

# Medicaid Managed Care Nursing Home Transition

## Claims/Billing submission

- Claims should be billed in accordance with the provider's contract
- Claims are to be billed on a CMS 1450 (UB-92)
- Clean Claim sample can be found at <https://www.emedny.org/ProviderManuals/ResidentialHealth/PDFS/Claim%20Sample-UB92R-Resid%20Health%20Care.pdf>



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### ***What's being denied?***

- *Usage of inappropriate revenue codes as per contract (ex. 0100-0101 versus 0191-0194)*
- Timely filing is within 90 days from the discharge date
- When HP/AGP is the secondary payer we require a copy of OHI's EOP along with claim billed to Healthplus Amerigroup for applicable coinsurance payment

