

Independent Private Duty Nursing FAQ

Paramount Advantage is a Medicaid managed care plan (MCP) that provides health care services to Ohio residents eligible for Aged, Blind or Disabled, Covered Families and Children (including Healthy Start and Healthy Families), and adult extension Medicaid benefits.

CONTRACTING AND CREDENTIALING

Q. Why am I being asked to contract directly with Paramount Advantage?

A. The Ohio Department of Medicaid will no longer cover some waiver patients as well as BCMH or foster children. Those patients will now be covered by Managed Care Plans.

Q. How did you get my contact information?

A. The Ohio Department of Medicaid provided your contact information.

Q. Will I still be considered independent?

A. Yes, unless you join an agency.

Q. Can I still participate if I do not have my Independent Private Duty waiver with ODM?

A. No. You would have to renew your waiver.

Q. What if I do not have a CAQH application that is required by Paramount Advantage for credentialing?

A. Information on obtaining and completing a CAQH application can be found on-line at <https://proview.caqh.org/PR/registration>. Once you have registered you will be provided a CAQH ID, Login and User Name. Complete your CAQH Proview Profile and upload all required documents. When completing your initial CAQH Proview profile please authorize Paramount access to your application in the appropriate section of the application; this will ensure that we have access once your application is complete and you will not need to send a copy to Paramount Advantage. Upon completion Paramount will pull your application and begin the credentialing process.

Q. What other information is required for credentialing?

A. Other requirements include:

- All private duty nurses must be a registered nurse (RN) or licensed practical nurse (LPN) at the direction of a registered nurse practicing as an independent provider
- If licensed LPN, maintain an arrangement with a Supervising RN.
- Licensure by the State Board of Nursing.
- Private Duty Nurse ODM Waiver; registered, current and in good standing with Ohio Department of Medicaid.
- Minimum state required professional liability insurance.

Q. How long does the credentialing process take? Once I am credentialed by Paramount Advantage, how often will I be re-credentialed?

A. Initial credentialing can take 90 days. Re-credentialing is done every three years.

Q. What is the term of the contract?

A. The contract will be in effect until either you or Paramount Advantage terminates it with written notice in accordance with the termination section of the contract.

Q. What happens if I am providing care while I am in the process of being credentialed?

- A. If you are an approved Medicaid provider you will be reimbursed by Paramount. You will need to obtain a prior authorization for Paramount's Utilization Case Management Department. The toll free number is 1-800-891-2520.

CASE REFERRAL AND AUTHORIZATION

Q. How will cases be referred to me?

- A. Usually through the parents, guardians or hospital.

** We are not publishing these providers at this time as the practice location information we are given is usually the personal home address.*

Q. If I already have a case load, and you want me to take additional patients, must I take them?

- A. No. If you have a full case load you do not have to take on additional patients.

Q. What mile radius am I expected to work?

- A. There is no mileage limit under this program.

Q. Does the patient require an authorization? If so, how is one obtained?

- A. Yes, the patient will require a prior authorization. An authorization may be obtained by calling Paramount's Utilization Case Management Department. The toll free number is 1-800-891-2520.

Q. If there is overtime involved, how should it be reported?

- A. Any overtime should be reported to the Utilization Case Management Department by calling the Utilization Case Management Department at 1-800-891-2520, or by speaking directly to the Case Manager assigned to the case.

BILLING

Q. How can I file a claim with Paramount Advantage?

- A. Paramount accepts paper claims, but encourages electronic claim filing because claims process quicker if there is no human intervention. If filing paper claims, the claim should be sent to Paramount, Claims Department, P.O. Box 497, Toledo, Ohio 43697-0497.

Billing services can bill for your services either electronically or by paper. Electronically filed claims process more quickly than paper claims because there is no human intervention. If filing paper claims, the red drop out ink CMS forms must be used.

Q. What procedure code do I need to report on the claim?

- A. T1000 (private duty – independent nursing service(s) – licensed, up to 15 minutes) is the correct procedure code to report on the claim.

Q. What modifiers are to be reported on the claim?

- A. Modifier TD if you are an RN or modifier TE if you are an LPN.

Q. What location code do I report on the claim?

- A. 12 (home) is the correct location code to report on the claim.

Q. Where on the claim do I need to report my NPI number?

A. Your NPI number should appear in box 24J.

Q. In what box should my taxpayer identification number appear?

A. It should appear in box 25. This is the number that is reported to the IRS, and is the number that you report on the attached W-9 form that you will need to complete.

Q. Where should my name appear on the claim.

A. Your name as the provider should appear in box 31.

PAYMENT

Q. How will I get paid? What about taxes?

A. You will receive reimbursement directly from Paramount Advantage. Paramount will send to you a 1099 form at the end of the year showing the income from the paid claims. However, you are responsible for the accounting and reporting of applicable taxes.

Q. How long will it take for me to receive payment?

A. We strive to pay all claims on a timely basis. The claims must be complete and accurate.

Q. What is the reimbursement rate?

A. The current Medicaid fee schedule.