

OHCA / CURES ACT

MEDICARE CO-INSURANCE ADJUSTMENTS - - - PROVIDER CO-INSURANCE ACTION STEPS

Claim dates of services are July 1, 2016 – December 31, 2016 and mass adjustments are in process by Medicare to correct claims payment which has resulted in OHCA co-insurance adjustments as well. In an effort to provide action steps for reprocessing of co-insurances that are affected by the CURES ACT Medicare re-processing claim project; OHCA has the following steps in place for providers to follow to obtain the related co--insurance adjustment.

For DME providers to obtain an adjustment for related co-insurances the following options must be initiated and completed by the affected DME provider – OHCA will not make a mass adjustment. OPTIONS ARE LISTED BELOW:

- A) Providers may void the original co-insurance claim and resubmit new claim electronically for faster payment
- B) Provider may use the HCA-15 form for an individual member and include the data elements and attachments for each co-insurance claim – send the HCA-15 to OHCA-Adjustments and the adjustments will be completed by OHCA staff
- C) Provider may elect to provide a worksheet when they have multiple members' (over 200) co-insurance adjustments by entering the data elements listed on the HCA-15 form on the worksheet. Please note, for high volume adjustments; it is not necessary to attach the EOMB's as required in Option B.

TIMELY FILING RULES APPLY TO ALL OPTIONS

DMERC C NOTICE - September 22, 2017

Cures Act Adjustments Finishing Up!

Preliminary data analysis indicates there are only a few thousand Cures Act claims still processing through the system and those should complete next week. Just a quick reminder – check your Medicare Remittance Advice statements for Remark Code N689, which is the remark code the DME MACs use for all Cures Act adjustments.

Required for Option B - INDIVIDUAL CLAIM

HCA-15

- 1) Provider #
Provider Name & Address
Provider Phone #
Provider Contact Person

- 2) Reason for Adjustment - Medicare Adjustment (Attach all EOMB's that apply to this adjustment)

- 3) Original Paid Remittance from OHCA – Note: OHCA can only adjust a paid claim

- 4) Original Paid EOMB from Medicare

- 5) Corrected EOMB from Medicare

Required for Option C – WORKSHEET FOR OVER 200 CLAIMS

HCA-15 - Only one HCA-15 form is required to be attached to worksheet

- 1) Provider #
Provider Name & Address
Provider Phone #
Provider Contact Person
 - A) Reason for Adjustment - Medicare Adjustment
 - a) OHCA will accept a worksheet if all fields are completed; Member Name
 - b) Member ID #
 - c) ICN # (Claim #) of Paid Claim
 - d) All codes paid on Claim (E1390/E0431 – Example)
 - e) Co-Insurance Amount on Original EOMB
 - f) Co-Insurance Amount on Corrected EOMB

If you have questions, Please contact your Provider Rep for clarification on use of the HCA-15 form to resolve these co-insurance issues caused by Medicare retroactive payment adjustments.