.com at Medica.com>Providers>Policies and Guidelines>UM Policies and Prior Authorization>Prior Authorization
Billing requirements – 837P	<ul style="list-style-type: none"> • To adhere to the guidelines set by the Minnesota Administrative Uniformity Committee (AUC) and to be consistent with Minnesota law to standardize electronic healthcare transactions, Minnesota providers are required to submit all claims electronically. Personal Care Assistance Provider Agencies must bill for Personal Care Assistance services using an 837-Professional (837P). All Personal Care Assistance services, including extended hours of Personal Care Assistance Services and shared care, must be billed on the 837P for electronic claims. • Non-PCA services must be billed separately from the PCA services. • A PCA agency can bill for extended PCA (Elderly Waiver Services).
PCA Qualified Professional Supervision Claims	<p>The supervision claim must be billed separately and not with the other PCA services. Medica does not enter authorizations for qualified professional supervision units.</p> <ul style="list-style-type: none"> • This cannot be billed with an individual PCA name, only with the PCA agency name. • The codes should be billed with a UA-modifier. • Supervision claims are paid without an authorization. PCA agencies are only to submit claims for the amount of time required to complete the qualified professional supervision and should not just be billing 2 hours for each visit.
Enrollment Process	<ul style="list-style-type: none"> • The PCA agency works with DHS to receive their UMPI number which should take 30 business days or less. • When the UMPI number is received, the PCA agency enrolls using the Provider Demographic Online Tool (PDOT) located on medica.com at Providers>Administrative Resources>Personal Care Assistance. The agency receives a letter confirming the set-up is complete, which should take 30 business days or less. • Whichever combination of Federal Tax ID and UMPI/NPI numbers used on the Medica site <i>must</i> match the numbers on file with DHS.

<p>Once Medica has set-up the agency/individual PCA</p>	<ul style="list-style-type: none"> • Due to timely filing requirements, the effective date on PDOT is set at 180 days. This is 180 days from the date the agency is enrolling a new PCA using PDOT to add the new PCA providers. • A PCA agency can have a PCA start providing services to a Medica member once the PCA has DHS's UMPI number. The next step is to have the agency complete the enrollment process through PDOT. Once this is completed, an authorization with Medica is required. After authorization is completed, the agency can file claims. The 180 day timely filing requirement still applies to these claims. • When an error occurs related to affiliation errors, providers should contact the DHS Provider Service Center at 651-431-2700.
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<p>Provider exceeding 180 days</p>	<p>If the provider is exceeding the 180 days prior to the date of enrollment, the PCA agency must contact Network Management with proper documentation to have the enrollment date changed. Providers should send an email to: NetManQuest@medica.com</p>
<p>Is the network open or closed?</p>	<p>View the Closed Specialties List on medica.com at: Providers>Join Provider Network</p>
<p>Adding individual PCA when agency is already in-network</p>	<ul style="list-style-type: none"> • If the PCA agency is in the Medica network, simply add an individual PCA provider. • Add PCA using PDOT (see Enrollment Process above) by using the Provider Demographic Online Tool (PDOT) • The only way an out-of-network PCA provider number can be set up is if the care coordinator or care management has authorized the services and there is an authorization in the system.
<p>Additional PCA Resources on medica.com</p>	
<p>Medica newsletters and provider alerts</p>	<p>To stay up-to-date, view <i>Medica Connections</i>[®] and Provider Alerts on medica.com at Providers>News and Alerts. If you would like to receive <i>Medica Connections</i> and Provider Alerts via email, subscribe now.</p>
<p>Claims Tools and Forms</p>	<p>medica.com at Providers>Administrative Resources>Claims Tools for the following:</p> <ul style="list-style-type: none"> • Timely Filing and Late Claims Policy
<p>Personal Care Assistance</p>	<p>medica.com at Providers>Administrative Resources>Administrative Manual Sections>Supplementary Contracting and Regulatory Requirements>Personal Care Assistance</p>
<p>Medica Product Information</p>	<p>medica.com at Providers>Administrative Resources>Product Information> then look under the Minnesota Health Care Programs heading</p>