

REV – Adjustment Requests

Purpose:

After a check is indexed by Revenue Collections, adjustments, credits, or gross adjustment requests are created in OnBase. Revenue Collections creates an adjustment request e-Form in OnBase that instructs CORE on how to adjust the claim record in Medicaid Management Information Systems (MMIS). Depending on the type of log adjustment, a check may generate more than one adjustment transaction. Other methods for loading adjustments to MMIS are being explored. Currently, Health Management Systems (HMS) is electronically transmitting adjustment files to be uploaded by CORE into MMIS.

Identification of Roles:

IME CORE: Scans documents into the OnBase Queues. Receives adjustment requests electronically from HMS to be uploaded to MMIS.

IME Revenue Collections: Indexes checks, Submits requests for adjustments, credits, or gross adjustments.

Performance Standards: Daily

Path of Business Procedure:

Step 1: CORE scans checks received via US mail to the OnBase Queues.

Step 2: Revenue Collections Indexes the checks into the following queues per established check indexing procedures:

- A. 02: HCBS (Home and Community Based) Waiver Audits
- B. 05: Lien Recovery
- C. 09: Insurance Recovery Member
- D. 11: Insurance Recovery Carrier
- E. 12: Insurance Recovery Provider
- F. 16: Department of Inspections and Audits (DIA) Audit (See DIA Adjustment Procedures Manual)
- G. 17: DIA Audit Residential Care (See DIA Adjustment Procedures Manual)
- H. 20: Claim Errors
- I. 23: Miscellaneous and Others
- J. 35: Disallowance (See Disallowances Procedures Manual)

Step 3: The Revenue Collections Posting Specialists Team Lead assigns a Posting Specialist to work the different types of check classifications. Based on the check classification they are assigned, the Posting Specialist should filter the Log Adjustment Queue for that check classification.

Step 4: To filter the Log Adjustment Queue a Revenue Collections Posting Specialist follows the below procedures:

- A. Access the CK01 Log Adjustment Queue.
- B. Right click within the check queue window and select Filter Inbox→Find all Checks.
- C. Select one of the following principal classifications to work:
 - 1) 02 - HCBS (Home and Community Based) Waiver Audits
 - 2) 05 - Lien Recovery
 - 3) 09 - Insurance Recovery Member
 - 4) 11 - Insurance Recovery Carrier
 - 5) 12 - Insurance Recovery Provider
 - 6) 16 - DIA Audit (See DIA Adjustment Procedures Manual)
 - 7) 17 - DIA Audit Residential Care (See DIA Adjustment Procedures Manual)
 - 8) 20 - Claim Errors
 - 9) 23 - Miscellaneous and Others
 - 10) 35 - Disallowance (See Disallowances Procedures Manual)
- D. A list of all the checks with that classification will appear in the check window.

Step 5: Research in MMIS is then done by Revenue Collections to make sure that the adjustment/credit has not already been performed on the claim. Revenue Collections currently performs this research for all checks.

- A. Open the MMIS system and select “5” Claims Inquiry Subsystem.
 1. Look in system to find out if the adjustment has already been completed on the claim in MMIS
- a) If the adjustment has already been performed, create a Gross Adjustment for all classifications.

- 1) Create and submit an adjustment form in OnBase. From the OnBase System main toolbar, select File→Forms→Core Gross Adjustment Request.
 - 2) Refer to the check and accompanying documentation in OnBase and populate the Log Adjustment e-Form.
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- b) Research Provider that issued check to see if Provider has a credit balance by selecting “9” Provider Subsystem in MMIS. If a refund is needed and the provider has a credit balance create a Gross Adjustment 2 and 7 to remove credit balance. If the Provider does not have a credit balance, create a Gross Adjustment 2 to refund the Provider.
 - c) If claim cannot be located in MMIS due to age of claim, perform a gross adjustment.
 - d) A gross adjustments are performed for pharmacy claims.

If the adjustment has not been performed:

- 1) Research in OnBase to ensure that an adjustment has not been completed for a claim associated with a check. Revenue Collections conducts this research if the Posting Specialist finds that an adjustment has already been performed to the claim in MMIS.
- 2) Open “Document Retrieval” in OnBase.
- 3) Look in system to ensure that an adjustment/credit was not completed for a claims associated with a check.
- 4) To create an adjustment or gross adjustment request to credit/adjust a claim in MMIS Revenue Collections will complete the following:
 - a. Create and submit an adjustment form in OnBase. From the OnBase System main toolbar, select File→Forms→Core Internal Credit/Adjustment Request.
 - b. Refer to the check and accompanying documentation in OnBase and populate the Log Adjustment e-Form.

Step 6: After submitting the adjustment requests for the claims associated with the check, complete the check in OnBase and it will drop into the Completed Logged Checks Queue in OnBase.

Step 7: Working the Refund Queue in Check 01 - Revenue Collections unit does not refund carrier checks unless a written request from the carrier is received. This also includes checks that the carrier states were sent in error.

A. Acceptable documentation for a refund request will include:

1. The request must come directly from the carrier in writing.
2. The reason for the request is clearly identified on the correspondence.
3. The exact refund amount being requested is noted on the document.
4. The members name and date of service is reflected on the correspondence.
5. While working classification 11, if the associate is unable to get the required information from the document three attempts at contact via phone, fax or email will be made and noted to the document.
6. If all three contacts fail to provide the needed information the document will be noted with all contact attempts and completed out of the OnBase Correspondence Queue. ***If the document is a check it should be moved to the "Dead End Check Queue".***

Step 8: The auditor pulls a selection of 3% of adjustments randomly per worker each month from the OnBase Completed Queue. The auditor will work through the adjustment to check for any errors. If any errors are found, the auditor will fill out an Adjustment Audit Form for the Posting Specialist to review and make any corrections that are needed.

- A. The auditor will review the adjustments for each check selected for audit to ensure the accuracy of the adjustment. Any discrepancies found will be brought to the attention the Posting Specialist. If additional training is needed, it is the responsibility of the auditor to meet with the individual.
- B. If any errors are found, it is the responsibility of the Posting Specialist to correct these errors. Once corrected, they will bring the Adjustment Audit Form back to the auditor. The auditor will then review to ensure that the adjustment is correct.
- C. Errors will be tracked on an individual basis and results will be provided to the Account Manager on a monthly basis.

Step 9: Manual check Recoupment Procedures: Requests for a manual check recoupment will come via email. Below is an example request:

Example

Ginn, Beth

From: Huber, Linda
Sent: Wednesday, February 18, 2009 3:21 PM
To: Johnson, Rosemary
Cc: Storm, Natalie; Havig, Joe B; Tavegia, Mary; Lovelady, Julie; Schlueter, Robert; Savonell, Ashley N.; Ginn, Beth; Davis, John; Cowger, JoAnn; Rockey, Joanne
Subject: Manual Check Request - Christopher J Mohr # X000203642

Rosemary: Julie Lovelady has agreed to issue a manual check for the above referenced provider. Please issue the check and return to the IME tomorrow. The provider is from Humboldt and will pick up the check on Friday. The MD classification for this check is Title XIX.

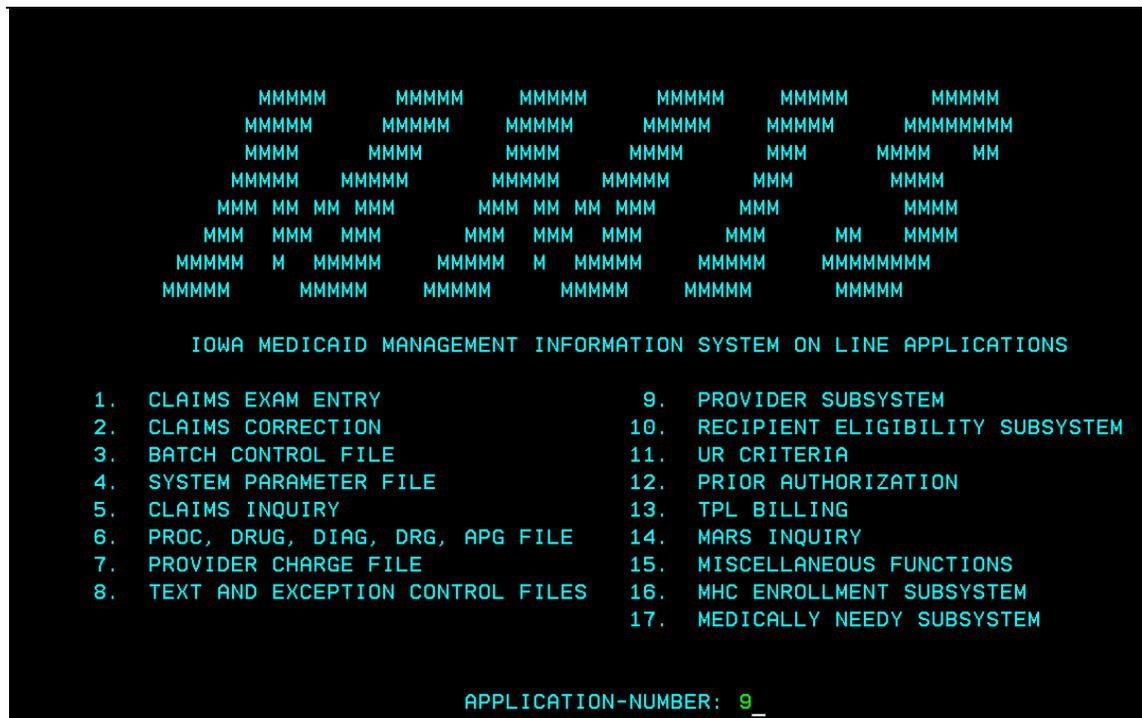
Joanne: Please send Rosemary the necessary documentation for the issuance of the check.

Beth: Please set up a recoupment for the provider and the amount.

The provider is:
Christopher J Mohr
Provider #: X000203642
Amount: \$5,000

Linda Huber
Provider Services
515-725-1362

To process the request Revenue Collections will proceed to the MMIS and select application **9** (Provider Subsystem) and enter.



Enter **C** as the action code & Enter the **Legacy number** and enter

Session - PASSPORT February 18, 2009, 11:00 AM

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PROVIDER SUBSYSTEM KEY PANEL

ENTER THE ACTION CODE: C A = ADD C = CHANGE D = DELETE I = INQ

----- PROVIDER MASTER FILE -----
NPI:
MEDICAID-NUMBER: 0203642
SOCIAL-SECURITY OR EMPLOYER-ID:
PROVIDER-NAME:
UPIN:
PROVIDER-TYPE/COUNTY:
DEA-NUMBER:

----- MEDICARE/MEDICAID CROSS-REFERENCE FILE -----
MEDICARE-NUMBER:
MEDICARE-EFFECTIVE-DATE:
MEDICAID-NUMBER:
  
```

Select F3 on the following screen (screen 1) to reach screen 3.

Type in the **recoupment amount**, Reason Code (**23**), **Check amount** should be the same as the recoupment amount, check percent as **100** select enter and the recoupment is complete.

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Revenue Collections

```
PROVIDER: 0541052          PROVIDER MASTER DISPLAY SCREEN 3          INQUIRY
NPI: 1144266024          CURR-DATE: 03/31/09          TAXONOMY: 282N00000X
SPLIT-BILL:              BILL-AGREEMENT:
CDAC-U-IND:      PRINT-SUSP: N DO NOT PRT MCAR-PART-IND: N MCAID-PART-IND: Y
PAYMENT-METHOD: M MAIL CHECK YEAR-END-DATE: 1231 COST-RPT-DATE:
EFT-ROUTE-ID:    EFT-ACCT-NBR:          CHK/SAV:
EMC-MEDIA: N NOT ALLOWD RECORD-FORMAT: BPI:          ELEC-TAD:
MPASS:  DATE:      MAX:      CURR:      AGES:      SEX:      CURR/NEW:
MPASS-PHN:      MPASS-FEE:  COUNTIES:
REMIT-MEDIA: H HARDCOPY REMIT-SEQ: 0 NAME          FAX:
CORRES-MEDIA: H HARDCOPY TREAT-PROV-IND:  PLAN-TYPE:  VEND-ID:
THERA/OPTOM: N CRITICAL ACCESS:  AUDIT:          DATE:
SUR-CAT-SVC/CLASS-GROUP:          EPSDT-IND: Y ER: N
CREDIT-BALANCE:  AMT:      372.19          DATE: 030909 INIT-BAL-DTE: 081406
LIEN-HOLDER-PROVIDER:          LIEN-DATE:          LAST-WITHHELD:
LIEN-AMT-PAID:          LIEN-BALANCE:          LIEN-RSN:
LIEN-CHK-AMT:          LIEN-CHK-PCT:          UPIN:
RECOUP-AMT:          RSN:      CHK-AMT:          CHK-PCT:
ADDRESSES: REMIT: 2 CHECK: 2 CORRES: 2 CARE-COORD: N BEG:          END:
----- PHYSICAL ADDRESS (1)-----          ----- E-MAIL ADDRESS -----
METHODIST IU RILEY HOSPITAL
1701 N SENATE BLVD
INDIANAPOLIS          IN 462020000
```

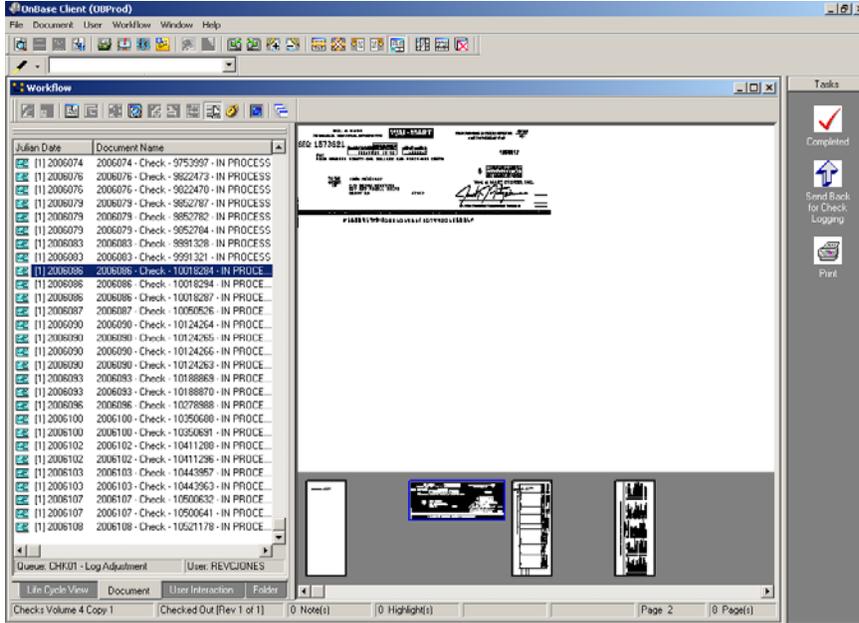
The screen will look like the following when all data has been entered:

```
Session - PASSPORT          February 18, 2009, 15:29
PROVIDER: 0203642          PROVIDER MASTER DISPLAY SCREEN 3          CHANGE
NPI: X000203642          CURR-DATE: 02/18/09          TAXONOMY:
SPLIT-BILL:              BILL-AGREEMENT:
CDAC-U-IND:      PRINT-SUSP: A ALWAYS PRT MCAR-PART-IND: N MCAID-PART-IND: Y
PAYMENT-METHOD: M MAIL CHECK YEAR-END-DATE: 1231 COST-RPT-DATE:
EFT-ROUTE-ID:    EFT-ACCT-NBR:          CHK/SAV:
EMC-MEDIA: N NOT ALLOWD RECORD-FORMAT: BPI:          ELEC-TAD:
MPASS:  DATE:      MAX:      CURR:      AGES:      SEX:      CURR/NEW:
MPASS-PHN:      MPASS-FEE:  COUNTIES:
REMIT-MEDIA: H HARDCOPY REMIT-SEQ: 0 NAME          FAX:
CORRES-MEDIA: H HARDCOPY TREAT-PROV-IND:  PLAN-TYPE:  VEND-ID:
THERA/OPTOM: N CRITICAL ACCESS: N AUDIT:          DATE:
SUR-CAT-SVC/CLASS-GROUP:          EPSDT-IND: N ER: N
CREDIT-BALANCE:  AMT:          DATE:          INIT-BAL-DTE:
LIEN-HOLDER-PROVIDER:          LIEN-DATE:          LAST-WITHHELD:
LIEN-AMT-PAID:          LIEN-BALANCE:          LIEN-RSN:
LIEN-CHK-AMT:          LIEN-CHK-PCT:          UPIN:
RECOUP-AMT: 5000.00 RSN: 23 CHK-AMT:          CHK-PCT: 100
ADDRESSES: REMIT: 1 CHECK: 1 CORRES: 1 CARE-COORD: N BEG:          END:
----- PHYSICAL ADDRESS (1)-----          ----- E-MAIL ADDRESS -----
TRIPLE C CONSTRUCTION
707 1ST AVENUE N
HUMBOLDT          IA 505480000
```

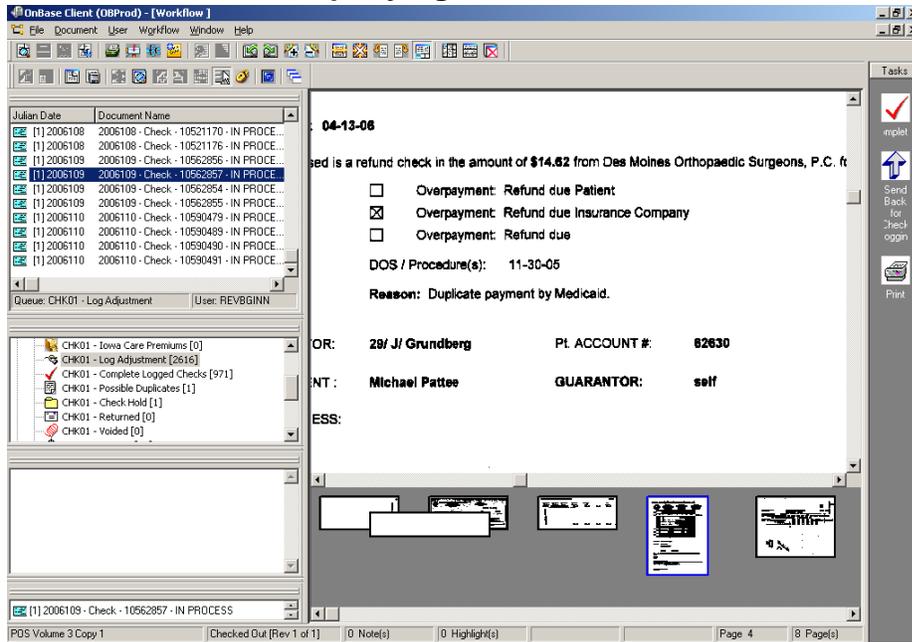
Once ready to process the recoupment hit enter twice to complete.

Forms/Reports:

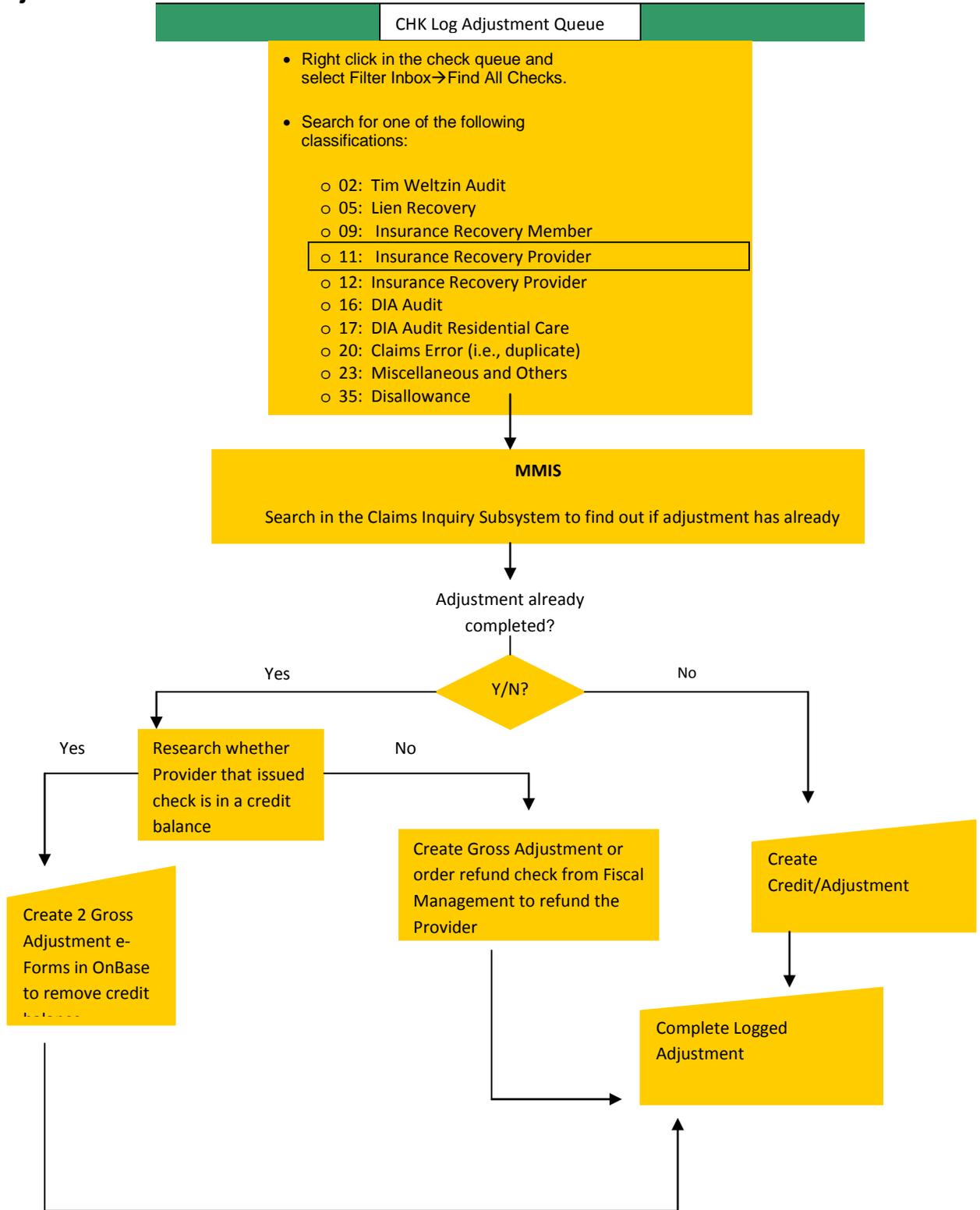
Scanned Check



Documentation accompanying check



Log Adjustment Flowchart



RFP References: N/A

Interfaces: Core

Attachments: N/A

Acronyms:

CCN - Cash Control Number

DCN - Document Control Number

DHS – Department of Human Services

DOS – Date of Service

HMS – Health Management Systems

IME – Iowa Medicaid Enterprise

MCD – Medicaid

MMIS – Medicaid Management Information System

POS – Live pharmacy checks that are delivered via mail to the IME.

RSN – Reason

SSN – Social Security Number

TCN – Transaction Control Number

TPL – Third Party Liability