

Provider Electronic Solutions (PES)

May, 2017



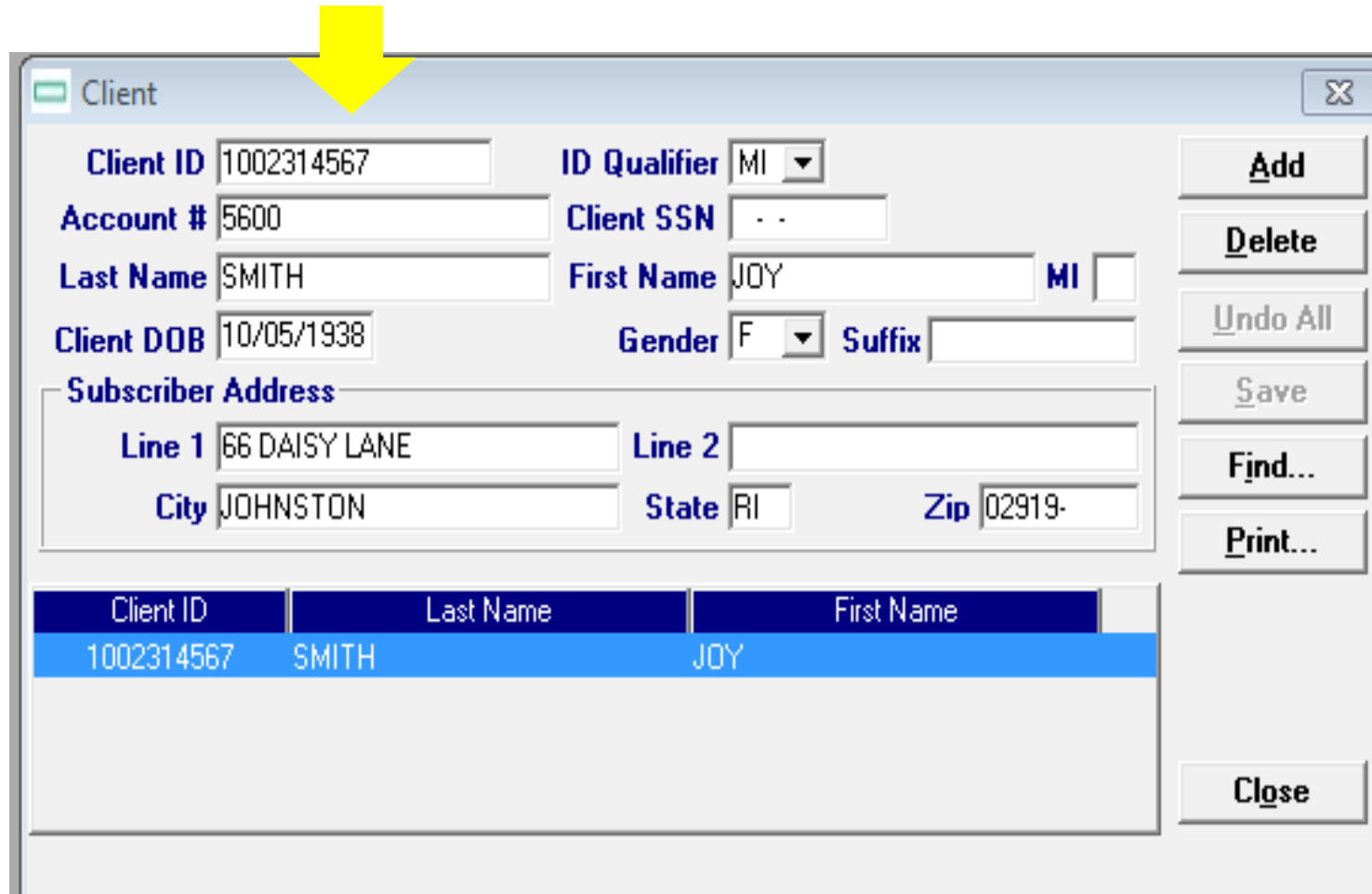
Agenda

- Client MID change
- 837 Professional Claims with Other Insurance
- Senior Replacement Plans
- 837 Dental Claims with Other Insurance

Client MID Change

- RI Medicaid is no longer using SSN as the MID
- All beneficiaries now have a 10 digit randomly assigned MID.
- At this point, both the SSN and MID** can be used to submit claims, but that window will soon close.
 - ** Newly enrolled beneficiaries (after 9/2016) can only be identified/billed with new MID- not SSN
- Providers should update the client list with the new MID.
- If you do not know the new MID, search by the SSN in the Healthcare Portal.
- The new MID will be returned.
- Update your client list. (Next slide)

Updating Client List



The screenshot shows a 'Client' form window with the following fields and values:

- Client ID:** 1002314567
- Account #:** 5600
- Last Name:** SMITH
- Client DOB:** 10/05/1938
- ID Qualifier:** MI
- Client SSN:** ..
- First Name:** JOY
- Gender:** F
- Suffix:** MI
- Subscriber Address:**
 - Line 1:** 66 DAISY LANE
 - City:** JOHNSTON
 - State:** RI
 - Zip:** 02919-

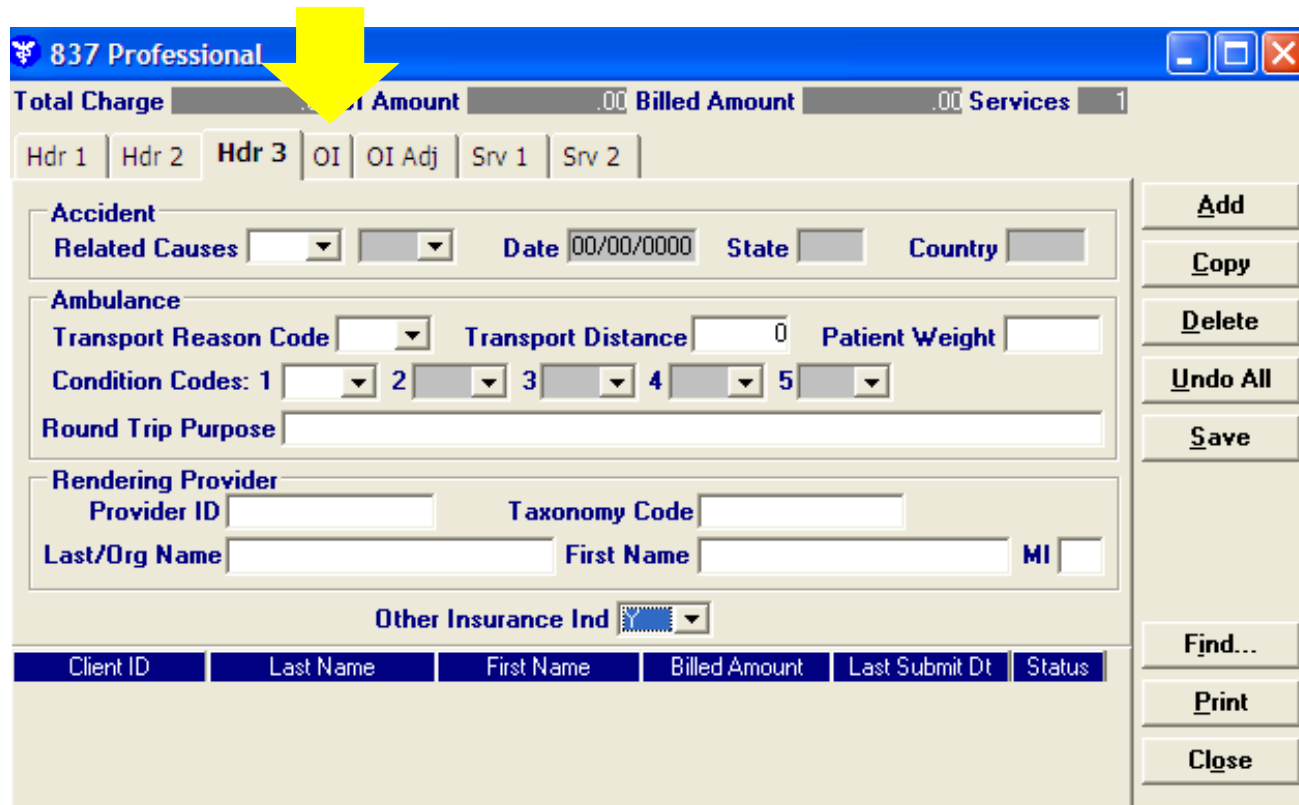
At the bottom, a table displays the client information:

Client ID	Last Name	First Name
1002314567	SMITH	JOY

Buttons on the right side of the form include: Add, Delete, Undo All, Save, Find..., Print..., and Close. A yellow arrow points to the 'Client' title bar at the top of the window.

Other Insurance – 837 Institutional or Professional

Once information has been entered on Hdr 1, Hdr 2 and Hdr 3 per the 837 professional claim instructions change the Other insurance indicator from the default “N” to “Y” as shown below. Two additional tabs will now be visible between Hdr 3 and Srv 1.



The screenshot displays the '837 Professional' software window. A yellow arrow points to the 'Other Insurance Ind' dropdown menu, which is currently set to 'N'. The window title bar shows '837 Professional' and standard window controls. Below the title bar, there are fields for 'Total Charge', 'Billed Amount', and 'Services'. The main area contains several tabs: 'Hdr 1', 'Hdr 2', 'Hdr 3', 'OI', 'OI Adj', 'Srv 1', and 'Srv 2'. The 'Hdr 3' tab is active. The form includes sections for 'Accident' (Related Causes, Date, State, Country), 'Ambulance' (Transport Reason Code, Transport Distance, Patient Weight, Condition Codes 1-5, Round Trip Purpose), and 'Rendering Provider' (Provider ID, Taxonomy Code, Last/Org Name, First Name, MI). A vertical toolbar on the right contains buttons for 'Add', 'Copy', 'Delete', 'Undo All', 'Save', 'Find...', 'Print', and 'Close'. At the bottom, there is a table header with columns: 'Client ID', 'Last Name', 'First Name', 'Billed Amount', 'Last Submit Dt', and 'Status'.

Other Insurance – 837 Institutional or Professional

- Payer Responsibility is defaulted to “P” leave as is.
- In the Claim Filing Indicator Code,
 - Select MA or MB for Medicare Senior Replacement Plans
 - For other commercial insurance, choose the appropriate claim filing indicator
- Make a selection for release of medical data.
- Tab to the carrier code box.
 - If this is the first entry for this recipient, double click in the Carrier Code field and enter recipient information (see slide 7)
 - If the recipient is already in your PES database, select the recipient information from the drop-down menu

The screenshot shows the '837 Professional' software window. At the top, there are summary fields: Total Charge (.00), OI Amount (.00), Billed Amount (.00), and Services (1). Below this are tabs for Hdr 1, Hdr 2, Hdr 3, OI, OI Adj, Srv 1, and Srv 2. The main form area contains several fields: Payer Responsibility (dropdown), Claim Filing Ind Code (dropdown with a yellow arrow pointing to it), Benefits Assignment (dropdown with 'Y'), and Release of Medical Data (dropdown). Below these is a text field for Payer Claim Reference. The Policy Holder section includes Carrier Code (dropdown with a yellow arrow pointing to it), Subscriber ID, Last Name, First Name, and MI. At the bottom, there is a table with columns: OI #, Carrier Code, Subscriber ID, Last Name, and First Name. The first row contains the value '1' under OI #. To the right of the form are buttons: Add, Copy, Delete, Undo All, Save, Find..., Print, and Close.

Adding New Client to Policyholder Form

Enter the Medicaid ID in the Client ID field. Select the valid value for the Carrier Code from the drop down box, hit the tab button and the carrier name will be populated. Select the relationship to the insured. Enter policy holder information. When all information is entered select save then chose Select to populate the carrier information on the OI tab.

Policy Holder

Client ID 1234567894 Carrier Code 12A Carrier Name BLUE CHIP FOR MEDICAR Add

Group # Other Insurance Group Name Delete

Policy # Insurance Type Code Relationship to Insured 18 Undo All

Policy Holder Information

Last Name MATCH First Name JOHN MI Save

Subscriber ID 12365478944 ID Qualifier MI Find...

Date Of Birth 10/05/1940 Gender M Print...

Policy Holder Address

Line 1 6 TABLE RD Line 2

City WARWICK State RI Zip 02920

Client ID	Carrier Code	Subscriber ID	Last Name	First Name
1004253459	95A	1004253459	SMITH	SUSAN
1234567894	12A	12365478944	MATCH	JOHN

Close

When the Carrier/Client information has been completed on the OI tab, click on the OI Adj tab and enter the following required information.

Provide other insurance payment in the **Paid Date** and **Amount Paid** fields. This amount will be deducted from your billed amount. Enter the valid value for the **Adjustment Group Code** along with the **Reason Code**. All of the dollar amounts entered must equal the total dollar amount billed for this claim. The Non-Covered Amount field is not required. This field can only be used **without** Adjustment Group and Reason Codes.

837 Professional

Total Charge .00 OI Amount 50.00 Billed Amount -50.00 Services 1

Hdr 1 | Hdr 2 | Hdr 3 | OI | **OI Adj** | Srv 1 | Srv 2

Paid Date/Amount 10/21/2011 50.00

Non-Covered Amount .00

Adjustment Group Codes/Reason Codes/Amounts

	CO	100	25.00	4		.00
1	CO	100	25.00	4		.00
2	PR	1	25.00	5		.00
3			.00	6		.00

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1	001	123456789	SMITH	JOHN

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
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Buttons: Add, Copy, Delete, Undo All, Save, Find..., Print, Close

Required information for the SRV 1 and SRV 2 tabs should be completed per the instructions for the 837 Professional claim.

Other Insurance – Dental

Once information has been entered on Hdr 1 per the 837 Dental claim instructions, proceed to Hdr 2. Enter any required information and change the Other Insurance Indicator from the default “N” to “Y” as shown below. Two additional tabs will now be visible between Hdr 3 and Srv 1.

The screenshot shows a software window titled "837 Dental" with a standard Windows-style title bar. At the top, there are summary fields: "Total Charge" (00), "OI Amount" (00), "Billed Amount" (00), and "Services" (1). Below this is a tabbed interface with tabs for "Hdr 1", "Hdr 2" (which is selected), "Hdr 3", "OI", "OI Adj", "Srv 1", and "Srv 2".

The "Hdr 2" tab contains several sections of input fields:

- Referring Provider:** Fields for "SSN/Tax ID", "Provider ID", "Last/Org Name", "First Name", and a "MI" checkbox.
- Orthodontic Treatment:** Fields for "Total Months", "Months Remaining", and "Placement Date" (00/00/0000).
- Accident:** Fields for "Related Causes" (two dropdown menus), "Date" (00/00/0000), "State", and "Country".
- Place Of Service:** Fields for "Place Of Service" and "Tooth Number".
- Other Insurance Indicators:** A dropdown menu for "Other Insurance Ind" set to "Y", and a dropdown menu for "Tooth Status Code".

At the bottom of the form is a table header with columns: "Client ID", "Last Name", "First Name", "Billed Amount", "Last Submit Dt", and "Status".

On the right side of the window, there is a vertical toolbar with buttons: "Add", "Copy", "Delete", "Undo All", "Save", "Find...", "Print", and "Close".

Other Insurance – Dental

Click on the OI Tab after entering required information on Hdr 3 per the 837 Dental claim instructions. Within the OI Tab, the Payer Responsibility Field is defaulted to "P" and does not change. Select the appropriate value for the Claim Filing Indicator from the drop down box.

The screenshot shows the '837 Dental' application window. At the top, there are summary fields: Total Charge (.00), OI Amount (.00), Billed Amount (.00), and Services (1). Below this is a navigation bar with tabs: Hdr 1, Hdr 2, Hdr 3, OI (selected), OI Adj, Srv 1, and Srv 2. The main form area contains several fields: Payer Responsibility (P), Claim Filing Ind Code (17), Benefits Assignment (Y), Release of Medical Data (16), Payer Claim Reference, Policy Holder, Carrier Code (001), Subscriber ID (987654321), Last Name (JONES), and First Name (JANE). A dropdown menu is open for the Claim Filing Ind Code field, showing options: 16 Health Maintenance Organi..., 17 Dental Maintenance Organi..., AM Automobile Medical, and BL Blue Cross/Blue Shield. Below the form is a table with columns: OI #, Carrier Code, Subscriber ID, Last Name, and First Name. The table contains one row: 1, 001, 987654321, JONES, JANE. At the bottom, there is a 'Find...' search bar and buttons for 'Print' and 'Close'.

Other Insurance – Dental

Once this step is complete, Tab to the Carrier Code field. If this is the first entry for this recipient, double click in the Carrier Code field and go to the second screen shot example below and complete the required information as indicated. If this is not the first entry for this recipient, select the recipient information from the drop-down menu of the Carrier Code field.

The screenshot shows a software window titled "837 Dental". At the top, there are summary fields: "Total Charge" (.00), "OI Amount" (.00), "Billed Amount" (.00), and "Services" (1). Below this is a tabbed interface with tabs for "Hdr 1", "Hdr 2", "Hdr 3", "OI", "OI Adj", "Srv 1", and "Srv 2". The "OI" tab is active, displaying a form with the following fields:

- Payer Responsibility: P (dropdown)
- Claim Filing Ind Code: 17 (dropdown)
- Benefits Assignment: Y (dropdown)
- Release of Medical Data: Y (dropdown)
- Payer Claim Reference: (text field)
- Policy Holder section:
 - Carrier Code: (dropdown menu)
 - Subscriber ID: (text field)
 - Last Name: (text field)
 - First Name: (text field)
 - MI: (text field)

Below the form is a table with columns: "OI #", "Carrier Code", "Subscriber ID", "Last Name", and "First Name". The first row contains the value "1" under the "OI #" column. To the left of the table are buttons: "Add OI", "Copy OI", and "Delete OI". To the right of the table is a vertical toolbar with buttons: "Add", "Copy", "Delete", "Undo All", "Save", "Find...", "Print", and "Close". At the bottom of the window is a summary table with columns: "Client ID", "Last Name", "First Name", "Billed Amount", "Last Submit Dt", and "Status".

Other Insurance – Dental

Enter the Medicaid ID in the Client ID field. Select the valid value for the Carrier Code of the primary insurer from the drop down box, click the tab button and the carrier name will be populated. Select the relationship to the insured. Enter policy holder information. When all information is entered select save then chose Select to populate the carrier information on the OI tab.

Client ID	Carrier Code	Subscriber ID	Last Name	First Name
000112222	001	987654321	JONES	JANE

Other Insurance – Dental

When the Carrier/Client information has been completed on the OI Tab, click on the OI Adj Tab and enter the following required information; Provide other insurance payment information in the Paid Date and Amount Paid fields. This amount will be deducted from your billed amount.

Enter the valid value for the Adjustment Group Code along with the Reason Code as reported on the primary payers EOB.

All of the dollar amounts entered must equal the total dollar amount being billed to Medicaid. The Non-Covered Amount field is not required. This field can only be used without Adjustment Group and Reason Codes.

Total Charge		OI Amount	Billed Amount	Services
.00		150.00	-150.00	1

Hdr 1	Hdr 2	Hdr 3	OI	OI Adj	Srv 1	Srv 2
Paid Date/Amount		03/10/2016	150.00			
Non-Covered Amount		.00				

Adjustment Group Codes/Reason Codes/Amounts					
1	CO	100	75.00	4	.00
2	PR	2	75.00	5	.00
3			.00	6	.00

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1	001	987654321	JONES	JANE

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
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Required information for the SRV 1 and SRV 2 tabs should be completed per the instructions for the 837 Dental claim.

Questions?

