

ITEMS TO BE DISCUSSED

# on the FHA list	Issue Summary	HP Comment/Response	KI Log Number
1	HP 2100 denial issue on IP crossovers, I have been waiting for an answer for over 6 months now. I have submitted ICN's on multiple occasions (do you need them again?). My inventory continues to grow. When can I expect this issue to be resolved and claims reprocessed? Submitted By: Karina Babbino, karina.babbino@crsmbc.net	This known issue occurs when the crossover claim spans two months and for one month the patient is eligible (such as Medically Needy), the other month the patient is not eligible (such as SLMB) and is being reviewed by both AHCA and HP. Change order 28681 has been created to resolve.	336, 337
12	Medicare Primary Medicaid Secondary: Medicare primary claims denied by Medicaid in error code 2369. Why? Submitted By: Orlando Health, mari.moore@orlandohealth.com	There is a known issue causing some Institutional auto-crossovers claims to process without a Medicare Paid amount. Impacted claims are posting eob 2369, Medicare coinsurance greater than Medicare paid amount. HP is researching this issue and CO 29350 has been assigned to resolve.	340

ALL OTHER ITEMS SUBMITTED

# on the FHA list	Issue Summary	HP Comment/Response	KI Log Number
2	Medicare primary crossover claims which span two months for Medically Needy patients were only first month gets updated for Medicaid. When we submit claim to Medicaid with all dates of services listed it is denied. If we split bill, the dates don't match Medicare's EOB and we get denied. DCF states patient does not need to get updated for second month and they will not process bill tracking for second month. Example provided. Submitted By: Janice Mitchell, jmitchell@browardhealth.org	Duplicate issue. Please see response to item number one. HP will work with submitting provider.	336, 337
9	Share of Cost Share of cost eligibility when the patient is in over a two month date span. Example: DOS 9/25/2011 – 10/2/2011 – patient met the SOC for September however did not meet share of cost for October. HP is denying the entire claim. Submitted By: Maureen Thomas, Maureen.Thomas@parallon.net	Duplicate issue. Please see response to item number one. HP will work with submitting provider.	336, 337
10	Date of discharge is the first day of the new month and even though we do not get paid for the date of discharge the claim denies as patient not eligible. Submitted By: Maureen Thomas, Maureen.Thomas@parallon.net	Duplicate issue. Please see response to item number one. HP will work with submitting provider.	336, 337
3	Pricing of claims based on from date instead of admit date – Internal tracking ID 3764, fix CO:16704 – We still have claims that have not reprocessed. Examples provided. Submitted By: Janice Mitchell, jmitchell@browardhealth.org	The system was modified as of 05/12/11 and any new day claim should be priced per the admission date. Reprocessing task, 25020, is currently being researched by the Agency. Until research is concluded, the impacted claims will remain in suspense.	296
5	CO 19664 and CSR 1653 were updated and timely filing claims were resubmitted and paid which originally denied for EOB 2091: RECIPIENT SERVICES COVERED BY HMO PLAN. Please advise on how to process the claims past the untimely filing limit affected by this issue. Submitted By: Janice Mitchell, jmitchell@browardhealth.org	The system was corrected as of 08/26/11. New day outpatient crossover claims should no longer post the denial. HP will work with submitting provider.	

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6	TPL accounts where Medicaid payment was recouped based on audit, however patient did not have a TPL. What is the status on paying back the payment recouped? Example provided. Submitted By: Janice Mitchell, jmitchell@browardhealth.org	TPL-related audits and recoupments should be discussed with the Agency's TPL Vendor (currently HMS/ACS). HP has notified the provider.	
8	Item #321 Alien Span Date Claims Day 2 of an alien outpatient claim spanning midnight being denied with 0279 EOB (alien claim required medical review) due to lack of 0450 revenue code. CSR 1594 created to address this issue. Please clarify what the resolution entailed on the fix that was implemented on 8/11/2011. We are still receiving denials. Submitted By: Maureen Thomas, Maureen.Thomas@parallon.net	As of 08/12/11, Outpatient claims that contain a line with revenue 450 are allowed to span from one date of service to the next if the admit type is 1 (emergency) or 5 (trauma). Example span date: 08/01/11 – 08/02/11. Additional Notes: If more than two days are billed, claims will continue to post Edit 528 (INVALID OR SPANNED HEADER DATES) and deny appropriately. Each payable outpatient revenue code will be reimbursed with a maximum of 2 units, if the header dates of service spans two days. HP will work with submitting provider.	
11	Retro rates corrections. When will all retro rate corrections be completed? Submitted By: Orlando Health, mari.moore@orlandohealth.com	Retro rate adjustments are performed on an on-going basis as directed by the Medicaid Cost Reimbursement. HP will work with the submitting provider.	
13	Explanation code 9998 (claim is pending) are still showing on claims even after the claim has been adjudicated, either paid or denied. Submitted By: Ary Morales, aracelis.morales@kindredhealthcare.com	Claims that enter in suspense automatically generate the 9998 eob. Once an eob is associated to a claim, it remains with the claim. HP will work with submitting provider.	
14	Explanation code 9926 (claim has cutback amount) but does not explain what kind of cutback and why. Submitted By: Ary Morales, aracelis.morales@kindredhealthcare.com	9926 posts when the claim does not pay the billed amount, but pays the Medicaid allowable. HP will work with submitting provider.	
15	Is there a way to get a list from HP of the explanation codes Submitted By: Ary Morales, aracelis.morales@kindredhealthcare.com	A listing of explanation of benefit codes is posted to the Public Web Portal under Provider Training, Helpful Information. HP will work with submitting provider.	
16	Medicare crossover claim or claim allocated coinsurance are being paid since the Medicare payment is not crossing over. Submitted by: Ary Morales, aracelis.morales@kindredhealthcare.com	Duplicate issue. Please see response to item number twelve. HP will work with submitting provider.	340