

Healthcare Claiming Overview

Claiming Overview:

Healthcare Claiming provides a means to validate and correct potential claims, create claim batches, submit the claims to the agency's MN-ITS mailbox, and process responses from Medicaid Management Information System (MMIS).

SSIS generates and processes Healthcare claims as a batch for a single Claim category. Current claim categories include:

- CW-TCM – Child Welfare Targeted Case Management
- MH-TCM – Mental Health Targeted Case Management
- RSC-TCM – Relocation Services Coordination Targeted Case Management
- Rule 5 – Children's Residential Mental Health Treatment
- VA/DD-TCM – Vulnerable Adult / Developmentally Disabled Targeted Case Management
- Waiver and AC – Waivers:
 - Brain Injury (BI)
 - Community Alternative Care (CAC)
 - Community Alternatives Care for Disabled Individuals (CADI)
 - Essential Community Supports (ECS)
 - Elderly Waiver (EW)
 - Developmental Disabilities (DD)
 - Alternative Care (AC).

Notes:

- *DD and LTCC Screenings are no longer claimed through SSIS as of 9/30/13. The funding for these services are determined using time studies.*
- *Alternative Care (AC) and Essential Community Supports (ECS) are not waivers but processed like waivers in SSIS and MMIS.*



Hint: To process and edit claims and claim batches, a user must have the Create Healthcare Claims and/or Manage Claims Function assigned to their role in SSIS Admin.

Healthcare claims record the details of a claim that has been, or can be, submitted to MMIS. Information needed to generate a claim record comes from a variety of sources, which includes:

- Time Records
- Payments
- Person Information
- Staff Provided Rates
- Staff Qualifications
- SSIS Diagnosis Codes
- LTC Screening or DD Screening Diagnosis Codes
- Supplemental Healthcare Eligibility Information
- MMIS Eligibility Information, MMIS Service Agreements, and MMIS Waiver Spans

A single claim can include one or more Time Records, one or more Payments, or both. Cross-reference tables exist to link a claim to all of the Time Records and Payments associated with that claim.

Claim Batches

Claim batches contain one or more claims that the user proofs and submits to MMIS. Each batch is for one Claim category, except for Void batches. Claim batches cannot be deleted if one or more claims exist in the batch. To delete a batch, the batch owner changes the batch dates to future dates and regenerates the Claim Batch so no claims generate. Void batches cannot be deleted once claims are associated.

Generated Claims

Once a Claim Batch is generated, claims for the selected Claim category and service dates are created. Claims generated in a Claim Batch are potential claims. If a claim generates, it does not guarantee reimbursement for that claim. Review Waiver and AC claims generated in a batch to ensure there are enough units available on a MMIS Service Agreement. All claims should be reviewed to ensure they are valid and do not require entry of Do Not Claim Determination records or Exclusions.

A claim can only exist in one Claim Batch. If there are multiple batches generated for the same Claim category and service dates, the potential claim will not exist in other batches.



Hint: If a Claim Batch generated and potential claims do not exist, check proofing to find errors preventing claims from generating.

Proofing

Potential claims may not generate due to requirements built into SSIS. These requirements identify potential claims that will deny for invalid data relating to a Time Record, Payment, eligibility or other required data.

Proofing tabs in a draft batch display errors that prevent a claim from generating. When proofing is complete, the user regenerates the Claim Batch to ensure errors are resolved before submitting the batch.

While there are some common proofing errors, each Claim category has different proofing errors specific to that category. No proofing is available on Void Batches.



Hint: Enter Do Not Claim Determination records for a client so a proofing message displays indicating that you have identified this client as not claimable. This is helpful when billing outside of SSIS, for example MCO billing. Refer to the Do Not Claim Determination Job Aid on the SSIS Fiscal Documentation website for specific steps and examples.

Exclusions

Use Exclusions to exclude Payments and Time Records from the claim generation and proofing processes. Add Exclusions to Payments directly from anywhere you can access the Payment and add Exclusions to Time Records from anywhere you can access the Time Record, except Chronology. Use Exclusions to mark the records as claimed in another system, or other reasons the records are not valid to claim. Delete the Exclusion if the record is later determined to be eligible for claiming. Searches are available to find Time Records and Payments that have Exclusions.



Hint: Exclusions are for specific Time Records and Payments. Do Not Claim Determination records are for a specific Claim category and period of time for the client.

Regenerating a Claim Batch

Regenerate the Claim Batch after reviewing all proofing messages and making appropriate changes. Regenerating a Claim Batch clears the claim information and reprocesses the Claim Batch as if it is new. Additional proofing may be necessary. Regenerate multiple times to ensure all changes are complete and claims are ready for submission.



Best Practice: Regenerate your Claim Batch prior to submitting it to include additional claims generating now due to delayed time entry or updated information. Regenerating a Claim Batch after a Do Not Claim Determination or Exclusion is entered for a client will remove the potential claim from the batch and ensure accurate claiming. If you do not regenerate

the batch after entering a Do Not Claim Determination or Exclusion, a claim that is not eligible could be submitted erroneously.

Submitting a Claim Batch

Once the Claim Batch is regenerated and submitted, an electronic claim batch file is created and submitted to the MN-ITS mailbox. The Medicaid Management Information System (MMIS) retrieves the Claim Batch from the agency's MN-ITS mailbox to process.



Hints:

- *The Claim Batch status changes from Draft to Submitted after the agency submits the Claim Batch. The Claim Batch Status changes to Transmitted once MMIS receives the Claim Batch from SSIS. The Claim Batch Status updates to Receipt Acknowledgement when MMIS has validated that the Healthcare Claim Batch was accepted.*
 - *If there are errors in transmission, the status changes to Transmission Error or Partial Transmission Error.*
 - *If your Batch status has a status of Transmission Error or Partial Transmission Error for more than a week, contact the SSIS Help Desk.*
- *Each claim status changes to, To Be Paid or To Be Denied, after the claim status file from MMIS updates the claim status in SSIS.*
 - *If a claim has a suspended status in MMIS, the claim continues to have a Submitted status in SSIS until MMIS staff takes the claim out of suspense.*
 - *MMIS sends an electronic Remittance Advice to the agency's mailbox every two weeks. The To Be Denied and To Be Paid statuses change to Denied, Paid, and Partially Paid.*

Remittance Advice

Information updates on corresponding claims every two weeks when MMIS sends an Electronic Data Interchange (EDI) 835 Remittance Advice transaction to the county mailbox. Adjustment information also updates on the claim if the claim has adjustments.

Resubmitting Claims

Resubmit claims processed by MMIS if they have a status of Denied or To Be Denied. Resubmit after edits to information in SSIS associated to the claim is complete or after changes have been made in MMIS. Users with the Security Function of Create Health Care Claims can resubmit claims. Resubmitted claims are included in the next Claim Batch with the same Claim Category, as long as the service dates of the claim fall within the date range of the Claim Batch. Resubmitted claims always create a new claim and

do not reference the original claim. Proofing of the Claim Batch should be done after adding resubmitted claims. Before submitting a batch with resubmitted claims, the user should check Time and/or Payment Proofing for errors.



Hint: To Resubmit a claim, the claim must have status of To Be Denied or Denied and the Disposition must be Open. Further, the claim must be the original claim. For example, you cannot resubmit a void claim. If the Disposition is not Open and Resubmit is selected, you will receive an error message.

Void Claims

A Void Claim is a reversal of a previously Paid or Partially Paid claim. Void claims are associated to the original claim as well as the Time Records, Payments and Supplemental Healthcare Eligibility records used for the original claim.

Only claims processed by MMIS that have a Status of Paid or Partially Paid can be Voided. A Voided claim can either be Voided and Resubmitted or Voided and Finalized. Void and Resubmit allows the user to first Void a claim, and then the claim is marked for resubmission, allowing a new claim to generate next time a Claim Batch containing that Claim Category and Date Range is generated. Void and Finalize allows the user to create a Void claim without resubmitting. This is also referred to as a take-back claim.



Hint: You need the Security Function Create Health Care Claims to Void a claim.

Before individual claims can be Voided and Resubmitted or Voided and Finalized, the user creates a New Claim Batch with the Claim Category of Void and a Date Range that includes that particular date of service. If a Void Claim Batch does not exist, individual claims cannot be voided. The user voiding claims must be the Batch Owner of the Void Claim Batch or an error message displays.

The Generate button on Void Claim Batches is disabled. After the Void Claim Batch is created and saved, individual claims are added to the Void Claim Batch by selecting the claim to Void and Finalize or Void and Resubmit. Select these claims from the Healthcare Claim Batch that includes the original claim or from a Healthcare Claim Search. This changes the disposition of the claim to Void and Resubmit or Void and Finalize.

Submit the Claim Batch once the claims void claims are in the Void Claim Batch. After the agency submits the Void Claim Batch, MMIS processes the claims and sets the Claim status to To Be Paid or To Be Denied. Once the claim has gone through a warrant cycle, the Claim status is set to Paid (the void was accepted), Partially Paid (the original claim included a partial payment and the void was accepted), or Denied (the void was not processed).

When voided claims have been fully processed, the Disposition of the claim changes. On Void and Finalize claims, the Disposition sets to either Voided or Finalized. On Void and Resubmit claims, the Disposition of the new claim is set to Resubmit. The Disposition automatically sets to Finalized when MMIS has denied a Void claim.

Once a Void and Resubmit claim has the Disposition of Resubmit, a new Claim Batch for the same Claim Category and service dates of the claim can be created. The new Claim Batch includes the new claim that replaces the voided claim. Add new records or complete edits to existing records in SSIS prior to creating the new Claim Batch. Make changes in MMIS, if applicable, prior to submission of the new Claim Batch.



Hint: If MMIS denies a Void Claim, it often means that the claim has been voided previously through MN-ITS Direct Data Entry (DDE) or MMIS staff voided the claim.

Finalizing Claims

Claims processed by MMIS that have a Status of Denied, To Be Denied or Partially Paid can be Finalized. Finalizing a claim means that no further reimbursement is expected. Users have the option of adding a comment to a Finalized claim.

Reopen Claims

Original claims that have been Finalized can be reopened. Reopen Claim allows a user to reopen an original claim with a Finalized Disposition. A Healthcare Claim must have an Open Disposition to Resubmit, Void and Resubmit, or Void and Finalize a claim.



Hint: Agencies cannot resubmit Void claims with a Finalized disposition through SSIS. Agencies must submit the claim through MN-ITS Direct Data Entry (DDE).

Comments

Use Comments to record additional information on a claim. New comments cannot be created on claims with a Claim status of Draft or Submitted. Users are strongly encouraged to enter comments that document actions involving claims and if additional reimbursement is not expected.



Hint: All SSIS users can create and view comments. Claim comments are editable by the creator and by users with the Security function of Manage Claims. A claim can have multiple comments.

Healthcare Claim Searches & Reporting Options

There are various ways to search for and run reports pertaining to Healthcare Claims.

Searches related to Healthcare Claims include the basic Healthcare Claim Search and the Advanced Healthcare Claim Search. Both searches have grids that are customizable, however, the Advanced Healthcare Claim Search allows you to use the Advance Filter option to search for multiple criteria. Users can save Manage grid settings and share with others inside and outside of your agency.

Several reporting options are available for Healthcare Claims as well. There are two different classifications of reports available for Healthcare Claims; Healthcare Claim Reporting and Healthcare Eligibility Reporting. These reports are available from Tools/General Reports menu options, or on the Task Panel under Healthcare Claiming.



Reference: Refer to Healthcare Claim Reporting and Healthcare Eligibility Reporting handouts on the SSIS Fiscal Documentation website for more information relating to these report options.



Reference: Refer to the Healthcare Claiming – General Overview recorded iLincs for more detailed information.