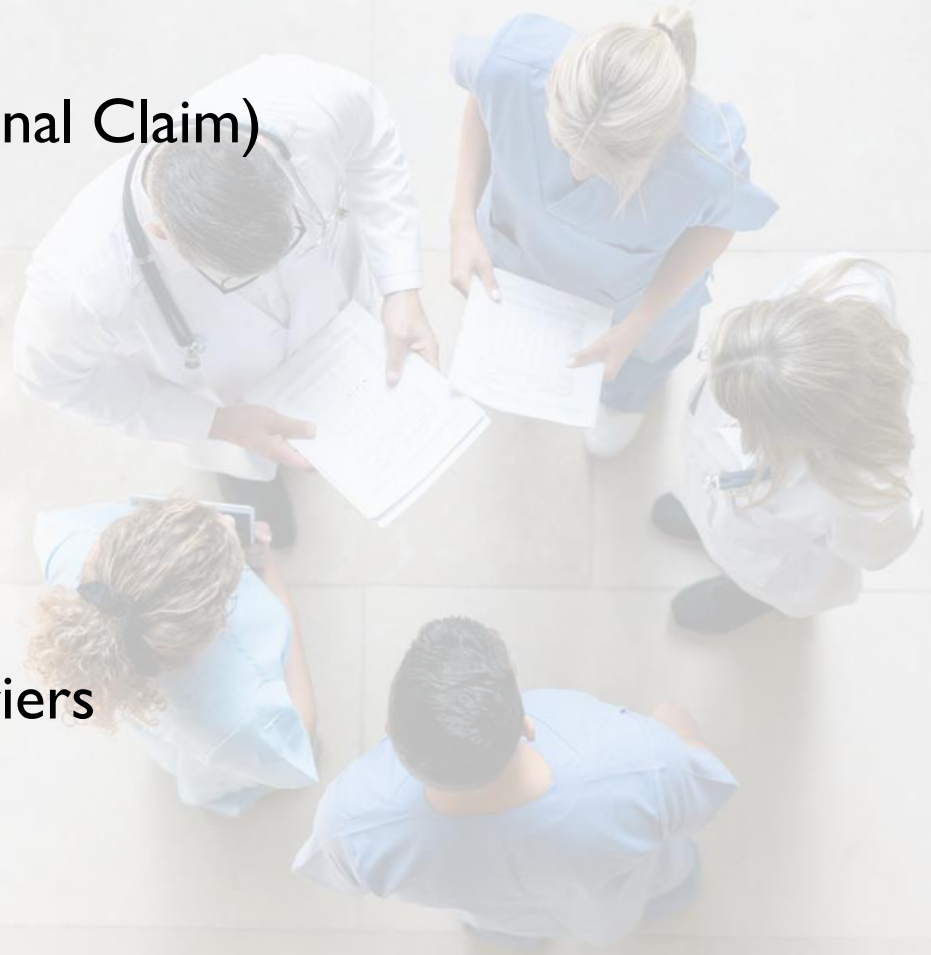
2022 IHCP Works Seminar
UB-04 Claims

Presented By: Tonya Trout

Providing health coverage to Indiana families since 1994

Agenda

- About MDwise
- UB-04 Claim Form (Institutional Claim)
- Claims Submission
- Claim Adjustments
- Claim Disputes
- Readmission Disputes
- UB-04 Claims: Common Barriers
- Resources & Contacts
- Questions



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About MDwise

Our Mission

To enhance client satisfaction and lower total health care costs by improving the health status of members through the most efficient provision of quality health care services.

- MDwise is local and Indiana's only non-profit, provider-sponsored health plan
- Owned by McLaren Health Care Corporation, a provider-owned, not-for-profit integrated health system with multi-state experience committed to better serving Hoosier families
- MDwise administers Medicaid and Medicare programs throughout Indiana to ensure all families receive high-quality and affordable health care
- MDwise has a large network of doctors, specialists and hospitals throughout Indiana

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UB-04 Claim Form (Institutional Claim)

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Who Can Bill on a UB-04 Form?

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

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

Services Billed on UB-04 Claim Form

Services that can billed on the UB-04 claim form, or the 837I electronic transaction can be found on the IHCP Claim Submission and Processing Module.

UB-04 Billing Requirements

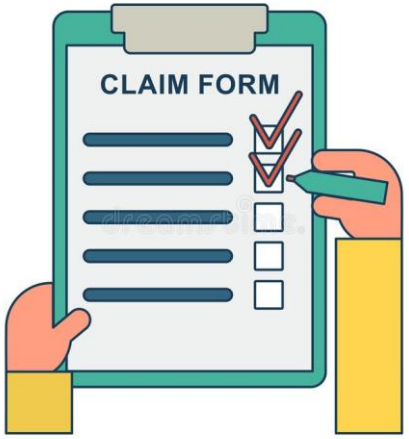
The following must be included on all claims:

- Billing National Provider Identifier (NPI) number
- Service Location Address
- Tax Identification Number (TIN)
- Taxonomy Code
- Rendering Provider Name
- Rendering NPI
- Rendering Address

Note: Providers must be enrolled with Indiana Medicaid at https://www.in.gov/medicaid/providers/provider-enrollment/

UB-04 Billing Requirements

- Field 1: Billing provider service location name, address and expanded ZIP Code+4.
- Field 56: 10-digit NPI for the billing provider.
- Field 81ccA: Billing taxonomy



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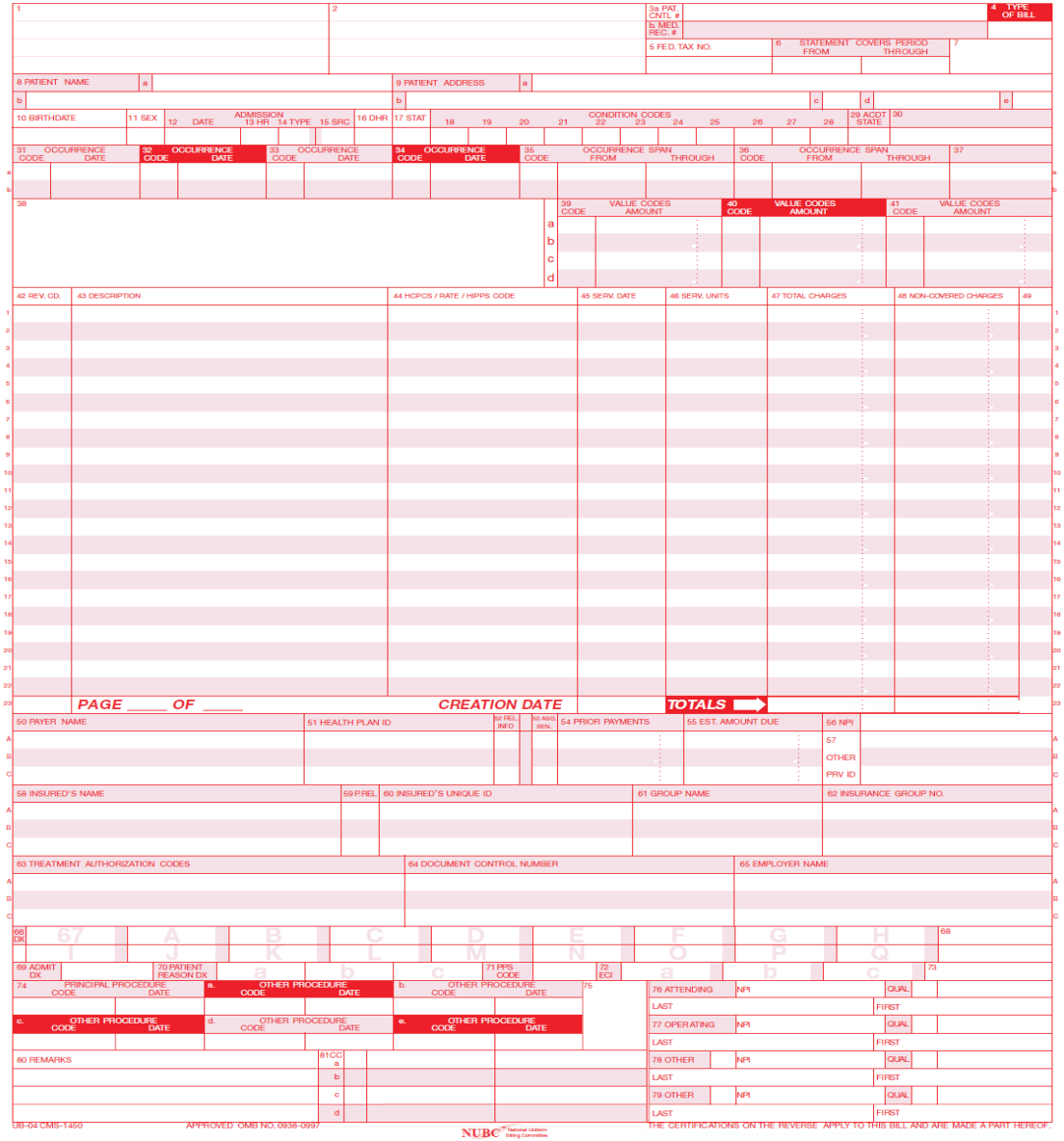
UB-04 Claim Form



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Tips for Preparing UB-04 Claim Form

- Ensure that all data is entered correctly and accurately in the correct fields.
- Enter insurance information including the patient's name exactly as it appears on the insurance card.
- MDwise requires Primary Coordination of Benefits (COB) on the line level.
- Use only the physical address for the service facility location field.

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Claims Submission

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MDwise Initial Claims Submission

Submitted via Paper and Electronically

Medical and Behavioral Health

Paper claims

MDwise/McLaren Health Plans
P.O. Box 1575
Flint, MI 48501

Electronic claims

Hoosier Healthwise EDI/Payer ID: 3519M
Healthy Indiana Plan EDI/Payer ID: 3135M

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Benefits of Electronic Claims Submission

- Expedites processing turnaround and potential payment timeframes
- Reduces operation costs (no printing or postage costs)
- Increases accuracy of data and efficient information delivery
- Reduces claim delays because errors can be corrected and resubmitted electronically
- Allows for tracking and monitoring claim progress on myMDwise provider portal
- Fastest way for clean claims to be considered for reimbursement

Note: If you experience issues submitting claims electronically, please contact your clearinghouse first.

Paper Claims Submission Tips

- Submission must be done using the most current form version as designated by CMS
- MDwise does not accept handwritten claims
- Use only original claim forms (red and white)
- Do not use liquid correction fluid, highlighters, stickers, labels or rubber stamps.

Note: Ensure printing is aligned correctly so that all data is contained within the corresponding boxes on the form.

Claims with Coordination of Benefits (COB)

If member has primary coverage:

- Submit detail primary Explanation of Payment (EOP) with Claim Adjustment Request Form for data entry.

If member does not have primary coverage:

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

Claim Submission Timelines

Type	Days Allowed
Contracted	90 calendar days from the date of service
Secondary	90 calendar days from the date of the primary explanation of payment (EOP)
Corrected	90 calendar days from the date of the EOP
Newborn	365 days from the date of service within the first 30 days of life
Non-Contracted	180 calendar days from the date of service

MDwise Claims Turnaround Timeline

Processing time:

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

Note: Please allow claims to be processed during the timeline above prior to resubmitting.

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Claims Adjustments

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When to Submit a Claim Adjustment Request

- After contacting our Provider Customer Service Unit (PCSU) at 1-833-654-9192 without a resolution
- 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

Note: Claims Adjustment Request Form should be submitted before the Claim Dispute process

Provider Claim Adjustment Request Form

Provider Claim Adjustment Request Form Directions

When To Use the Provider Claim Adjustment Form

A provider may submit a Provider Claim Adjustment Form if you believe a claim has been adjudicated incorrectly or a service denied inappropriately.

Claim Adjustment Process	Time Frames
Within 90 calendar days from the date of the MDwise explanation of payment (EOP) provider should complete the Claim Adjustment Form and attach a copy of the corrected claim, and/or any supporting documentation for the adjustment. **Send to:** Email: MDwiseClaims@mclaren.org Fax: 833-540-8649	Claim Adjustment Form must be received within 90 calendar days of the most recent MDwise explanation of payment (EOP).

Process Clarification

The Claims Adjustment process is not available to a provider if the Dispute Process has been used and the provider was not satisfied with the outcome.

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Provider Claim Adjustment Request Form

MDwise Provider Claim Adjustment Request Form

WHEN TO USE THIS FORM:

A **Claim Adjustment** is a request for payment reconsideration for a paid or denied claim. Any claim for which an Explanation of Payment (EOP) was issued that was paid inappropriately, or was denied, can be resubmitted on a paper claim (not EDI) with supporting documentation as an adjustment.

Claim Adjustment Request Time Frame - All claim adjustment inquiries and requests must be made to MDwise within 90 calendar days of the most current MDwise EOP. Any inquiry or request made after 90 calendar days will not be given consideration. The acknowledgement of receipt date will only be considered when a completed request form and supporting documentation is received by MDwise.

COMPLETE THE FOLLOWING REQUIRED INFORMATION:

Member Name: _____ MID #: _____

MDwise Claim #: _____ DOS: _____ (dates of service 1/1/19 and AFTER)

Provider Name: _____ Tax ID#: _____

Office Contact: _____ Rendering NPI #: _____

Date *Provider Claim Adjustment Form* Submitted: _____ Phone #: _____

Email: _____ Fax #: _____

Reason for Request (please check appropriate box & provide description below):

For a correction to a previously submitted claim:

- ☐ Date of Service
- ☐ Diagnosis Code
- ☐ Modifier
- ☐ Place of Service
- ☐ Procedure Code
- ☐ Provider/Tax ID
- ☐ Other: _____

For reconsideration: (supporting documentation required)

- ☐ Service denied for lack of authorization (attach copy of authorization information or number)
- ☐ Service denied as other insurance primary (COB) (attach copy of primary EOB)
- ☐ Service denied as a duplicate (attach documentation)

Send this completed Provider Claim Adjustment Request Form along with a copy of the claim form and/or any supporting documentation to:

Email: MDwiseClaims@mclaren.org
Fax: 833-540-8649

For questions regarding the Provider Claims Adjustment Process, call Customer Service at 833-654-9192.

G-3245 Beecher Road • Flint, Michigan • 48532 | Phone: 888-327-0671 | Fax: 877-502-1567 | McLarenHealthPlan.org

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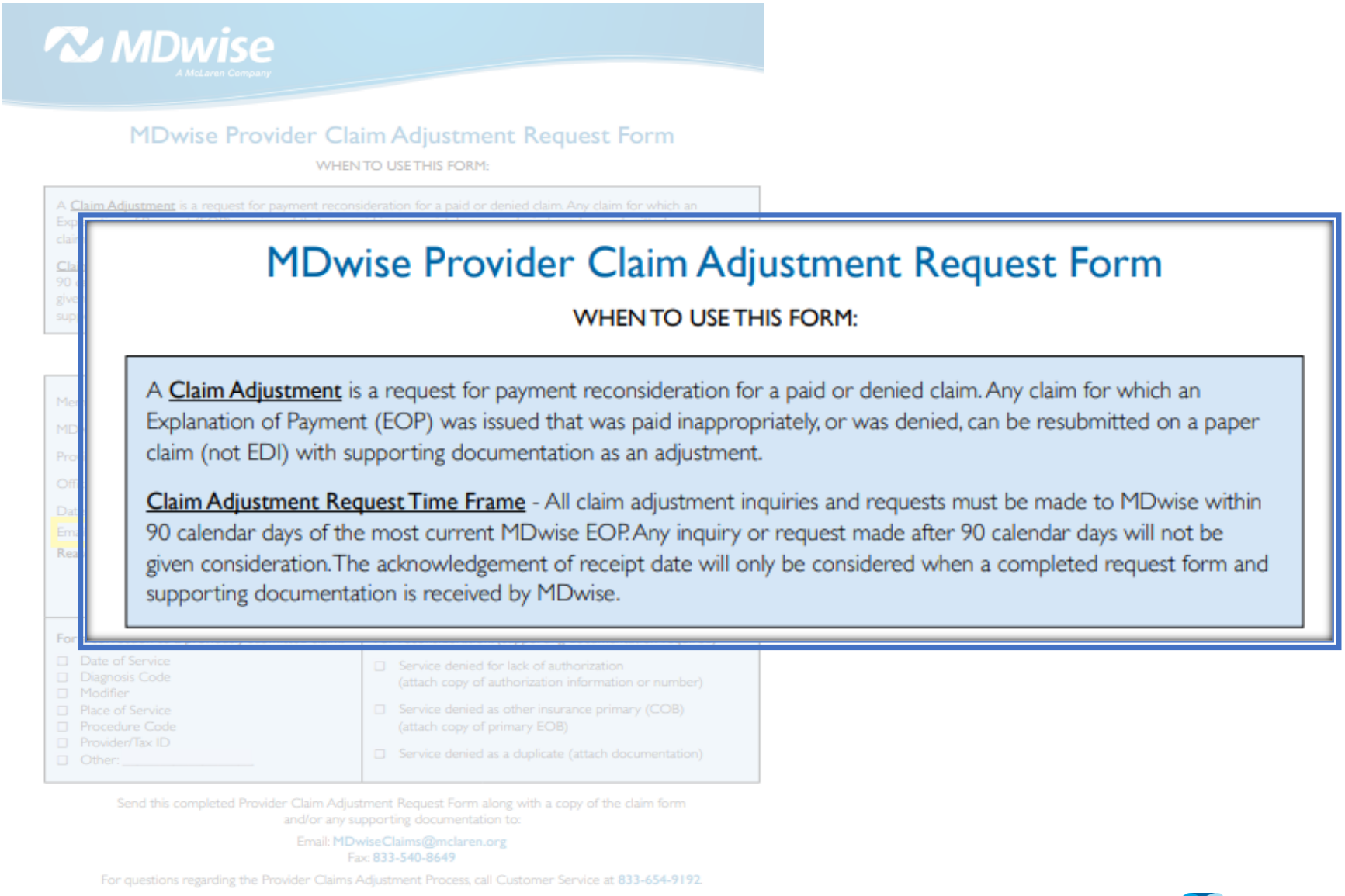
Provider Claim Adjustment Request Form



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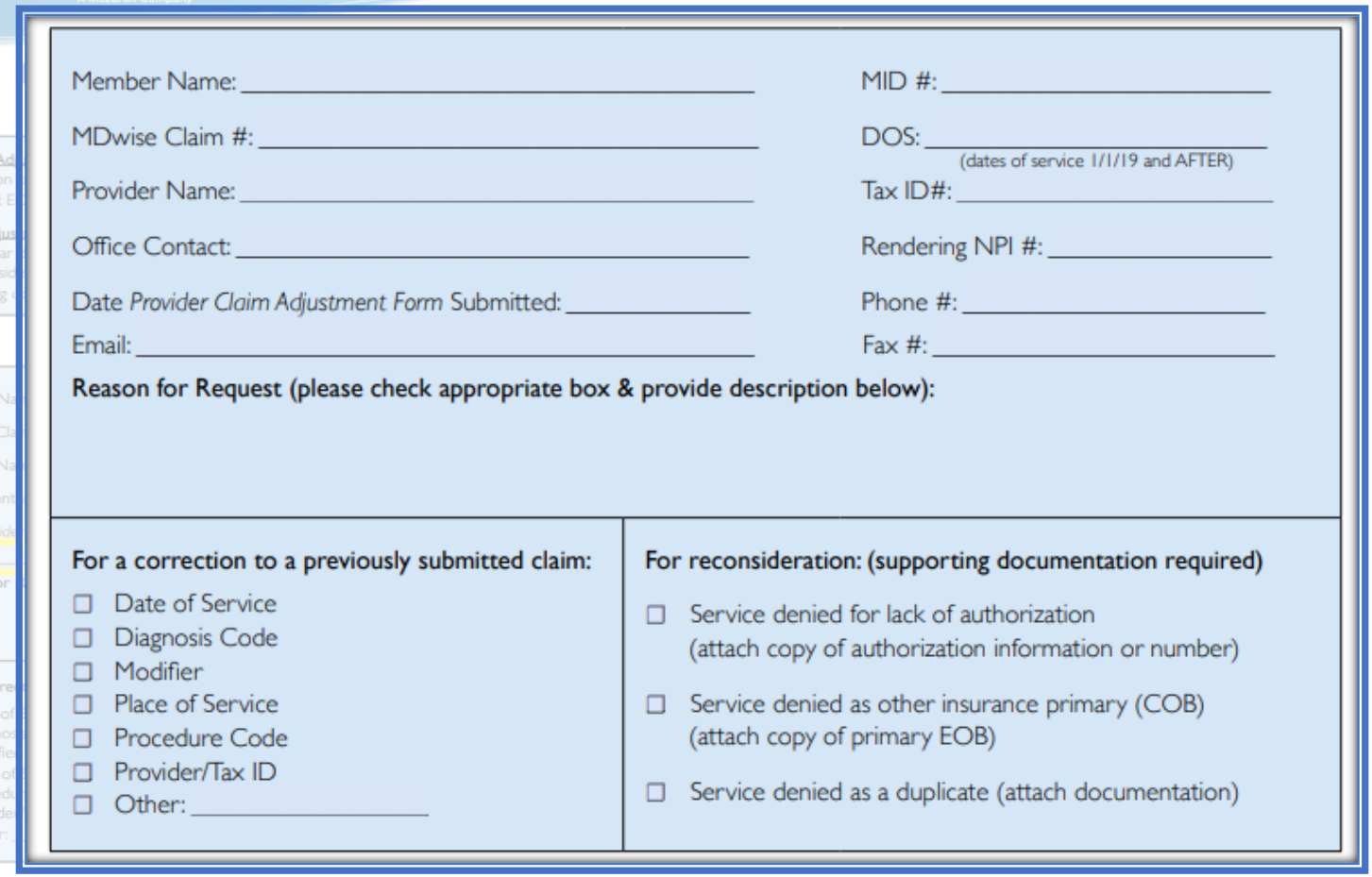

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Send this completed Provider Claim Adjustment Request Form along with a copy of the claim form and/or any supporting documentation to:

Email: MDwiseClaims@mclaren.org
Fax: 833-540-8649

For questions regarding the Provider Claims Adjustment Process, call Customer Service at 833-654-9192.

G-3245 Beecher Road • Flint, Michigan • 48532 | Phone: 888-327-0671 | Fax: 877-502-1567 | McLarenHealthPlan.org

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Where to Submit a Claim Adjustment Request

The completed Provider Claim Adjustment Request Form, a copy of the original claim and/or any supporting documentation should be sent to one of the following:

MDwiseClaims@mclaren.org

OR

Fax request: 1-833-540-8649

Note:

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

Provider Claim Adjustment Time Frame

- Form must be received **within 90 calendar days** of the most recent MDwise EOP
- Any inquiry or request made after 90 calendar days will not be considered
- Only one claim per Provider Claims Adjustment Request Form
- After a completed request form and supporting documents are received, an acknowledgement receipt date will be provided

Process Clarification: The Claims Adjustment process is not available to a provider if the Dispute Process has been used and the provider was not satisfied with the outcome.

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Claims Disputes

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When to Submit a Claims Dispute

Examples of denials that may constitute a dispute include:

- Timely filing
- Coding issues
- Prior authorization

The following do not constitute a dispute:

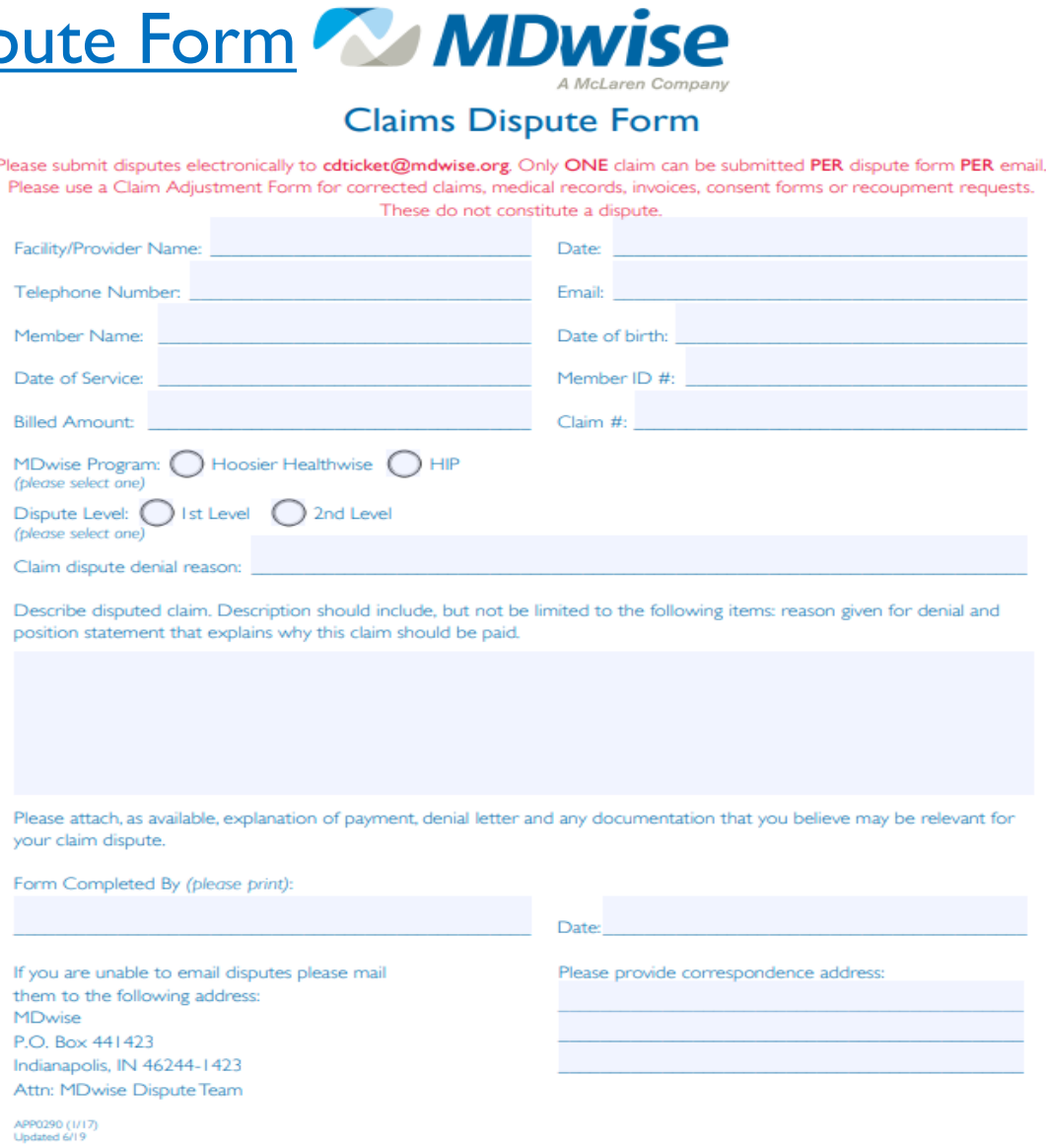
- New claims
- Corrected claims
- Medical records
- Attachments (consent forms, invoices)
- Recoupments

Submitting a Claim Dispute Request

- All in and out of network providers have the right to dispute a claim decision or action
- Completely fill out the Claims Dispute Form
- Use a separate form for each dispute
- When submitting a dispute, providers should include
  - EOP
  - The dispute form
  - An explanation of the reason for disputing the claim

Claim Dispute Form

Claims Dispute Form



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Claims Dispute Form

Please submit disputes electronically to **cdticket@mdwise.org**. Only **ONE** claim can be submitted **PER** dispute form **PER** email.
Please use a Claim Adjustment Form for corrected claims, medical records, invoices, consent forms or recoupment requests.
These do not constitute a dispute.

Facility/Provider Name: _____ Date: _____

Telephone Number: _____ Email: _____

Member Name: _____ Date of birth: _____

Date of Service: _____ Member ID #: _____

Billed Amount: _____ Claim #: _____

MDwise Program: ◯ Hoosier Healthwise ◯ HIP
(please select one)

Dispute Level: ◯ 1st Level ◯ 2nd Level
(please select one)

Claim dispute denial reason: _____

Describe disputed claim. Description should include, but not be limited to the following items: reason given for denial and position statement that explains why this claim should be paid.

Please attach, as available, explanation of payment, denial letter and any documentation that you believe may be relevant for your claim dispute.

Form Completed By *(please print)*:

_____ Date: _____

If you are unable to email disputes please mail them to the following address:
MDwise
P.O. Box 441423
Indianapolis, IN 46244-1423
Attn: MDwise Dispute Team

Please provide correspondence address:

_____

_____

_____

APP0290 (1/17)
Updated 6/19

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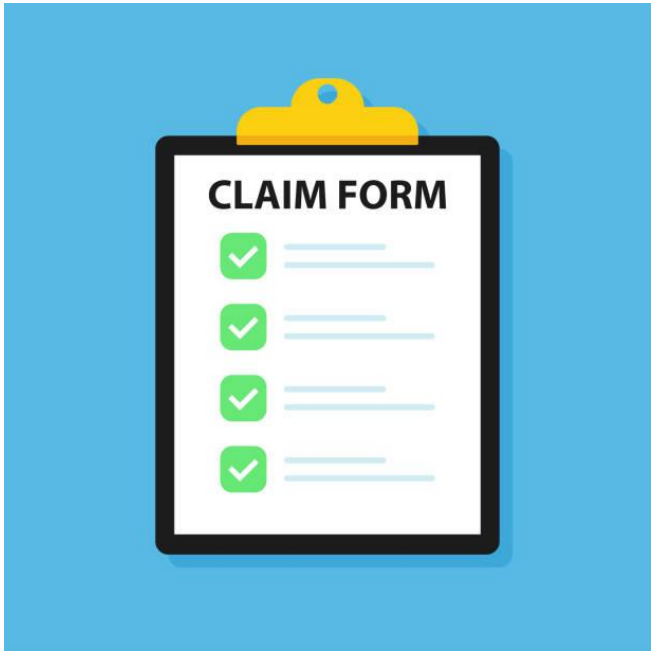
Where to Submit a Claims Dispute

Submit completed Claims Dispute Form via email to cdticket@MDwise.org. A return email will be issued with a tracking ticket number.

If email is unavailable, mail to:

MDwise
Attention: Dispute Department
P.O. Box 441423
Indianapolis, IN 46244-1423



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Claims Dispute Time Frame

- Providers must file their initial claim dispute **within 60 days of a claim's determination**
- Claim disputes are reviewed by individuals who were not involved in the original claim decision
- MDwise will review all disputes and respond to the provider within 30 calendar days
- If the original decision is upheld, the provider will be given information on how to file a second level dispute

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Readmission Disputes

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14 Day Readmissions

- Inpatient readmission claims that are within 14 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 60 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 2nd claim being considered
  - Dates of service, claim numbers and medical records for **BOTH** admissions

Readmission Dispute Form

Readmission Dispute Form

Readmission Dispute Form

◯ First Level Dispute ◯ Second Level Dispute
(please select one)

Please submit this form and both required medical records to
Readmissions@mdwise.org

Facility/Provider Name:_____ Date: _____

Telephone Number:_____ Email: _____

Member Name:_____ Date of Birth: _____

Date of Service:_____ Member ID #: _____

Billed Amount:_____ Claim #: _____

MDwise Program: ◯ Hoosier Healthwise ◯ HIP
(please select one)

Describe disputed claim. Description should include, but not be limited to the following items: Medical Reason 2nd claim should be considered, medical records for both admissions, claim date of service and claim number for both admissions.

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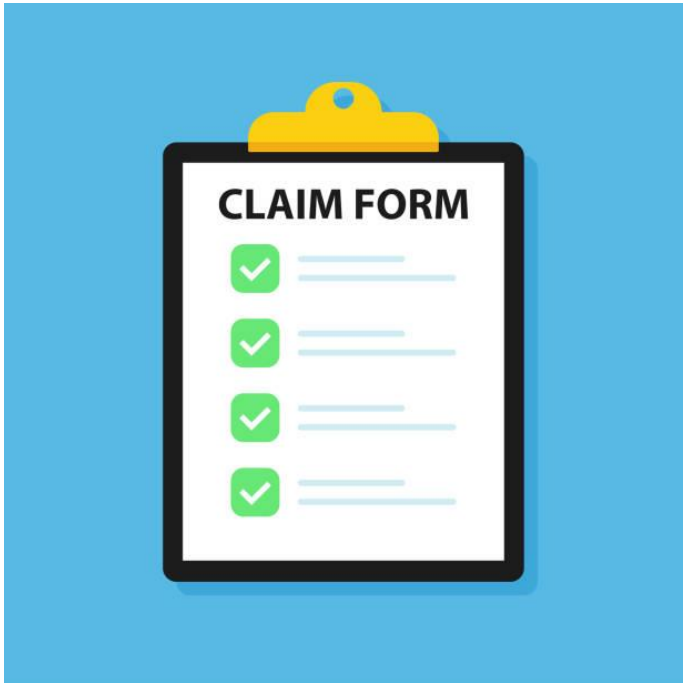
Where to Submit a Readmission Dispute Form

Submit 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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UB-04 Claims
Common Barriers

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UB-04 Claims - Common Barriers

- Claims billed incorrectly
  - Revenue/CPT linkage
  - Provider/Location not enrolled
  - Appropriate taxonomy

- Present-on-Admission (POA) – Indicators missing or invalid for ICD-10 diagnosis codes

Resources

Claims Page

https://www.mdwise.org/for-providers/claims

Claim Forms

https://www.mdwise.org/for-providers/forms/claims

- Claim Adjustment Request Form
- Claims Dispute Form
- Provider Refund Remittance Form
- Vision Eligibility Request Form

Claim Inquiries

- Providers can use myMDwise provider portal to quickly view the status of claims.

Resources

MDwise Manuals - https://www.mdwise.org/for-providers/manual-and-overview

IHCP Provider Modules - https://www.in.gov/medicaid/providers/provider-references/provider-reference-materials/ihcp-provider-reference-modules/

MDwise Claims: PCSU

1-833-654-9192

MDwise Member Customer Service

1-800-356-1204

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MDwise Provider Relations Team

Region 1
Robert Tanna
rtanna@mdwise.org
317-407-5910

Region 2
Amy Kerr
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Region 3
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Region 4
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317-619-5622

Region 5
LeAnne Ramsey
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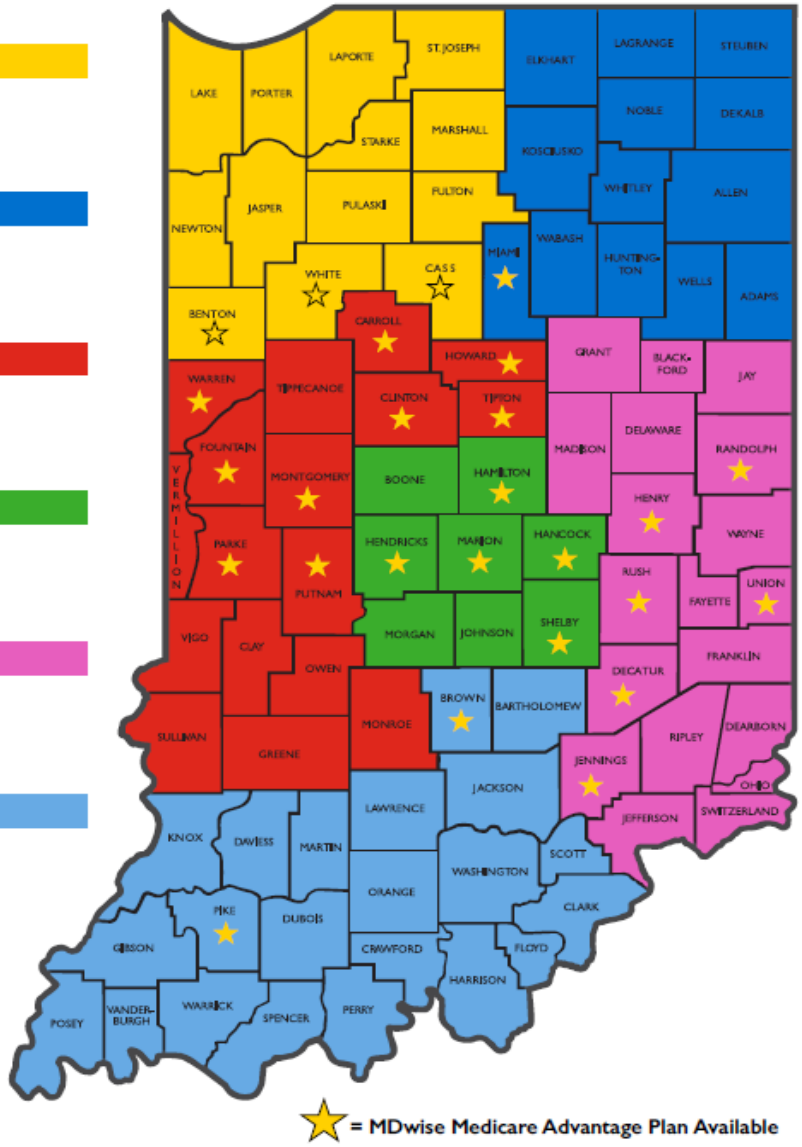
317-460-4697

Region 6
Chris Bryant
cbryant@mdwise.org
317-517-4776



Click here to find our map online.

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MDwise Provider Relations Team

PROVIDER GROUP REPRESENTATIVES

Tonya Trout

ttrout@mdwise.org
317-766-0505

Provider Groups

Ascension St. Vincent
Franciscan Alliance
Beacon
Union
Parkview
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

PROVIDER RELATIONS LEADERSHIP

Josh Burger

Director of Provider Relations
jburger@mdwise.org
317-460-4510

LaKisha Browder

Manager Provider Relations
lbrowder@mdwise.org
317-822-7298

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Thank you!

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QUESTIONS?

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