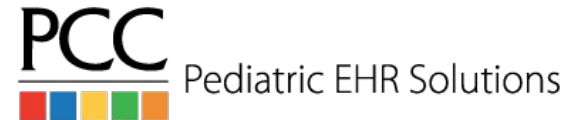


Claim Submission and Medicaid

Thu 2:45pm-4:00pm

2018 UC

Randy Lavin



Medicaid and Commercial Claims: Differences

- Medicaid claims differ from Commercial Claims
- Medicaid claims also differ from Medicaid claims (state by state)
- Let's discuss a few things that all claims have in common, and then some of the Medicaid differences

Medicaid and Commercial Claims: Differences

Ways that Medicaid and Commercial claims differ:

- 1) Claim/Provider/Patient Identifiers
- 2) Corrected Claims
- 3) Claim Attachments
- 4) EPSDT Claims

1) **Claim**/Provider/Patient Identifiers

- Partner automatically generates an internal Claim ID when creating a new claim
- This Claim ID is included in both electronic and paper formats
- This Claim ID is also visible in programs like *'oops'*, *'inscoar'*...

1) **Claim/Provider/Patient Identifiers**

- HIPAA requires clearinghouses/payers to include this Claim ID in any subsequent acknowledgements/responses
- Partner uses this returned Claim ID to map acknowledgements or denials back to the related charges (via *'oops'*)
- *'autopip'* uses this returned Claim ID to automatically identify the related services, and to distribute benefits

1) **Claim**/Provider/Patient Identifiers

- Clearinghouses assign their own Trace Number to electronic claims
- Payers may assign their own Trace Number to e-claims as well
- These additional Trace Numbers may help a clearinghouse/payer locate a particular claim in question

1) Claim/Provider/Patient Identifiers

```
=====
Capario Payor Response Report           Date Received: 06/15/2018           Page 1

The following claims were ACKNOWLEDGED by the payor(s).

PATIENT/          PATIENT          PATIENT          SERVICE          CLAIM          PAYOR
CLAIM ID         LAST NAME       FIRST NAME       DATE             CHARGES        ID
=====
12345 257899     SMITH          PEYTON          20180525       90.02 60054
CLAIM PROCESSING DATE: 20180614  CAPARIO TRACE #: 163266088625658
VAN TRACE #: 11692 257899        PAYOR TRACE #: EMJL5HG1C00
MESSAGES: 06/13/2018 14-27-57 ACK/ACCEPT - ENTITY ACKNOWLEDGES RECEIPT OF
CLAIM/ENCOUNTER. USAGE- THIS CODE REQUIRES USE OF AN ENTITY CODE. -
PAYER
```



1) **Claim/Provider/Patient Identifiers**

- Commercial ECS claims require a 'CI' Filing ID
- Medicaid ECS claims require an 'MC' Filing ID
 - Filing IDs are defined in the **Insurance Company table** (*ted*)
 - Your payer rep will have final say on which setting to use
 - PCC EDI Team helps to manage these settings
- Paper claims do not include a Filing ID

1) Claim/Provider/Patient Identifiers

Commercial Plan

INSURANCE PLAN INFORMATION Entry 5 of 477

Insurance Group: **First Health**
Insurance Plan Name: **Aetna**
Short Name: **Aetna**
Address: **P.O. Box 14089** Phone: **1800 814 3543**
City: **Lexington**
State: **KY** Zip: **40512-4089**
Ins Type: **C1**
Filing ID: **CI**
Subs Filing ID: **CI**
Allowable Sched: **AETNA**
HCFA Batch: **ecsaetna**
Imms Registry Code A:
Code B:
Code C:
Code D:
Eligibility ID: **60054**
Payor ID: **60054**
Aux Payor ID:
Special Information File: **config/IC/IC_standard**
Is this a Medicaid plan? **No** Default copayment: **\$ 0.00**
Is this a capitated plan? **No** Accept assignment? **Yes**
Expect copays for visits to the Doctor's office? **No**
Expect copays for visits to ER and hospital? **No**
Expect one copayment for each procedure? **No**

Medicaid Plan

INSURANCE PLAN INFORMATION Entry 313 of 477

Insurance Group: **Medicaid**
Insurance Plan Name: **Medicaid**
Short Name: **Medicaid**
Address: **DXC Technologies** Phone: **802-862-2433**
City: **Williston**
State: **VT** Zip: **05495**
Ins Type: **MC**
Filing ID: **MC**
Subs Filing ID: **MC**
Allowable Sched: **MEDICAID**
HCFA Batch: **ecscaid**
Imms Registry Code A:
Code B:
Code C:
Code D:
Eligibility ID: **MC081**
Payor ID: **00037**
Aux Payor ID: **EL-VTCAID**
Special Information File: **config/IC/IC_caaid**
Is this a Medicaid plan? **Yes** Default copayment: **\$ 0.00**
Is this a capitated plan? **Yes** Accept assignment? **Yes**
Expect copays for visits to the Doctor's office? **No**
Expect copays for visits to ER and hospital? **No**
Expect one copayment for each procedure? **No**

Use '*' to see drop down choices for these settings

1) Claim/**Provider**/Patient Identifiers

- National Provider Identifier (NPI)
 - Type I NPI - assigned to Providers
 - Type II NPI - assigned to Facilities
 - NPPES Lookup Site (<http://npiregistry.cms.hhs.gov>)

	HCFA	ECS
Rendering Provider	Box 24J	<i>Loop 2310B</i> “NM1*82”
Billing Provider	Box 33A	<i>Loop 2010AA</i> “NM*85”

1) Claim/**Provider**/Patient Identifiers

- Commercial plans expect a TAX ID number
- Medicaid plans expect a TAXONOMY number ([NPPES Site](#))

HCFA	Commercial	Medicaid
Box 33B	Tax ID #	Taxonomy #

ECS claims automatically include both a Tax ID# and Taxonomy# for all payers.

1) Claim/Provider/**Patient** Identifiers

- With Commercial plans, the patient is related to a subscriber
 - Relation to bill payer: **Child** (*notjane*)
 - Relation to subscriber: **Child** (*policy*)
- With Medicaid plans, the patient ***is*** the subscriber
 - Relation to bill payer: **Child** (*notjane*)
 - Relation to subscriber: **Self** (*policy*)

NOTE: *'preptags' may generate an error about *either* setting being absent. Check both places when troubleshooting Medicaid claim issues!*

1) Claim/Provider/**Patient** Identifiers

Patient Editor (*notjane*)

Zip Code: **05901**

Relation to Bill Payer: **Child**

Date of Last Visit: **Feb 7, 2018**

Date of Last Physical: **Jan 18, 2017**

Date Due for Next Physical: **Jan 17, 2018**

Assign

Patient

Patient

Edit

Insurance Policy Screen (*policy*)

Press the Right Arrow Key for More Information

Capital Blue Cross \$10 OV&WC-Other / Capital Blue Cross / Capital Blue Cross
PO Box 779503 Payor ID:
Harrisburg, PA 17177-9503 Phone: 717-731-8080

SUBSCRIBER

First: Terry

Last: Scheetz

Address: Rd#5 Box 9186

Canaan, VT 05901

Birth: 08/13/1973 Start: 11/26/2015

Sex: Female End:

Reln: Child

Employr:

Press the Right Arrow Key for More Information

Medicaid / Medicaid / Medicaid

DXC Technologies

P.O. Box 888

Williston, VT 05495

Payor ID: 00037

Phone: 802-862-2433

SUBSCRIBER

First:

Last:

Address: 201 North Willard St.

Burlington, VT 05401

Birth:

Sex: Male

Reln: Self

Employr:

Start:

End:

2) Corrected Claims

Medicaid requires that corrected claims contain:

- *Original Claim Reference Number*
 - *Get this from the payor/portal*
- *Claim Delay Reason Code*
 - *Use code '09'*

Enter these values in 'oops', under 'Visit Status', on the very last page

2) Corrected Claims

Changing Visit Information Page 2 of 2
Randy Lavin

PATIENT: Turbo Lavin
Referring Provider: [REDACTED]

INSURANCE INFO		HOSPITAL
Prior Auth. Number: [REDACTED]		Admit: [REDACTED]
Resubmission Number: [REDACTED]		Discharge: [REDACTED]
Reference Number: [REDACTED]		
Claim Delay Reason: [REDACTED]		

Accept Assignment? [REDACTED]	ACCIDENT INFO
	Accident Date: [REDACTED]
LABORATORY WORK	Auto Accident? [REDACTED]
Was lab work done? [REDACTED]	Acc. State: [REDACTED]
Cost of Lab Work: [REDACTED]	

DISABILITY INFORMATION		STATUS
Disabled Start: [REDACTED]	Marital Status: [REDACTED]	
Disabled End: [REDACTED]	Employment Status: [REDACTED]	
	Emergency Visit? No	
	Worker's Comp? No	

REPEAT VISIT	Related to Employment? [REDACTED]
Date First Seen: [REDACTED]	EPSDT Referral: [REDACTED]

CLAIM ATTACHMENT
Attachment ID:
Attachment Type:
Transmission Method:

Save Changes	Edit Policies	Add Attachmnt	Add/Edit Notes	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
--------------	---------------	---------------	----------------	------------	------------	------------	------------

2) Corrected Claims

Medicaid also requires a *Claim Frequency Code*

- Typically this gets sent as a '1' (original claim)
- If *Claim Delay Reason*=09, then this gets sent as a '7' (replacement claim)
- Paper HCFAs do not include this code

3) Claim Attachments

To attach supporting documentation to electronic claims:

- In *'oops'*, select the visit and press F5 *'Visit Status'*
- Page Down to the very last page
- Press F3 *'Add Attachment'*
- An *'Attachment ID'* is automatically generated for this visit
- Select *'Attachment Type'* and *'Transmission Method'*
- Transcribe the *'Attachment ID'* to the supplemental materials
- Submit the claim and materials separately

3) Claim Attachments

Changing Visit Information
Randy Lavin

Page 2 of 2

PATIENT: Turbo Lavin
Referring Provider: [REDACTED]

INSURANCE INFO
Prior Auth. Number: [REDACTED]
Resubmission Number: [REDACTED]
Reference Number: [REDACTED]
Claim Delay Reason: [REDACTED]
Accept Assignment? [REDACTED]

HOSPITAL
Admit: [REDACTED]
Discharge: [REDACTED]

LABORATORY WORK
Was lab work done? [REDACTED]
Cost of Lab Work: [REDACTED]

ACCIDENT INFO
Accident Date: [REDACTED]
Auto Accident? [REDACTED]
Acc. State: [REDACTED]

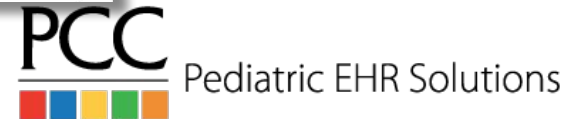
DISABILITY INFORMATION
Disabled Start: [REDACTED]
Disabled End: [REDACTED]

STATUS
Marital Status: [REDACTED]
Employment Status: [REDACTED]
Emergency Visit? No
Worker's Comp? No
Related to Employment? [REDACTED]
EPSDT Referral: [REDACTED]

REPEAT VISIT
Date First Seen: [REDACTED]

CLAIM ATTACHMENT
Attachment ID:
Attachment Type:
Transmission Method:

Save Changes Edit Policies Add Attachmnt Add/Edit Notes [REDACTED] [REDACTED] [REDACTED] [REDACTED]



4) EPSDT Claims

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Generally speaking:

- Commercial plans do not differentiate these
- Medicaid plans often split '*Well (EPSDT)*' vs '*Sick Claims*'
- Medicaid EPSDT claims (*may/may not*) allow you to charge for Immunizations as well as Vaccine Administration codes

4) EPSDT Claims

- Use of POS code '99' tells Medicaid that this is an EPSDT visit
- There are better options available, but many payers are still behind and so this is how many of them still determine EPSDT status.

4) EPSDT Claims

EPSDT Referral Codes

- Claim Referral Code (CRC) - Claim Level
- EPSDT Procedure Indicator - Procedure Level

4) EPSDT Claims

Claim Referral Code (CRC)

- Is automatically included when the visit contains a screening code
- Defaults to 'NU' (Not Used)
- Can be overridden manually in *'oops'*
- Does not appear on paper HCFAs

4) EPSDT Claims

Changing Visit Information

Page 2 of 2

Randy Lavin

PATIENT: Turbo Lavin

Referring Provider: [REDACTED]

INSURANCE INFO

Prior Auth. Number: [REDACTED]
Resubmission Number: [REDACTED]
Reference Number: [REDACTED]
Claim Delay Reason: [REDACTED]
Accept Assignment? [REDACTED]

HOSPITAL

Admit: [REDACTED]
Discharge: [REDACTED]

ACCIDENT INFO

Accident Date: [REDACTED]
Auto Accident? [REDACTED]
Acc. State: [REDACTED]

LABORATORY WORK

Was lab work done? [REDACTED]
Cost of Lab Work: [REDACTED]

STATUS

Disabled Start: [REDACTED] Marital Status: [REDACTED]
Disabled End: [REDACTED] Employment Status: [REDACTED]
Emergency Visit? No
Worker's Comp? No

REPEAT VISIT

Date First Seen: [REDACTED]

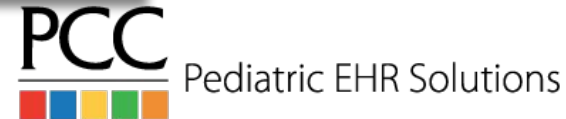
Related to Employment?

EPSDT Referral: [REDACTED]

CLAIM ATTACHMENT

Attachment ID:
Attachment Type:
Transmission Method:

Save Changes | Edit Policies | Add Attachmnt | Add/Edit Notes | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED]



4) EPSDT Claims

EPSDT Procedure Indicator

- Indicates whether an individual procedure is an EPSDT service
- These indicators do appear on paper HCFA's

Medicaid and Commercial Claims: Differences

Thank You!

