CLAIMS CLUES
A Publication of the AHCCCS DFSM Claims Department

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Hospital Presumptive Eligibility - HPE

CMS approved Arizona's Hospital Presumptive Eligibility plan. Based on provisions in the Affordable Care Act, AHCCCS has developed an HPE process that allows qualified hospitals to temporarily enroll persons who meet specific federal and state criteria for full Medicaid benefits. For more information on the HPE process please refer to

https://www.azahcccs.gov/PlansProviders/RatesAndBilling/presumptiveeligibility.html

HPE provides eligible persons with temporary full Medicaid coverage. Persons who are approved for HPE may receive Medicaid services from any registered AHCCCS provider.

AHCCCS has created a health plan ID# specific to the HPE process: 000675. When the provider verifies a patient's AHCCCS eligibility online, the HPE plan ID# 000675 will indicate that the claims must be submitted to AHCCCS Fee-for-Service (FFS).

Each HPE claim must be submitted with the medical records, as all HPE claims will require medical review to verify medical necessity. Claims submitted to AHCCCS FFS without medical records will be denied as unclean.

HPE is _temporary_ Medicaid coverage - each person eligible under HPE must complete the normal Medicaid application process. Providers are responsible to verify a patient's eligibility and to determine the appropriate health plan for claim submissions.

DFSM Claims Customer Service Tips

Claim Received Date
AHCCCS assigns a 15 digit Claim Reference Number (CRN) to every claim and document received. The first five digits indicate the Julian Date of receipt as follows:
- First & second digits = calendar year when received
     for example, claims received in 2016 will begin with 16
- third, fourth and fifth digits = the day of the year
     for example, claims received on January 10th will show 010 as the tenth day of the calendar year

When the calendar year is a "leap year" then February has 29 days and the leap year has 366 days. Non-leap years have 365 days.

For example:

- if a claim is received on March 1st 2016 (which is a leap year) then the CRN will begin with 16061 because March 1st is the 61st day of 2016
- a claim received March 1st 2015 (not a leap year) would have the CRN as 15060 because March 1st is the 60th day of 2015

The CRN has been expanded to 15 digits to accommodate claims with more than 99 lines. The last 3 digits of the CRN indicate the line number. When inquiring about a whole claim the first 12 digits of the CRN will identify the whole claim. If the question or inquiry is related to a specific claim line, then the complete 15 digit CRN should be referenced.

Federal Emergency Service (FES)

Claims submitted for FES must be submitted with the appropriate "emergency" indicator. Failure to bill with appropriate "emergency" indicators will result in a denial, even if medical records are with the claim.

CMS 1500 claim form Box 24C must be submitted with a "Y" or "X". The UB-04 claim form must be submitted with Admit Type "1" to indicate 'emergency services". Failure to submit a claim without this information will result in a denial of the claim.

If the services rendered are not appropriate to bill with an emergency indicator then the claim should not be submitted to AHCCCS.

FES claims must also have medical records submitted with the claim, as each FES claim goes through medical review to assure the services meet the stringent federal criteria, which involves more than "medically necessity". Failure to include medical records with the claim submission will result in the denial of the claim.

Refer to the FFS Provider Manual Chapter 18 Federal Emergency Services Program for further details.

UB-04 Field 64

When submitting UB-04 claims, field 64 only should be used to indicate an AHCCCS CRN, if appropriate.

Entering another payer's claim number will result in an automatic denial of the claim as "unmatched key field". To remedy this "unmatched key field" denial the provider must submit a corrected claim removing the invalid claim number from Field 64 and replace it with the original CRN.

Refer to the FFS Provider Manual Chapter 4 General Billing Rules for further details on claim resubmission, replacements and voids.

<u>ADA Dental Claim Form Field 2</u>
It is important to follow ADA claim submission guidelines for resubmission or replacement dental claims. The original AHCCCS claim number (CRN) must be indicated in field 2 on the ADA dental claim form.

Refer to the FFS Provider Manual Chapter 4 General Billing Rules for further details on claim resubmission, replacements and voids.

Are You Signed Up for Important Provider Notices?

AHCCCS sends out important email notices and updates to providers – are you signed up for this FREE service? Go online to see what is offered and sign up at:

https://www.azahcccs.gov/PlansProviders/AHCCCSlistserve.html