

Biller's Webinar Q&A

December 18, 2008

Q: Why are the modifiers not viewable on the details Claim Status screen?

A: A Technical Request has been previously submitted to add modifier(s) to this screen. *An update will be provided at the next Biller's Webinar on January 22, 2009 in regards to an expected correction date.*

Q: Are there any claims that we are unable to work from Exceptions in Provider Connect?

A: Claims that have COB involved will not be workable by editing them on the exceptions part of Provider Connect. The exceptions to this are rehab and other codes that do not require COB information to be submitted – they are able to be edited as normal within Provider Connect.

Q: How do we know which batch the claims are within?

A: Unfortunately, there is not currently a way to know this. If you have a large volume of batches within your exceptions and are looking for a specific claim, please contact Becky Schuetz or Daniel Dubois for assistance.

Q: Can the file name be added to the exception batch screen?

A: We have submitted a Technical Request to see if this is possible. *An update will be provided at the next Biller's Webinar on January 22, 2009 in regards to an expected correction date.*

Q: Multiple items on the exception report – what is the easiest way to get back to work the rest of the batch from the claim detail screen?

A: One option is printing the exception report then performing a broad search from the 'All Modules' screen to encompass all of the claims that you are finding on the exception report. The back button on the left hand side is the only way to really get back to where you were.

Q: We are attempting to key in the rendering ARNP NPI in box 31, but the claim keeps going to exceptions – why?

A: The system is having issues with matching the rendering ARNP NPI in box 31 with the group NPI in box 33. Try leaving box 31 empty and see if it will go through. If problems persist, contact Becky Schuetz or Daniel Dubois or assistance.

Q: Is the claim number searchable from the All Modules screen?

A: Since the claim number is not searchable in all instances, you can key in the claim number on the All Modules, All Members screen and check the box at the bottom for including all previously reported claims (claims that have been on a Remittance Advice). The system should display claims for you to

choose from.

Q: Why can we not see the claims status for non-PAHP screen patients?

A: You should pull up the claim from under the All Modules, All Members screen by using the Social Security Number. If you still experience no results, please contact Becky Schuetz or Daniel Dubois for assistance.

Q: How can we tell on the Claims Status screen the claim type?

A: Go into the claim from the Exceptions screen. On the left side of the upper portion it will provide the "Form Type" which is the type of claim: 837P, Provider Connect, or Paper.

Q: We are seeing a large number of denials from supposed system issue denials, i.e. Insurance Terminated and Authorization Missing.

A: We believe that the inaccurate denials have all been handled that were being experienced earlier this fall. Please pass along examples for Becky Schuetz and Daniel Dubois to investigate.

Q: For claims on the Pending Registration Report we have updated the Registration and the claims are still denying with code 95 – "30 days has ended and claim is denying". Why is this happening?

A: The process should be automatic once the registration is updated then the claims will be adjudicated appropriately. If you resubmit the claim, it will not necessarily help as that sends another claim through the system to be processed. The best practice is to work the updates of registrations for the members occurring on the Pending Registration Report and then we will automatically run those claims through adjudication prior to the next check run. If you see a claim that is still out there after a week from the update, please contact Becky Schuetz or Daniel Dubois.

Q: We have been receiving denials on numerous claims for Crisis Intervention services, indicating the units have been exhausted. Why?

A: The system is set at 96 units per day for Crisis Intervention Codes. We have researched multiple providers' Remittance Advices through the month of December and have not seen this occur. We will need examples to research further.