Submitting Special Batch Claims and Claim Appeals

Nevada Medicaid and Nevada Check Up

August 2013

Special Batching

What is Special Batching?

- In some cases, a claim cannot be adjudicated through our system without someone reviewing and processing that claim manually – this process is known as a special batch

When to Special Batch a Claim

- Third Party Liability (TPL) paid zero (applied to the deductible, copayment and/or coinsurance)
- Multiple TPL policies on file
- Other insurance termed or exhausted
- Service is not a covered benefit with the primary carrier
- Anytime there is a web announcement with instructions to send claims for special batching due to system issue
- Orthodontic claims – recipients enrolled in MCO
- Exceptions approved by the Division of Health Care Financing and Policy (DHCFP)
- Claims requiring review of medical documentation

How to Special Batch a Claim

Include a cover letter with each special batch claim submission, which must include the following information:

- A detailed explanation of why you are requesting a special batch, including the denial code, web announcement, etc.
- Include a complete and correct claim per applicable claim form instructions.
- Attach supporting documentation, i.e., primary EOB, remittance advice (including the description page of remark codes), medical records, etc.

How to Special Batch, Continued

- Remember: All attached documents must be 8½" x 11" in size.
- Write "Attention Claims Department" on the envelope and cover letter.
- Mail the cover letter, claim form and any additional documentation to:

HP Enterprise Services
Attention: Claims Department
P.O. Box 30042
Reno, NV 89520-3042

Learning Check

1. There are multiple reasons a claim needs to be special batched. Which of the following are true?
    1. When the primary paid at zero dollars.
    2. Other insurance denied.
    3. Anytime there is a web announcement with instructions to send claims for special batching due to system issue.
    4. All of the above
2. All special batch submissions require a paper claim form?
    1. True
    2. False

Claim Appeals

Claim Appeals

Per Medicaid Services Manual Chapter 100, Section 105.2C, titled "Disputed Payment":

- The Fiscal Agent is responsible for research and adjudication of all disputed payments. This includes claims for which the provider is requesting an override even though the claim has been previously submitted and denied.

Claim Appeals, continued

- Providers can request an appeal of denied claims through the Fiscal Agent. Claim appeals must be postmarked no later than 30 calendar days from the date of the initial Remittance Advice (RA) listing the claim as denied. An additional 30 calendar days to appeal a denied claim will **not** be allowed when an identical claim has been subsequently submitted.

- Claims that have denied due to a system error, as identified by a web announcement on the Fiscal Agent website, do not need to be resubmitted or appealed.

Claim Appeals, continued

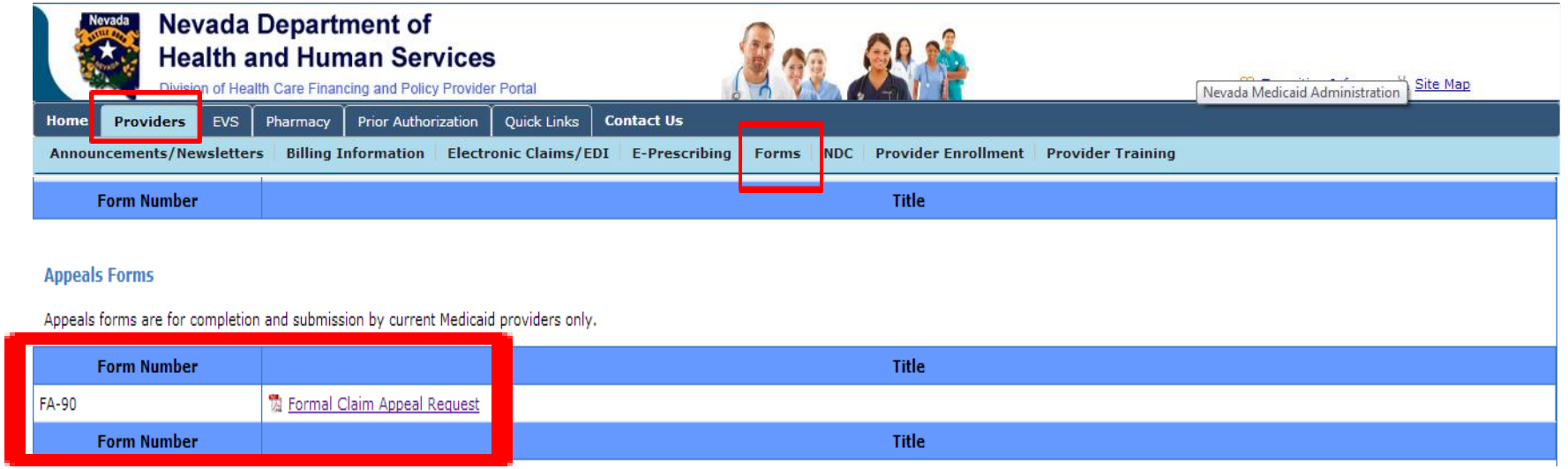
- Claims appealed due to a provider's dissatisfaction with reimbursement for specific procedure codes are first researched by the Fiscal Agent. If there is a need for policy clarification or a question of policy change, the Fiscal Agent will send the appeal, along with the full documentation of research, to Medicaid's Chief of Compliance.
- Providers must exhaust the Fiscal Agent's appeal process prior to pursuing a Fair Hearing with the DHCFP.

Do Not Appeal

- Pended claims
- Claims denied for missing or invalid information
- Claims that have never been processed by Nevada Medicaid

Where Can You Find the Formal Claim Appeal Request?

- Providers can now download and print the FA-90
- Located at www.medicaid.nv.gov



Formal Claim Appeal Request (FA-90)

HP Enterprise Services - Nevada Medicaid and Nevada Check Up

Formal Claim Appeal Request

Purpose: Use this form to request a formal claim appeal. Do **not** use this form to submit adjustments/voids, to make corrections to claims or to resubmit a denied claim.

Mail this request to: HP Enterprise Services, Attn.: Claim Appeals, P.O. Box 30042, Reno NV 89520-3042.

For questions regarding this form, call **(877) 638-3472**

DATE: _____/_____/_____

RECIPIENT INFORMATION
Recipient Name (Last, First, MI):
Recipient ID:
PROVIDER INFORMATION
Provider Name:
Provider NPI/API:
Name of person to be contacted regarding the appeal:
Contact person phone number:
CLAIM INFORMATION
Date(s) of service:
Internal control number (ICN) (*16 digits*):
Remittance advice (RA) date and number:
Edit code(s):

Formal Claim Appeal Request (FA-90), continued

REASON FOR THE CLAIM APPEAL *(be specific)*
ATTACHMENTS
Please check the attachments you are including with this Formal Claim Appeal Request:
☐ Documentation to support the appeal request, e.g., prior authorization, medical records, etc.
☐ A copy of the remittance advice page showing the denial (the remittance advice date must be within 30 days of the date that this request is postmarked)
☐ An original signed paper claim that may be used for processing should the appeal be approved

FA-90
02/26/2013

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Required Documentation

- Documentation to support the issue, e.g., prior authorization, physician's notes, ER report
- Copy of the most recent RA page showing the denial
- An original paper claim that can be used for processing should the appeal be approved
- Mail appeals and associated documents separately from claims, adjustments and voids
- Mail the appeal (FA-90, documentation, RA page and copy of original claim) to:

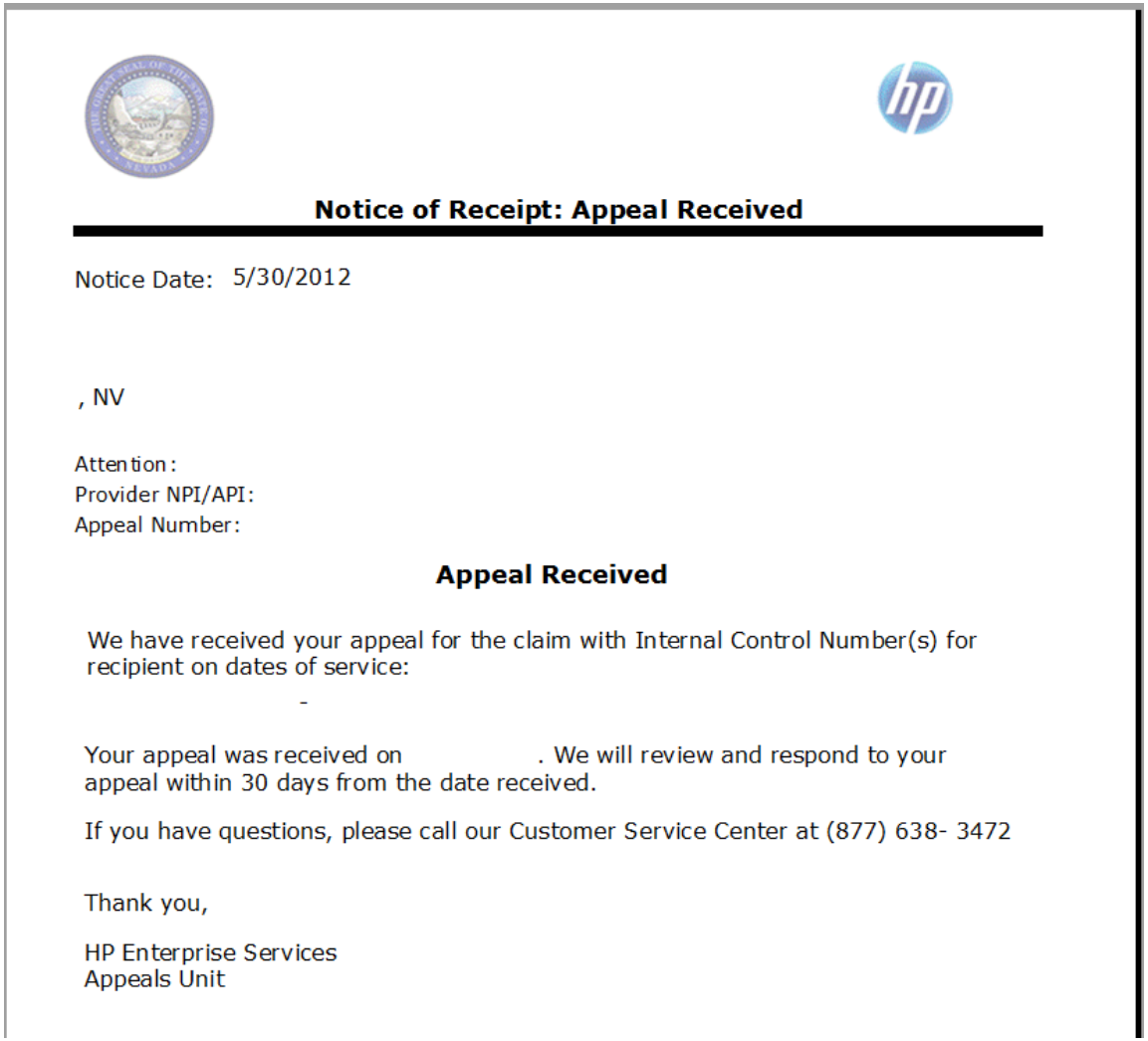
  HP Enterprise Services
  Attention: Appeals
  P.O. Box 30042
  Reno, NV 89520-3042

After the Appeal is Submitted

- HPES researches appeals and retains a copy of all documentation used in the determination process
- HPES sends a Notice of Decision (NOD) letter indicating that the appeal has been received and accepted or rejected
- HPES sends a NOD letter when an appeal is approved or denied

Appeal Letter Example

- This is an example of the letter showing that HPES has received and accepted the appeal.



Notice of Receipt: Appeal Received

Notice Date: 5/30/2012

, NV

Attention:
Provider NPI/API:
Appeal Number:

Appeal Received

We have received your appeal for the claim with Internal Control Number(s) for recipient on dates of service:

-

Your appeal was received on . We will review and respond to your appeal within 30 days from the date received.

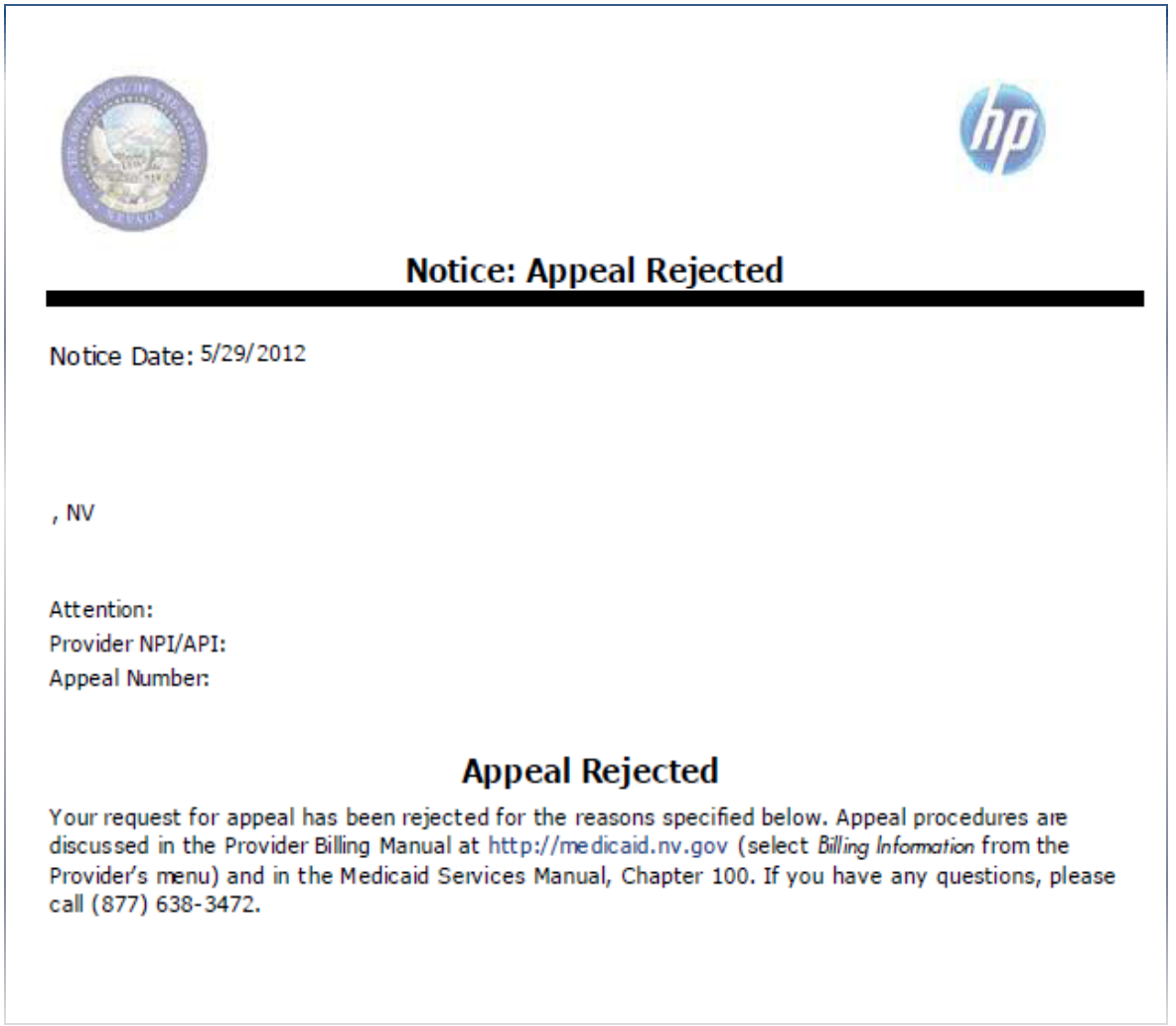
If you have questions, please call our Customer Service Center at (877) 638- 3472

Thank you,

HP Enterprise Services
Appeals Unit

Appeal Letter Example

- This example is for an appeal that has been rejected. The rejection reason would be stated in the letter.



Notice: Appeal Rejected

Notice Date: 5/29/2012

, NV

Attention:
Provider NPI/API:
Appeal Number:

Appeal Rejected

Your request for appeal has been rejected for the reasons specified below. Appeal procedures are discussed in the Provider Billing Manual at http://medicaid.nv.gov (select *Billing Information* from the Provider's menu) and in the Medicaid Services Manual, Chapter 100. If you have any questions, please call (877) 638-3472.

Appeal Letter Example

- This example is an appeal that has been approved.
- Payment is not guaranteed. There may be other edits or payments that may affect the outcome of the reprocessed claim.

Notice of Decision: Appeal Approved

Notice Date: 5/29/2012

, NV

Attention:

Provider NPI/API:

Appeal Number:

Appeal Approved

HP Enterprise Services has approved your appeal for the claim with Internal Control Number for recipient on date(s) of service:

-

We will reprocess this claim and the results will be shown on a future remittance advice.

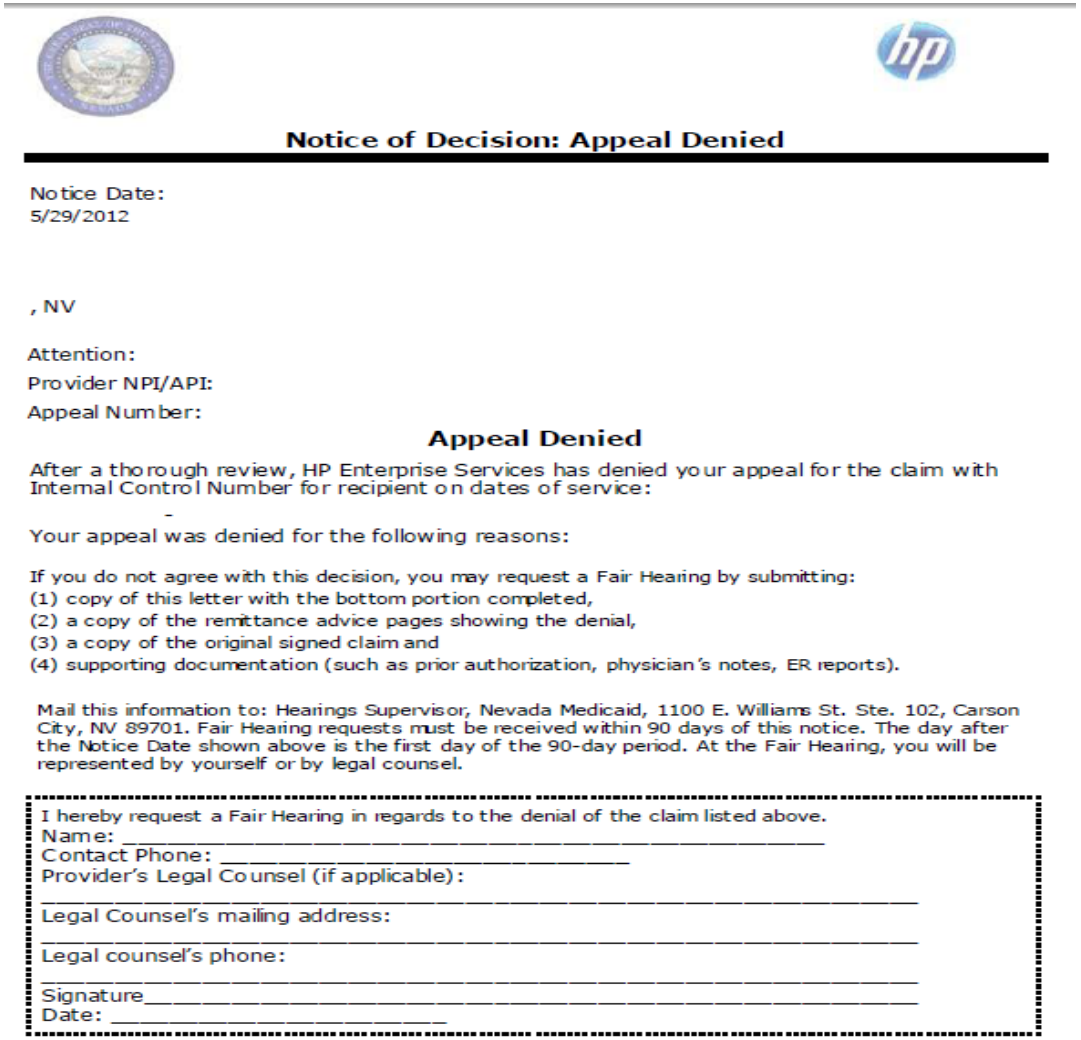
If you have any questions, please call the Customer Service Center at (877) 638-3472.

Thank you,

HP Enterprise Services
Provider Appeals Unit

Appeal Letter Example

- This example shows the appeal that has been denied and lists the reason(s) for the denial.
- The second page lists "Frequently Asked Questions" about Hearing Preparation Meetings and Fair Hearings.



Notice of Decision: Appeal Denied

Notice Date:
5/29/2012

, NV

Attention:
Provider NPI/API:
Appeal Number:

Appeal Denied

After a thorough review, HP Enterprise Services has denied your appeal for the claim with Internal Control Number for recipient on dates of service:
-

Your appeal was denied for the following reasons:

If you do not agree with this decision, you may request a Fair Hearing by submitting:
(1) copy of this letter with the bottom portion completed,
(2) a copy of the remittance advice pages showing the denial,
(3) a copy of the original signed claim and
(4) supporting documentation (such as prior authorization, physician's notes, ER reports).

Mail this information to: Hearings Supervisor, Nevada Medicaid, 1100 E. Williams St. Ste. 102, Carson City, NV 89701. Fair Hearing requests must be received within 90 days of this notice. The day after the Notice Date shown above is the first day of the 90-day period. At the Fair Hearing, you will be represented by yourself or by legal counsel.

I hereby request a Fair Hearing in regards to the denial of the claim listed above.
Name: _____
Contact Phone: _____
Provider's Legal Counsel (if applicable):
_____
Legal Counsel's mailing address:
_____
Legal counsel's phone:
_____
Signature_____
Date: _____

Fair Hearing

- If an appeal is denied, you can request a fair hearing
  - Instructions for requesting a fair hearing are included with the Appeal Denied Letter
  - Fair hearings are requested from DHCFP
- A fair hearing request must be received no later than 90 days from the notice date showing that the appeal was denied
  - The day after the notice date is considered the first day of the 90-day period
- For additional information on fair hearings, please refer to Medicaid Services Manual (MSM) Chapter 3100

Learning Check

1. Claim appeals must be postmarked no later than how many days from the date of the Remittance Advice (RA) listing the claim as denied?
    1. 10 days
    2. 5 days
    3. 30 days
    4. 20 days

2. Appeals, claims, adjustments and voids should all be mailed to HPES in one envelope.
    1. True
    2. False

Resources

- Claim inquiries and general information:

  Call the Customer Service Center
  (877) 638-3472 option 2, option 0 and then option 2

- Find web announcements, the Billing Manual, billing guidelines, forms and pharmacy information on the Nevada Medicaid website:

  www.medicaid.nv.gov

- Find the Medicaid Services Manual, rates, policy, updates and public notices on the DHCFP website:

  www.dhcfp.nv.gov

Questions

Thank You for Attending

An evaluation of today's training will be emailed to you shortly.

Please take the time to respond and send back your response so we can continue to provide you with valuable information, provide updates and improve our trainings to you.

Thank you for your participation.