

Welcome to
Medicare Cost Avoidance Claim
Submission Virtual Classroom Training

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Today's Agenda

- Medicare Cost Avoidance
 - Background
- Claim Submission Requirements
 - Effective Date of Compliance
 - Impact for failure to Comply
 - Claim Denials
 - Third Party Liability (TPL) Other Insurance Audit
- Claim Submission Format Requirements
 - ASC X12N 837 Health Care Claim Institutional Format
 - Web Claim Submission
 - Provider Electronic Solutions Batch Submission
 - UB-04 Paper Claim Submission Format
- Questions

Home Health Medicare Cost Avoidance

Federal Medicaid regulations require the Department of Social Services (DSS) to cost avoid (deny) claims when a client has known Third Party Liability (TPL) coverage, including Medicare that is:

- Not indicated on the claim
- Indicated on the claim as partially paid or denied without an adjustment reason code or occurrence code (code 24 for OI denial on UB-04) and corresponding date of payment or denial

Previously DSS did not require providers to indicate why a Home Health Advanced Beneficiary Notice (HHABN) was being issued to a client who did not meet specific Medicare criteria for Home Health coverage.

Claim Submission Requirements

Claims for dually eligible clients who are traditional Medicare or Medicare Managed Care (A, B or A & B benefit eligible) and title 19 eligible, must contain:

- at least one HIPAA Adjustment Reason Code (150, 151 or 152)
- date the associated HHABN or MCO Notice of Medicare Non-Coverage (NOMNC) was issued

Note: This does not include Medicare clients who are State Funded CT Home Care eligible

Home Health Agency Reasons to Issue Advanced Beneficiary Notice	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Code Description
Client determined to be not homebound; either at the start of care or after Medicare-covered services have been provided.	150	Payment adjusted because the payer deems the information submitted does not support this level of service.
Client not receiving part-time or intermittent services from start of care or following the delivery of Medicare-covered services.	150	Payment adjusted because the payer deems the information submitted does not support this level of service.
Client receiving thirty-five (35) hours per week of Medicare-covered skilled nursing and/or home health aide services combined. Medicaid being billed for additional skilled nursing and home health aide services over 35 hours/week.	151	Payment adjusted because the payer deems the information submitted does not support this many services
Nursing, therapy and/or dependent services being provided do not meet Medicare coverage requirements, e.g. nursing visits are for medication pre-pours or the home health aide is not primarily performing hands-on personal care.	150	Payment adjusted because the payer deems the information submitted does not support this level of service.
Client's continued care determined to not be Medicare-coverable. CMS required Annual HHABN issued.	152	Payment adjusted because the payer deems the information submitted does not support this length of service.

Home Health Medicare Cost Avoidance

Effective for dates of service **February 17, 2010** providers who have not yet had time to modify their billing systems to comply with the new Medicare Cost Avoidance requirements will see their claims for dually eligible clients:

- **Post Explanation of Benefit Code (EOB) 2522** “Bill Medicare First or Provide Appropriate Adjustment Reason Code and Date of HHABN or NOMNC”
- **Appear as a paid claim on the provider’s Remittance Advice (RA)** without regard to EOB 2522. *(providing the claim does not fail any other edit)*

Home Health Medicare Cost Avoidance

Effective for dates of service **April 1, 2010**
Home Health claims for dually eligible clients that do not comply with the new Medicare Cost Avoidance requirements will:

- **Post Explanation of Benefit Code (EOB) 2522**
"Bill Medicare First or Provide Appropriate Adjustment Reason Code and Date of HHABN or NOMNC"
- **Appear as a denied claim on the provider's Remittance Advice (RA)**

Claim Auditing – HHABN or NOMNC

- Monthly TPL (other insurance audit) will include:
 - Random selection of claims containing at least one of the HIPAA Adjustment Reason Codes (150, 151, 152)
 - Providers will be required to submit a copy of the original signed and dated HHABN or NOMNC associated with the selected claim

Claim Auditing cont.

- Claims with an HHABN or NOMNC with an issue date different from the signature date may be recouped.
 - When a home health agency cannot deliver a HHABN or NOMNC timely and in-person to the client or client's authorized representative the home health agency would be required to demonstrate it delivered proper notice by either telephone contact, secure fax machine, or internet e-mail.
 - Agency would be required to produce documentation to support the contact was made in a timely manner.

Electronic Claim Submission Format

Loop	Segment	Position	Description
2320	CAS	01	Claim Adjustment Group code = CO (claim header)
2320	CAS	02	Adjustment Reason Code = 150, 151, 152 (claim header)
2430	CAS	01	Claim Adjustment Group code = CO (claim detail)
2430	CAS	02	Adjustment Reason Code = 150, 151, 152 (claim detail)
2330B	DTP	03	HHABN or NOMNC issue date (claim header)
2430	DTP	03	HHABN or NOMNC issue date (claim detail)

Web Claim Submission

The screenshot shows a web claim submission interface. At the top, a table lists existing claims. Below it, a form for a new record is displayed. Red arrows and text boxes provide instructions: one points to the 'TPL' tab, another to the 'Adjustment Reason Code' field (labeled 'HIPAA Adjustment Reason Code indicating reason HHABN or NOMNC was issued.'), and a third to the 'add' button (labeled 'Click add then enter Medicare data in the TPL section of your web claim'). A fourth arrow points to the 'Paid Date' field with the label 'Date of HHABN or NOMNC'.

Carrier Code	Plan Name	Policy Number	Paid Amount	Paid Date	Relationship	Last Name	First Name	MI	Date of Birth
A	MPA	MEDICARE PART A	\$0.00	02/12/2010	Self	CAREY	BABYC		01/20/2007
060	BCTHS OF CONNECTICUT	0001112334	\$0.00	08/13/2009					

Type data below for new record.

Client Carriers: Other [v]

Carrier Code*: MPA [Search] Relationship: Self [v]

Plan Name: MEDICARE PART A Last Name: CAREY

Policy Number: First Name, MI: BABYC

Paid Amount*: \$0.00 Date of Birth: 01/20/2007

Paid Date*: 02/12/2010

Adjustment Reason Code: 151 [Search] [Search] [Search]

Adjustment Amount: \$140.00 \$0.00 \$0.00


Buttons: delete add

**HIPAA
Adjustment
Reason Code
indicating reason
HHABN or NOMNC was
issued.**

**Date of HHABN or
NOMNC**

**Click add then enter
Medicare data in the TPL
section of your web claim**

Provider Electronic Solutions

 **837 Institutional Outpatient**

Total Charge 0.00 OI Amount .00 Billed Amount .00 Services 1

Header 1 | Header 2 | Header 3 | Header 4 | **Header5** | OI | Service

Other Insurance Indicator Crossover Indicator

Delay Reason Code

Change indicator to Y to populate OI tab

Add
Copy
Delete
Undo All
Save

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
000000001	CLIENT	MARY	.00		R

Find...
Print
Close

Provider Electronic Solutions

837 Institutional Outpatient

Total Charge 150.00 OI Amount .00 Billed Amount 150.00 Services 1

Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | OI | Service

Release of Medical Data Y Benefits Assignment Y
Claim Filing Ind Code MA Adjustment Group Cd CO
Reason Codes/Amts: 1 151 150.00 2 .00
Paid Date/Amount 02/12/2010 .00 3 .00

Policy Holder
Group # Group Name Carrier Code MPA
Last Name CLIENT First Name MARY

Add OI
Copy OI
Delete OI

Srv #	Carrier Code	Group #	Group Name	Last Name
1	MPA			CLIENT

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
000000001	CLIENT	MARY	.00		R

Issue date of HHABN or NOMNC

HIPAA Adjustment Reason Code Associated with the HHABN or NOMNC

Add
Copy
Delete
Undo All
Save
Find...
Print
Close

UB-04 Paper Claim Format

3a PAT. CNTL #												4 TYPE OF BILL		
b. MED. REC. #														
5 FED. TAX NO.					6 STATEMENT COVERS PERIOD FROM					7 THROUGH				
					c					d				
										e				
ODES					29 ACDT STATE					30				
24	25	26	27	28										
										151				

151



Enter Adjustment Reason Code 150, 151 or 152 associated with the reason the HHABN or NOMNC was issued.

UB-04 Paper Claim Format cont.

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
MPA N/A 02/12/2010					

Enter the date the HHABN or NOMNC was issued for the Adjustment REason Code indicated in field 30.

Resources

- Connecticut Medical Assistance Program Web site
www.ctdssmap.com
 - All Formats
 - Institutional Other Insurance/Medicare Billing Guide
 - From the home page > Publications > Claims Processing Information > *Institutional Other Insurance/Medicare Billing Guide*
 - Electronic Claim Format
 - Implementation Guide
 - From the home page > Trading Partner Documents > EDI Documents > *Implementation Guide*
 - Web Claim Submission
 - Instructions for submitting Institutional claims
 - From your Provider Secure Web Account home page > claims > Institutional > *Instructions for submitting Institutional claims*

Resources cont.

- Connecticut Medical Assistance Program Web site www.ctdssmap.com cont.
 - Provider Electronic Solutions Billing Instructions
 - From the home page > Trading Partner > Provider Electronic Solutions Billing Instructions > Outpatient/Home Health > HP Provider Electronic Solutions Billing Instructions
 - Home Health Paper Claim (UB-04) Instructions
 - From the home page > Publications > Provider Manuals > Chapter 8 > select Home Health > view chapter 8 > Home Health Services Claim Submission Instructions

Resources cont.

- HP Provider Assistance Center (PAC):
 - Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
 - 1-800-842-8440 (in-state toll free)
 - (860) 269-2028 (local to Farmington, CT)
- EDI Help Desk
 - Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
 - 1-800-688-0503 (in-state toll free)
 - (860) 269-2026 (local to Farmington, CT)



Time for Questions