



## Integrated System News Bulletin

### Mass Resubmit of Medi-Medi Claims when the provider is not Medicare Certified but the Client is covered by Medi-Cal and Medicare

Attention: Contract Providers

#### STOP – Impact to You

DMH has identified a number of claims denied by Medi-Cal because providers did not include Medicare as a payer. In these cases, the providers are NOT Medicare certified, but Medi-Cal expected to see the Medicare ID and Medicare in the claim with a paid amount of \$0. These denied claims represent a significant amount of revenue for a number of providers.

#### CAUTION – What You Need to Know

DMH and Sierra are planning a Mass Resubmit of these claims, but some claims are approaching the one year mark and *must be submitted by users*.

#### GO – What You Need to Do

To accomplish this, it is first necessary for users to first ensure a Medicare ID is entered in the Financial Screen as a reported benefit. *Your claims will not be submitted by Sierra if the Medicare ID number is not present.*

Second, users must resubmit denied claims and void/re-enter claims of this type that have September 2004 and October 2004 service dates to avoid losing revenue before the mass resubmit occurs.

Claims that were entered incorrectly (Medicare is not included as a payer, the Medicare ID and a Medicare paid amount of \$0 were not entered in the Outpatient Claim) must either be resubmitted (if denied) or voided and re-entered (if pending, forwarded, or pending adjudication). Since a voided claim is removed from clinical, it is necessary to add the service, submit to admin, then submit the claim with the correct information. *If the service was day treatment*, it will be necessary for you to call the Help Desk prior to submitting the claim so that End User Support can delete the record in MHMIS.



Claims that are denied for Medicare/Medi-cal coverage display these details on the IS010 Report:

DenySource='FIN ADJ'  
DenyGroup = 'OA'  
DenyReason = '129'  
RemarkCode = 'N8'

Identifying claims to void may be a little trickier, because there is no report that verifies a claim in pending, forwarded, or pending adjudication status was entered incorrectly. However, you should verify claims in these statuses if they represent clients who have denied claims under this same type.

DMH and Sierra will soon add a new rule that will deny claims that have a Medicare ID in Clinical but do not have Medicare included in the claim. ***It is your responsibility to verify Medicare and/or Other Health Coverage from the message returned from the Eligibility Transaction.***

We hope to process the mass resubmit by the October 2005 deadline, scheduled to occur November 7, 2005. Users will be notified via the IS Alert. If you have questions regarding these denied claims or the void and/or resubmit process, please call the Help Desk at (213) 351-1335.