

Long Term Care (SNF and Supportive Living) Claim Issue Summary for BCBSIL Medicaid

Blue Cross and Blue Shield of Illinois (“BCBSIL”) has identified a number of issues that have impacted, or are currently impacting, processing and payment of Long Term Care (LTC) claims submitted by Skilled Nursing Facility (SNF) and Supportive Living Facility (SLF) providers for Blue Cross Community OptionsSM, or BCBSIL Medicaid members. BCBSIL Medicaid includes Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Community Integrated Care Plan (ICP)SM, Blue Cross Community Family Health PlanSM (FHP) and Managed Long Term Supports and ServicesSM (MLTSS) members.

This document is intended to provide a summary of LTC claim rejection and denial issues, along with how providers may identify them. This document also offers guidance to providers on how to proceed, if any action is needed, once each issue is resolved. BCBSIL is working aggressively to fully resolve those issues that are currently still pending and we will continue to communicate status updates to impacted providers.

CLAIM REJECTION ISSUES

Claim rejections may occur at the clearinghouse for claims received on or after Jan. 1, 2017. Claims rejected by the clearinghouse will be returned to the provider with an explanation describing why the rejection occurred. Claims rejected in error must be resubmitted to BCBSIL by the provider.

The table below outlines recent LTC claim rejections, with issue descriptions, resolution status and guidance on how providers should proceed.

| Issue Name | Description | Resolution Status |
|---|--|--|
| Invalid Member Rejections | Claims are rejecting in error with a message of “Invalid Member.” This error is occurring due to an issue with updating the current eligibility dates for the member. | System updates were made in March 2017 to resolve this issue. Providers should confirm member eligibility then proceed with resubmitting the impacted claims. |
| Attending Provider Taxonomy Rejections | Claims were rejected in error with a message of “Attending Provider Taxonomy Code is missing for Inpatient.” This error occurred when no attending provider taxonomy code was included on institutional provider claims. | Resolved in February 2017. The edit causing the claim rejection has been removed. Providers should proceed with resubmitting the impacted claims. |
| Admitting Diagnosis/Date Rejections | When an admitting diagnosis or admission date is included, claims are rejecting in error with the following messages: <ul style="list-style-type: none"> • “Segment HI (Admitting Diagnosis) is used. It may be used on most of inpatient claims and some outpatient claims as defined by NUBC.” • “Segment DTP (Admission Date/Hour) is used. It may be used only on inpatient claims and some outpatient claims as defined by NUBC.” | Resolved in March 2017. The edit causing the claim rejection has been removed. Providers should proceed with resubmitting the impacted claims. |

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CLAIM DENIAL ISSUES

Claim denials may occur when claims are received and processed within our claims adjudication platform. The provider receives both an Adjustment Reason Code and explanation code describing why the claim was not paid. Claims that are denied due to a BCBSIL error will be reprocessed without requiring claim resubmission and interest payments will be made when applicable.

The table below outlines recent LTC claim denials, information on which types of providers were impacted for which types of members, product information, issue description and resolution summary.

| Issue Name | Provider Type Impacted | Product Impacted | Issue Description | Resolution Summary, Dates and Additional Information |
|---|------------------------|-----------------------------|---|--|
| T2033 | SLF | MLTSS | Claims were denied in error for no benefit as administration of SLF benefits for electronic professional (837P transactions) and paper (CMS-1500) claims was not appropriately configured after original system update for LTC billing change implementation delay. | System corrected. Claim adjustments completed on March 2, 2017. |
| Claims with Rev Code 190/194 | SNF | All (MMAI, ICP, FHP, MLTSS) | Claims were denied in error as coding requirements were checked against new requirements for the wrong date of service. | System corrected March 6, 2017. Finalizing reports to begin processing adjustments. |
| Claims with new State Coding Guidance Effective Date of Service (DOS) 12-1-2016 | SNF and SLF | All (MMAI, ICP, FHP, MLTSS) | Claims were denied as coding requirements were checked against old requirements for the wrong date of service. Includes T2033 issues for MMAI, ICP and FHP. | System corrected March 6, 2017. Finalizing reports to begin processing adjustments. |
| Bad Debt Incorrect Handling | SNF | All (MMAI, ICP, FHP, MLTSS) | Claims were denied in error and bad debt calculation was performed incorrectly. | System corrected Feb. 14, 2017. Finalizing reports to begin processing adjustments. Providers may have received erroneous recoupment letters for Bad Debt. For further information, contact your assigned BCBSIL Provider Network Consultant (PNC). |

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