Person-Centered Medical Home (PCMH)

Claims Submission instructions for Outpatient Hospitals

The purpose of this notification is to provide claim submission instructions for outpatient hospitals enrolled in the new PCMH initiative. This notification includes important information about outpatient claim submission and Explanation of Benefit (EOB) codes.

Claim Submission Instructions

At this time PCMH claims for hospitals must be submitted electronically through a HIPAA complaint 837I format or through Web claims submission under the provider secure site on the www.ctdssmap.com Web site. Claims cannot be submitted on paper. The new requirements listed below are needed to identify if the service provided was a qualified primary care service, rendered by a PCMH Primary Care Practitioner (PCP) and at a designated PCMH facility.

Service Facility Location

For outpatient claims submission the service facility address can be submitted in 2 possible places, under the billing provider loop 2010A or the service facility provider loop 2310E. Hospitals will be required to use the service facility location name, NPI and service facility location address on your claim submission in either location to be reimbursed the PCMH Fee Differential payment.

The following loops and segments must be filled in with the appropriate information:

LOOP ID – 2010A Billing Provider

Segment ID	Name
NM1	Billing Location Name
N3	Billing Location Address
N4	Billing Location City, State, ZIP Code

LOOP ID - 2310E Service Facility Location

Segment ID	Name
NM1	Service Facility Location Name
N3	Service Facility Location Address
N4	Service Facility Location City, State, ZIP Code

Also, the service facility address submitted on the claim must match the service address provided on the PCMH application. This address was returned in the PCMH acceptance letter and is stored in the Medicaid Management Information System (MMIS) as a service or alternative service location.

Primary Care Provider (PCP)
Hospitals must also include the performing provider or PCP that is part of the PCMH program as part of the claim submission in either the attending or rendering provider fields on the 837I format. The attending provider loop is 2310A or rendering provider loop is 2310D.

The following loops and segments must be filled in with the appropriate information:

LOOP ID – 2310A Attending Physician

Segment ID	Name
NM1	Attending Physician Name
N3	Attending Physician Address
N4	Attending Physician City, State, ZIP Code

LOOP ID – 2310D Rendering Provider

Segment ID	Name
NM1	Rendering Provider Name
N3	Rendering Provider Address
N4	Rendering Provider City, State, ZIP Code

Web Claim Submission
When a Web claim is submitted for an Outpatient Hospital that has been enrolled in the PCMH program, there is a new requirement that a service location be identified in the header of each claim. There is a "Confirm Address" box which must be checked to confirm that the address is the correct service location. The "Change" feature is available to allow providers to select another service location from the provider's alternate service location on file. The performing provider or PCP's NPI will be required to be entered in either the Attending Physician or Rendering Provider field. If the attending physician is the provider that is part of the PCMH program you do not have to enter his information in both fields.

Revenue Center Codes (RCC)/ Billed Amount used for PCMH Billing
Outpatient hospitals enrolled in the PCMH initiative must submit with RCC 510, 515 and 519. The Department of Social Services policy states that providers should always bill their Usual and Customary amount. If the billed amount is lower than the allowed amount, the payment will be cut back to the billed amount.

Explanation of Benefit (EOB) Codes

If the claim submitted meets all the PCMH criteria then the flat fee differential rate will be apply to the detailed allowed amount. The following EOB code will be applied to the claim.

EOB 9974 – Full PCMH fixed amount applied

If the claim meets the PCMH criteria but the allowed amount plus the flat fee differential rate is greater than billed charges the following EOB code will be applied to the claim.

EOB 9973 – Partial or no fixed amount applied

For questions, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.