

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.

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BEFORE



AFTER

7. Insured's Address No., Street Use Ins Addr

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

1. Carrier Information Undo S	Secondary					
Carrier Name BLUE SHIELD TX		1a Insured ID Number				
- Address		YLD89865944				
City, ST Zip						
2. Patient's Name Last, First, MI	3. Patient's Birth Date Sex	4. Insured's Name Last, First, MI				
SMITH BOB A	01011950 Male 📀 Female 🔿	SMITH BOB A				
5. Patient's Address No. Street 123 N MAIN ST	6. Patient Relationship To Insured Self Self Spouse Child Cother C	7. Insured's Address No., Street 123 N MAIN ST				
City, State	8. Patient Status	City, State				
Zip Code Telephone (Including Area Code)		Zip Code _ Telephone (Including Area Code)				
	Employed O FT Statt O PT Statt O					
S. Omer Insured's Name (Last, Hrst, MI)	10. IS Patient's Condition Related Io:	The insured's Policy Group of FECA Number				
a. Other Insured's Policy or Group Number 434251442A	a. Employment? (Current or Previous) Yes 🔿 No 💿	а. Insured's DOB Sex 01011950 м 👁 ғ 🔿				
b. Other Insured's DOB Sex	b. Auto Accident? _Place (State)	b. Employer's Name or School Name				
	Yes No State	BLUE SHIELD TX				
	Yes O No O					
d. Insurance Plan Name or Program Name	10d. Reserved for Local Use	 d. Is There Another Health Benefit Plan? Y ● N ○ (If yes, return and complete item 9) 				
12. Patient's or Authorized Person's Signature		13. Insured's or Authorized Person's Signature				
Signed SIGNATURE ON FILE Date	15. If Patient Has Had Similar Illness	16. Dates Patient Unable to Work				
01032006 Illness, Injury, LMP	01032006	From: Thru:				
17. Name of Referring Physician (Last, First MI)	17a. ID Number of Referring Physician	18. Hospitalization Dates				
DOE JOHN	NPI 1234567890	From: Thru:				
19. Reserved for Local Use - Claim Level Secondary Info						
Amt Allowed Amt Paid (MMDDYYYY) OTAF Amt	For Medicaid Only	20. Outside Lab? Charges				
Notes (NTE)	Insurance Type Code	Yes 🔿 No 🔿				
		22. Medicaid Resubmission Code				
21. Diagnosis Codes 1. 1234 3. 5. 7.	19a. Date Last Seen	Replacement Claim				
		Original Ref No.				
2. 4. 6. 8.		23. Prior Authorization Number				
A B C D	E F G					
24. Date(s) Of Service POS TOS CPT/HCPCS	Diag Code Charges Units	EPSDT ID QUAL Rendering Prov #				
01042008 101042008 11 999213 25	1 125.00 1	Undo				
AmtAllowed AmtPaid OTAFAmt Date Adjud Adj Group Adj Code	AmtAdjud 🛛 Adj Group 2 Adj Code 2 AmtAdjud 2 🖌 🖌	NPI				

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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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.

Amt Allowed Amt Paid Date Adjud OTAF Amt For Medicaid Only Amt Allowed Amt Paid Date Adjud OTAF Amt For Medicaid Only A D C APR I APP I	for Local Use - Claim Level Secondary Info	
a b c APR i APP i	Amt Paid Date Adjud OTAF Amt For Medicaid	
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Notes (NTE) Insurance Type Code	Insurance Ty	
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- a. Allowed Amount
- b. Amount Paid
- c. Date Adjudicated (date paid or denied)
- d. Insurance Type Code (Medicare only)
- 2. Line level secondary information (Box 24)

AmtAllowed	AmtPaid	OTAF Amt	Date Adjud	Adj Group	Adj Code	AmtAdjud	Adj Group 2	Adj Code 2	AmtAdjud 2
a	b		C						

- 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)

01162009	01162009	11		99213			1		72.00	0001	NPI	Undo
AmtAllowed	AmtPaid	OTAF Amt	Date Adjud	Adj Group	Adj Code	AmtAdjud	Adj Group 2	Adj Code	2 AmtAdjud 2			
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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.