



Case Study – Secondary Medicare Claims

Staying in Compliance Without Upgrading Your Practice Management System



Challenge 1

Medicare requires that secondary claims be sent electronically but many practice management systems can only produce a print image.

Challenge 2

Clients were having problems submitting secondary claims via the HCFA 1500 format because it did not provide enough informational fields for all the required secondary payer data that Medicare needed to process the claims.

Solution

ECP provided a solution for our clients so they did not have to upgrade their practice management systems to stay in compliance with Medicare. Upgrading their practice managements systems would have easily cost our clients thousands of dollars and a certain loss to their efficiency while the new systems were brought online and normal learning curves met as employees learn new systems.

Claim Level Adjustments

ECP's solution was to create a "Claims Correction" website accessible for ECP clients. The website allows our clients to access their primary claim and convert the primary insurance payer to the secondary insurance payer. The website is laid out in HCFA 1500 form view which is the most widely known/familiar format in the industry. The "current" and "other" payer fields are swapped at the press of a button. In order to gather secondary information not designated on a HCFA 1500 form, ECP added secondary payer information fields throughout the website. For instance, there are several information fields that have been added for secondary claim level information in box 19.

Service line level adjustments

If more than one adjustment needs to be made based on explanation of benefits or remittance advice received from the payer, our solution provides enough space for that extra information to be added.

Confirmation

Once the claim is confirmed within our "Claims Correction" website, the claim is sent to the payer for payment without any other steps, making the process as easy as possible given the challenges involved.

Result

Customers have been successfully sending and receiving payments for Medicare secondary claims using this solution since 2007.

Beta Test

Crossroads Rehab Services agreed to beta test this "Claims Correction" solution. After proof that the solution worked and could provide that same outstanding service that ECP customers have come to expect, the solution was released it all our clients.

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Converting an Existing Claim

Example: After opening a claim, there are several fields on the HCFA form that need to be adjusted for a secondary claim. Look at the top of the form for the “Convert To Secondary” button. Use this button to swap the insurance (primary) and other insurance (secondary) information on the form. The form will highlight the affected fields. Please review all of these fields to verify the accuracy of the swapped information, and make changes if necessary.

BEFORE

AFTER

For box 7 - Insured's Address..., the convert button will blank this out by default, but will add another button to restore it. Click on the “Use Ins Addr.” Button in box 7 to restore the insured address.

The “Convert to Secondary” button only moves data; it does not mark the claim as secondary or do anything except what is visible on the screen. To mark a claim as secondary, new primary payer will need to be added (see next page).



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Adding Primary Payment Information

Undo Secondary

1. Carrier Information
ECP Payer Code

Carrier Name
BLUE SHIELD TX
Address

City, ST Zip

2. Patient's Name Last, First, MI
SMITH BOB A

3. Patient's Birth Date Sex
01011950 Male Female

4. Insured's Name Last, First, MI
SMITH BOB A

5. Patient's Address No. Street
123 N MAIN ST
City, State
PLANO TX
Zip Code Telephone (Including Area Code)
75074

6. Patient Relationship To Insured
Self Spouse Child Other

7. Insured's Address No., Street
123 N MAIN ST
City, State
PLANO TX
Zip Code Telephone (Including Area Code)
75074

8. Patient Status
Single Married Other

9. Other Insured's Name (Last, First, MI)
SMITH JANE B

10. Is Patient's Condition Related To:

a. Employment? (Current or Previous)
Yes No

b. Auto Accident? Place (State)
Yes No State

c. Other Accident?
Yes No

10d. Reserved for Local Use

11. Insured's Policy Group or FECA Number

a. Insured's DOB Sex
01011950 M F

b. Employer's Name or School Name
BLUE SHIELD TX

c. Insurance Plan or Program Name

d. Is There Another Health Benefit Plan?
Y N (If yes, return and complete item 9)

12. Patient's or Authorized Person's Signature
Signed Date

13. Insured's or Authorized Person's Signature
Signed

14. Date of Current
01032006 Illness, Injury, LMP

15. If Patient Has Had Similar Illness
01032006

16. Dates Patient Unable to Work
From: Thru:

17. Name of Referring Physician (Last, First MI)
DOE JOHN

17a. ID Number of Referring Physician
NPI
1234567890

18. Hospitalization Dates
From: Thru:

19. Reserved for Local Use - Claim Level Secondary Info

Amt Allowed	Amt Paid	Date Adjud (MMDDYYYY)	OTAF Amt	For Medicaid Only
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	APR <input type="text"/> APP <input type="text"/>

Notes (NTE)

Insurance Type Code

20. Outside Lab? Charges
Yes No

21. Diagnosis Codes
1. 1234 3. 5. 7.
2. 4. 6. 8.

19a. Date Last Seen

22. Medicaid Resubmission Code

Replacement Claim
Original Ref No.

23. Prior Authorization Number

A	B	C	D	E	F	G	H	I	J
24. Date(s) Of Service	POS	TOS	CPT/HCPCS	Diag Code	Charges	Units	EPSDT	ID QUAL	Rendering Prov #
01042008	101042008	11	99213 25	1	125.00	1			

Amt Allowed	Amt Paid	OTAF Amt	Date Adjud	Adj Group	Adj Code	Amt Adjud	Adj Group 2	Adj Code 2	Amt Adjud 2
<input type="text"/>									

1a Insured ID Number
YLD89865944

The arrow on the left points to box 19 where several additional fields have been added for secondary claim level information. The arrow on the right points to the first line's adjustment fields. If the adjustment fields for a line are not visible, click on the "add" button to display the adjustments below. The "add" button will then convert to an "undo" button. If you choose to undo the line level adjustments, simply click on this button, and the data and fields will be removed.

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