CONDUENT

Fall 2017

Provider 102

Presented by Dan Hickey

Objectives

CONDUENT

- Adjustments
- Medicare Crossovers
- Third Party Liability or Insurance

CONDUENT

Submitting Adjustments

Individual Adjustment Request Form

Necessary information:

- Provider name & address
- Member name
- ICN
- NPI/API
- Member ID
- Date of payment
- Amount of payment
- Corrected information
- Signature & date
- Medicaid remit from the paid claim

Montana Healthcare Programs
Medicaid • Mental Health Services Plan • Healthy Montana Kids
Individual Adjustment Request

Instructions:
This form is for providers to correct a claim which has been **paid** at an incorrect amount or was **paid** with incorrect information. Complete all the fields in Section A with information about the paid claim from your remittance statement. Complete **only** the items in Section B that represent the incorrect information that needs changing. For help with this form, refer to the Remittance Advices and Adjustments chapter in the *General Information for Providers* manual or call Provider Relations at 1.800.624.3958 (Montana and out-of-state providers) or 406.442.1837 (Helena).

A. Complete all fields using the remittance advice for information.

1. Provider Name, Address, and Telephone Number
   Name
   Street or P.O. Box
   City State ZIP
   Telephone Number
2. Member Name
3. Internal Control Number (ICN)
4. NPI/API
5. Member ID Number
6. Date of Payment
7. Amount of Payment $

B. Complete only the items which need to be corrected.

Item	Date of Service or Line Number	Information on Statement	Corrected Information
1. Units of Service			
2. Procedure Code/NDC/Revenue Code			
3. Dates of Service (DOS)			
4. Billed Amount			
5. Personal Resource (Nursing Facility)			
6. Insurance Credit Amount			
7. Net (Billed - TPL or Medicare Paid)			

8. Other/Remarks (Be specific.)

Signature ______ Date ______

When the form is completed and signed, attach a copy of the remittance advice and a copy of the corrected claim, and mail to Claims, P.O. Box 8000, Helena, MT 59604, or fax to 406.442.4402.

Adjustment Request Form - Section A

CONDUENT

Montana Healthcare Programs

Medicaid • Mental Health Services Plan • Healthy Montana Kids

Individual Adjustment Request

Instructions:

This form is for providers to correct a claim which has been paid at an incorrect amount or was paid with incorrect information. Complete all the fields in Section A with information about the paid claim from your remittance statement. Complete **only** the items in Section B that represent the incorrect information that needs changing. For help with this form, refer to the Remittance Advices and Adjustments chapter in the *General Information for Providers* manual or call Provider Relations at 1.800.624.3958 (Montana and out-of-state providers) or 406.442.1837 (Helena).

A. Complete all fields using the remittance advice for information.

1. Provider Name, Address, and Telephone Number

   The Clinic
   Name

   123 Main Street
   Street or P.O. Box

   Anywhere | MT | 59991
   City | State | ZIP

   406-111-2222
   Telephone Number

2. Member Name

   John Doe

3. Internal Control Number (ICN) 21401000120000
4. NPI/API 1234567891
5. Member ID Number 1133111
6. Date of Payment 01/01/2013
7. Amount of Payment $ 558.86

Adjustment Request Form - Section B

CONDUENT

B. Complete only the items which need to be corrected.			
Item	Date of Service or Line Number	Information on Statement	Corrected Information
1. Units of Service	Line 3	1 unit T1028	2 Units T2028
2. Procedure Code/NDC/Revenue Code			
3. Dates of Service (DOS)			
4. Billed Amount		25.00	50.00
5. Personal Resource (Nursing Facility)			
6. Insurance Credit Amount			
7. Net (Billed - TPL or Medicare Paid)			
8. Other/Remarks (Be specific.)			

When the form is completed and signed, attach a copy of the remittance advice and a copy of the corrected claim, and mail to Claims, P.O. Box 8000, Helena, MT 59604, or fax to 406.442.4402.

Submitting Adjustments

When should I request an adjustment?

CONDUENT

- Claim was overpaid or underpaid.
- Claim was paid but the information on the claim was incorrect (e.g., member ID, provider number, date of service, procedure code, diagnoses, units).
- Individual line is denied on a multiple-line UB-04 claim. The denied service must be submitted as an adjustment rather than a rebill.

Submitting Adjustments

When should I request an adjustment?

CONDUENT

If there are a lot of corrections to make, you may want the claim “cleared and reprocessed”. This has to be requested and needs to also include the corrected claim. This needs to go in Box 8 of the Adjustment request.

5. Personal Resource (Nursing Facility)			
6. Insurance Credit Amount			
7. Net (Billed - TPL or Medicare Paid)			
8. Other/Remarks (Be specific.)			

Adjustment Requests

CONDUENT

Things to remember

- The wording is very important- “corrected” or “new”
- Claim is not always necessary but the Medicaid remit is
- Adjusting a claim past timely (365 days from date of service)
- 1 adjustment per ICN unless the claim has been split then all ICNs are needed on line A3
- Adjusting the units
- Supporting documentation

Adjusting a CMS - 1500 or ADA 2012

- Only paid claims can be adjusted
- Paying at $0 is a paid claim
- Partial payments
- Fixing a paid line
- Add on codes

Adjusting a UB-04

CONDUENT

- Claim paid in any way
- Type of Bill codes ending in 7 (replacement of prior claims) do not constitute an adjustment.
- Frequency codes - only 1-5.
- Late charges

Adjusting a MA - 3

CONDUENT

- Claim paid in any way
- If adjusting days on the claim need to change the total charges as well
- Changes to the Personal Resource amount need to include changes to the total charges

CONDUENT

Medicare Crossovers

Crossover

What Medicare parts do we accept as crossovers?

Medicare Part A – Hospital Insurance

"Medicare Part A carriers and Medicaid use electronic exchange of institutional claims covering Part A services. Providers must submit these claims first to Medicare. After Medicare processes the claim, an Explanation of Medicare Benefits(EOMB) is sent to the provider. The provider then reviews the EOMB and submits the claim to Medicaid."

- Provider is responsible for submitting the claim to Medicaid after Medicare has processed and issued the EOMB.

Crossover

What Medicare parts do we accept as crossovers?

Medicare Part B Claims – Medical Insurance

"The Department has an agreement with Medicare Part B carrier for Montana (Noridian) and the Durable Medical Equipment Regional Carrier (DMERC) under which the carriers provide the Department with claims for members who have both Medicare and Medicaid coverage. **Providers must tell Medicare that they want their claims sent to Medicaid automatically**, and must have their provider number on file with Medicaid."

- Only Part B and DMERC claims electronically crossover!
- From the General Provider Manual Part 6.7

Where are the crossovers coming from?

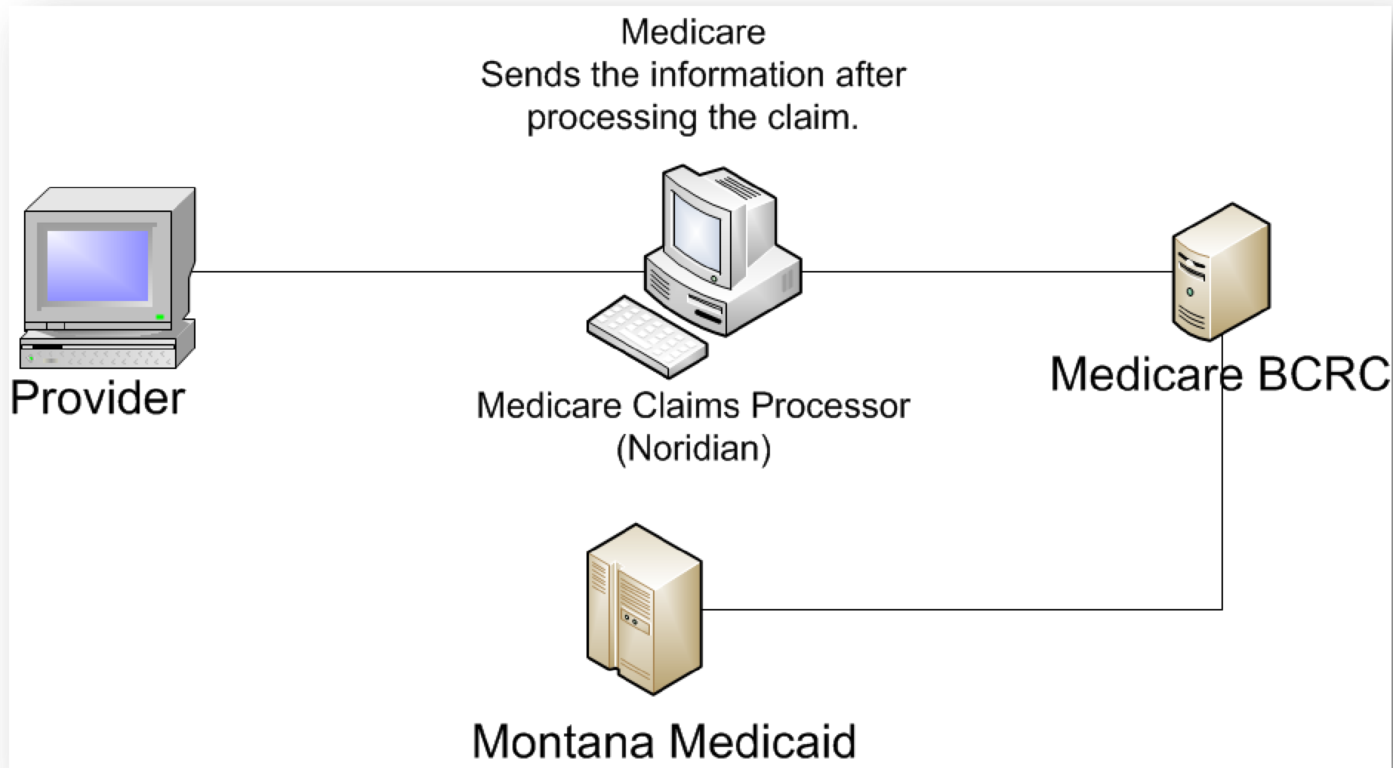
CONDUENT

The crossovers are sent electronically.

COBA	•Coordination of Benefits Agreement
BCRC	•Benefits Coordination & Recovery Center
Montana Medicaid	•Files must meet Montana Submission Standards.

Medicare Crossovers

CONDUENT



Crossover

CONDUENT

Providers should submit Medicare crossover claims to Medicaid only when:

The referral to Medicaid statement is missing. In this case, submit a claim and a copy of the Medicare EOMB to Medicaid for processing.

The referral to Medicaid statement is present, but there is no response from Medicaid **within 45 days of receiving the Medicare EOMB**. Submit a claim and a copy of the Medicare EOMB to Medicaid for processing.

Medicare denies the claim. The provider may submit the claim to Medicaid with the EOMB and denial explanation (as long as the claim has not automatically crossed over from Medicare).

Frequently Asked Question

CONDUENT

What about crossover claims? Do we include our taxonomy code on claims we are sending to Medicare?

Yes, Montana Healthcare Programs needs that information to process your claims

CONDUENT

Third Party Liability

Third Party Liability

CONDUENT

TPL Processes
Suspended claims due to TPL issues
Blanket denials
Insurance Verifications
Eligibility reconciliation
Credit balance

Third Party Liability

CONDUENT

TPL Processes
Blanket denials
Insurance Verifications

- **Blanket denials**

  Need to be requested

  Expire after 2 years

  Copy of letter needs to be included with claim

- **Insurance Verifications**

  Provider submits information that differs from what we have on file

Request For Blanket Denial

Available under forms on medicaidproivider.mt.gov website

- Needs to be completely filled out
- Must include the EOB for the denied Service

CONDUENT

Request for Blanket Denial Letter

State of Montana Medicaid

Effective Date Requested ____________ Provider/NPI ____________

Member Name ____________

Medicaid ID Number ____________

Name of Insurance Company on File ____________

Procedure Codes Requested

1. ____________
2. ____________
3. ____________
4. ____________
5. ____________

Requesting Agency ____________

Fax Number ____________

Contact Person ____________

Contact Phone Number ____________

Number of Pages that Follow Request ____________

Fax all requests to 406-442-0357.

Request must include an explanation of benefits (EOB) stating the services are not covered.

Third Party Liability

TPL and Medicare are treated differently.

CONDUENT

Payments by other insurance carriers need to be reported:

CMS-1500 - Box 29 is for 3rd party payments already received

UB - 04 - Box 54 is for 3rd party payments already received

Frequently Asked Question

CONDUENT

Do claims have to be sent to the other payer if the provider knows the insurance is going to deny?

Yes, it may be appropriate to get a blanket denial to attach to your claims.

Frequently Asked Question

CONDUENT

What about those cases where Medicaid shows a TPL, but the provider cannot get any information from either the member or the other carrier?

Request assistance from the Montana Healthcare Programs TPL Unit. They will contact the insurance company to verify coverage and update the member's records as appropriate.

If you have questions…

CONDUENT

Provider Relations Contact Information

Provider Relations Call Center:

- (800) 624-3958 or (406) 442-1837
- Monday through Friday
- 8 a.m. - 5 p.m. Mountain Time

Field Representatives:

- Dan Hickey (406) 457-9553
- Jason Armstrong (406) 457-9598

© 2017 Conduent Business Services, LLC. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent Business Services, LLC in the United States and/or other countries.