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PES: Provider Electronic Solutions Institutional Nursing Home Guide

DRAFT Version 1.0

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28 **1 ABOUT PROVIDER ELECTRONIC SOLUTIONS** 29 **(PES)**

30 Please consult the *Provider Electronic Solutions (PES) User Manual* and *General Billing Guide*
31 for more information concerning this software. Information is available on the Florida Medicaid
32 EDS website, <http://mymedicaid-florida.com>.

33 For additional assistance with PES and/or this guide, please contact the EDI Helpdesk at
34 1.800.289.7799, option 3 or contact your local field representative.

35 **1.1 Getting Started**

- 36 1. Double Click the FL MMIS PES icon located on your desktop or access PES by clicking
37 Start, All Programs, FL EDS Provider Electronic Solutions;
- 38 2. Enter your password;
- 39 3. From the Main Menu, select Forms, 837 Institutional Nursing Home Claim; and
- 40 4. A new Nursing Home Claim will appear.

41 **1.2 Entering an Institutional Nursing Home Claim**

42 The PES Institutional Nursing Home Claim is composed of five sections: four header sections
43 and a service section. Remember to complete the Crossover section and or the Other Insurance
44 section, if applicable.

45 Providers may bill all Third Party Liability (TPL) claims with this software, even if the primary
46 insurance denied payment of the claim. In this case, the provider must simply complete the
47 appropriate attachment fields to document the details of their claim submission to the Primary
48 Insurer. However, providers may NOT bill Medicare-denied claims in PES.

49 Also, please note that Medicare is not considered a TPL or Secondary claim by Florida
50 Medicaid, therefore, if Medicare is the Primary Insurer, the claim must be submitted through
51 PES as a Crossover and not a TPL or Secondary claim. Providers may not bill claims with both
52 TPL and Medicare with PES. For instructions on this type of claim, please refer to your
53 *Medicaid Provider General Handbook*.

54 Note: This billing guide should be used in conjunction with the appropriate provider specific
55 *Coverage & Limitations Handbook* and *Reimbursement Florida Medicaid Handbook*.

56 **Header 1 on the 837I Nursing Home**

57 Below is a sample electronic 837I Nursing Home form displaying the Header 1 tab.

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59 Complete the following fields under the Header 1 tab to submit an 837I Nursing Home claim:

Field	Guidelines
Type Of Bill	Select a Type of Bill according to the values below: 251 Skilled Nursing Intermediate Care Level I Original claim 257 Skilled Nursing Intermediate Care Level I Adjustment claim 258 Skilled Nursing Intermediate Care Level I Void claim 261 Skilled Nursing Intermediate Care Level II Original claim 267 Skilled Nursing Intermediate Care Level II Adjustment claim 268 Skilled Nursing Intermediate Care Level II Void claim 651 Intermediate Care Facility Intermediate Care Level I Original Claim 657 Intermediate Care Facility Intermediate Care Level I Adjustment Claim 658 Intermediate Care Facility Intermediate Care Level I Void Claim 661 Intermediate Care Facility Intermediate Care Level II Original Claim 667 Intermediate Care Facility Intermediate Care Level II Adjustment Claim 668 Intermediate Care Facility Intermediate Care Level II Void Claim
Original Claim #	If the Type of Bill entered ended with a '7' (replacement) or an '8' (void), you must enter the Internal Control Number (ICN) / Transaction Control Number (TCN) for the claim you are adjusting or voiding. For additional information on completing this process, please refer to the <i>Void & Adjustment</i> section of this guide.
Billing Provider ID/NPI	Choose the appropriate Billing Provider ID from your Provider list. If you have not added the required ID to your list, double-click on this field to do so.
Taxonomy Code	This field will auto-populate based on your choice in the Provider ID field.
Last/Org Name	This field will auto-populate.
First Name	This field will auto-populate.

Field	Guidelines
Pay-to Provider ID/NPI	Use only if different than the Billing Provider ID. Choose the appropriate payee Provider ID from your Provider list. If you have not added the required ID to your list, double-click on this field to do so.
Taxonomy Code	This field will auto-populate based on your choice in the Provider ID field.
Last/Org Name	This field will auto-populate.
First Name	This field will auto-populate.
Recipient ID	Choose the Recipient's ten-digit Medicaid ID number from your Recipient list. If you have not added the required ID to your list, double-click on this field to do so.
Account #	This field will auto-populate based upon your choice in the Recipient ID field.
Last Name	This field will auto-populate.
First Name	This field will auto-populate.
MI	This field will auto-populate.
Encounter Ind	If this claim is an Encounter claim, choose the appropriate value. The value 'CH' will automatically default and should remain as the selected option to be considered for payment.
Contract Type	Choose the best value to indicate Contract Type.
Medical Record #	Enter the Medical Record Number, assigned to the recipient, by the provider, for the service that was performed. This field will accept up to 30 alphanumeric characters.
Level of Care	Choose a value to indicate the Level of Care provided to the recipient.
Patient Status	Required if the patient has been discharged. Choose a proper code to indicate the Patient's discharge Status as of the end date of your billing period.
Release of Medical Data	Choose a value to indicate whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.
Benefits Assignment	Choose a value to indicate whether the provider has on file a form signed by the recipient, or authorized person, authorizing benefits to be assigned to the provider.
Report Transmission Code	Required if sending a paper attachment separate from the claim. Select the item that applies.
Report Type Code	Required if sending a paper attachment separate from the claim. Select the item that applies.
Attachment Ctl	Required if sending a paper attachment separate from the claim. Enter a unique identification code for the attachment that is being sent. This code is alphanumeric and the maximum length allowed is 80 characters. Be sure to document this Attachment Control number, the Recipient ID, and your Provider Number clearly on the attachment, along with the cover sheet. For more information on attachments, please visit http://mymedicaid-florida.com .

60 After completing all necessary fields under the Header 1 tab, click on the Header 2 tab.

61 **Header 2 Tab on the 837I Nursing Home**

62 Below is a sample electronic 837I Nursing Home form displaying the Header 2 tab.

- 63
- 64 Complete the following fields under the Header 2 tab to submit an 837I Nursing Home claim:

Field	Guidelines
Admission Date	Enter the Admission Date the recipient was admitted into your facility in MM/DD/CCYY format. Required only if the patient was admitted into your facility DURING the period you are billing for.
Admission Hour	If billing an admit claim, enter the Admission Hour.
Admission Type	If billing an admit claim, enter the Admission Type.
From DOS	Enter the claim coverage period <i>From</i> Date of Service.
To DOS	Enter the claim coverage period <i>To</i> Date of Service.
Admit Source	If billing an admit claim, enter the Admission Source for this recipient.
Discharge Hour	If applicable, enter the Discharge Hour from the facility.
Days Covered	Enter the total number of Days Covered.
Non-Covered Days	Leave blank, unless applicable.
Coinsurance	Leave blank, unless applicable.
Lifetime Reserve	Leave blank, unless applicable.
Attending Provider ID/NPI	Choose the appropriate Attending Physician's license number from the corresponding Provider list. If you have not added the required ID to your list, double-click on this field to do so. Enter the license information in the following format: MEXXXXXXX with no spaces.
Taxonomy Code	This field will auto-populate based on your choice in the Attending Provider ID/NPI field.
Last Name	This field will auto-populate.
First Name	This field will auto-populate.

- 65 After completing all necessary fields under the Header 2 tab, click on the Header 3 tab.

66 **Header 3 Tab on the 837I Nursing Home**

67 Below is a sample electronic 837I Nursing Home form displaying the Header 3 tab.

68
 69 Complete the following fields under the Header 3 tab to submit an 837I Nursing Home claim:

Field	Guidelines
Diagnosis Code – Primary	Enter a valid Primary Diagnosis Code. The Code should be three to five digits with no decimal point.
Diagnosis Code – Other	If applicable, enter Other Diagnosis Codes. If entered, this code should be three to five digits with no decimal point.
Diagnosis Code – Admit	Enter a valid Admittance Diagnosis Code. The Code should be three to five digits with no decimal point.
Patient Responsibility	If applicable, enter the Patient’s monthly Responsibility in DD.CC format.

70 After completing all necessary fields under the Header 3 tab, click on the Header 4 tab.

71 **Header 4 Tab on the 837I Nursing Home**

72 Below is a sample electronic 837I Nursing Home form displaying the Header 4 tab.

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 74 Complete the following fields under the Header 4 tab to submit an 837I Nursing Home claim:

Field	Guidelines
Value Codes/Amounts	If applicable, enter the appropriate Value Codes and the corresponding Amounts in DD.CC format.
Other Insurance Indicator	Choose the best value to indicate whether or not the recipient has Other Insurance besides Florida Medicaid.
Crossover Indicator	Choose the best value to indicate if the claim is a Crossover from Medicare.

75 After completing all necessary fields under the Header 4 tab, click on the Service 1 tab.
 76 If the *Other Insurance Indicator* field was marked as ‘Yes,’ click on and complete the OI tab
 77 next.
 78 If the *Crossover Indicator* field was marked as ‘Yes,’ click on and complete the Crossover tab
 79 next.

80 **OI (Other Insurance) Tab on the 837I Nursing Home**

81 Completing the Other Insurance (OI) tab is required if an indicator in the Other Insurance
 82 Indicator field was marked as ‘Yes’ in Header 4. Below is a sample electronic 837I Nursing
 83 Home form displaying the OI (Other Insurance) tab:

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Complete the following fields under the Other Insurance tab to submit an 837I Nursing Home claim:

Field	Guidelines
Release of Medical Data	Choose a value to indicate whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.
Benefits Assignment	Choose a value to indicate whether the provider has on file a form signed by the recipient, or authorized person, authorizing benefits to be assigned to the provider.
Claim Filing Ind Code	Choose the best value to indicate the category of the recipient's other insurance.
Adjustment Group Cd	Indicate the reason for any unpaid portion of the charges by the other insurance.
Payer Responsibility	Choose the best value to indicate the recipient's insurance coverage status to Medicaid. P = Primary; S = Secondary; T = Tertiary
Reason Codes/Amts	Choose the appropriate Reason Codes and enter the corresponding Amounts in DD.CC format.
Paid Date/Amount	Enter the Paid Date for the other insurance along with the corresponding Amount in DD.CC format.
Policy Holder Group #	Choose the appropriate Policy Holder Group Number from your Policy Holder list. If you have not added the Group Number to your list, double-click on this field to do so.
Group Name	This field will auto-populate based on the information chosen in the Group Number field.
Carrier Code	This field will auto-populate.
Last Name	This field will auto-populate.

Field	Guidelines
First Name	This field will auto-populate.

87 After completing all necessary fields under the OI tab, click on the Service tab.

88 **Crossover Tab on the 837I Nursing Home**

89 Completing the Crossover tab is required if the indicator in the Crossover Indicator field was
 90 marked as ‘Yes’. If the claim is Medicare-related, this tab allows you to enter the information
 91 based on the payment or non-payment made. Below is a sample 837I Nursing Home form
 92 displaying the Crossover tab:

93
 94 Complete the following fields under the Crossover tab to submit an 837I Nursing Home claim:

Field	Guidelines
Release of Medical Data	Choose a value to indicate whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.
Benefits Assignment	Choose a value to indicate whether the provider has on file a form signed by the recipient, or authorized person, authorizing benefits to be assigned to the provider.
Claim Filing Ind Code	Choose the best value to indicate the category of the recipient’s other insurance.
Paid Amount	Enter the total Amount Medicare Paid toward the claim. Enter in DD.CC format.
Paid Date	Enter the Date Medicare Paid the claim in MM/DD/CCYY format.
Amounts Allowed	Enter the Medicare allowed amount.

Field	Guidelines
Deductible	If applicable, enter the Deductible related to the claim.
Coinsurance	If applicable, enter the Coinsurance related to the claim.
Policy Holder Carrier Code	Choose the appropriate Policy Holder Carrier Code from drop down menu. If you have not added the Carrier Code to your list, double-click on this field to do so.
Last Name	This field will auto-populate based on the information chosen in the Carrier Code field.
First Name	This field will auto-populate.

95 After completing all necessary fields under the Crossover tab, click on the Service tab.

96 **Service Tab on the 837I Nursing Home**

97 Below is a sample electronic 837I Nursing Home form displaying the Service tab.

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 99 Complete the following fields under the Services tab to submit an 837I Nursing Home claim:

Field	Guidelines
From DOS	Enter the start Date of the Service billed in a MM/DD/CCYY format.
To DOS	Enter the stop Date of the Service billed in a MM/DD/CCYY format.
Revenue Code	Enter Revenue Code '0101' for nursing home days. If you would like to add Revenue Codes to your list, double-click on this field to do so.
Billed Amount	Enter the Billed Amount for the service. Enter in DD.CC format.
Units	Enter the Unit(s) billed for the service.

Field	Guidelines
Basis of Measurement	Choose the best value to indicate the Basis of Measurement. Ex: DA for days.
Unit Rate	Enter the provider per diem Unit Rate in DDD.CC format.
Non-Covered Charge	Enter any Charges that are Non-Covered.
Rx Ind	If the procedure you are billing requires an NDC (National Drug Code) according to Florida Medicaid Policy, please choose ‘Yes’ and complete the Rx tab before adding any additional line items.

100 After completing all necessary fields under the Service tab, review your claim and press *Save*.

101 **Adding, Deleting, or Copying a Service**

102 Use the buttons to the left of the form to add, delete, or copy a service. Once you copy a service,
 103 you can modify it as necessary.

104 **NOTE ON BED HOLDS:**

Revenue Code	Description
0101	LTC Days (All Inclusive Rate Room & Board)
0182	Home Leave Days
0185	Hospital Leave Days

105 **If Bed Hold Days apply, a second line of service is needed.**

106 Enter ‘0182’ as the revenue code for days spent at home or ‘0185’ for days spent in the hospital.

107 See example below:

108 Line 1: Date of Service: ‘07/01/2007-07/31/2007’ Revenue Code: ‘0101’ Units: ‘31’

109 Line 2: Date of Service: ‘07/15/2007-07/17/2007’ Revenue Code: ‘0185’ Units: ‘2’

110 NOTE: Providers **are now required** to indicate which dates of service qualify for Bed Hold,
 111 along with the amount of days and the type of Bed Hold.

112 **Rx Tab on the 837I Nursing Home**

113 Below is a sample electronic 837I Nursing Home form displaying the Rx tab.

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116 Complete the following fields under the RX tab to submit an 837I Nursing Home claim:

Field	Guidelines
Pharmaceutical NDC	Choose a Pharmaceutical NDC Code from your NDC list to indicate which applies to this service. If you have not added the required NDC to your list, double-click on this field to do so.
Quantity	Enter the Quantity of the drug indicated by the NDC that is being billed.
Unit Price	Enter the cost per unit (Unit Price) of the NDC indicated that is billed to the patient.
Unit of Measurement	Select the Unit of Measurement used when measuring the quantity of the NDC.

117 **Adding, Deleting, or Copying a Prescription (Rx)**

118 Use the buttons to the left of the form to add, delete, or copy an Rx. Once you copy an Rx, you
 119 can modify it as necessary.

120 After completing all necessary fields and reviewing entered data for accuracy, press *Save* to add
 121 your claim to the Claim List.

122 **To Modify a Claim from the List**

123 Scroll through the list of claims that displays at the bottom of the form. Highlight the claim you
 124 wish to modify, and perform one of the following:

- 125 1. Key over incorrect data on the claim form. You cannot do this unless the status is 'R' (ready
 126 to submit) or 'I' (incomplete). Save the changes. Click *Undo All* if you inadvertently
 127 overwrite a correct claim.

128 2. Click *Copy* to copy a claim that closely matches the information you need to enter (for
129 example, if you must enter claims for identical services, but different recipients). Modify the
130 new record accordingly. Save the new record.

131 3. Click *Delete* to delete an unwanted record.

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133 **Completing Voids/Adjustments to a Paid Claim**

134 To adjust a paid claim, wait until you have received your Remittance Advice (RA) listing the
135 paid claim ICN/TCN, then, follow the steps below.

136 Note: If the claim you wish to Void/Adjust is in your Claim List, then find the claim and click
137 *Copy*. Otherwise, enter your claim as you normally would, completing all necessary fields.

138 1. On Header 1, in the Claim Frequency field, change the indicator to inform Medicaid if the
139 request is an Adjustment/Replacement or a Claim Void. Enter either a '7' for an adjustment
140 or an '8' for a void.

141 2. In the Original Claim # field, enter the ICN/TCN assigned by Medicaid once the claim was
142 accepted and paid. This information can be located on your *Remittance Advice*.

143 a. If the value '7' was chosen, make any necessary corrections/adjustments to the current
144 claim; or

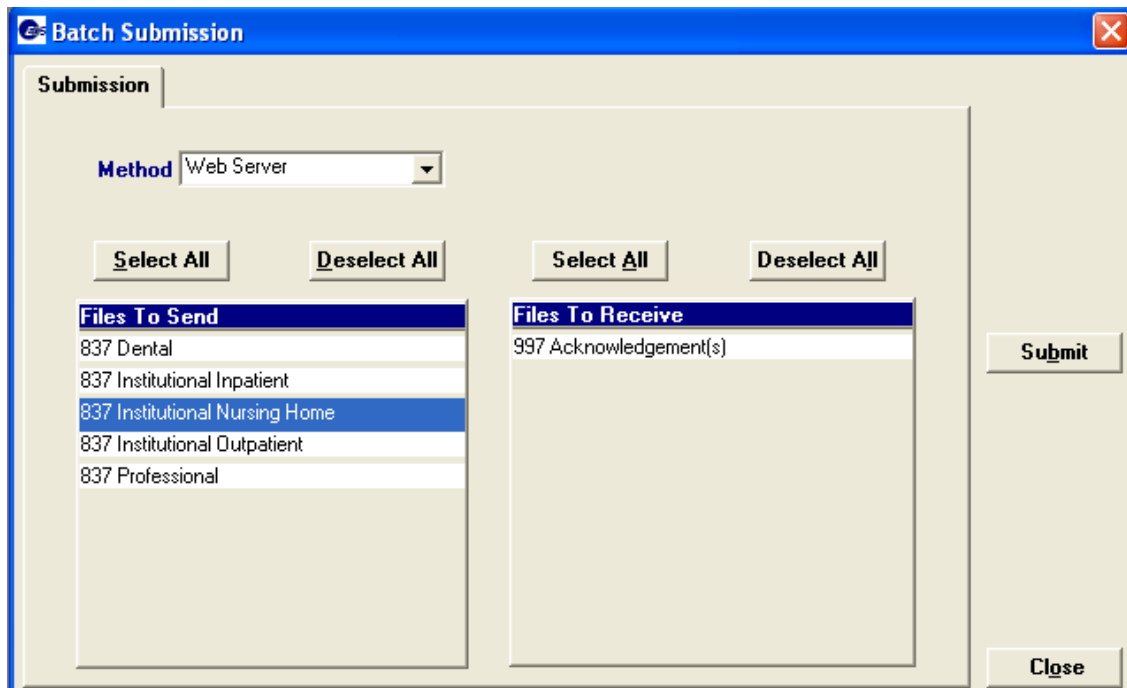
145 b. If the value '8' was chosen, continue with Step 3.

146 3. Click *Save* to save your claim.

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148 **1.3 Submitting Nursing Home Claims Through the Web** 149 **Server**

150 From the Main Menu, Select Communication, Submission to display the Batch Submission
151 window below:



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1. Determine which files you want to send from the *Files to Send* list.
Choose *Select All* to select all files to send, *Deselect All* to undo any selections you have made, or use the mouse (click once with the left mouse button) to select one form at a time, or multiple form types for submission.
2. Click *Submit* to send files.
Provider Electronic Solutions connects to the Web server and sends the transmission. The Verification Log (accessible by selecting Communication, View Verification) and the Communication Log (accessible by selecting Communication, View Communication Log) provide information regarding the transaction.
3. After submission, perform the next steps to receive the response from the Web server.
4. Select Web server as the correct submission method from the *Method* drop-down list.
5. Determine which files you want to receive from the *Files to Receive* list.
Choose *Select All* to select all files to receive, *Deselect All* to undo any selections you have made, or use the mouse (click once with the left mouse button) to select one form at a time, or multiple form types for submission.
6. Click *Submit* to receive files.
Provider Electronic Solutions connects to the Web server and receives the transmission. The Verification Log (accessible by selecting Communication, View Verification) and the Communication Log (accessible by selecting Communication, View Communication Log) provide information regarding the transaction.

174 Note: When you submit batch transactions, you must wait a period of time (fifteen minutes to
175 two hours, depending on the time of day you submit) to download the responses. Therefore,
176 when you access the Submission window and elect to receive files, remember you may be
177 *receiving responses to your last transmission, not necessarily the current transmission.*

178 Note: Rejected claims will not appear on your Remittance Advice.

179 Note: Submitted files are stored on the *FLhipaa\temp* folder. To open the file(s), select the
180 Notepad or UltraEdit program.

181 Note: Response files are stored on the *FLhipaa\verify* folder. To open the file(s), select the
182 Notepad or UltraEdit program.

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