Medi-Cal Retroactive Claim Submissions

This training made possible by funding from the CMSP Governing Board

Presented by Penni Wright,
EDS/Medi-Cal, Provider Training
Introduction

• Some CMSP members may become retroactively eligible for Medi-Cal
• When retroactive Medi-Cal eligibility is granted, previously-paid CMSP claims may be recouped
• CMSP recoupment process instructs providers to bill services to Medi-Cal
Objectives

• Medi-Cal recipient eligibility verification process, managed care recipients
• Completion and submission of retroactive TARs
• SOC information and clearance
• Claim completion guidelines – beyond six-month billing limit
Objectives

• Claim completion guidelines – over-one-year claims
• UB-04 claim completion tips
• Resources available to providers
Recipient Eligibility

• Recipient eligibility is determined by the County Eligibility Worker

• Benefits Identification Card (BIC)
  – 14-character ID number
  – Date of birth
  – Date of issue
Recipient Eligibility

• Access eligibility information in the POS Network using information from the BIC

• POS Network
  – Telephone AEVS 1-800-456-2387
  – POS Device
  – Medi-Cal Web site www.medi-cal.ca.gov
Recipient Eligibility

• Eligibility information accessed from the POS Network
  – Eligibility for current and/or prior 12 months
  – Share of Cost/Spend Down Amount
  – Other health coverage
  – Prepaid Health Plan (PHP) status
  – Service restrictions
Recipient Eligibility

• Eligibility verification message includes
  – Aid code(s), defining specific services, programs or limitations
  – County code, identifying county of residence, managed care counties

• CMSP counties that are also Medi-Cal managed care: Marin, Napa, Solano and Sonoma
Recipient Eligibility Resources

• Part 1 provider manual
  – *Eligibility: Recipient Identification* (elig rec)
  – *Aid Codes Master Chart* (aid codes)
  – *MCP: An Overview of Managed Care Plans* (mcp an over)
  – *MCP: County Organized Health System (COHS)* (mcp cohs)
  – *MCP: Prepaid Health Plan (PHP)* (mcp pre)
Recipient Eligibility Resources

- Web site, Recipient Eligibility eLearning Tutorial (Education & Outreach, eLearning, Recipient Eligibility)
  
  www.medi-cal.ca.gov
TAR Process

• Certain procedures require authorization
• All inpatient hospital stays require authorization
• Authorization is requested for emergency hospital admissions on the Request for Extension of Stay in Hospital, 18-1
TAR Process

• Inpatient procedures (as well as other procedures, services, equipment) are requested on the TAR (50-1)

• Elective admission for an inpatient hospital stay is initiated by the physician on the TAR (50-1)
TAR (50-1) Completion

• Refer to “tar comp” in the Part 2 provider manual

• For TAR-related inquiries, providers may contact the EDS TSC at 1-800-541-5555, select option 12
Common TAR/Claim Errors

- Incorrect/invalid Provider Number
- Incorrect/invalid patient identification number
- Illegible TARs, font size too small
- Duplicate TARs
- Diagnosis description of ICD-9 code missing
- Invalid/incorrect procedure/drug code
Common TAR/Claim Errors

• Illegible/incorrect quantity
• Procedure codes that do not require a TAR
• TAR and non-TAR services on the same claim
• Incorrect authorization periods
• TAR missing the signature/date
Adjudication Response (AR)

Providers receive an AR with:
• Status of requested services
• Information required to submit the claim
• Reason for the decision
• TAR decision from an approved or modified appeal
• TAR consultant’s request for information
Adjudication Response (AR)

**CONFIDENTIAL**

Utilization Management Division

**ADJUDICATION RESPONSE**

Provider Number: 00999219517
NPI TST CLINIC 3.1
3215 PROSPECT PARK DR
RNCHO CORDOVA, CA 95670-6017

DCN (Internal Use Only): 123456789101
Date of Action: 12/27/2007 04:47 PM

Regarding: Jane Doe
TAR Control Number: 9876543210
Patient Record #: 12345

This is to inform you that a Treatment Authorization Request has been adjudicated. If you have any questions regarding this adjudication response, please contact your local Medi-Cal Field Office. The decision(s) follow:

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Authorization does not guarantee payment. Payment is subject to Patient's eligibility. Please ensure that the Patient's eligibility is current before rendering service.

If you have received this document in error, please call the Telephone Service Center, 1-800-541-5555 in California, 1-916-636-1200 out-of-state (follow the prompts for eTAR), to notify the sender. Please destroy this document via shredder or confidential destruction.
Request for Extension of Stay in Hospital (18-1)

- Additional authorization for inpatient service
- Refer to “tar req ext” in the Part 2 provider manual
- Contact the EDS TSC 1-800-541-5555, select option 12 for TAR inquiries
- Emergency hospital admissions – must meet the definition of emergency services
18-1 Form Completion

• Field 9: Emergency Admission
18-1 Form Completion

- Field 11: Medi-Cal Identification Number
18-1 Form Completion

- Field 17: Number of days
- Field 18: Type of days
- Field 19: Retroactive request
18-1 Form Completion

- Field 22: Current diagnosis

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<th>FOR PHYSICIAN - PLEASE PROVIDE SUFFICIENT ESSENTIAL DETAIL TO PERMIT A REASONABLE EVALUATION</th>
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DESCRIBE CURRENT CONDITION REQUIRING EXTENSION, INCLUDE PERTINENT LAB AND X-RAY REPORTS WITH DATES.
Where to Submit TAR Forms

• Refer to “tar field” in the Part 2 provider manual

• Core services, such as
  – Adult Day Health Care
  – Elective hospital surgeries

• Regionalized services, such as
  – Hearing aids
  – Orthotics and prosthetics
Identification of Share of Cost (SOC)

- Medi-Cal recipients may be required to pay, or agree to pay, a monthly dollar amount toward medical expenses
- Determined by the County Social Services Department
- Based on income, SOC can change from month to month
- Refer to “share” in the Part 1 provider manual
Identification of SOC

• Providers access the Medi-Cal eligibility verification system:
  – POS device
  – Medi-Cal Web site
  – AEVS
  – State-approved vendor software
Identification of SOC

MEDICAL OFFICE
T999999
01-02-08
17:16:36

PROVIDER NUMBER:
0123456789

TRANSACTION TYPE: ELIGIBILITY INQUIRY

RECIPIENT ID:
91234567A

YEAR & MONTH OF BIRTH:
1966-12

DATE OF ISSUE:
11-01-07

DATE OF SERVICE:
01-02-08

LAST NAME: ROBERTS. MEDI-CAL RECIP HAS A $00050 SOC. REMAINING SOC $50.00.
Obligation of SOC

- Recipients may be allowed to pay at a later date or through an installment plan
- Clear obligated SOC amounts
- Obligation agreements in writing, signed by both parties
SOC Transactions

• Obligated/collection SOC is cleared in the Eligibility Verification System

• SOC transactions may be performed by providers retroactively, up to one year

• SOC transactions over one-year retroactive performed by the County Eligibility Worker
Certifying SOC

• Eligibility Verification System shows recipient paid/obligated the entire monthly SOC amount

• Claims for services prior to certification of SOC will be **denied**

• EVC/TRACE number, as well as eligibility information, service limitations, aid codes
Reversing SOC Transactions

• Enter the same information for a clearance
• Specify entry is a reversal transaction
• Once SOC is certified, reversal transactions can no longer be performed
Multiple Aid Codes

- Recipients may qualify for limited-scope Medi-Cal or programs other than Medi-Cal
- Aid codes identify additional programs or services
- May be required to pay SOC for some services and no SOC for other services
- CMSP aid codes: 84, 85, 88, 89, 8F and 50
LAST NAME: SMITH. EVC# A999999999.
CNTY CODE: 33. 1ST SPECIAL AID
CODE: 48. MEDI-CAL ELIGIBLE FOR
PREGNANCY/POSTPARTUM RELATED
MEDICAL SVCS W/NO SOC. FOR ALL
OTHER MEDI-CAL SVCS, RECIP HAS SOC
OF $00500. REMAINING SOC $500.00.
County Medical Services Program

- SOC calculated independently for CMSP and Medi-Cal
- Same income included in both calculations
- Same expense may be used to clear SOC for both CMSP and Medi-Cal
- **Two separate transactions**
- For retroactive Medi-Cal eligibility, may be necessary to submit a separate SOC transaction
SOC on the UB-04 Claim Form

- **Value Codes and Amount**, Box 39-41
- Code: “23”
- Amount: $50.00 collected entered as “5000”

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SOC on the UB-04 Claim Form

- **Estimated Amount Due**, Box 55
- Difference of **Total Charges** less SOC amount

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UB-04 Claim Completion

• Refer to Part 2 provider manual for detailed instructions:
  – “ub comp ip”
  – “ub comp op”

• Separate claims for inpatient and outpatient services

• Box 1: address including 9-digit ZIP code, without the “-”
UB-04 Claim Completion

• *Type of Bill* code, Box 4
  – Two-digit facility code
  – One-character claim frequency code

• *Condition Codes*, Boxes 18-24
  – Do not enter Delay Reason code

• Box 37A, Delay Reason Code
UB-04 Claim Completion

• *Value Codes and Amounts* (SOC), Boxes 39-41
• Outpatient claims, *Description*, Box 43, identifies service code in Box 44
• *Service Units*, Box 46, O/P units of service or I/P days of care, up to 99
• Enter “001”, line 23, Box 42 to designate total charges
UB-04 Claim Completion

- **Payer Name**, Box 54A-B, “I/P MEDI-CAL” or “O/P MEDI-CAL”
- **NPI**, Box 56, enter the correct NPI
- **Insured’s Unique ID**, Box 60A-C, enter the correct recipient ID number
- **Treatment Authorization Codes**, Box 63A-C, enter the 11-digit TAR Control Number
UB-04 Claim Completion

- *Inpatient claims*, Principal Procedure Code and Date, Box 74, enter the ICD-9-CM Volume 3 procedure code
- *Attending Physician ID*, Box 76, NPI number
- *Operating Physician ID*, Box 77, NPI number
- *Other Physician ID*, Box 78, NPI number of admitting physician for inpatient claims
UB-04 Claim Completion

• Remarks, Box 80, do not reduce font or abbreviate terminology – attachments if necessary

• Part 2 provider manual resources:
  – “ub spec ip”
  – “ub tips ip”
  – “ub spec op”
  – “ub tips op”
UB-04 Resources

• Call TSC at 1-800-541-5555
  – Option 15, then 15 again for inpatient/ outpatient claims

• Web site, Claim Form eLearning Tutorials (Education & Outreach, eLearning, UB-04 Claim Form Tutorial)
  www.medi-cal.ca.gov

• Call Blue Cross with questions about billing CMSP, 1-800-670-6133
Six Month Billing Limit

• Original Medi-Cal claims must be received by EDS within six months following the month of service
• Refer to Part 1 provider manual, “claim sub”
• Claims submitted more than six months after the month of service:
  – Valid Delay Reason Code
Delay Reason Code #1

• Proof of Medi-Cal eligibility is unknown or unavailable

• In Remarks, Box 80, enter the month, day, and year when proof of eligibility was received
  – Claims received within 60 days of the date of eligibility verification (CMSP: date of the Blue Cross notice)
  – Proof of eligibility obtained from the POS Network within 1 year of the month of service
Delay Reason Code #1

• Requires attachments (proof of eligibility) that electronic claim format may not accommodate
• Bill electronically, using ASC 12N 837 v.4010A1
• Paper attachments to electronic claims using the Attachment Control Form
• Or, submit paper claim
Delay Reason Code Placement

• Box 37A (unmarked) of the UB-04 claim form
• Delay reason code documentation
Partial Claim Reimbursement

• Claims submitted between the seventh through twelfth month *(without* a delay reason code) are reimbursed at a reduced rate
  – 7-9 months: 75% reimbursement
  – 10-12 months: 50% reimbursement
  – Beyond 12 months: Zero reimbursement
Over-One-Year Claims

• More than one year past the date of service
  – Such as retroactive Medi-Cal eligibility
  – Submitted as Medi-Cal claims for the first time
• Use delay reason code 10
• Send paper claims, with attachments
Over-One-Year Claims

• Send to:
  Over-One-Year Claims Unit
  P.O. Box 13029
  Sacramento, CA 95813-4029

• Attach *County Letter of Authorization* (LOA) form (MC-180) issued by the county welfare department with original signature
Over-One-Year Claims

• In *Remarks* (Box 80), enter the month, day, and year when proof of eligibility was received

• Submit claim within **60** days of the date eligibility was verified
County Letter of Authorization (MC 180)
Additional Resources

• Correspondence Specialist Unit
• Clarification about recurring billing issues
  – ATTN: CSU
  – P.O. Box 13029
  – Sacramento, CA 95813-4029
Additional Resources

- Regional Representatives
- One-on-one billing assistance
- Onsite visits
- Policy changes
- Call 1-800-541-5555 to speak with a TSC agent and request a Regional Representative onsite visit
Thank You!