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Claims From A to UB

2024 IHCP Works Annual Seminar

Presented by: Chris Bryant

Providing health coverage to Indiana families since 1994

Agenda

- Who is MDwise?
- CMS-1500 (Professional Claim)
- UB-04 (Institutional Claim)
- Claim Submission
- Claim Adjustment
- Claim Dispute
- 14-Day Readmission Dispute
- Common Denials
- Resources

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MDwise Mission and Vision

Who Are We?

MDwise is your provider-led, local, Indiana-based nonprofit health care company. Our parent organization, McLaren Health Care, is a nonprofit integrated health system that believes all Indiana families should have access to high-quality health care regardless of income.

What Is the MDwise Mission?

MDwise provides high-quality, affordable health care services and improves the well-being of our members by bringing together exceptional employees, community leaders and health care professionals.

What Is the MDwise Vision?

MDwise strives to be the most influential, trusted choice in health plans by doing what is best for the communities we serve.

MDwise Values

Trust

We trust each other and act with integrity. We are authentic, empowered to act and communicate openly with candor and caring. We make decisions for the greater good. We earn the trust of those we serve through transparency and accountability. We are dependable – a promise made is a promise kept.

Innovation

We continuously improve to be easier to do business with. We challenge the status quo, generate ideas, collaborate, value diversity and demonstrate agility. We are courageous, learn from experience and adjust quickly.

Excellence

We make sound decisions and deliver quality programs with precision. We are subject matter experts and perform at our full potential by working as a team.

Stewardship

We are mission-driven. We are entrusted as stewards of a company that serves members, associates, customers, business partners and our community. We care deeply about each other and all stakeholders. We are privileged to take care of our members and treat every dollar as if it were our own. We are efficient, set priorities and ensure our processes add value to enhance the member experience.

Leadership

We are industry thought leaders and advocates. We take initiative, are accountable for results and empower those around us to be their best. We roll up our sleeves and dig in to help. We lead by example.

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CMS-1500 Claim Form
(Professional Claim)

Who Can Bill on a CMS-1500 Form?

The following provider types can submit claims via Paper *CMS-1500* or Electronically - 837P (HIPAA-compliant professional):

- Clinics
- Physician – Doctor of medicine (MD), Doctor of osteopathy (DO)
- Physician assistant
- Podiatrist
- Advanced practice registered nurse (APRN)
- Optometrist
- Durable medical equipment (DME) and home medical equipment (HME)

Services Billed on CMS-1500 Claim Form

IHCP Claim Submission and Processing Module

- Services that can billed on the *CMS-1500* claim form
- 837P electronic transaction information

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CMS-1500 Billing Requirements

The following must be included in all claims:

- Member name as listed on their Medicaid Card
- Tax Identification Number (TIN) – (Field 25)
- Rendering NPI – (Field 24j)
- Billing Provider Info Field — (Field 33)
  - Rendering Address – (No P.O. Box in this field)
    - Must match the service location address currently on file with IHCP where the service was rendered
  - Billing Provider NPI Number – (Field 33a)
  - Taxonomy Code – (Field 33b)
    - Include qualifier ZZ or PXC before taxonomy code

Note: Providers must be enrolled with Indiana Medicaid by going to IHCP Provider Enrollment

UB-04 Claim Form
(Institutional Claim)

Who Can Bill on a UB-04 Form?

The following provider types can submit claims via Paper on a UB-04 or Electronically via 837I (HIPAA-compliant institutional):

- Hospital
- Ambulatory Surgical Center (ASC)
- Home Health Agency (HHA)
- Hospice
- Outpatient: Physical/Occupational/Speech Therapy (PT/OT/SP)
- Rehabilitation Facility
- End-Stage Renal Disease (ESRD) Clinic
- Skilled Nursing Facilities (SNF)

Services Billed on UB-04 Claim Form

IHCP Claim Submission and Processing Module

- Services that can billed on the UB-04 claim form
- 837I electronic transaction information

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UB-04 Billing Requirements

The following must be included in all claims:

- Billing Provider Name and Address number includes service location address and expanded zip plus 4 – (Field 1)
- Tax Identification Number (TIN) – (Field 5)
- Taxonomy Code – (Field 81ccA)
- Attending Provider Name – (Field 76)
- Rendering NPI – (Field 56)

Note: Providers must be enrolled with Indiana Medicaid by going to IHCP Provider Enrollment

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Claim Submission

Where to Submit Claims

Electronic Claims

Hoosier Healthwise EDI/Payer ID: 3519M

Healthy Indiana Plan EDI/Payer ID: 3135M

Paper Claims

MDwise/McLaren Health Plans

P.O. Box 1575

Flint, MI 48501

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Submit Claims Electronically When Able

- **Top reasons you should file electronic claims:**
  - Expedites processing turnaround and potential payment timeframes
  - Reduces operation costs (no printing or postage costs)
  - Increases accuracy of data and efficient information delivery

- **Tips to avoid denials on paper claims:**
  - MDwise does not accept handwritten claims
  - Do not use liquid correction fluid, highlighters, stickers, labels or rubber stamps
  - Ensure printing is aligned correctly so that all data is contained within the corresponding boxes on the form

MDwise Claims Turnaround Timeline

Processing time from date of receipt:

- 21 calendar days for electronic clean claims
- 30 calendar days for paper clean claims

Claim Timelines

Claim Submission Type	Submission Deadline (calendar days)
MDwise Contracted Providers	90 days from the date of service
Non-Contracted Providers	180 days from the date of service
Secondary Claims	90 days from the date of the primary EOB
Claim Adjustments	60 days from the date of EOB
Claim Dispute	90 days from the date of EOB
Newborn Claims	365 days from the date of service within the first 30 days of life

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Claims with Coordination of Benefits (COB)

If the member has other primary insurance coverage:

- Attachments are not excepted via Electronic submission; you must embed the primary insurance payment at the line level for each claim.
- Submit detail primary Explanation of Payment (EOP) with Claim Adjustment Request Form for data entry.

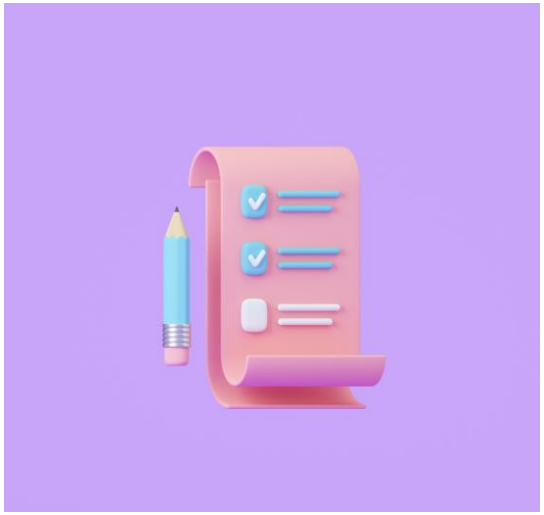
If the member no longer has primary insurance coverage:

- Submit Claim Adjustment Request Form with proof of other insurance being termed for COB update and claim reprocess.

What Are You Sending?

What Is a Clean Claim?

- Is a claim with "no errors"
- Passes all electronic one-to-one matches with your clearinghouse
- Adjudicates on first submission



Claim Adjustment Form

Claim Adjustment Form Overview

- **What is a Claim Adjustment Form?**
  - If a provider disagrees with the reimbursement or processing of a claim, they can submit a request for review before doing a formal dispute
- **Common reasons to file a Claim Adjustment form:**
  - If you feel your claim has been denied or paid in error and want your claim reconsidered
  - If the claim paid at an inappropriate rate
  - To submit attachments missing from original claim submission
- **Time frame to file a Claim Adjustment form?**
  - Claim adjustment forms must be received within 60 calendar days of the most recent MDwise Explanation of Benefits (EOB)

➢ **MDwise | Provider Forms: Claim Adjustment Form**

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Where To Submit a Claim Adjustment Form

The completed Provider Claim Adjustment Form, a copy of the original claim, along with supporting documentation should be sent to one of the following:

- MDwiseClaims@mdwise.org
- Fax request: (463) 426-5854

Note:

1. For questions on the claim adjustment process and status, call MDwise PCSU at (833) 654-9192.
2. Please add the required attachments when submitting a Claim Adjustment Request Form.

Claim Dispute

Claim Dispute Overview

- **What is a Dispute?**
  - If a provider disagrees with the way the claim was processed
- **Common reason to file a Dispute:**
  - Authorization Discrepancies
  - Coordination of Benefit Discrepancies
  - Timely Filing Denials
  - Eligibility Discrepancies
  - Coding Review
  - Anything that a Claim Adjustment Form did not resolve

- **Time frame to file a Dispute?**
  - Claim disputes must be received within **90 calendar days** of the most recent MDwise Explanation of Benefits (EOB)
  - Claims disputes will be reviewed and replied to within 30 calendar days when submitted via email cdticket@mdwise.org or mailed

➢ **MDwise | Provider Forms: Dispute Form**

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Where To Submit a Claims Dispute

- **Where to submit a completed Claims Dispute Form:**
  - Send via email to cdticket@mdwise.org
  - A return email will be issued with a tracking ticket number
  - If email is unavailable, mail to:

    MDwise
    P.O. Box 441423
    Indianapolis, IN 46244-1423
    ATTN: MDwise Dispute Team

- **When submitting a dispute, providers should include:**
  - Explanation of payment (EOP)
  - Completed dispute form
  - An explanation of the reason for disputing the claim

14-Day Readmission Dispute

14-Day Readmissions

- Inpatient readmission claims that are within 14 calendar days of a previous discharge will be denied.

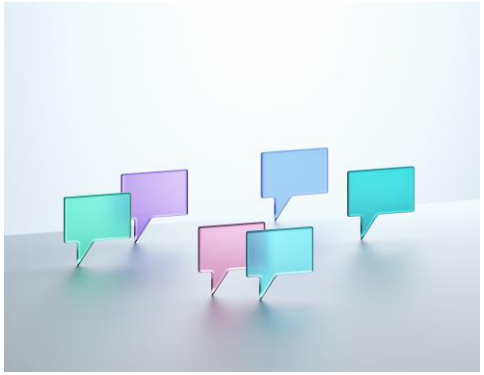
- Providers that receive a readmission denial and wish to file a dispute must complete a Readmission Dispute Form **within 90 calendar days of a claim's determination.**

- A description of the disputed readmission claim should be included on the form, including but not limited to:
  - Medical reason for a **second** claim being considered
  - Dates of service, claim numbers and medical records for **BOTH** admissions

Where To Submit a Readmission Dispute Form

- Submit the completed Readmission Dispute Form via email to Readmissions@mdwise.org.
- A return email will be issued with a tracking ticket number.
- If email is unavailable, mail to:

  MDwise/McLaren Claims
  P.O. Box 441423
  Indianapolis, IN 46244-1423
  ATTN: Readmission Disputes



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Common Denials

Claim Denials for 2024

- **Top 5 Common Denials:**

1. Timely Filing
2. No authorization or exceeds authorization
3. Not a covered service
4. Service is not reimbursable for the provider type billed
5. Incorrect billing

Additional Common Denials

- **Common denials not listed in the top 5:**
  - Member not eligible for services
  - Billed to wrong MCE
  - Manufacture Suggested Retail Price (MSRP)/Cost Invoice
  - COB missing or invalid
  - Revenue/CPT linkage on UB-04
  - Present-on-Admission (POA) – Indicators missing or invalid for ICD-10 diagnosis codes

Tips

6 Tips for Reducing Claims Rejections and Denials:

- Submit the Claim on Time
- Collect Accurate and Complete Patient Information
- Verify Referrals, Authorizations and Medical Necessity Determinations
- Ensure Accurate Coding
- Verify Insurance and Eligibility
- Know Your Payers – And Their Rules

Denials vs. Rejected Claims

- **What is a Denied Claim?**
  - Claim that has been adjudicated by the payor and will include an EOP with a denial code and description

- **What is a Rejected Claim?**
  - Rejected claims are returned to the provider or EDI vendor without registering in the claim processing system
  - Provider must resubmit the claim within the timely filing limit
  - Rejected claims do not extend the timely filing limit
  - Rejected claims cannot be reprocessed, corrected, disputed or appealed

Resources

MDwise Pharmacy Claims Billing

- **Pharmacy Claims should be submitted to MedImpact:**

  Pharmacy Resources

  Electronic claims

  BIN – 003585

  PCN – ASPROD I

  RX GROUP – MDW

- **MedImpact Customer Service for HHW and HIP prescribers, members and pharmacies:**
  - (844) 336-2677
  - 24 hours, 7 days per week

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Links and Resources

- **MDwise Website**
- **MDwise Prior Authorization**
- **MDwise Provider Manual**
- **Claims Page**
- **Claim Forms**
  - Claim Adjustment Request Form
  - Claim Dispute Form
  - Provider Refund Remittance Form
  - Vision Eligibility Request Form

- **Claim Inquiries**
  - Providers can use myMDwise provider portal to view the status of claims quickly.
- **MDwise Claims: Provider Customer Service Unit:** (833) 654-9192
- **MDwise Customer Service:** (800) 356-1204
- **MDwise Contact Information**
  - Quick Contact Guide
  - Provider Relations Territory Map

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IHCP links

- **IndianaMedicaid.com** Indiana Medicaid: Home
  - IHCP Code Sets
  - IHCP Modules
  - IHCP Bulletins
  - IHCP Fee Schedules

MDwise Provider Relations Team

Region 1

Danyelle Pittman
dpittman@mdwise.org
317-719-5377
Beacon, UChicago

Region 2

Amy Kerr
akerr@mdwise.org
317-741-4352
Parkview

Region 3

Lauryn Swift
lgooch@mdwise.org
317-460-3419
IU Health, Union

Region 4

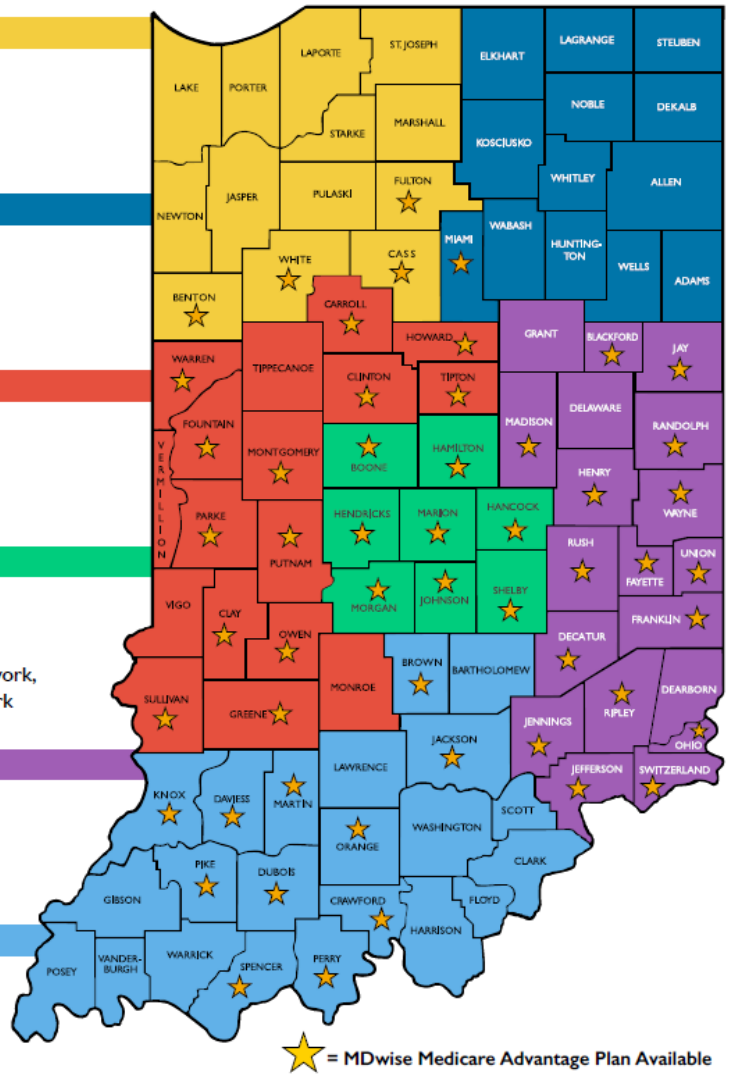
Taylor Fomby
tfomby@mdwise.org
317-879-6956
Community Health Network,
American Health Network

Region 5

Tori Warren
twarren@mdwise.org
317-879-6943
University of Cincinnati

Region 6

Chris Bryant
cbryant@mdwise.org
317-517-4776
Norton
University of Louisville



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MDwise Provider Relations Team (cont)

PROVIDER GROUP REPRESENTATIVES

Tonya Trout ttrout@mdwise.org 317-766-0505	**Provider Groups** Ascension St.Vincent Franciscan Alliance Home Health and Hospice Skilled Nursing Facilities (SNFs)
LaToya Robertson lrobertson@mdwise.org 317-552-8420	**Provider Groups** Federally Qualified Health Centers (FQHCs) Rural Health Center (RHCs) Community Mental Health Centers (CMHCs) Eskenazi Health
LeAnne Ramsey lramsey@mdwise.org 317-460-4697	**Provider Groups** DME and HME Laboratory Services Dialysis Clinics ABA Providers Out of State Providers

PROVIDER RELATIONS LEADERSHIP

Amanda Deaton Provider Relations Supervisor adeaton@mdwise.org 317-914-5953	**Josh Burger** Director of Provider Relations jburger@mdwise.org 317-460-4510

QUESTIONS?

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