



Claims Creation & Editing Procedure	
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<u>Authorized Approval</u>	<u>Kelly Russell, Chief Technology Officer</u>
<u>Approving Signature</u>	

Overview

This procedure outlines the claims creation and editing process MediTrans utilizes for encounter claims.

Purpose

The purpose of this procedure is to document the claims automation process. This procedure is to be followed weekly when creating encounter claims for a particular paid date and subsequent edits to claim rejections.

Claim Submittal

A Transportation Provider can either mail a paper claim for a completed NEMT trip or utilize MediTrans' Provider Portal to submit claims that are electronically submitted.

A. Paper Claim.

- A paper claim is received at MediTrans' office and date stamped to document the claim received date.
- A Billing agent matches the Trip Leg Number from the paper claim with an existing Trip Number in Salesforce.
- The Billing agent confirms the paper claim information matches Salesforce information for items such as Enrollee, Trip Date and Appointment Time.
- If confirmed, the Trip Leg details are entered: Actual Pick Up date/time, Actual Drop Off date/time, Driver and Vehicle information, and Driver and Passenger signatures.

- The Billing agent moves the Trip Leg Status to Submit for Payment.

B. Electronic Claim.

- Salesforce receives real time updates through a secure API from the Transportation Provider routing software.
- Upon receiving a Performed update (from the routing software API), the Trip Leg information is written to the Salesforce Trip Leg record. This information includes Pick Up date/time and coordinates, Drop Off date/time and coordinates, Driver and Vehicle information, and Driver and Passenger signatures. The Trip Leg Status is moved to Completed.
- The Trip Leg is now available in the MediTrans' Provider Portal for the Transportation Provider to Submit for Payment.
- Upon submitting for payment, the Transportation Provider confirms they completed these Trip Legs (attestation) and all information is correct.

Submit for Payment Automation

When a Trip Leg Status changes to Submit for Payment, there is a Salesforce automation that provides the following checks on the Trip Leg information.

- Claim is submitted within 365 days of the Trip Date.
- The enrollee has a valid Member Plan on the Trip Date.
- The Transportation Provider is active on the Trip Date.
- The Driver is active on the Trip Date.
- The Vehicle is active on the Trip Date.
- Driver and Passenger signatures are present.
- The mileage is less than the max distance allowed.
- The Claim Billed Amount is less than the max amount allowed.

If the Trip Leg information passes the checks listed above, the Trip Leg Status remains as Submit for Payment. If the Trip Leg information fails any of these checks, the Trip Leg Status is moved to Pending Denied.

Any Trip Legs (or claims) in a Pending Denied status are shown to the Transportation Provider in the MediTrans Provider Portal with denial reasons. The Transportation Provider is responsible for

correcting the Trip Leg information by submitting a revised paper claim. The Transportation Provider cannot directly edit any Salesforce Trip Leg information.

Claims Object

Transportation Providers only have access (View access) to the Trip Leg object.

The Submit for Payment automation creates a Claim Detail record in the Claim Detail object. These Claim Detail records are intended to be transactional, with the data “written” to the record to preserve integrity.

Claims Payment Process

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The cutoff to submit claims is each Wednesday at midnight. Claims are paid nine (9) calendar days later on Friday of the following week. Claims are paid by the following process:

- A Salesforce Claims Detail Report (CDR) is exported and submitted to Accounting. This report includes Claim Detail records with a Status = Submit for Payment and Claim Paid Date = blank.
- Accounting sorts by Transportation Provider and enters payment information (check number, payment amount, payment date).
- The updated file (with payment information) is returned to the Salesforce Dev Team (SFDev) and the payment information is loaded (through a database edit, not by individual record).
- A Paid Claim Detail record is created, the claim paid date is updated in the corresponding Submit for Payment claim detail record (excludes from being included on subsequent CDR's), and the corresponding Trip Leg is updated with the payment information and Status = Paid.

Encounter Claims

Encounter claim information is created with Salesforce automation that executes when a Claim Detail record is created with a Status of Paid, Adjustment, Void, or Denied. All encounter claim information is combined into a single formula field (pipe delimited).

Encounter claims are submitted to each Payer on the claim paid date. The encounter claim formula field is exported from Salesforce and separated into different files by Payer. These files are moved (with SharePoint secure access) to an Azure VM BizTalk server. This BizTalk server has specific Payer maps and creates 837 EDI files. The 837 EDI files are copied to SharePoint and all ePHI and HIPAA information is deleted from the BizTalk server.

837 EDI files are transferred to each Payer via SFTP connections.

Encounter Claim Corrections

Rejected encounter claims are provided to MediTrans by each Payer via a CCN file or Payer specific reporting. Each rejected claim is researched, corrected as needed, and re-submitted as either an original submission or adjustment, depending on Payer specific guidelines.

Salesforce users with a System Administrator profile are the only users with access to edit the Claim Detail records. Changes are tracked through the standard Salesforce Field History.