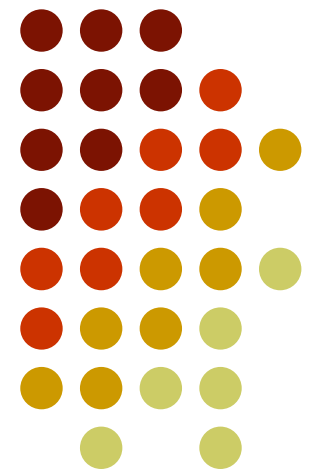


Community Care's Claims Process



General Claim Information



Claims Office at the Corporate site in **Pittsburgh**, houses the following staff:

- Provider Claim Phone Lines
- Experienced staff to work on Claim Corrections
- Experienced Claims Staff to provide One-on-One Provider Training Sessions

General Claim Information

(continued)



General Claim Inquiries:

- 1-888-251-2224 - Follow the prompts
- Direct Claim Contact for Each Contract is:
 - Allegheny – Maureen Kartychak
 - Berks – Darlene Bruce
 - Carbon-Monroe-Pike - Patti Wypych
 - Chester – Darlene Bruce
 - North Central – Eileen Sninsky
 - North East – Patti Wypych
 - York-Adams – Darlene Bruce

General Claim Information

(continued)



Our Intent:

- To pay providers for services rendered to HealthChoices members provided that the Community Care clinical and claims guidelines have been followed.

Preparation for Claims Submission



Verification of Contract

- Services / Service codes are contracted by Community Care and codes are accurately reflected on the Community Care Fee Schedule.

Verification of Member Eligibility for Date of Service billed

- Eligibility Verification System Phone #: 1-800-766-5387
- EVS Machine Purchase:
<http://www.dpw.state.pa.us/omap/provinf/billing/270vendors.asp>

Verification of Authorization/Registration for Date of Service billed

- Review of weekly authorization / registration reports

IMPORTANT DST Crossover Date



If you have been sending claims to Birmingham, Alabama, please adhere to the following guidelines:

- All outpatient DOS through 09/30/07 MUST be submitted to Birmingham
- All inpatient dates of service with admit dates prior to 10/01/07 MUST be submitted to Birmingham
- All outpatient DOS from 10/01/07 will be billed to Community Care in Pittsburgh
- All inpatient admissions from 10/01/07 will be billed to Community Care in Pittsburgh

Timely Filing Standards For Each Contract



	From Date of Service	
	Initial Claim	Claim Corrections
Allegheny	90	180
Berks	60	120
C-M-P	120	240
Chester	60	180
N Central	120	240
N East	90	180
Yk-Ad	90	180

- ALL Secondary claims must be submitted within 30 days of the date printed on the Primary EOB.



Claims Submission

Community Care accepts claim submissions through the following mechanisms:

- Electronic Claims Submission via an 837I / 837P. (Direct or via a claim's clearing house)
- Provider Online direct submit
- Paper Claims Submission

Electronic Claims Submission



Providers must be able to independently produce the following EDI file formats:

- 837 I (Institutional)
 - Inpatient, hospital based services
 - Residential Treatment Facility – JCAHO accredited
- 837 P (Professional)
 - All ambulatory levels of care
 - Non Hospital, Residential levels of care
 - Residential Treatment Facility – Non JCAHO



Paper Claims Submission

Paper Claim Forms can be submitted on:

UB-04 (previously known as UB-92)

- Inpatient, hospital based services
- Residential Treatment Facility – JCAHO accredited

CMS-1500 (previously known as HCFA-1500)

- All ambulatory levels of care
- Non Hospital, Residential levels of care
- Residential Treatment Facility – Non JCAHO

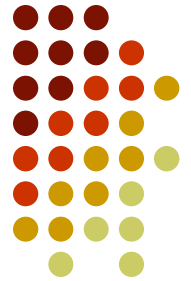
Critical Claim Elements



Critical Details on a UB-04

- Box 1 Name & Address of Physician, Clinician or Facility named on the Authorization Report for the service.
- Box 3a Provider's Invoice Number
- Box 4 Type of Bill
- Box 5 Federal Tax ID Number. It must be associated with the Vendor information on your Community Care contract.
- Box 6 Statement Covers Period - Must include FROM and THROUGH dates

Critical Claim Elements (continued)



Critical Details on a UB-04

- Box 8a Member's Last Name
- Box 8b Member's First Name
- Box 9a Member's Address - Street
- Box 9b Member's Address - City
- Box 9c Member's Address - State
- Box 9d Member's Address - ZIP
- Box 9e Member's Address - Country Code

Critical Claim Elements (continued)



Critical Details on a UB-04

- Box 10 Member's Birth Date (MMDDCCYY)
- Box 12 Admission Date (MMDDCCYY)
- Box 13 Admission Time (Military) (Inpatient Only)
- Box 14 Admission Type (Inpatient Only)
- Box 15 Source of Admission (Inpatient Only)
- Box 16 Discharge Hour (Inpatient Only)

Critical Claim Elements (continued)



Critical Details on a UB-04

- Box 17 Member Discharge Status (Inpatient Only)
- Box 42 4-Digit Revenue Code (If Authorized)
- Box 45 Service Date
- Box 46 Service Units
- Box 47 Total Charges
- Box 51 Community Care Payer ID 23282
- Box 56 NPI #
- Box 58A Insured's Name Primary

Critical Claim Elements (continued)



Critical Details on a UB-04

- Box 58B Insured's Name Secondary
- Box 58C Insured's Name Tertiary
- Box 60A Insured's Unique ID - Primary (10-Digit Medicaid Recipient ID for HealthChoices)
- Box 60B Insured's Unique ID - Secondary
- Box 60C Insured's Unique ID – Tertiary
- **Box 67A-Q Principal Diagnosis Code (ICD-9-CM, Range 290- 319 {to the 5th digit}, 799.9, 995.5 or 648.33)**
- Box 69 Admission Code
- Box 70 Patient Reason Diagnosis Code

Critical Claim Elements (continued)



Critical Details on a CMS-1500

- Box 1a 10-digit Medicaid Recipient Number
- Box 2 Member's Name (Last, First, Middle)
- Box 3 Member's Birth Date (MMDDYY)
- Box 4 Insured's Name (Last, First, Middle)
- Box 5 Member's Address
- Box 6 Member's Relationship to Insured (Self)

Critical Claim Elements (continued)



Critical Details on a CMS-1500

- Box 7 Member's Address
- Box 8 Member's Status
- Box 9 Other Insured's Name (Last, First, Middle)
- Box 9A Other Insured's Policy or Group
- Box 9B Other Insured's Date of Birth
- Box 9C Employer's Name or School Name
- Box 9D Insurance Plan Name or Program Name

Critical Claim Elements (continued)



Critical Details on a CMS-1500

- Box 11D Is there another Health Benefit plan?
(IF YES, return to and complete item
9 a-d)
- Box 12 Member's or Authorized Person's
signature (Signature on File)
- Box 21 Diagnosis or Nature of Illness, Injury
290-319 {to the 5th digit}, 799.9 or 995.5

Critical Claim Elements (continued)



Critical Details on a CMS-1500

- Box 24A Date of Service (Must include From and To dates)
- Box 24B Place of Service
- Box 24D Procedure Code - Refer to the Community Care Fee Schedule
- Box 24E Diagnosis Code Pointer
- Box 24F Total Charges billed for the service line

Critical Claim Elements (continued)



Critical Details on a CMS-1500

- Box 24G Total Days or Units billed for the line
- Box 24J Rendering Provider NPI #
- Box 25 Federal Tax ID Number
- Box 26 Patient Account Number
- Box 28 Total Charges, enter sum of column 24F
- Box 29 Amount paid by the Other Insurance

Critical Claim Elements (continued)



Critical Details on a CMS-1500

- Box 31 Name of Physician, Clinician or Facility named on the Authorization Report.
- Box 33 Provider's Vendor Name, Address, Zip Code and Telephone number.
- Box 33a NPI #

Critical for Correct Payment



- Member Number ***MUST*** be the 10-Digit Medicaid Recipient Number
- Name of the Physician, Clinician or Facility, which appears on the UB-04 or CMS-1500, ***MUST mirror*** the service and date, which appears on the 'Authorization Report'.

Initial Claims Submission - Paper



- Paper Claims Submission

Mail original claims to:

Community Care

P.O. Box 2972

Pittsburgh, PA 15230

Initial Claims Submission - EDI



- Providers have the ability to directly submit claims by sending a 837I / 837P, via 'Provider Online'. To become a direct submitter please contact Bill Simmons at (412) 454-8609.
- Providers also have the ability to submit claims using one of the following claim's clearing houses: Cirius, Emdeon/WebMD, Gateway EDI, GHonline, HBR, Per-se (HDS/NDC), or Zirmed.
 - Providers who choose this method would contract respectively with the clearing house.
 - Payer name is Community Care BHO and the payer ID # is 23282.

Initial Claims Submission - Provider Online



- Providers have the ability to submit claims via the internet using 'Provider Online'.
- Access Provider Online by using the following link: <https://online.ccbh.com/ccbhproduction>
- Before you can submit direct claims, a tutorial must be completed. The online tutorial is called the 'OnLine Claims Submission Tool'. Access the tutorial at <https://online.ccbh.com/elearning>. This tutorial is provided at no cost to providers.
- After the tutorial, an assessment is required. To obtain security access to 'Provider Online', the user must pass the assessment with a minimum score of 80%.
- Submit the results of the assessment and send an email to simmonswj@ccbh.com with the subject line of Provider Online.

Secondary Claims Submission



- Secondary Claims Submission (Third Party Liability) must be submitted via Paper Claims; UB-04 or CMS-1500.
- Do not bill Third Party Liability claims via EDI or Provider Online.
- A copy of the Primary Payer's EOB / Remittance must be submitted with the Claim Form
- Community Care reimburses only those dollars identified as 'Patient Responsibility' on the Primary Payer's EOB / Remittance. (Co-Pay, Deductible, Co-Insurance)

Secondary Claims Submission



- Do not staple the Explanation of Benefits (EOB) to the claim form
- Do not include the itemization if you are submitting an inpatient claim



Corrected Claims

- Corrected UB-04 claims can be submitted via EDI or Provider Online by entering the correct Bill Type.
- Corrected CMS-1500 claims can be submitted via the Provider Online system, by entering 'CC' in CAPITALS, directly into the "Claims Paperwork Field".
- A copy of the Community Care remit is also acceptable, as long as the correction is clearly indicated.
- Corrected claims must be submitted anytime a 'Critical' component of a claim is to be changed.
- A copy of the original claim with "***Corrected Claim***" written at the top of the form, is a must.



Corrected Claims

- Draw a line through the incorrect information and write the correct information directly on the claim form
- A copy of the original claim with “***Corrected Claim***” written on the top of the form, is a must.

Claim / Authorization Status

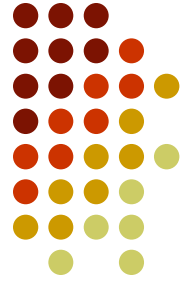


- Using 'Provider Online' provider's have the ability to check the status of claims submitted.
- 'Provider Online' can also be accessed to view authorizations.
- No assessment is required to obtain security access to view Claim / Authorization status.
- Access 'Provider Online' by using the following link:
<https://online.ccbh.com/ccbhproduction>.
- Security is required. All new users must Sign up to be provided a user id and password.

Coordination of Benefits (COB)



- **HealthChoices is the PAYOR OF LAST RESORT** – All other applicable insurance **MUST** be exhausted before Medical Assistance funds can be used to pay a claim.
- Neither provider nor member can elect to avoid the requirements of the primary carrier.
- **Providers who are not part of the primary network, should redirect the member in-network or seek an out-of-network arrangement with the primary carrier.**



COB con't

- If the Primary denied for medical necessity, the provider **MUST** follow the denial procedures of the primary carrier and exhaust all Act 68 grievance levels to obtain payment. If the denial is upheld, Community Care will conduct a retrospective clinical review prior to making an authorization determination.
- When paying secondary claims, Community Care considers the “Patient Liability” indicated on the primary’s EOB; and will pay up to the fee schedule amount.

Provider Facts



What Diagnosis / Service codes are acceptable?

- Community Care accepts ICD-9 Diagnosis codes.
- Psychiatric diagnosis range is 290-319, plus dx codes 648.33 ,799.9 or 995.5.
- Diagnosis codes must be billed to the 5th digit.
- Do not add zero's to make the 5th digit
- Do not bill V-Codes.
- Do not bill DSM Codes.
- Billable codes are listed on your Community Care Fee Schedule.
- Make sure billable codes include any applicable modifier or the service will be paid incorrectly or deny.



Provider Payment

Payment Methodology

- Community Care will generate reimbursement to the Providers on a weekly basis.
- Providers have the ability to receive payment via Electronic Funds Transfer. To receive EFT's, complete the EFT authorization form and contact your provider representative.
- Providers who bill electronically, receive an 835 file or an EFT.

Provider Payment (continued)



- A legend key is provided on the last page of the Remittance Advice.



Reminders

- Direct questions regarding Credentialing, Contracting, Fee schedules, and EFT's to your provider representative.
- Direct questions regarding Claims and Provider Online Access to 1-888-251-2224.
- Additional Training Sessions provided upon request

Unpaid Claims with DST



- The proposed termination of our contract with DST in Alabama is 12/31/07.
- *To be paid, you MUST have dates of service through to 09/30/07 finalized by **12/31/07**.*
- *Claims submitted to DST are NOT going to be converted to MC400. You need to work those accounts vigorously to ensure payment.*

Thank You...



**Community Care would like
to thank you for your attendance.
We are looking forward to working
with you in the months to come.**