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 management 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.
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).
Adding Primary Payment Information

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.
A Closer Look

1. Claim level secondary information (Box 19).

   The amounts entered in box 19 will need to match the sum of the line level amounts.

   a. Allowed Amount
   b. Amount Paid
   c. Date Adjudicated (date paid or denied)
   d. Insurance Type Code (Medicare only)

<table>
<thead>
<tr>
<th>Amt Allowed</th>
<th>Amt Paid</th>
<th>Date Adjud</th>
<th>OTAF Amt</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>b</td>
<td>c</td>
<td></td>
</tr>
</tbody>
</table>

   Notes (NTE)

2. Line level secondary information (Box 24)

   a. Allowed Amount
   b. Amount Paid
   c. Date Adjudicated (date paid or denied)

   The claim must be “balanced” meaning the sum of the adjustment amount plus the primary payer paid amount must equal the total charge of the claim

3. Then Adjustments (Box 24)

   One or more adjustment amounts may also be needed. Add this by selecting an adjustment group from the “Adj Group” drop down menu, then select an adjustment code from the “Adj Code” menu. Type the adjustment amount in the “Amt Adjud” box. All three fields (Adj Group, Adj Code, and Amt Adjud) must be complete for the adjustment to be valid.

Once changes are completed, the new claim can be submitted.