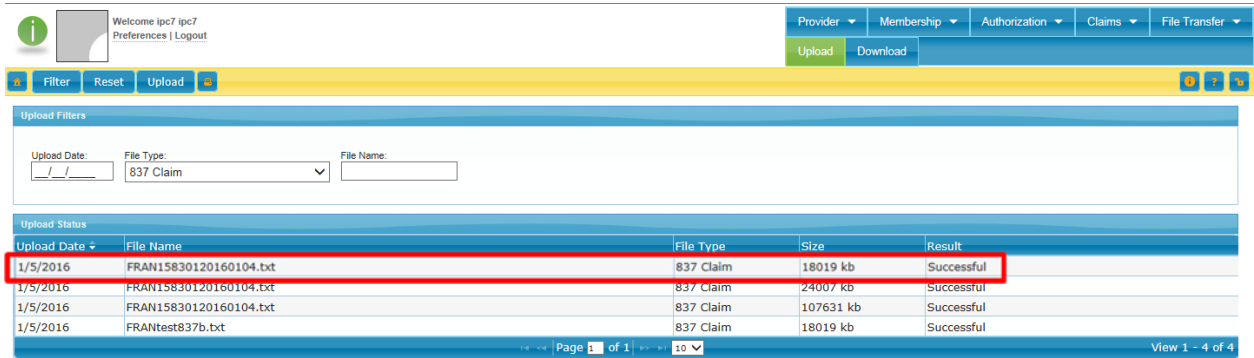


Description: Monitoring claims processing

The purpose of this document is to offer ADAMH provider agencies a proactive method to ensure that claims files have been received and processed. Detailed within this document are two different methods for determining the adjudication status of a claim and an explanation for the use and receipt of the 999, Adjudication Status Detail and ECP inventory reports.

Instructions: After a provider has uploaded a file it will appear in the **Upload Status** section of the page. The result of “Successful” indicates the file was successfully uploaded, but does not reflect on the processing of the content of the claim file.

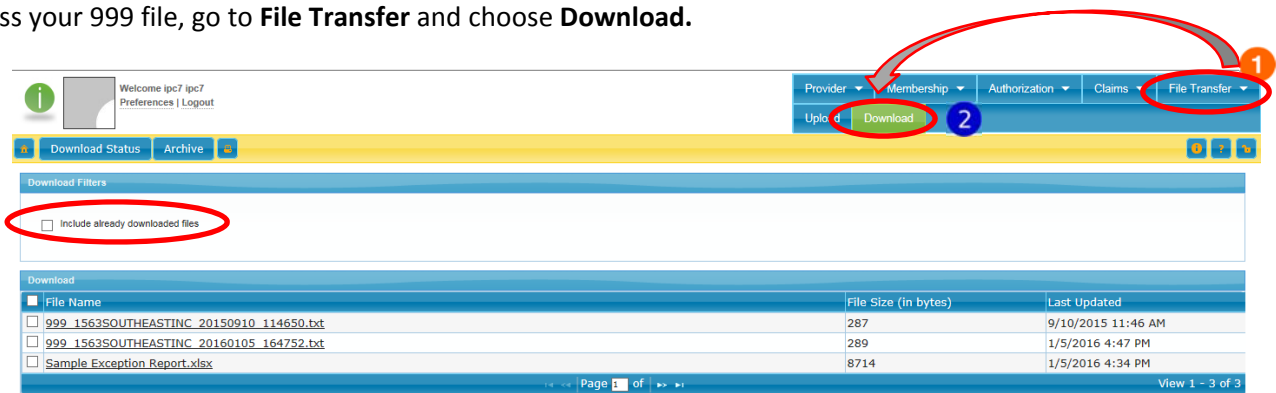


FILE TRANSFER MENU - DOWNLOADS

When an 837 Batch file is processed through SHARES, a **999 Functional Acknowledgement** file will be generated and made available to download.

If the 837 is rejected, a 999 will not be generated for the rejected file and the file will need to be resubmitted.

To access your 999 file, go to **File Transfer** and choose **Download**.



If you’ve already downloaded a file, it will be hidden from the default view. Simply put a checkmark in the “Include already downloaded files” checkbox and the previously downloaded files will be visible.

Two different methods are available to validate that a claim file has processed successfully. The provider can access the files (ECP inventory, Adjudication Status Details) or view the Claims Status in Provider Connect.

Assessing the ECP Inventory and Adjudication Status Detail reports:

In addition to the 999 file an ECP Inventory Report and Adjudication Status Detail report will be generated after the claim file has completed processing.

The **ECP Inventory report or Electronic Claims Processing Inventory** shows the results of the first step in claim processing. After a claim has been submitted into SHARES the claims files are processed to determine if the claimant listed on the provider’s claim file matches a member established within SHARES. Claims are not approved or denied during this step. The purpose of this step is only to verify that the individuals listed in the claims files match a member enrolled in SHARES.

After the 999, the ECP inventory will be the next file available for providers to download

ECP Inventory

ECP Inventory reports indicate if the claimant listed on the provider’s claim file matches a member established within SHARES. The report will provide two different Claim Statuses.

Claim Status

1. Exception – indicates the claim for the individual was unable to be matched to a member in SHARES
 - a. The member either has not yet been enrolled in SHARES or there may be a discrepancy with the identifying criteria (name, birthdate).
 - b. This claim will not be able to be submitted to SHARES for adjudication.
2. Matched – indicates the claim for the individual was able to be matched to SHARES.
 - a. This claim will be submitted to SHARES for adjudication.



BatchNumber	prov_id	submittedby	submitter	ECPreason	create_date	SS_NUMBER	Patient_ID	MemberName	ServiceDate	ServiceDateTo	BillingProvider	RenderingProvider	Charge	ProcCode	RevCode	Modifier	ClaimStatus	Reason
25020	1563	SOUTHEAST INC	SOUTHEAST INC	DOB Last Name First Name SSN	11/3/2016 9:20				6/1/2016	//	SOUTHEAST INC		21.97	H0036		HE	Exception	Unable to match a member
25020	1563	SOUTHEAST INC	SOUTHEAST INC	DOB Last Name First Name SSN	11/3/2016 9:20				6/3/2016	//	SOUTHEAST INC		108.6	90863		HE	Matched	

The **Adjudication Status Detail** report is the final report available for providers to download regarding the status of the claim file. The Adjudication Status Detail report includes each claim and indicates if the claim was denied or approved based on the members Medicaid eligibility and if the service is covered under the currently enrolled plan. This step only determines if the claim is valid and does not check these claims against the providers’ allocation with ADAMH; that functionality will be available with the implementation of FIAT, the fiscal interface.

Claims are adjudicated twice, the first adjudication process determines if the claim is a valid claim and the additional adjudication occurs after the batch has been submitted for 270/271 processing to determine Medicaid eligibility.

Adjudication Status Detail

The Adjudication Status Detail report is a large document with approximately 54 columns of data. This report indicates the adjudication status of a claim, whether it is approved or denied.

Highlighted below are some of the columns that are worth noting.



A	B	C	D	E	F	G	H	I	J	K	L	M	N
Provider ID	Provider name	Tax ID	NPI	SHARES patient ID	Last name	Middle	First Name	Date of birth	SHARES span start	SHARES span end date	board	Benefit plan name	Level of care description
1563	SOUTHEAST INC	31-0940189	1932169497						4/16/2010 0:00	12/31/2017 0:00	Franklin County Board	Franklin Standard	OP Alcohol & Drug Outpatient Treatment H0006-AD Case Management
1563	SOUTHEAST INC	31-0940189	1932169497						4/16/2010 0:00	12/31/2017 0:00	Franklin County Board	Franklin Standard	OP Alcohol & Drug Outpatient Treatment H0006-AD Case Management
1563	SOUTHEAST INC	31-0940189	1932169497						4/16/2010 0:00	12/31/2017 0:00	Franklin County Board	Franklin Standard	OP Alcohol & Drug Outpatient Treatment H0006-AD Case Management

- SHARES span start date
 - This is the date that the span begins, typically this is the screening date that was entered during enrollment.

- SHARES span end date
 - Indicates the end date of the benefit plan which the member is enrolled
- Benefit plan name
 - Members are either enrolled in the Franklin Standard Plan or the Temporary Plan
 - Franklin Standard Plan
 - Members residency and income have been verified
 - The Franklin County Standard Plan covers all services payable by the Board.
 - Franklin Temporary Plan
 - Members residency and/or income have not been verified
 - The Temporary Plan only covers a select amount of services.



AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
Authorization number	Status ID	Adjudication status	Adjudicated amount	Adjudication reason	Date of service	Date received	Date entered	Last processed on	Units	Contract rate
	3	Denied	120.78	Medicaid Non-Covered Service	5/2/2016	9/16/2016 10:33	9/19/2016 8:02	9/21/2016 17:00	0	0
	3	Denied	201.3	Medicaid Non-Covered Service	6/9/2016	9/16/2016 10:33	9/19/2016 8:02	9/21/2016 17:00	0	0
	3	Denied	140.91	Medicaid Non-Covered Service	5/11/2016	9/16/2016 10:33	9/19/2016 8:02	9/21/2016 17:00	0	0

- Adjudication status
 - Refers to the potential payment status of a claim
 - Approved – Indicates a fee for service claim that meets the appropriate approval criteria.
 - Accepted – Indicates claims for Block Grants and Prevention services, these are sometimes referred to as encounter claims.
 - Denied – Indicates a fee for service claim that does not meet the appropriate approval criteria. Claims may also be denied due to a members Medicaid eligibility at the time of service.
 - Pending – Indicates the claim is pending Medicaid eligibility verification, this only applies to claims that are part of the Medicaid taxonomy of services.

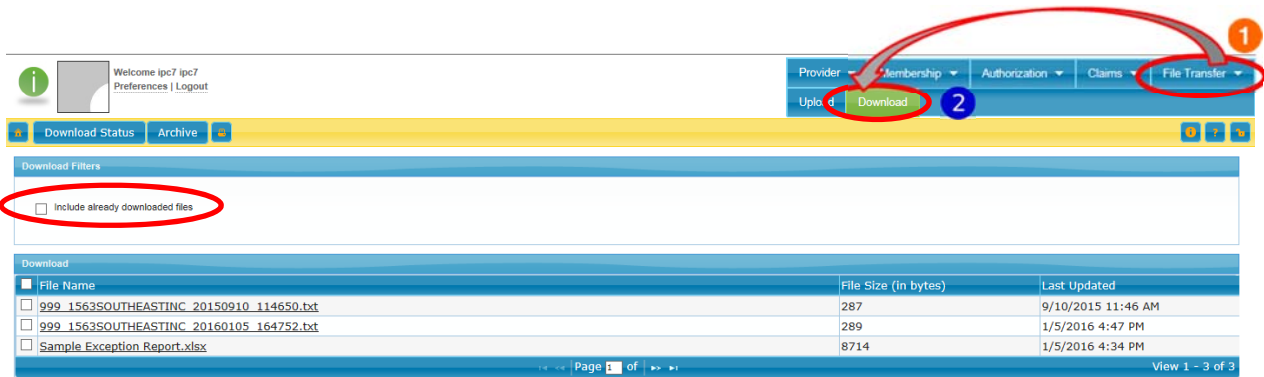


AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB
Adjudicated amount	Adjudication reason	Date of service	Date received	Date entered	Last processed on	Units	Contract rate	Total claimed amount	Payable amount	Copay	Withheld amount	Deductible	Other paid amount	Coinsurance amount	Post date
120.78	Medicaid Non-Covered Service	5/2/2016	9/16/2016 10:33	9/19/2016 8:02	9/21/2016 17:00	0	0	120.78	0	0	0	0	0	0	sep 22 2016 9:59AM
201.3	Medicaid Non-Covered Service	6/9/2016	9/16/2016 10:33	9/19/2016 8:02	9/21/2016 17:00	0	0	201.3	0	0	0	0	0	0	sep 22 2016 9:59AM
140.91	Medicaid Non-Covered Service	5/11/2016	9/16/2016 10:33	9/19/2016 8:02	9/21/2016 17:00	0	0	140.91	0	0	0	0	0	0	sep 22 2016 9:59AM

- Post Date – Indicates the date the Adjudication Status Detail report was created.

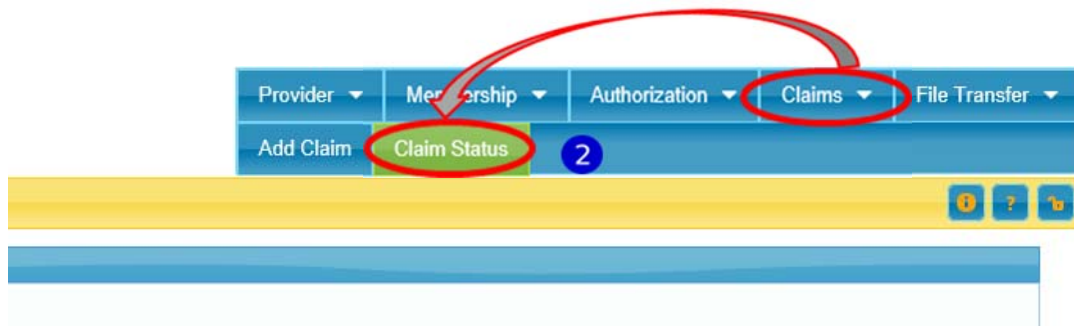
Both ECP Inventory and Adjudication Status Detail reports are generally available 24 hours after a file has been submitted to SHARES (actual time may vary based on the volume of claim files submitted for processing).

To access your ECP Inventory and Adjudication Status Detail file, go to **File Transfer** and choose **Download**.

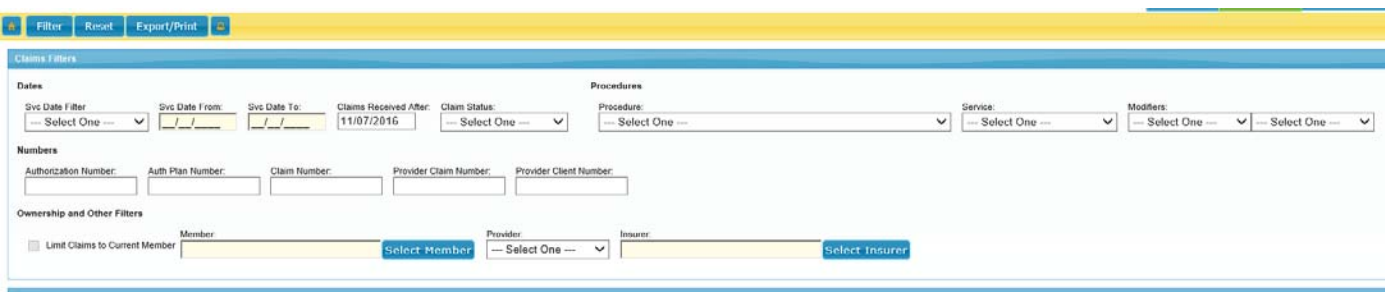


Assessing the Claim Status module in Provider Connect:

To access the Claim Status module in Provider Connect, go to **Claims** and choose **Claim Status**.



This page will allow you to view detailed status for all claims based on the criteria selected.



This report will show if a claim has been accepted, denied or is still within the adjudication process. Again, this step only determines if the claim is a valid plan and does not check these claims against the providers' allocation with ADAMH. This functionality will be available with the implementation of the fiscal interface, FIAT.