

Wisconsin Healthcare Account Quality Management System

Level 3 – Multiple COB Amounts Enhancement

MEDS – LTCare Encounter Reporting 2.6

Encounter Reporting - Multiple COB Amounts Enhancement

Background:

Monica Deigan's memorandum dated November 10, 2006 entitled, "Encounter Reporting Protocols and Requirements", outlines the need to identify "Other party liabilities" within the Encounter Application.

This Memorandum explains that by January 2008, Encounter reports will need to identify Medicaid, Medicare, and Subrogation type costs.

Approach:

Use the 837 transmittal document as the model for reporting this data.

The 837 transmittal document has an optional Medicare payment field that will be incorporated into the encounter system. In addition, the 837 also allows for two additional other party liability fields which will also be brought into the encounter application.

Scope:

Disable existing TPL Paid Amount field by modifying the Encounter application to include additional, more granular, 837 TPL fields in order to manage separation of payment information from multiple sources.

This will allow the correct quantity, charges, allowed amount and paid amount to be reflected in the cumulative records for the service. This reporting method maintains accuracy of the data in circumstances where private insurance or other payers also need to be included.

Functional Specifications Follow

New Data Elements to be Added:

1. Medicare Paid Amount

This field is used to report any Medicare offsets to a claim.

2. Medicare COB Type

Used in conjunction with above Medicare Paid Amount field. This two character field is used to identify the type of Medicare, i.e., Medicare Part B, etc. (See TABLE OF VALID INSURANCE TYPE CODES below for valid values.)

3. Other Payer Paid Amount (Primary)

This field is used to report any additional revenue received (from other insurers) to offset a claim.

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4. Other Payer COB Type (Primary)

Used in conjunction with above Other Payer Paid Amount (Primary) field. This two character field is used to identify the “Primary” COB Type based on predefined HIPAA Insurance Type Codes. (See TABLE OF VALID INSURANCE TYPE CODES below for valid values.)

5. Other Payer Paid Amount (Secondary)

This field is used to report any additional revenue received from other insurers or funding sources (i.e., in addition to Medicare and Other Payer Paid Amount - Primary).

6. Other Payer COB Type (Secondary)

Used in conjunction with above Other Payer Paid Amount (Secondary) field. This two character field is used to identify the “Secondary” COB Type based on predefined HIPAA Insurance Type Codes. (See TABLE OF VALID INSURANCE TYPE CODES below for valid values.)

Modify usage of existing TPL Paid Amount field:

This field will be kept, but not allowed to be used for O or CN records posted after Dec 31, 2007. While it will no longer be used for data entry, it will be used to store the cumulative sum of the three types of COB records for a service record. For example, if \$100.00 was reported in the Medicare Paid Amount, and \$50.00 was reported in the Other Payer Paid Amount (Primary) and \$10.00 was reported in the Other Payer Paid Amount (Secondary), then a total of \$160.00 would be automatically calculated by the Encounter Application and stored in the TPL Paid Amount field. This calculation and storing of data would occur during the monthly ODS/MEDS load process. This would maintain the integrity of past and future TPL Paid Amount data.

Edits to be Deactivated:

D060A – When the TPL Paid Amount is provided, it must be a numeric data type.

D060B – When the TPL Paid Amount is provided, it must conform to the max length specified in the data dictionary.

D060C – The TPL Paid Amount must be zero for a member share transaction.

D060D – The TPL Paid Amount must be provided.

D060E – The TPL Paid Amount must be greater than or equal to zero.

D060F – When the TPL Paid Amount is provided, it can have a precision of two decimal places.

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Existing Edits to be Modified:

The following edits currently reference TPL Paid Amount and will need to be modified to include the three new Data elements, i.e., “Medicare Paid Amount”, “Other Payer Paid Amount” (Primary) and (Secondary).

Current Edit		Modified Edit
D008B	Reversal	The numeric data on the reversal adjustment record (CR) must be the inverse of its parent.
D056E	Encounter Vol contrib Cost Share R & B	The signs (+/-) for Charges, Allowed Amount, TPL Paid Amount, and Amount Paid must be the same.
D058E	Encounter	When the Claim Status equals P and the TPL Paid Amount equals zero or null, the Amount Paid must be greater than zero.

New Edits to be Added:

- D103A – When the **Medicare Paid Amount** is provided it must conform to the format specified in the Data Dictionary.
- D103B – The **Medicare Paid Amount** must be zero for a membershare transaction.
- D103C – The **Medicare Paid Amount** must be greater than or equal to zero for an encounter transaction.

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New Edits to be Added: *(continued)*

D104A – When the **Medicare COB Type** is provided it must conform to the format specified in the Data Dictionary.

D104C – The **Medicare COB Type** must be null for a membershare transaction.

D104D – When the **Medicare Paid Amount** is greater than zero (0), the **Medicare COB Type** must also be provided.

D105A – When the **Other Payer Paid Amount (Primary)** is provided it must conform to the format specified in the Data Dictionary.

D105B – The **Other Payer Paid Amount (Primary)** must be zero for a membershare transaction.

D105C – The **Other Payer Paid Amount (Primary)** must be greater than or equal to zero for an encounter transaction.

D106A – When the **Other Payer COB Type (Primary)** is provided it must conform to the format specified in the Data Dictionary.

D106C – The **Other Payer COB Type (Primary)** must be null for a membershare transaction.

D106D – When the **Other Payer Paid Amount (Primary)** is greater than zero (0), the **Other Payer COB Type (Primary)** must also be provided.

D107A – When the **Other Payer Paid Amount (Secondary)** is provided it must conform to the format specified in the Data Dictionary.

D107B – The **Other Payer Paid Amount (Secondary)** must be zero for a membershare transaction.

D107C – The **Other Payer Paid Amount (Secondary)** must be greater than or equal to zero for an encounter transaction.

D108A – When the **Other Payer COB Type (Secondary)** is provided it must conform to the format specified in the Data Dictionary.

D108C – The **Other Payer COB Type (Secondary)** must be null for a membershare transaction.

D108D – When the **Other Payer Paid Amount (Secondary)** is greater than zero (0), the **Other Payer COB Type (Secondary)** must also be provided.

D109B – The Sum of the 3 COBs plus Paid Amount must be less than or equal to Allowed Amount.

D109C – The Sum of the 3 COBs plus Paid Amount must be less than or equal to Charges.

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TABLE OF VALID INSURANCE TYPE CODES	
Medicare COB Type	
MA	Medicare paid amount
ML	MCO Medicare liability amount
MX	Medicare Paid Amount field contains a mix of both MA and ML
Other COB Type (Primary/Secondary)	
WC	Workers Compensation
VA	Veterans Benefits
SB	Subrogation
OP	Other Private Insurance
MP	Member Paid

Figure 1 – Valid Insurance Type Codes

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**Reporting Revenue Received
 and
 Reporting Claims with Multiple COB Amounts**

Reporting Revenue:

Revenue received to offset amounts paid for services must be reported against the appropriate service code.

When the claim is paid, the encounter submission contains the following information:

Record ID	Parent ID	Original ID	Claim Status	Record Type	Adjust. Type	Quantity	Proc. Code	Charges	Allowed Amount	TPI Amount	Paid Amount	Posting Date
9978400	BLANK	9978400	P	O		1	X999	185.00	157.25	0.00	157.25	01/05/04

When revenue is received to offset this claim, the encounter adjustment contains the following information:

Record ID	Parent ID	Original ID	Claim Status	Record Type	Adjust. Type	Quantity	Proc. Code	Charges	Allowed Amount	TPL Amount	Paid Amount	Posting Date
9978450	9978400	9978400	P	C	R	-1	X999	-185.00	-157.25	0.00	-157.25	02/23/04
9978500	9978400	9978400	P	C	N	1	X999	185.00	185.00	157.25	27.75	03/09/04

This process results in the correct amounts for Quantity, Charges, Allowed Amount, TPL Amount, and Paid Amount. If revenue is received from multiple sources, the current encounter reporting implementation expects additional adjustments in the same manner and the TPL Amount field will contain the sum of all other insurers.

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Proposed Changes for Multiple COB Amounts:

The encounter application can be modified to include additional fields for separation of payment information from multiple sources. The example provided below reflects current knowledge of federal requirements for reporting health care program information (including 837 transaction requirements). This is consistent with current operations for submitting service information using standard coordination of benefits rules. This method allows the correct quantity, charges, allowed amount, and paid amount to be reflected in the cumulative records for the service. This reporting method maintains accuracy of the data in circumstances where private insurance or other payers also need to be included. Additional revenue may be reported through the adjustment process, maintaining the integrity of the data.

When the initial claim is paid, the encounter submission contains the following information:

Record ID	Parent ID	Original ID	Claim Status	Record Type	Adjust. Type	Quantity	Proc. Code	Charges	Allowed Amount	Medicare Paid Amount	Medicare COB Type	Other Payer Paid Amount (pri.)	Other Payer COB Type (pri.)	Other Payer Paid Amount (sec.)	Other Payer COB Type (sec.)	Paid Amount	Posting Date
9978400	BLANK	9978400	P	O		1	X999	185.00	157.25	0.00		0.00		0.00		157.25	01/05/04

When Medicare offsets this claim, the encounter adjustment contains the following information:

Record ID	Parent ID	Original ID	Claim Status	Record Type	Adjust. Type	Quantity	Proc. Code	Charges	Allowed Amount	Medicare Paid Amount	Medicare COB Type	Other Payer Paid Amount (pri.)	Other Payer COB Type (pri.)	Other Payer Paid Amount (sec.)	Other Payer COB Type (sec.)	Paid Amount	Posting Date
9978450	9978400	9978400	P	C	R	-1	X999	-185.00	-157.25	0.00		0.00		0.00		-157.25	02/23/04
9978500	9978400	9978400	P	C	N	1	X999	185.00	185.00	157.25	B	0.00		0.00		27.75	03/09/04

When additional revenue is received from other insurers to offset this claim, the encounter adjustment contains the following information:

Record ID	Parent ID	Original ID	Claim Status	Record Type	Adjust. Type	Quantity	Proc. Code	Charges	Allowed Amount	Medicare Paid Amount	Medicare COB Type	Other Payer Paid Amount (pri.)	Other Payer COB Type (pri.)	Other Payer Paid Amount (sec.)	Other Payer COB Type (sec.)	Paid Amount	Posting Date
9978599	9978500	9978400	P	C	R	-1	X999	-185.00	-185.00	-157.25	B	0.00		0.00		-27.75	04/15/04
9978600	9978500	9978400	P	C	N	1	X999	185.00	185.00	157.25	B	20.00	Priv.	0.00		7.75	04/15/04

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CHANGE LOG

Date	Changes	Changed By	Remarks/Reason
01/16/08	Document is baselined from 01/16/08. Going forward, all changes will be implemented as the baselined document and recorded in the change log.	Ramona Johnson	One time document baselining.
01/17/08	Enhanced Existing TPL Amounts - Six (6) edits: Medicare Paid Amount, Medicare COB Type, Other Payer Paid Amount (Primary), Other Payer COB Type (Primary), Other Payer Paid Amount (Secondary), Other Payer COB Type (Secondary).		Deactivated existing TPL Paid Amounts fields and added a multiple of new COB Amounts fields.
1/17/08	Corrected amount paid to paid amount on multiple rows. Change COB back to TPL where appropriate for existing field name.	Charles Rumberger	

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