MCE Claim Processes

Indiana Medicaid Advisory Committee Meeting – February 27, 2019

Claim Submission

Claim Acceptance

Claim Rejection

Claim Adjudication

Claim Payment / Denial

Claim Appeal

Claim Submission

Providers may submit paper or electronic claim forms.

Clearing house receives electronic claims from thousands of providers, checks the claims for errors, and routes to MCEs.

MCEs **must receive a claim** within 90 days for in-network providers (180 for out-of-network), following date of service.

State mandates that MCEs process clean paper and electronic claims within 30 and 21 days, respectively

Claim Acceptance

System reviews claim for errors and critical fields (i.e. dates of service, billing/rendering provider, etc.) prior to acceptance.

Regulatory requirements (federal and state) mandates certain information to be present in order to accept and pay a claim.

NPI common rejection/denial; provider information on claim **must** match record at State – a State requirement.

Claim Rejection

Rejected claims – Claims with invalid or missing information that are rejected prior to entering into the claims system

Rejected claims may be corrected and resubmitted.

Examples of rejected claims*

- Provider/practitioner not enrolled in IHCP
- Invalid member RID number
- Incorrect type of bill for the service or location
- Missing or invalid modifier

*Anthem does not reject claims with missing information; instead claims are processed in the system and if information is missing or incorrect, the claim is denied.

Claim Adjudication

Over 90% of clean electronic claims paid within 21 days

Claim passes through library of system logic that validates information on claim. Examples include:
- Are procedure/revenue codes covered or non-covered?
- Does service require a prior authorization; was it approved?
- Is the provider in-network or out-of-network?

Depending on services or claim components, claim may need to be manually processed by claims processor

Claim Payment / Denial

Largest single sources of claim denials include:
- NPI
- Timely filing
- Prior authorization
- Duplicate claim
-Service not covered
-Quantity edit

Denied claims can be appealed by providers

Claim Appeal

- Appeals must be filed after the dispute decision
- While FFS requires filing within 15 days of the date of dispute determination, Anthem allows 30 days and CareSource, MDwise and MHS allow 60 days

Appeals can be submitted via paper or electronically (Anthem takes verbally, CareSource can be done via portal).

Appeals must be resolved within 45 calendar days from the date of the receipt of the appeal.

All appeal decisions are final.

Anthem Medical Claims Data

	HIP	HCC	HHW
Total Clean Claims Received	1,056,422	471,372	391,750
% of In-Network (IN) Clean Claims Received	90.0%	91.3%	91.5%
% of **Electronic** IN Clean Claims Received	82.9%	81.2%	86.2%
% of **Paper** IN Clean Claims Received	17.1%	18.8%	13.8%
Denial Rate: **IN Facility**	15.2%	12.9%	16.2%
Denial Rate: **IN Professional**	18.1%	15.9%	19.7%
Avg Days **From Last DOS on IN Claim to Receipt**	21	19	21
Avg Days **From Receipt of IN Claim to Remittance**	7	6	6
% of **Electronic** IN Clean Claims Paid on Time	99.7%	99.6%	99.5%
% of **Paper** IN Clean Claims Paid on Time	98.7%	99.3%	99.3%

Source: Q4 QR-S1; QR-S2

Anthem®

CareSource Medical Claims Data

	HIP	HCC	HHW
Total Clean Claims Received	169,155	N/A	123,649
% of In-Network (IN) Clean Claims Received	81.28%	N/A	85.25%
% of **Electronic** IN Clean Claims Received	91.81%	N/A	90.49%
% of **Paper** IN Clean Claims Received	8.19%	N/A	9.51%
Denial Rate: **IN Facility**	7.08%	N/A	6.59%
Denial Rate: **IN Professional**	8.08%	N/A	6.73%
Avg Days **From Last DOS on IN Claim to Receipt**	27	N/A	36.5
Avg Days **From Receipt of IN Claim to Remittance**	7	N/A	7
% of **Electronic** IN Clean Claims Paid on Time	98.69%	N/A	98.67%
% of **Paper** IN Clean Claims Paid on Time	99.03%	N/A	99.15%

CareSource™

Source: Q4 QR-S1; QR-S2

MDwise Medical Claims Data

	HIP	HCC	HHW
Total Clean Claims Received	505,771	N/A	415,594
% of In-Network (IN) Clean Claims Received	80.7%	N/A	83.0%
% of **Electronic** IN Clean Claims Received	94.8%	N/A	93.2%
% of **Paper** IN Clean Claims Received	5.2%	N/A	6.8%
Denial Rate: **IN Facility**	7.9%	N/A	8.8%
Denial Rate: **IN Professional**	8.8%	N/A	8.1%
Avg Days **From Last DOS on IN Claim to Receipt**	19	N/A	22
Avg Days **From Receipt of IN Claim to Remittance**	12	N/A	13
% of **Electronic** IN Clean Claims Paid on Time	91.6%	N/A	93.8%
% of **Paper** IN Clean Claims Paid on Time	84.6%	N/A	90.3%

Source: Q4 QR-S1; QR-S2

MHS Medical Claims Data

	HIP	HCC	HHW
Total Clean Claims Received	356,959	229,277	316,401
% of In-Network (IN) Clean Claims Received	89.1%	89.6%	91.3%
% of **Electronic** IN Clean Claims Received	96.3%	97.1%	96.4%
% of **Paper** IN Clean Claims Received	3.7%	2.9%	3.6%
Denial Rate: **IN Facility**	6.9%	6.9%	7.3%
Denial Rate: **IN Professional**	9.3%	8.0%	7.9%
Avg Days **From Last DOS on IN Claim to Receipt**	16	16	16
Avg Days **From Receipt of IN Claim to Remittance**	9	8	8
% of **Electronic** IN Clean Claims Paid on Time	98.9%	98.7%	99.2%
% of **Paper** IN Clean Claims Paid on Time	99.0%	98.0%	97.7%

Source: Q4 QR-S1; QR-S2