

## **Medicaid Hospice – Tips on Filing Claims**

Below is information on filing long-term care claims for members of our Blue Cross Community Health Plans<sup>SM</sup>. To help prevent delays in claim payments, refer to these solutions to common issues:

### **P68 – PCF Does Not Match**

This impacts only Revenue Code 0658. If information in the Illinois Department of Healthcare and Family Services online portal, [MEDI](#), matches your claim, but the Patient Credit File does not, remember that the Patient Credit File is not in real time as MEDI is. Allow time for HFS to update the Patient Credit File. Once updated, claims will be adjusted accordingly.

If you know your resident is not yet on the Patient Credit File, do not wait to file the claims. Timely filing still applies.

### **H48 – Unit Value Billed Does Not Correspond**

The discharge date should not be included as a payable day unless the patient expired.

If the patient's status is not 30, then there must be a discharge date on the claim.

### **H05 – Duplicate Claim**

Make sure any corrected claim submitted has frequency code 7 and the correct claim number is populated in the X12 Clearinghouse Claim Number LOOP of the 837I.

If your claim is for only part of the month, review your records and confirm that there are no dates of service overlapping. This can happen with a patient becoming eligible for hospice midmonth.

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