COLORADO
Department of Health Care Policy & Financing

HMS Rebilling Process

Recovery Audit Rebilling Process

Purpose

1

Understanding what is a rebill

Understand the difference between an adjustment and a rebill.

2

How to rebill

Provide an overview of the rebill process.

3

Resolution

Ensure your questions and concerns are addressed, and you have contact information for questions and support.

Inpatient Repricing Limitations

For medical claims identified as an overpayment in this audit there is no way to determine the outpatient reimbursement of claims billed as inpatient initially, thus re-pricing is not an option. This is because the claims system reimburses inpatient on a prospective basis using All Patient Refined Diagnosis Related Groups (APR-DRG) methodology. By contrast, outpatient services are reimbursed using the Enhanced Ambulatory Patient Grouping (EAPG) methodology. Calculating outpatient reimbursement is highly discretionary because providers can choose to bill for different procedures, CPT codes and ICD's. As a result, it is unknown exactly what outpatient services a provider would have chosen when billing an outpatient claim.

The only way to accurately determine what a provider would have billed and what their reimbursement would have been is to have the provider bill the services identified in the LOC(level of care) audit under the EAPG methodology through the claims system. This is the most accurate way for providers to get correct payment for services provided to Health First Colorado members.

Accordingly, HCPF is implementing the following changes to ensure that providers who receive an overpayment demand for claims identified through a LOC audit can receive the corrected value of those claims for any allowable services provided to Health First Colorado clients as if they were provided in the correct setting, such as observation or other outpatient setting.

This is not an adjustment

- Adjustments can be made on inpatient claim to inpatient claim when making corrections to diagnosis codes or services provided. When doing a claim adjustment, an inpatient claim cannot be changed to an outpatient claim. The inpatient claim must be voided prior to the rebilling of an outpatient claim.
- Adjustment claims that result in a refund back to the Department are not subject to timely filing edits. However, if an adjustment creates an increase to the providers payment and it is processed outside of timely filing requirements the claim would be subject to timely filing edits.
- For the above reasons, a rebill cannot be processed as a claim adjustment. The original claim must be voided, and a new claim submitted.

Rebilling Process

1. The provider must notify HMS they want to rebill within 30 days of receiving an overpayment audit finding letter.
2. Providers must indicate which claims they will be rebilling through the HMS Colorado RAC Provider Portal.
3. Rebilled claims must be submitted within 60 days of provider notifying HMS they would like to rebill.
4. HCPF's claims processing system, the Medicaid Management Information System (MMIS) interChange, will process the void of the claim which will be initiated by the request to rebill a claim from a provider.
5. Providers will have to look up the voided ICN using a remittance advice (RA) in order to rebill the new outpatient claim.
6. Providers must submit a clean outpatient claim within 60 days from the void in order to be paid for the new outpatient claim.

Access Provider Portal to Indicate Rebilling

- Click Claims
- Utilize the Search bar to search for Claims utilizing one of the following:
  - Claim Number, Patient Name, Provider Name / NPI or Case ID / Client Case Number
- Click on the Claim No. to open the specific claim

Access Provider Portal to Indicate Rebilling

- Utilize the "Intent to Rebill" toggle button to initiate the void of the inpatient claim.

Claims

Claim Status: Overpayment Identified

Claim Disposition: —

Intent to Rebill

Overpayment Notification / CDHCPF > Provider Alpha (12345678)/1123456-1 > Claim No. 1234567890789

Claim Details

Patient Details

Patient Name: John Smith

Date Of Birth: Jan 1, 2003

Sex: F

Patient Control No.: A123456789123

Medical Record Number: CCEE12345678

Service Details

Date Of Service: Dec 12, 2022 to Dec 13, 2022

Procedure Code

Case Number: RAC1234567890123

Client Case Number: ---

Provider Details

Provider Name & Provider No.: Provider Alpha 12345678

NPI: 123456789

Client Details

Name: (326) CDHCPF

Payment Details

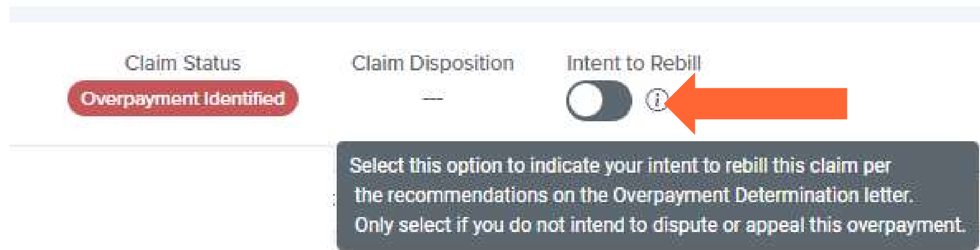
Paid($): $2,345.66

Readmission Details

Edit Type: RAC

Intent to Rebill Information Icon

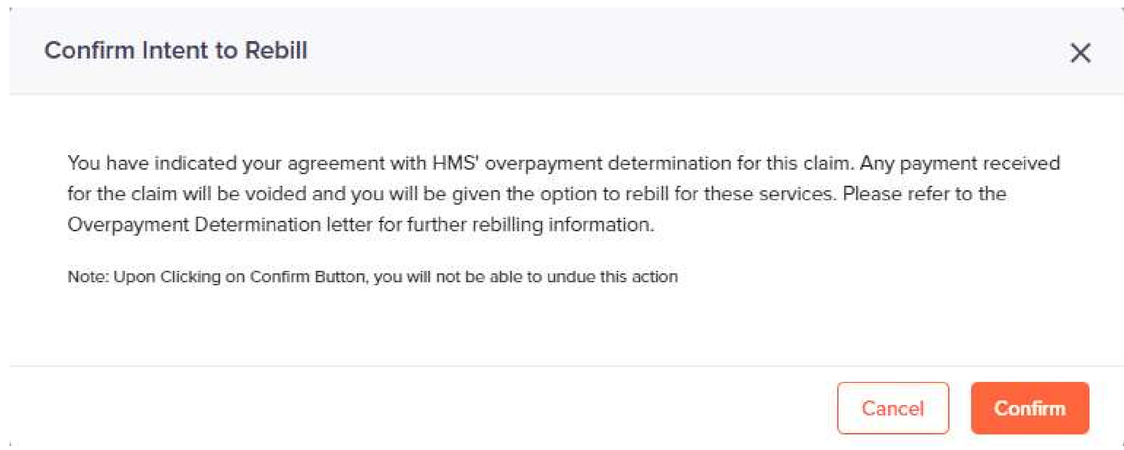
Hover over information icon to display information about the "Intent to Rebill" toggle button



Confirm rebilling

After clicking the "Intent to Rebill" toggle button, a message confirming that you would like to rebill will pop up.

Once "Confirm" is selected, this will trigger the electronic void of the inpatient claim.



Submit Rebill Request to HMS

Once rebilling is initiated, the toggle button will disappear and Intent to Rebill will now display “Agree”.

The information message will also change, indicating that the claim is being voided and the Provider is now given the option to rebill.

Obtain the voided ICN

- View your weekly remittance advice (RA), 835 or proprietary software
- The voided ICN will start with 56 (region code)
- The claims system "MMIS" maintains a link between the paid and voided claim
- **The voided ICN is REQUIRED for the rebill**

[Reference Health First Colorado Beginner Billing Training: Institutional Claims (UB-04)]

- For more information about ICN makeups, region codes, and how to pull your remittance advice- See the pages titled "Remittance" in the training

Submit a clean outpatient claim

- You will need to submit an outpatient claim consistent with any other outpatient claim that is billed in accordance with the services rendered to the Health First Colorado member and with the medical records that substantiate those services
- You may submit a rebill Electronically through the Fiscal Agent's (Gainwell Technologies) Provider Web Portal (free of charge). This is the claims system used for all provider billing which is called "interChange".
  - The claims system is web based and is interactive and using this method a provider will receive an immediate response with claim the claim' status

• You can also electronically use a batch vendor, clearinghouse or software to rebill

YOU MUST INCLUDE THE VOIDED ICN IN BOX 64A OF UB04 FORM, OR CORRESPONDING ELECTRONIC BOX

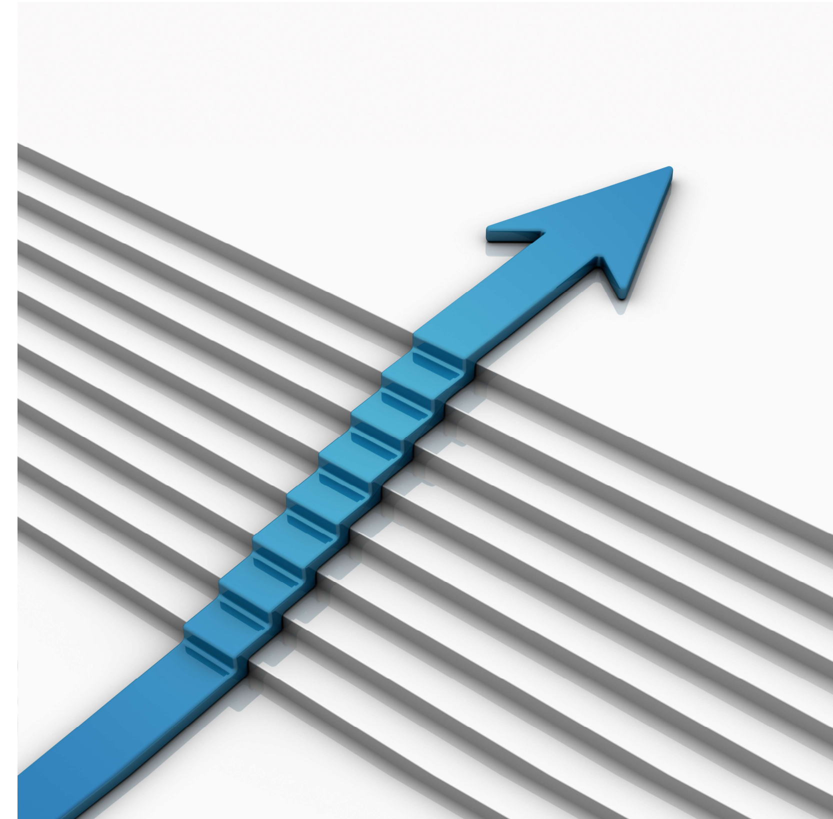
- On the claims system "interChange" portal the corresponding field is titled "Previous Claim ICN"
- For any other electronic submission through another vendor/software, please contact the vendor for questions regarding the mapping for box 64A

Claim Information
*Covered Dates
*Admission Date/Hour
(hh:mm) Discharge Hour
*Admission Type
*Admission Source
*Admitting Diagnosis Type
ICD-10-CM
*Admitting Diagnosis
*Patient Status
*Facility Type Code
*Patient Number
123
Previous Claim ICN
Note
Include Other Insurance
Total Charged Amount $0.00
Continue
Cancel

Enter the voided ICN into the Previous Claim ICN field. (Not the original ICN)

What Happens After a Rebill is Submitted?

- Once you resubmit the claim through the MMIS, this will be processed through MMIS, not HMS.
- For any questions regarding the claim processing of the rebilled claim please contact the MMIS Provider Services team at 1-844-235-2387.
- The status of the rebilled claim can be monitored through your normal claims processing procedures, and payment will be made in the same standard process that you have set up within the claims system.



What if I don't choose to rebill a claim?

- Providers have the choice to rebill when they receive their initial notice (letter) with an overpayment determination resulting from a RAC inpatient audit
- If a provider decides to rebill some claims before an informal reconsideration, but also would like to submit other claims for the informal reconsideration they are allowed to choose which claims from the same case/letter that they want to route to each phase of an audit.
- Any claims that are rebilled are no longer an overpayment and cannot be in an informal reconsideration request or a formal appeal.
- Once a claim is in formal appeal it will go through the legal appeal process and cannot be rebilled since the formal appeal is being reviewed by the court.

For additional information regarding Rebilling reference:

- Beginning Billing Workshop (colorado.gov)
- General Provider Information Manual | Colorado Department of Health Care Policy & Financing
- Provider Web Portal Quick Guide: Submitting an Institutional Claim | Colorado Department of Health Care Policy & Financing
- HMS CO RAC Website
- HCPF General Document (colorado.gov)

Moving healthcare forward.

Thank you for attending and we look forward to working together.

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