

## **Biller's Meeting Q&A**

**August 14, 2008**

Q: Regarding new on-line adjustments, Question was asked if manual claims and partial denials were in Phase III. We responded that we were not sure, but will check into it.

A: Phase III will include claims that have been accepted into eCura and adjudicated....there will be two phases within this one....1) Claims with payment made, & 2) Claims that have been denied.

Q: Comcare shared that they have received direct fee-for-service payment from EDS for services billed on non-PAHP eligible patients prior to their eligibility on PAHP, yet KHS pays the claims as well since KHS eligibility is effective on the 1<sup>st</sup> of the month. Steve requested details pertaining to these payments for us to initiate investigation.

A: If it is confirmed that KHS payment was appropriate based on PAHP eligibility, then refunds should be sent to EDS.

Q: Some billers mentioned that they still have system issue denials on their radar, sometimes being told by Claims Staff to keep holding, other times KHS is reworking them. Some denials mentioned...38, 49, 62, and 150.

A: KHS identified a group of "Exceeded" denials that have been re-adjudicated. If additional denials are noted, providers should contact claims management.

Q: Comcare mentioned examples of claims where KHS overpaid due to COB calculation...when it changed, we had prior claims that were processed with the new calculation vs. the old calculation, thus KHS overpaid.

A: Steve advised that billers should refund overpayments to reflect our rules at the time of processing.

Q: eCura – claim was recouped and then paid 2 weeks later, but no history of past processing to track progress through system so provider can see history to log correctly in their A/R.

A: This is currently an enhancement on the system issues list. Expect system fix to be implemented near Oct 10<sup>th</sup>.

Q: PRTF procedure T2038-U1...how do they submit partial units?

A: Use normal rounding rules.