



Medicaid Information Technology System

**State & Local Government Solutions
Medicaid Information Technology System (MITS)**

FFS Claims - Suspended Claims Resolution and Management Participant Guide

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Table of Contents

- Course Overview 1
 - Overview 1
 - Objective(s) 1
 - Agenda 1
- FFS Claim Suspension 3
 - Overview 3
 - FFS Claim Suspension Process 3
 - Navigating Suspended Claims 4
 - Location Codes 10
 - Claim Edit Recycle Criteria 11
 - Special Batch Processing 11
 - Check Your Understanding 11
 - Summary 12
- Accessing your claims suspense list 13
 - What 13
 - Who 13
 - When 13
 - Relevance 13
 - Guidelines 13
 - How to 14
 - Success 14
 - Next Steps 14
 - Practice 14
 - Summary 15
- Resolving claim errors 16
 - What 16
 - Who 16
 - When 17
 - Relevance 17
 - Requirements 17
 - Guidelines 17
 - How to 17
 - Success 19
 - Next Steps 19
 - Practice 20
 - Summary 20
- Manually pricing a suspended claim 21
 - What 21
 - Who 21
 - When 21
 - Relevance 21
 - Requirements 21
 - Guidelines 21
 - How to 22
 - Success 23
 - Next Steps 23
 - Practice 24
 - Summary 24

Communicating and/or routing claim information with data correction notes 25

- What 25
- Who 25
- When 25
- Relevance 25
- Requirements 25
- Guidelines 26
- How to 26
- Success 26
- Next Steps 26
- Practice 27
- Summary 27

Maintaining location assignments for a user 28

- What 28
- Who 28
- When 28
- Relevance 28
- Requirements 28
- Guidelines 28
- Assigning a location to a user 29
- Updating a location assignment for a user 29
- Deleting a location assignment for a user 30
- Success 30
- Practice 30
- Summary 31

Assigning individual claims to users 32

- What 32
- Who 32
- When 32
- Relevance 32
- Requirements 32
- Guidelines 32
- How To 33
- Success 33
- Next Steps 33
- Practice 34
- Summary 34

Assigning a group of claims to a user 35

- What 35
- Who 35
- When 35
- Relevance 35
- Requirements 35
- Guidelines 35
- How To 36
- Success 36
- Next Steps 36
- Practice 36
- Summary 37

Maintaining Edit Recycle Criteria 38

 What..... 38

 Who..... 38

 When 38

 Relevance..... 38

 Requirements..... 38

 Guidelines..... 39

 How To..... 39

 Success 40

 Next Steps 40

 Practice 40

 Summary 40

Review..... 41

 Objectives 41



Course Overview

Overview

The goal of this course is to provide you with the skills required to perform tasks associated with Fee-for-Service (FFS) claims in Ohio MITS.

Objective(s)

After completing this course you should be able to:

- Access your Claims Suspense List
- Resolve claim errors
- Manually price a suspended claim
- Communicate and/or route claim information with data correction notes
- Maintain location assignments for a user
- Assign individual claims to a user
- Assign a group of claims to a user
- Maintain edit recycle criteria

Agenda

Day 1

Topic	Time
Welcome and Introductions	10 minutes
Course Overview	5 minutes
FFS Claim Suspension	60 minutes
Break	15 minutes
Accessing your claims suspense list	45 minutes
Performing data correction tasks	60 minutes
Lunch	60 minutes
Manually pricing a suspended claim	45 minutes
Communicating and/or routing claim information with data correction notes	45 minutes

Topic	Time
Break	15 minutes
Maintaining location assignments for a user	60 minutes
Assigning individual claims to users	45 minutes

Day 2 Agenda

Topic	Time
Day 1 Recap	10 minutes
Assigning a group of claims to a user	45 minutes
Maintaining edit recycle criteria	45 minutes

FFS Claim Suspension

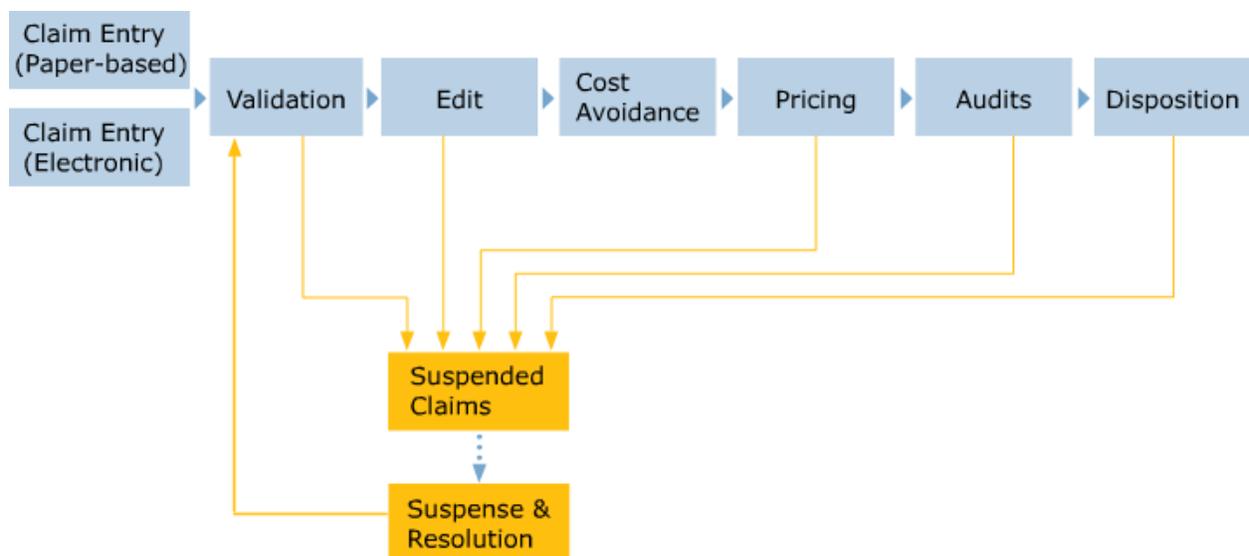
Overview

In this topic you will learn about the FFS Claims suspension process.

FFS Claim Suspension Process

After a claim enters MITS, the system identifies any errors associated with the claim using a series of edits. Each edit is dispositioned to pay, deny or suspend. If the claim or claim detail contains an edit dispositioned to suspend, MITS places the claim into a suspended status and assigns a predetermined location code to the claim. Claims Resolution staff members receive assignments to resolve the error or errors and resubmit the claim for processing.

Note: Not all errors that MITS encounters during adjudication result in claim suspension. Only those errors that prevent MITS from assigning a final disposition result in a suspended claim.



Navigating Suspended Claims

When you access a suspended claim from your claims suspense list, the information MITS displays and the navigation that is available varies based on the type of suspended claim that you are viewing. The types of suspended claims you may be resolving can be:

- Physician claims
- Dental claims
- UB claims (institutional claims)

Note: Associated with these claim types, staff members may need to review attachments such as consent forms, 6653 forms and so on.

Review the claim panels below to learn more.

Navigating Suspended Claims - Physician Claim header

July 21, 2010 3:00 PM EDT

[Home](#) [Claims](#) [Drug](#) [EDI](#) [Healthcheck](#) [Financial](#) [Managed Care](#) [MAR](#) [Prior Authorization](#) [Provider](#) [Recipient](#) [Reference](#) [RetroDUR](#) [TPL](#) [Security](#) [Tools](#) [Site](#)
[home](#) [search](#) [information](#) [adjustments](#) [data corrections](#) [assignments](#) [related data](#) [encounter data](#) [eomb](#)

Claims Suspense List

Select a row below to Data Correct.

ICN	Claim Type	Status
5010067044001	CMS 1500 CLAIMS	SUSPENDED
Claim Count: 1		

When you access a claim from your **Claims Suspense List**, MITS displays the claim header, claim navigation menu and claim detail rows (displays on next slide).

Physician Claim
Top Nav ? A X

ICN: 5010067044001 Prevl ICN: <input type="text"/> Recipient ID: 440789524678 [Search]	Claim Type: CMS 1500 CLAIMS Prov ID: 8641211040 NPI [Search]	Status: Suspend *FDOS: 03/09/2009 *TDOS: 03/09/2009 Hosp FDOS: <input type="text"/> Hosp TDOS: <input type="text"/> Accident Date: <input type="text"/> *Date Billed: 03/13/2009 Copay Code: <input type="text"/> Date Paid: <input type="text"/> Attachment: NO Txn Type: <input type="text"/> ClaimDiagnosis: <input type="text"/>	Details: 2 Billed: \$53.25 Net Billed: \$53.25 Header TPL: \$0.00 Total Detail TPL: \$0.00 TPL Rec Amt: \$0.00 Spenddown: \$0.00 Copay: \$0.00 Paid: \$0.00 Reimbursed: \$0.00
Last Name: CLELAND First Name: CINDI DOB: 03/22/1931 Medicaid ID: 440789524678 Cert #: <input type="text"/> MRN: <input type="text"/> RA Number: <input type="text"/> Referral Number: <input type="text"/>	Prov Type: 82-AMBULANCE Prov Spec: AMBULANCE SERVICES Ref Prov1 ID: <input type="text"/> [Search] Ref Prov2 ID: <input type="text"/> [Search] Signature: NO Accident: NO PAN: 749145C Submitter ID: <input type="text"/> PA Number: <input type="text"/>		

Physician Claim Prefs Top Bot ? A

Select an area to add or modify

PhysicianClaim -DetailInformation	Additional Claim Information Cash Disposition Data Correction Note EOB Location REF Inquiry (PA/ICN)	Adjustment Information Check Decision Rules Error Medicare Information Related History	Attachment Claim Certification Information Diagnosis Expecting Date Misc Information Submitted Data	CAS Inquiry Claim Notes Display TCN Health Program Prior Authorization
--------------------------------------	---	---	--	--

If the error that caused the claim to suspend is in the header, click **Error** in the claim navigation menu to view information about the error and to access instructions about how to resolve the error.

Navigating Suspended Claims - Physician Claim detail

Physician Claim		Select an area to add or modify				Prefs Top Bot ? ☰
PhysicianClaim DetailInformation	Additional Claim Detail Information Detail Error NDC Detail	Detail ClaimCheck Detail Health Program	Detail Decision Rules Detail Related History	Detail EOB Detail Submitted Data		
- OR - If the error that caused the claim to suspend is in the detail, access the DetailInformation navigation menu, click Detail Error in the claim navigation menu, and click the detail you wish to review and/or update.						
Claim Detail						Top Nav ? A ☰ X
Detail Number Procedure Units Billed Units Allowed Modifier3 Modifier4 EPSDT Ref	1 A0130 1.00 1.00 2	Status Diagnosis Ind Modifier1 Copay Amt Ref Prov1 ID Ref Prov2 ID EPSDT/Fam Plan	1 1 HN \$0.00 F	FDOS TDOS POS Modifier2 Rend Prov Type Rend Prov Spec Emergency	03/09/2009 03/09/2009 41 82-AMBULANCE AMBULANCE SERVICES NO	Billed Amt TPL Submitted Amt Allowed Amt Rend Prov ID System ClaimCheck
Detail Number Procedure Units Billed Units Allowed Modifier3 Modifier4 EPSDT Ref	2 S0209 3.00 3.00	Status Diagnosis Ind Modifier1 Copay Amt Ref Prov1 ID Ref Prov2 ID EPSDT/Fam Plan	SUSPENDED 1 HN \$0.00 F	FDOS TDOS POS Modifier2 Rend Prov Type Rend Prov Spec Emergency	03/09/2009 03/09/2009 41 82-AMBULANCE AMBULANCE SERVICES NO	Billed Amt TPL Submitted Amt Allowed Amt Rend Prov ID System ClaimCheck
Select row above to update -or- click Add button below. <input type="text"/> goto						
Detail # Procedure Units Billed Units Allowed Emergency System EPSDT Ref EPSDT/ Fam Plan ClaimCheck	[Search] [Search] NO NO	Status Diagnosis Ind Modifier 1 Modifier 2 Modifier 3 Modifier 4	[Search] [Search] [Search] [Search]	FDOS TDOS POS Rend Prov ID Rend Prov Type Rend Prov Spec Ref Prov1 ID Ref Prov2 ID	[Search] [Search] [Search] [Search] [Search]	Billed Amt TPL Submitted Amt Allowed Amt Copay Amt
delete add						



Navigating Suspended Claims - Physician Claim

July 21, 2010 3:00 PM EDT

Home **Claims** Drug EDI Healthcheck Financial Managed Care MAR Prior Authorization Provider Recipient Reference RetroDUR TPL Security Tools Site
 home search information adjustments **data corrections** assignments related data encounter data eomb

Claims Suspense List ? | X

Select a row below to Data Correct.

ICN	Claim Type	Status
5010067044001	CMS 1500 CLAIMS	SUSPENDED

Claim Count: 1

Physician Claim Top Nav ? | A | X

ICN 5010067044001 Prev ICN <input type="text"/> Recipient ID 440789524678 [Search] Last Name CLELAND First Name CINDI DOB 03/22/1931 Medicaid ID 440789524678 Cert # <input type="text"/> MRN <input type="text"/> RA Number <input type="text"/> Referral Number <input type="text"/>	Claim Type CMS 1500 CLAIMS Prov ID 8641211040 NPI [Search] Prov Type 82-AMBULANCE Prov Spec AMBULANCE SERVICES Ref Prov1 ID <input type="text"/> [Search] Ref Prov2 ID <input type="text"/> [Search] Signature NO Accident NO PAN 749145C Submitter ID <input type="text"/> PA Number <input type="text"/>	Status Suspend <input type="text"/> *FDOS <input type="text"/> *TDOS <input type="text"/> Hosp FDOS <input type="text"/> Copay Code <input type="text"/> Date Paid <input type="text"/> Attachment NO Txn Type <input type="text"/> ClaimDiagnosis <input type="text"/>	Details 2 Billed \$53.25 Net Billed \$53.25 Header TPL \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Reimbursed \$0.00
--	--	--	---

Once you make all of the changes desired for the claim, select **Execute** in the **Status** drop-down list in the claim header.

Physician Claim Prefs Top Bot ? | X

Select an area to add or modify

PhysicianClaim DetailInformation	Additional Claim Information Cash Disposition Data Correction Note EOB Location REF Inquiry (PA/ICN)	Adjustment Information Check Decision Rules Error Medicare Information Related History	Attachment Claim Certification Information Diagnosis Expecting Date Misc Information Submitted Data	CAS Inquiry Claim Notes Display TCN Health Program Prior Authorization
-------------------------------------	---	---	--	--

save 4 | Cancel

Click **save** to initiate the MITS adjudication process. MITS pays or denies the claim if no additional errors exist, or suspends the claim again if MITS encounters additional errors.

Navigating Suspended Claims - Dental Claim header

July 21, 2010 2:51 PM EDT

[Home](#) [Claims](#) [Drug](#) [EDI](#) [Healthcheck](#) [Financial](#) [Managed Care](#) [MAR](#) [Prior Authorization](#) [Provider](#) [Recipient](#) [Reference](#) [RetroDUR](#) [TPL](#) [Security](#) [Tools](#) [Site](#)

[home](#) [search](#) [information](#) [adjustments](#) [data corrections](#) [assignments](#) [related data](#) [encounter data](#) [eomb](#)

Claims Suspense List ?

Select a row below to Data Correct.

Search Results

ICN	Claim Type	Status
5010159003001	CMS 1500 XOVER CLAIMS	SUSPENDED
5010159004001	DENTAL CLAIMS	SUSPENDED
5010160007001	CMS 1500 XOVER CLAIMS	SUSPENDED

Claim Count: 3

Dental Claim Top Nav ? A X

ICN	5010159004001	Claim Type	DENTAL CLAIMS	Status	Suspend	Details	7
Prev ICN		Prov ID	8015036942 NPI [Search]	*FDOS	01/16/2009	Billed	\$217.00
Recipient ID	851128443666 [Search]	Prov Type	31-PROFESSIONAL DEN	*TDOS	01/16/2009	Net Billed	\$217.00
Last Name	KREBS	Prov Spec		*Date Billed	02/06/2009	Header TPL	\$0.00
First Name	TAYLOR	*Rend Prov ID	8681675786 NPI [Search]	Date Paid		Total Detail TPL	\$0.00
DOB	10/07/1994	POS	11 [Search]	Emergency	NO	TPL Rec Amt	\$0.00
Medicaid ID	851128443666	Signature	NO	EPSDT	NO	Spenddown	\$0.00
PAN	L563K18417214187	Accident	NO	Copay Code		Copay	\$0.00
RA Number		Submitter ID		Other Plan	NO	Paid	\$0.00
Referral Number		PA Number		Txn Type		Reimbursed	\$154.00
				ClaimDiagnosis			

Dental Claim Prefs Top Bot ? A

	Select an area to add or modify			
DentalClaim	Additional Claim Information	Adjustment Information	Attachment	CAS Inquiry
DentalDetailInfo	Cash Disposition	Check	Claim Notes	Data Correction Note
	Decision Rules	Diagnosis	Display TCN	EOB
	Error	Health Program	Location	Misc Information
	Prior Authorization	REF Inquiry (PA/ICN)	Related History	Submitted Data

The fields and available panels for dental claims are different than those for physician claims, however the claims resolution process is similar.



Navigating Suspended Claims - Dental Claim detail

Dental Claim					Prefs Top Bot ? ↕
Select an area to add or modify					
DentalClaim DentalDetailInfo	Additional Claim Detail Information Detail Health Program	Detail Decision Rules Detail Quadrant Cavity	Detail EOB Detail Related History	Detail Error Detail Submitted Data	
<input type="button" value="save"/> <input type="button" value="cancel"/>					

Claim Detail							Top Nav ? A ↕ X
Detail Number	1	Status	SUSPENDED	Tooth	02	Billed Amount	\$31.00
Procedure	D1351	Render Prov ID	8681675786 NPI	Surface1		Allowed Amt	\$0.00
Modifier1		Render Prov Type	30-DENTIST, INDIVIDUAL	Surface2		TPL Submitted Amt	\$0.00
Modifier2		Render Prov Spec	GENERAL DENTISTRY	Surface3		Copay Amt	\$0.00
Modifier3		FDOS	01/16/2009	Surface4		Units Billed	1.00
Modifier4		POS	11	Surface5		Units Allowed	1.00
System	NO	Diagnosis Ind					
Select row above to update -or- click Add button below.							
<input type="button" value="goto"/>							
Detail # Status Tooth Billed Amt							
Procedure Render Prov ID Surface 1 Allowed Amt							
Modifier 1 Render Prov Type Surface 2 TPL Submitted Amt							
Modifier 2 Render Prov Spec Surface 3 Copay Amt							
Modifier 3 FDOS Surface 4 Units Billed							
Modifier 4 POS Surface 5 Units Allowed							
System Diagnosis Ind Quadrant							
<input type="button" value="delete"/> <input type="button" value="add"/>							

The fields and available panels for dental claims are different than those for physician claims, however the claims resolution process is similar.

Navigating Suspended Claims - UB Claim header

October 20, 2010 12:28 PM EDT

Home Claims Drug EDI Healthckek Financial Managed Care MAR Prior Authorization Provider Recipient Reference RetroDUR TPL Security Tools Site
home search information adjustments data corrections assignments related data encounter data eomb

Claims Suspense List ? ⌕

User ID Status All Suspended Quality Control search

UB Claim Top Nav ? A X

ICN 2010266130008 Prevl ICN <input type="text"/> *Recipient ID <input type="text" value="758797078057"/> [Search] Last Name GALL First Name MYRON DOB 03/17/1993 Medicaid ID CJPFKPI Cert # <input type="text"/> Diagnosis <input type="text" value="1 - 7197"/> *Pat Status <input type="text" value="30"/> [Search] MRN <input type="text" value="2003500"/> RA Number Referral Number	Claim Type OUTPATIENT CLAIMS *Prov ID <input type="text" value="8873597368"/> NPI [Search] Prov Type 86-NURSING FACILITY Prov Spec Attend Prov <input type="text" value="7022222"/> Other Prov 1 <input type="text" value="7577777"/> Other Prov 2 <input type="text" value="7577777"/> Facility ID <input type="text" value="8873597368"/> NPI Signature <input type="text" value="NO"/> *Type Of Bill <input type="text" value="0231"/> [Search] PAN <input type="text" value="77779770277975Q78W"/> Submitter ID PA Number	*Status <input type="text" value="Suspend"/> *FDOS <input type="text" value="10/11/2008"/> *TDOS <input type="text" value="10/15/2008"/> *Date Billed <input type="text" value="04/16/2009"/> Date Paid Admit Date <input type="text" value="10/10/2008"/> Admit Time <input type="text" value="13:00"/> *Admit Type <input type="text" value="3"/> [Search] Copay Code Admit Source <input type="text" value="1"/> [Search] Discharge Hour <input type="text" value="00:00"/> Txn Type Financial Class <input type="text"/> Level of Care	Details 18 Total Days 0 Cvd Days <input type="text" value="0"/> Ncvd Days <input type="text" value="0"/> Billed \$781.76 Header TPL \$0.00 Total Detail TPL \$0.00 TPL Rec Amt \$0.00 Copay \$0.00 Spenddown \$0.00 Patient Liability \$0.00 Paid \$0.00 Reimbursed \$0.00
--	---	---	--

Display Claim XML

UB Claim Prefs Top Bot ? ⌕

Select an area to add or modify

Additional Claim Information	Adjustment Information	Attachment	CAS Inquiry
Cash Disposition	Check	Claim Notes	Condition
Data Correction Note	Decision Rules	Diagnosis	Display TCN
DRG	EOB	Error	Health Program
ICD-9-CM	Location	Medicare Information	Misc Information
Occurrence	Payer	Prior Authorization	REF Inquiry (PA/ICN)

save cancel

The fields and available panels for UB claims are different than those for physician claims, however the claims resolution process is similar.

Navigating Suspended Claims - UB Claim detail								
UB Claim		Select an area to add or modify					Prefs Top Out ? ?	
UBClaim		Additional Claim Detail Information	Detail ClaimCheck		Detail Decision Rules	Detail EOB		
DetailInformation		Detail Error	Detail Health Program		Detail Related History	Detail Submitted Data		
NDC Detail								
save		cancel						
Claim Detail								
Detail Number	97530	1	Status	SUSPENDED	FDOS	10/11/2008	Billed Amount	\$55.34
Procedure	430	Modifier1		TDOS	10/11/2008	Allowed Amt	\$0.00	
Revenue Code	430	Modifier2		Units Billed	2.00	CoPay Amt	\$0.00	
Other Prov2 ID	7577777	Modifier3		Units Allowed	0.00	OI Amt	\$0.00	
Rate Type	0	Modifier4		System	NO	Non-Covered		
Patient Liability	0					Charges	\$0.00	
Type changes below. <input type="text"/> goto								
Detail Number	1	Status	SUSPENDED	Billed Amt	\$55.34			
Procedure Code	97530	Modifier 1	[Search]	*FDOS	10/11/2008	Allowed Amt	\$0.00	
*Revenue Code	430	Modifier 2	[Search]	*TDOS	10/11/2008	Copay Amt	\$0.00	
Other Prov2 ID	7577777	Modifier 3	[Search]	Units Billed	2.00	OI Amt	\$0.00	
Rate Type	0	Modifier 4	[Search]	Units Allowed	0.00	System	NO	
Patient Liability	0					Non-Covered Charge	\$0.00	
		delete		add				

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The fields and available panels for UB claims are different than those for physician claims, however the claims resolution process is similar.

Location Codes

Locations are similar to claim events. MITS generates a location record for each event for the claim. When MITS receives a claim, the system immediately assigns the claim a location code. The location code identifies the current state of the claim; initially all claims are in a **Claim Created** status. Once MITS processes claims, the system assigns a claim status of: **paid**, **denied**, or **suspended**.

If, during claims adjudication, the system posts an edit which is dispositioned to suspend, MITS places the claim into suspended status. Each edit dispositioned to suspend is assigned a location to which the claim will suspend. MITS suspends a claim, for example, to a manual pricing location, and then the suspended claim is the responsibility of the Claim Resolution staff.

Claims managers can use a location code or a range of location codes to assign a group of suspended claims to a user for resolution. A Claim Resolution staff member is typically assigned one or more location codes for which that staff member is responsible for resolving.

Claim Edit Recycle Criteria

MITS automatically reprocesses some suspension errors based on an established schedule. For example, if a claim suspends because the Recipient ID is not yet in the system, MITS automatically uses the predetermined schedule assigned to that error to resubmit the claim until either the system locates the recipient ID, or the system denies the claim because the claim has reached the maximum number of reprocessing cycles.

Claim managers also have the ability to establish or modify edit recycle criteria, based on business needs.

Special Batch Processing

As part of the Claim Resolution process, there are circumstances in which providers submit documents for processing even though the normal timeframe for processing the claim is in the past. MITS has two special regions available for handling these situations. The claim comes to one of two P.O. boxes; the Claims Resolution staff will be responsible for these P.O. boxes.

These paper claims are scanned and assigned either region 90 or 91 (6653s will be assigned to region 91), both of which allows the claim to go through the adjudication processing, but MITS will suspend the claims, based on configuration, such that edits that normally would cause the claim to deny can be force paid, if appropriate. After the claim enters the system and passes initial edits which suspend the claim, the Claims Resolution staff then applies all appropriate state guidelines and either force denies or force overrides the claim or claim detail.

Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic.

Review the topic if your score is below your standards.

If MITS encounters an error with a claim during adjudication, the claim is automatically placed in a suspended status.

- A. True
- B. False

A location code identifies:

- A. The geographic location of the recipient of the claim.
- B. The geographic location of the provider of the claim.
- C. The current state of the claim.

If a claim reaches the maximum number of reprocessing cycles, MITS automatically pays the claim.

- A. True
- B. False

If a claim enters MITS through special batch processing, MITS processes the claim:

- A. Exactly like any other claim.
- B. Through a special region that allows aged claims to bypass predetermined edits.
- C. By skipping the editing process altogether.

Summary

In this topic you learned about the FFS Claims suspension process.

Accessing your claims suspense list

What

In this topic you learn how to access the Claims Suspense List.

You access the Claims Suspense List to view claims assigned to claim resolution staff members for processing.

Who

Claims Resolution staff members perform this task.

When

You perform this task daily when you are determining your work load and priorities for the day.

Relevance

This task enables you to understand which claims you must resolve to change the claim from a **suspended** status to either a **denied** or a **paid** status. A denied claim is considered closed; a paid claim enables providers to be reimbursed for their services.

Guidelines

When performing this task, you should be aware of prompt pay standards to prevent fines being assessed to the state and follow the policies and guidelines established by the state.

How to

Follow these steps from the MITS home page to access the Claims Suspense List:

Step	Action
1	Click Claims .
2	Click Data Corrections .
3	Type the user ID for the Claims Suspense List you want to view in the User ID field.
4	Select the Suspended radio button.
5	Click search .

Success

You have successfully completed this task when the list of claims assigned to the specified user ID displays.

Next Steps

You will work the assigned claims to achieve resolution.

Practice

Access your Claims Suspense List using this information:

- User ID
 - Learner 1: user ID provided by instructor
 - Learner 2: user ID provided by instructor
 - Learner 3: user ID provided by instructor
 - Learner 4: user ID provided by instructor
 - Learner 5: user ID provided by instructor
 - Learner 6: user ID provided by instructor
 - Learner 7: user ID provided by instructor
 - Learner 8: user ID provided by instructor
 - Learner 9: user ID provided by instructor
 - Learner 10: user ID provided by instructor
 - Learner 11: user ID provided by instructor
 - Learner 12: user ID provided by instructor
 - Learner 13: user ID provided by instructor
 - Learner 14: user ID provided by instructor
 - Learner 15: user ID provided by instructor

- Learner 16: user ID provided by instructor
- Learner 17: user ID provided by instructor
- Learner 18: user ID provided by instructor
- Learner 19: user ID provided by instructor
- Learner 20: user ID provided by instructor

When you complete the practice, the list of claims assigned to your ID displays in the search results.

Note: In the training environment, you may only see one ICN assigned to your training user ID, however, in the production environment, you will see a list of suspended claims assigned to your user ID for resolution.

Summary

In this topic you learned how to access the Claims Suspense List.

Resolving claim errors

What

In this topic you learn how to resolve errors by performing data correction tasks for a suspended claim.

When a claim suspends during adjudication due to an error, the error code associated with the suspended claim provides a general reason for the suspension. MITS also assigns a location code to the claim identifying the users who may resolve the claims and the order in which they are resolved.

When you perform data correction tasks, there are three possible actions that you can take:

- **Deny:** When you review the error and determine that the information available is not sufficient to process claim, deny the claim. Your decision could be based on internal attachments or external documentation.
- **Override:** When you review the error and determine that the claim should be paid, override to pay the claim. Your decision could be based on internal attachments, external documentation, or management direction.

Note: The reason for these suspensions may be, for example, that an attachment or signature must be verified, this type of suspension may require no updates to the claim, simply a decision to pay or deny.

- **Correct data:** When you review the error and determine that you must update a piece of data in the claim, correct the data and then process the claim through the adjudication process again. In this instance, if the claim does not contain additional errors, MITS automatically sets the claim disposition to either paid or denied. If MITS identifies additional errors, the claim suspends again, and you repeat the correction process.

Note: The **correct data** action occurs very infrequently because the State of Ohio has not set many errors to suspend for data errors.

During the process of performing data corrections, you can make any other data changes necessary with the appropriate management approval. For example, if a diagnosis code is available to add to the claim, even though the claim is being forced to deny or pay, you can add the code during the claim resolution.

Who

Claim Resolution staff members perform this task.

When

This task is part of the daily work load for Claims Resolution staff members. Once a claim displays in your Claims Suspense List, you work the claim according to the processes and guidelines established by the state.

Relevance

This task enables you to resubmit a claim through MITS to process to assign a final disposition of paid or denied.

If you do not resolve suspended claims, the consequence is that the state does not adjudicate claims in a timely manner (prompt pay) and may incur interest charges.

Requirements

You **must** have a list of claims assigned to your user ID or have the responsibility for resolving specified claims.

You may also refer to extraneous resources, such as attachments within MITS, policy guides, desk references, or websites that can assist in making the decision.

Guidelines

You should be aware of prompt pay standards to prevent fines being assessed to the state and follow the policies and guidelines established by the state.

How to

Follow these steps from the MITS home page to perform data correction tasks:

Step	Action
1	Perform the steps to access a suspended claim from your Claims Suspense List .
2	Update information in any fields that need to be modified on the Claim Information panel. Note: The information that displays and that you can modify will vary based on whether the claim is a medical, dental, or institutional claim.

Step	Action				
3	<p>Resolve errors by following these steps:</p> <table border="1" data-bbox="375 359 1377 1144"> <thead> <tr> <th data-bbox="375 359 727 415">TO:</th> <th data-bbox="727 359 1377 415">THEN:</th> </tr> </thead> <tbody> <tr> <td data-bbox="375 415 727 1144">Resolve header level error</td> <td data-bbox="727 415 1377 1144"> <ul style="list-style-type: none"> a. Click Error. b. Click the information button next to the Error Code field. Note: A new window opens displaying the Error Disposition Maintenance panels. c. Click Resolution Method Correction and view the instructions for resolving the error. d. Return to the claim panels and follow the instructions for resolving the error. e. Click the appropriate link in the navigation menu to view, add, delete, or modify as necessary any information associated with the claim. Note: The links to available panels vary based on the type of claim. f. Select D – Forced Denied or F – Forced Override in the Error Disposition drop-down list in the Error panel. g. Click save after making changes on each panel. h. Select Execute in the Status drop-down list. Note: This allows the claim to immediately process through the MITS claims processing function. i. Click save. </td> </tr> </tbody> </table>	TO:	THEN:	Resolve header level error	<ul style="list-style-type: none"> a. Click Error. b. Click the information button next to the Error Code field. Note: A new window opens displaying the Error Disposition Maintenance panels. c. Click Resolution Method Correction and view the instructions for resolving the error. d. Return to the claim panels and follow the instructions for resolving the error. e. Click the appropriate link in the navigation menu to view, add, delete, or modify as necessary any information associated with the claim. Note: The links to available panels vary based on the type of claim. f. Select D – Forced Denied or F – Forced Override in the Error Disposition drop-down list in the Error panel. g. Click save after making changes on each panel. h. Select Execute in the Status drop-down list. Note: This allows the claim to immediately process through the MITS claims processing function. i. Click save.
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Success

You have successfully completed this task when the **Save Successful** confirmation message appears for each panel you use to correct the claim.

Next Steps

Especially for claims you override, you may want to look at the claim to confirm accurate processing.

Practice

Resolve errors for a suspended claim using this information:

- **ICN =**
 - Learner 1: **2010266130009**
 - Learner 2: **2010266130010**
 - Learner 3: **2010266130011**
 - Learner 4: **2010266130012**
 - Learner 5: **2010266130013**
 - Learner 6: **2010266130014**
 - Learner 7: **2010266130015**
 - Learner 8: **2010266130016**
 - Learner 9: **2010266130017**
 - Learner 10: **2010266130018**
 - Learner 11: **2010266130019**
 - Learner 12: **2010266130020**
 - Learner 13: **2010266600008**
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 - Learner 15: **2010266600010**
 - Learner 16: **2010266600011**
 - Learner 17: **2010266600012**
 - Learner 18: **2010266600013**
 - Learner 19: **2010266600014**
 - Learner 20: **2010266600015**

When you complete the practice, MITS reprocesses the claim adjudication and if the claim contains no additional errors, MITS assigns the final disposition you specified of paid or denied.

Summary

In this topic you learned how to correct data for a suspended claim.

Manually pricing a suspended claim

What

In this topic you learn how to manually price a suspended claim.

A claim suspended due to the fact that the claim must be manually priced; most pricing information is maintained within MITS.

Who

Claims Resolution staff members perform this task.

When

You perform this task during the process of working the suspended claims list.

Relevance

This task enables you to resubmit the manually priced claim through the system and MITS will process payment as long as additional errors are not encountered during adjudication.

This type of claim will **not** process without pricing data.

Requirements

You must have a list of claims assigned to your user ID. You may also have extraneous resources, such as attachments within MITS, policy guides, desk references, websites that can assist in making the decision.

Guidelines

You should be aware of prompt pay standards to prevent fines being assessed to the state and follow the policies and guidelines established by the state.

How to

Follow these steps from the MITS home page to perform data correction tasks:

Step	Action				
1	Perform the steps to access a suspended claim from your Claims Suspense List .				
2	Update information in any fields that need to be modified on the Claim Information panel. Note: The information that displays and that you can modify will vary based on whether the claim is a medical, dental, or institutional claim.				
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Success

You have successfully completed this task when the **Save Successful** confirmation message appears for each panel you use to pay the claim.

Next Steps

You may want to look at the claim to confirm accurate processing.

Practice

Manually price a suspended claim using this information:

- **ICN =**
 - Learner 1: **2010266050002**
 - Learner 2: **2010266050003**
 - Learner 3: **2010266050004**
 - Learner 4: **2010266050005**
 - Learner 5: **2010266050006**
 - Learner 6: **2010266050007**
 - Learner 7: **2010266130001**
 - Learner 8: **2010266130002**
 - Learner 9: **2010266130003**
 - Learner 10: **2010266130004**
 - Learner 11: **2010266130005**
 - Learner 12: **2010266130006**
 - Learner 13: **2010266130007**
 - Learner 14: **2010266600001**
 - Learner 15: **2010266600002**
 - Learner 16: **2010266600003**
 - Learner 17: **2010266600004**
 - Learner 18: **2010266600005**
 - Learner 19: **2010266600006**
 - Learner 20: **2010266600007**

When you complete this practice, MITS will pay the provider the amount you specified.

Summary

In this topic you learned how to manually price a suspended claim.

Communicating and/or routing claim information with data correction notes

What

In this topic you learn how to communicate and/or route claim information with data correction notes.

You can use the data corrections notes to send a claim to another user for information or resolution so that the claims can be reviewed for specific issues, or data correct by a specific Resolution Staff member.

Note: You could also use this task for a Claims Resolution staff member who may be out of the office for a period of time. Using the data correction notes you could send assigned claims awaiting resolution to another user for resolution during the staff member's absence.

Who

Claims Resolution staff members and/or Claims Resolution managers/supervisors perform this task.

When

You perform this task when information extraneous to the claim form needs to be added to the claim, or when you need to forward the claim to another location for resolution. You usually use this process when a situation occurs that requires a Resolution Staff member with more knowledge of how to resolve a problem as well as for management approval.

Relevance

This task enables you to resolve a claim with the information provided by other Claims Resolution staff members who have expertise regarding the claim edit.

Requirements

To perform this task you need a claim requiring resolution and information about who may have the information required to respond to the claim issue or a list of suspended claims that you need to re-route to another user or location for resolution.

Guidelines

When performing this task, you should be aware of prompt pay standards to prevent fines being assessed to the state and follow the policies and guidelines established by the state.

You also need to know the appropriate location or user who has the knowledge to resolve the claim.

How to

Follow these steps from the MITS home page to communicate with data correction notes:

Step	Action
1	Perform the steps to access the claims list.
2	Click the row for the suspended claim you want to communicate regarding resolution or for review.
3	Click Data Correction Note .
4	Click add .
5	Type the location code to which the claim is routed in the Location Sent To field.
6	Type freeform text to describe the question or reason for the routing in the Note field.
7	Type the user ID of the reviewer in the Reviewer Sent To field.
8	Click save .
9	To reply to the question, the recipient will type freeform text to describe the response in the Reply field.
10	Click save .

Success

You have successfully completed this task when the **Save Successful** confirmation message appears.

Next Steps

After you receive a reply, you complete the claim resolution process.

Practice

Communicate and/or route claim information with data correction notes using this information:

- **ICN =**
 - Learner 1: **2010266130009**
 - Learner 2: **2010266130010**
 - Learner 3: **2010266130011**
 - Learner 4: **2010266130012**
 - Learner 5: **2010266130013**
 - Learner 6: **2010266130014**
 - Learner 7: **2010266130015**
 - Learner 8: **2010266130016**
 - Learner 9: **2010266130017**
 - Learner 10: **2010266130018**
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 - Learner 16: **2010266600011**
 - Learner 17: **2010266600012**
 - Learner 18: **2010266600013**
 - Learner 19: **2010266600014**
 - Learner 20: **2010266600015**
- Data Correction Note
- Location Sent To =
- Note = Type text of your choice.
- Reviewer Sent To = insert ID provided by instructor

When you complete the practice, the claim no longer appears in your Claims Suspense List.

Summary

In this topic you learned how to communicate and/or route claim information using data correction notes.

Maintaining location assignments for a user

What

In this topic you learn how to maintain a user's location assignment for claim processing and resolution.

You perform this task to assign, update or delete location codes associated with a location for a staff member.

Note: You do **not** need to perform this task daily, you assign locations to users and then the users work the claims for those locations until the location assignment is changed.

Who

Claims Resolution managers perform this task.

When

You perform this task when you need to add a new user to the claims scheduling group or you need to update a location assignment.

Relevance

This task enables the Data Correction process which allows suspended claims to be corrected and submitted for adjudication again.

If you do not perform this task, the Data Corrections staff cannot efficiently work suspended claims.

Requirements

To perform this task, you need a list of suspended claims requiring assignment or reassignment and you need the user ID for assignment.

Guidelines

You must understand the state's prompt pay policies which must be followed so that the state will not incur interest penalties for claims not paid on time.

Assigning a location to a user

Follow these steps from the MITS home page to assign a location to a user for claim processing and resolution:

Step	Action
1	Click Claims .
2	Click Assignments .
3	Click Scheduling Criteria .
4	Click add .
5	Type the user ID to which you want to assign the location codes in the User ID field.
6	Select the claim form the user should be assigned in the Claim Form drop-down list.
7	Select the location code for the beginning of the range to which the user should be assigned in the Loc From drop-down list. Tip: The number for the Loc From field must be smaller than the number for the Loc To field.
8	Select the location code for the end of the range from which the user should be assigned in the Loc To drop-down list.
9	Type or select additional scheduling criteria in the available fields as needed.
10	Click save .

Updating a location assignment for a user

Follow these steps from the MITS home page to update a location assignment for a user:

Step	Action
1	Click Claims .
2	Click Assignments .
3	Click Scheduling Criteria .
4	Click a row to select the user for which you want to update the scheduling criteria.

Step	Action
5	Type or select additional scheduling criteria as needed.
6	Click save .

Deleting a location assignment for a user

Follow these steps from the MITS home page to delete a location assignment for a user:

Step	Action
1	Click Claims .
2	Click Assignments .
3	Click Scheduling Criteria .
4	Click a row to select the user for which you want to delete the scheduling criteria.
5	Click delete .

Success

You have successfully completed this task when the **Save Complete** confirmation message appears.

Practice

Maintain location assignments for a user using this information:

- User ID
 - Learner 1 = **user ID provided by instructor**
 - Learner 2 = **user ID provided by instructor**
 - Learner 3 = **user ID provided by instructor**
 - Learner 4 = **user ID provided by instructor**
 - Learner 5 = **user ID provided by instructor**
 - Learner 6 = **user ID provided by instructor**
 - Learner 7 = **user ID provided by instructor**
 - Learner 8 = **user ID provided by instructor**
 - Learner 9 = **user ID provided by instructor**
 - Learner 10 = **user ID provided by instructor**
 - Learner 11 = **user ID provided by instructor**
 - Learner 12 = **user ID provided by instructor**
 - Learner 13 = **user ID provided by instructor**

- Learner 14 = **user ID provided by instructor**
- Learner 15 = **user ID provided by instructor**
- Learner 16 = **user ID provided by instructor**
- Learner 17 = **user ID provided by instructor**
- Learner 18 = **user ID provided by instructor**
- Learner 19 = **user ID provided by instructor**
- Learner 20 = **user ID provided by instructor**
- Claim Form = **choose a claim form**
- Loc From = **00**
- Loc To = **01**

When you complete the practice, explain when the user will see claims associated with the location in the **Claim Suspense List**. Will the user see claims for location 40?

Summary

In this topic you learned how to maintain location assignments for a user.

Assigning individual claims to users

What

In this topic you learn how to assign individual claims to a staff member for processing and resolution.

Who

Claims Resolution manager/supervisor performs this task.

When

You perform this task when you need to assign unresolved suspended claims.

Relevance

This task enables the Data Correction process which allows Reference staff assigned to data corrections to correct and resubmit suspended claims for adjudication or to deny suspended claims.

If this task is not performed correctly, the staff members cannot work the suspended claims.

Requirements

To complete this task you need unassigned suspended claims or assigned suspended claims that need to be reassigned.

Guidelines

You must understand the state's prompt pay policies which you must follow so that the state will not incur interest penalties for claims not paid on time.

How To

Follow these steps from the MITS home page to assign and/or distribute claims to users for processing and resolution:

Step	Action
1	Click Claims .
2	Click Assignments .
3	Click Claims Assignments .
4	Select a claim type in the Claim Type drop-down list.
5	Select Suspended in the Status drop-down list.
6	Click search . Note: If you need to further refine your search, use the advanced search function.
7	Click the checkbox next to each row you want to assign.
8	Type a user ID in the User ID field.
9	Click update .

Success

You have successfully completed this task when the user ID assigned to the claim appears in the **User ID** column for the row(s) selected.

Next Steps

Once you make assignments, the staff members can access their claims suspense list using the **Claims Suspense List** panel. The suspended claims are manually reviewed, and the edits and audits are evaluated by Resolution Staff according to resolution guidelines.

Practice

Assign claims to individual users using this information:

- Claim Type = **PHYSICIAN**
- Status = **Suspended**
- User ID = **user ID assigned by the instructor**

When you complete the practice, each claim you selected is assigned to the user you specified for resolution.

Summary

In this topic you learned how to assign claims to individual users.

Assigning a group of claims to a user

What

In this topic you learn how to assign and/or distribute a group of claims to a user and location for processing and resolution.

This task enables you to assign a group of claims to an individual user for a location; this is part of the daily work scheduling for the Claims Resolution staff.

Who

Claims Resolution manager performs this task.

When

You perform this task when unresolved suspended claims need to be assigned.

Relevance

This task enables the Data Correction process which allows suspended claims to be corrected and submitted for adjudication again.

If you do not perform this task, the staff members cannot efficiently work suspended claims.

Requirements

To perform this task you need a list of unassigned suspended claims or assigned suspended claims that need to be reassigned.

Guidelines

You must understand the state's prompt pay policies which you must follow so that the state will not incur interest penalties for claims not paid on time.

How To

Follow these steps from the MITS home page to assign and/or distribute a group of claims to a user and location for processing and resolution:

Step	Action
1	Click Claims .
2	Click Assignment .
3	Click Schedule Claims .
4	Click the checkbox next to the user to whom you want to assign claims.
5	Type the number of claims to be assigned to the user in the Number of Claims field.
6	Select the claim form type in the Claim Form drop-down list. Note: The claim form you select must match the claim form that displays for the user ID.
7	Click schedule claims .

Success

You have successfully completed this task when the **Save Complete** confirmation message appears.

Next Steps

Once assignments have been made, the Claims Resolution staff members access their claims suspense list using the **Claims Suspense List** panel. The Resolution Staff manually reviews the suspended claims and the edits and audits are evaluated according to resolution guidelines.

Practice

Assign a group of claims to a user using this information:

- User ID = **user ID provided by the instructor**
- Number of Claims = **choose a number of claims to assign**
- Claim Form = **choose a claim form type**

When you complete the practice, the user to whom you assigned the claims will have up to the number of suspended claims you specified in the Claims Suspense List.

Summary

In this topic you learned how to assign a group of claims to a user.

Maintaining Edit Recycle Criteria

What

In this topic you learn how to maintain edit recycle criteria.

MITS releases claims suspended for a given edit/audit for reprocessing through the claims editing process usually on a predefined, automatic schedule. Management can change the automatic recycling schedule for suspended claim adjudication, but this would be an infrequent activity. Management may make very occasional changes to the edit recycle schedule to, for example, release a backlog of suspended claims or if, for example, MITS is awaiting provider ID rates to be updated in the system. Once the rates are updated, the claims can be released.

Note: During initial setup, the state may create an Edit Recycle for each edit dispositioned to suspend.

Who

Claims Resolution manager performs this task.

When

Management will decide to perform a one-time release of suspended claims based on procedures established related to how a claim disposition is set for a particular edit.

Relevance

This process enables Claims Resolution management to control the amount of time suspended claims remain in the claims editing process to resolve certain types of edits. These cycles impact the number of suspended claims that the Claims Resolution staff must process.

If set incorrectly, claims may deny in error, or remain in the claims editing process for an unacceptable amount of time.

Requirements

To perform this task you must have a business reason for changing the edit recycle schedule for a particular edit.

Guidelines

Access to this function is extremely limited; the Claims Resolution manager and perhaps the Adjustments manager have the ability to make changes to the edit recycle criteria.

How To

Follow these steps from the MITS home page to maintain edit recycle criteria:

Step	Action								
1	Click Claims .								
2	Click Related Data .								
3	Click Edit Recycle .								
4	<p>Maintain the edit recycle criteria by following these steps:</p> <table border="1"> <thead> <tr> <th>TO:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Add an edit cycle</td> <td> <ol style="list-style-type: none"> Click add. Type the edit number in the Edit/Audit field. Select the type of claims to recycle in the Type of Class to Recycle drop-down list. Select the type of recycle in the Type of Recycle drop-down list. Note: A regular recycle must have 0 number of days to recycle and no final edit. Select the day for the recycle in the Recycle Day drop-down list. Type the number of days the edit should recycle in the Number of Days to Recycle field. Type the edit number of the edit that the system will use to deny the claim once the number of days to recycle has been exceeded in the Final Edit field. Note: This step applies to ongoing recycle types only. </td> </tr> <tr> <td>Update a recycle schedule</td> <td> <ol style="list-style-type: none"> Click the row for the recycle you want to modify. Type or select information in the appropriate fields. </td> </tr> <tr> <td>Delete a recycle schedule</td> <td> <ol style="list-style-type: none"> Click the row for the recycle you want to delete. Click delete. </td> </tr> </tbody> </table>	TO:	THEN:	Add an edit cycle	<ol style="list-style-type: none"> Click add. Type the edit number in the Edit/Audit field. Select the type of claims to recycle in the Type of Class to Recycle drop-down list. Select the type of recycle in the Type of Recycle drop-down list. Note: A regular recycle must have 0 number of days to recycle and no final edit. Select the day for the recycle in the Recycle Day drop-down list. Type the number of days the edit should recycle in the Number of Days to Recycle field. Type the edit number of the edit that the system will use to deny the claim once the number of days to recycle has been exceeded in the Final Edit field. Note: This step applies to ongoing recycle types only. 	Update a recycle schedule	<ol style="list-style-type: none"> Click the row for the recycle you want to modify. Type or select information in the appropriate fields. 	Delete a recycle schedule	<ol style="list-style-type: none"> Click the row for the recycle you want to delete. Click delete.
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5	Click save .								

Success

You have successfully completed this task when the **Save Successful** confirmation message appears.

Next Steps

After completing this task you should monitor claim suspensions for the edit that you modified.

Practice

Maintain edit recycle criteria using this information:

- Edit/Audit Number
 - Learner 1 = **203**
 - Learner 2 = **603**
 - Learner 3 = **607**
 - Learner 4 = **902**
 - Learner 5 = **903**
 - Learner 6 = **910**
 - Learner 7 = **1022**
 - Learner 8 = **1021**
 - Learner 9 = **1000**
 - Learner 10 = **1007**
 - Learner 11 = **204**
 - Learner 12 = **604**
 - Learner 13 = **608**
 - Learner 14 = **909**
 - Learner 15 = **904**
 - Learner 16 = **911**
 - Learner 17 = **1023**
 - Learner 18 = **1022**
 - Learner 19 = **1001**
 - Learner 20 = **1008**
- Type of Class to Recycle = **All But Adjustments**
- Recycle Day = **Daily**
- Number of Days to Recycle = **5**

When you complete the practice, update the edit recycle data you entered, then delete the data.

Summary

In this topic you learned how to maintain edit recycle criteria.

Review

Objectives

In this course you learned how to:

- Access your Claims Suspense List
- Resolve claim errors
- Manually price a suspended claim
- Communicate and/or route claim information with data correction notes
- Maintain location assignments for a user
- Assign individual claims to a user
- Assign a group of claims to a user
- Maintain edit recycle criteria