

# **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



Client

Client ID: 1002314567 ID Qualifier: MI

Account #: 5600 Client SSN: ..

Last Name: SMITH First Name: JOY MI

Client DOB: 10/05/1938 Gender: F Suffix:

**Subscriber Address**

Line 1: 66 DAISY LANE Line 2:

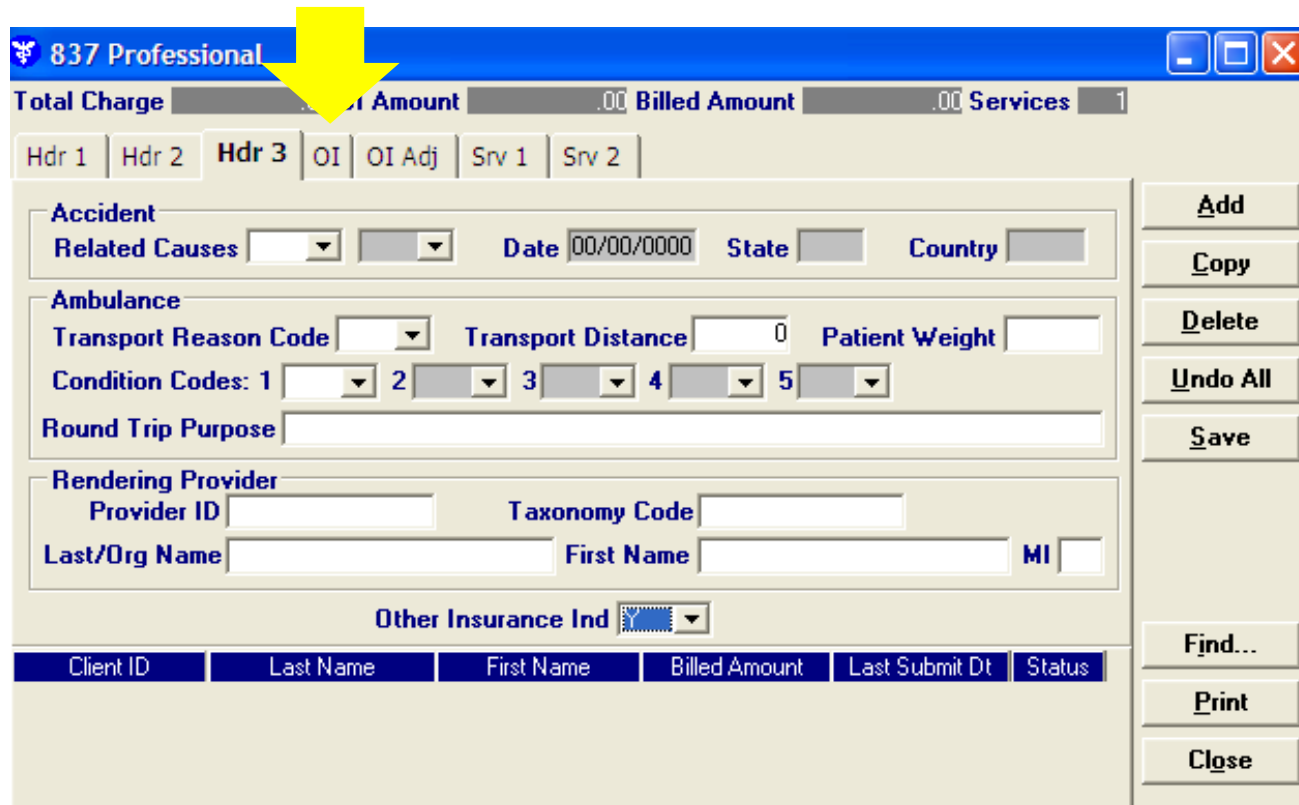
City: JOHNSTON State: RI Zip: 02919-

Client ID	Last Name	First Name
1002314567	SMITH	JOY

Buttons: Add, Delete, Undo All, Save, Find..., Print..., Close

# 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. At the top, a blue title bar contains the text '837 Professional' and standard window control buttons. Below the title bar, a status bar shows 'Total Charge', 'Billed Amount', and 'Services' with numerical values. A tabbed interface is visible with tabs for 'Hdr 1', 'Hdr 2', 'Hdr 3', 'OI', 'OI Adj', 'Srv 1', and 'Srv 2'. A yellow arrow points to the 'OI' tab. The main form area is divided into several sections: 'Accident' with fields for 'Related Causes', 'Date', 'State', and 'Country'; 'Ambulance' with fields for 'Transport Reason Code', 'Transport Distance', and 'Patient Weight'; 'Condition Codes' with five numbered dropdown menus; 'Round Trip Purpose' with a text input field; 'Rendering Provider' with fields for 'Provider ID', 'Taxonomy Code', 'Last/Org Name', 'First Name', and 'MI'; and 'Other Insurance Ind' with a dropdown menu. A vertical toolbar on the right side contains buttons for 'Add', 'Copy', 'Delete', 'Undo All', 'Save', 'Find...', 'Print', and 'Close'. At the bottom, a table header is visible with columns for '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 interface. At the top, there are summary fields: Total Charge, OI Amount, Billed Amount, and Services. Below this are header tabs: 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), Benefits Assignment (dropdown), Release of Medical Data (dropdown), and Payer Claim Reference (text field). Below these is the Policy Holder section with Carrier Code, Subscriber ID, Last Name, First Name, and MI (checkbox) fields. At the bottom, there is a table with columns: OI #, Carrier Code, Subscriber ID, Last Name, and First Name. The table contains one row with the value '1' in the OI # column. To the right of the form are several buttons: Add, Copy, Delete, Undo All, Save, Find..., Print, and Close. Two yellow arrows point to the Claim Filing Ind Code and Carrier Code fields.

# 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.

The screenshot shows a software window titled "Policy Holder" with a close button (X) in the top right corner. The form contains several sections:

- Client Information:** Client ID (1234567894), Carrier Code (12A), Carrier Name (BLUE CHIP FOR MEDICAR), Group #, Other Insurance Group Name, Policy #, Insurance Type Code, and Relationship to Insured (18).
- Policy Holder Information:** Last Name (MATCH), First Name (JOHN), MI, Subscriber ID (12365478944), ID Qualifier (MI), Date Of Birth (10/05/1940), and Gender (M).
- Policy Holder Address:** Line 1 (6 TABLE RD), Line 2, City (WARWICK), State (RI), and Zip (02920).

At the bottom, there is a table with the following data:

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

On the right side of the form, there are several action buttons: Add, Delete, Undo All, Save, Find..., Print..., and 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.

The screenshot shows the '837 Professional' software interface. At the top, there are summary fields: Total Charge (.00), OI Amount (50.00), Billed Amount (-50.00), and Services (1). Below this, there are tabs for Hdr 1, Hdr 2, Hdr 3, OI, OI Adj (selected), Srv 1, and Srv 2. The OI Adj tab contains the following fields and tables:

- 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
- Client Information Table:**

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1	001	123456789	SMITH	JOHN
- Summary Table:**

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status

On the right side of the interface, there are several buttons: Add, Copy, Delete, Undo All, Save, Find..., Print, and 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 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 tabbed interface with 'Hdr 2' selected. The 'Referring Provider' section includes fields for SSN/Tax ID, Provider ID, Last/Org Name, First Name, and MI. The 'Orthodontic Treatment' section has fields for Total Months, Months Remaining, and Placement Date. The 'Accident' section includes Related Causes (two dropdowns), Date, State, and Country. Below these are Place Of Service, Tooth Number, Other Insurance Ind (set to 'Y'), and Tooth Status Code (dropdown). At the bottom, a table header shows 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.

837 Dental

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

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

Payer Responsibility P Claim Filing Ind Code 17 Add  
Benefits Assignment Y Release of Medical Data 16 Health Maintenance Organ:  
Payer Claim Reference 17 Dental Maintenance Organ:  
Policy Holder AM Automobile Medical  
Carrier Code 001 Subscriber ID 987654321 BL Blue Cross/Blue Shield  
Last Name JONES First Name JANE

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

Find...  
Print  
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".

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".

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

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?**

