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

<table>
<thead>
<tr>
<th>Client ID</th>
<th>ID Qualifier</th>
<th>Account #</th>
<th>Client SSN</th>
<th>Last Name</th>
<th>First Name</th>
<th>Client DOB</th>
<th>Gender</th>
<th>Subscriber Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1002314567</td>
<td>MI</td>
<td>5600</td>
<td>-</td>
<td>SMITH</td>
<td>JOY</td>
<td>10/05/1998</td>
<td>F</td>
<td>Line 1: 66 DAISY LANE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>City: JOHNSTON</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1002314567</td>
<td>SMITH</td>
<td>JOY</td>
</tr>
</tbody>
</table>
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.
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
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.
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.

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.
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.
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.
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.
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.

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