

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:			
Eligibility ID:	60054	Code B:	
Payor ID:	60054	Code C:	
Aux Payor ID:		Code D:	
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:			
Eligibility ID:	MC081	Code B:	
Payor ID:	00037	Code C:	
Aux Payor ID:	EL-VTCAID	Code D:	
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

Start:

End:

Employr:



Denver 2018



Pediatric EHR Solutions

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?	
Date First Seen:	[REDACTED]	[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

REPEAT VISIT
Date First Seen: [REDACTED]

Related to Employment? [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]



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]
Disabled End: [REDACTED]
Marital Status: [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!

