

SCRIPTS start from SLIDE 6 to Slide 16

Slide 6:

Many of you may have encountered part of your claims being rejected for same day services.

Let's take a look at what I mean.

In this slide, you can see that on January 29th this provider performed services from 7:55am to 9:55 am and then at 4:30 pm to 8:30 pm.

When this provider submitted these claims, the 7:55am to 9:55 am claim for 2 unit at \$24 was unprocessed by DHHS and is being reflected as rejected claim in Tellus.

In today's Provider meeting, we want to specifically address this type of rejected claims because of the numerous request we received in the EVV mailbox.

We will also touch on other types of rejected claims during the Q and A portion of the meeting.

In this scenario, you can see that this provider expected to receive \$72 in claims payment, but, only received \$48.

Before we go demonstrate to you how to adjust your claims, here is a best practice recommendation:

Never adjust your claims before you review your Explanation of Payment or EOP in short. We want you to first validate that you truly did not receive your payment before you make any adjustments.

So, let's assume that this provider has done his or her due diligence and validated that he or she did not receive the \$24 claim for the day of service provided on Jan 29th from 7:55 am to 8:55AM.

Now let's show you how to adjust the rejected claim on the paid claim line so that this provider can receive the payment of \$24.

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Slide 7:

To find out whether your claims are paid or rejected, go to the Visits screen.

- (1) Select Payer
- (2) Put in your date range
- (3) If you are providing services to more than one participant, and have several rejected claims for different participants, work on one participant's rejected claim at a time. For this we pick Alexis!
- (4) Click on Search Visit to Claim Reconciliation

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Slide 8:

Now that you are in the Search Visit to Claim Reconciliation screen, I want to bring your attention to the ICN Colum. Now that's identify the ICN number under the ICN column. As you can see you have a paid claim on jan. 29th for service performed from 4:30 pm to 8:30 PM. It's 4 units at \$48. In this example, the ICN number is T1234567891.

You can either write this down on a piece of paper or using your mouse copy this ICN number. Do what make you feel comfortable. But make sure you document this ICN number somewhere because we will need this number to adjust your claim.

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Slide 9:

With your ICN number written down or copied, navigate or lick on the Claim Review tab.

Go to the Voids and Adjustments page

Next slide please

Slide 10:

On the Voids and Adjustment page,

First, pick your payer (Nebraska DHHS)

Second: either copy that ICN number you wrote down or copied and you can now paste that number here in the ICN# line. That ICN number was T1234567891

Third: Click Search and you will see that Paid claim line appear under the search list.

You can also see that it's the \$48 dollar amount that DHHS has paid out to the provider for the services performed on Jan. 29th

Fourth: Click anywhere on this claim line or row to open up the detail of this claim.

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Slide 11:

After you have unfurled or click to open up the claim line, under the billable units click on the pencil icon. Note that the original claim has 4 units.

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Slide 12:

Once you click on the pencil icon under billable unit, you can now edit the unit from the previous 4 unit to 6 unit. You need to add that rejected 2 units to the 4 units that was paid.

Then, pick the reason code: And you can see that you have increased the units from 4 to 6, so pick reason code 5150.

Now, another best practice recommendation: Write good detailed notes. Remember, you are subjected to audits. Write notes that justify why you increase the unit.

Now click Apply.

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Slide 13:

Here's a public service announcement! When you adjust your unit, you must adjust your amount. You cannot adjust one without adjusting another!

So, click on the pencil icon under the Adjusted amount!

Next slide please

Slide 14:

Once you click on the pencil icon under the adjusted amount, you can now edit the amount from the previous \$48 to \$72 dollar. You need to add the rejected \$24 dollar to the \$48 that was paid out to you.

Next, pick the reason code and since you increased the billable dollar amount, you need to pick the reason code that reflect that.

I will echo this again: Best practice recommendation: Write good detailed notes. Remember, you are subjected to audits. Write notes that justify why you increase the amount.

Once you have written your note, Click Apply!

Next slide please

Slide 15:

After you click APPLY, Click Adjust when you are done.

A pop-up message will request for your confirmation that you truly want your claims to be adjusted. So click OK!

Next slide please

Slide 16:

Finally, after you adjusted your claims, you can review your adjusted claims!

Click on the Claim Review tab

Click on Voids and Adjustments page

Choose your payer

That ICN number where you wrote down or copied paste it here. And for the sake of this demo, it's T1234567891

Click Search

AND viola! You will see that your total billed amount is \$72 dollar amount released, for which \$24 needs to be paid out after adjustment on the date for which you adjusted the paid claim.

I hope this short explanation helps you work on the rejected claims.

Trevor/ Lisa/Juan, do you have any other tips, tricks, and best practices you would like to weigh in?

If not, let's move to the Q and A session!