ADAMHS Board of Cuyahoga County

GOSH Claims Processing Meeting

June 18, 2019

Meeting Reminders

- **Please keep your phone on mute except when asking a question. After asking the question, place your call back on mute again. This eliminates feedback on the call.**
- **Do <u>not</u> place your call on hold. Everyone will hear your "on hold" music.**

Introduction

- **Name**
- **Company affiliation**
- **Title/function**

Meeting Agenda

- **Current GOSH Implementation status**
- **Policy and procedure changes**
- **Provide training on the following new GOSH features:**
  - **Displaying Payer Spans**
  - **Staff Builder**
  - **File Portal – To upload an 837 billing file to GOSH**
  - **Displaying claims create from an 837 billing file**
  - **Manually entering claims into GOSH**
    - **Using Incomplete and Billing Preview reports**
  - **Billing Summary Log**
    - **File Processing Log – Adjudication Report**
    - **RA Report – RC Report – 835 download**
- **Q&A**

Current GOSH Implementation Status

- **One year of past SHARES membership that had a claim was loaded into GOSH.**
- **New Enrollments and Enrollment Updates continue in GOSH**
- **Production 270/271 Medicaid Eligibility Checks are occurring**
- **New and existing Payers Spans updates are occurring**
- **Benefit Rules have been created and reviewed**
- **Agency Contracts for the first six months have been completed**
- **Prevention service providers previously trained on manual claim entry are already live and receiving payments**
- **837 billing file testing is occurring**
- **A few providers who have completed their first 6 month 837 testing are now live with production claims**
- **The Board is on target for a July 1st complete claims go live**

Policy and Procedure Changes

- **Effective 7/1/2019, all claims must be submitted to GOSH via 837 billing file or manually entered claim.**
- **837 claims must use the new GOSH UCI (Not the old SHARES ID)**

- **Claims with a date of service before 7/1/2019, must be submitted using the Board's current procedure codes, modifier code usage, and unit rules defined in the provider's contract.**
  - **837 billing file testing is require for the first six month submission**
  - **Modifier#1 codes such as HE and HF should be used.**
  - **A valid ICD10 diagnosis is required except for certain claim billing like prevention. For prevention billing, the NDX (No diagnosis) code may be used.**

Policy and Procedure Changes

- **Claims with a date of service of 7/1/2019 or later, will need to be submitted using the Ohio Department of Medicaid BH Redesign procedure codes and rules defined in the BH Redesign manual. Procedure codes not covered by BH Redesign for other Non-Medicaid billing such as "A", "M", and "Z" codes will still be supported.**
    - **Provider should review their second six month agency contract for correct procedure codes to use.**
    - **Old Modifier#1 codes such HE and HF should <u>not</u> be used.**
    - **Provider will need to enter their staff, staff NPI, and credentials into GOSH using the Staff Builder**
        - **Rendering provider will be required and used for rate assignment on BH Redesign service codes.**

Policy and Procedure Changes

- **For Claims with a date of service of 7/1/2019 or later…**
  - **A valid ICD10 diagnosis as defined by BH Redesign is required except for certain claim billing like prevention. For prevention billing, the NDX (No diagnosis) code may be used.**
  - **To submit claims for the second six months of 2019, 837 billing file testing is required to verify your BH Redesign billing.**
    - **Do not submit production claims until this testing has been completed as these claim will be denied.**

- **Claims should be submitted minimally weekly. More frequent is fine too.**

Policy and Procedure Changes

- **Birthdate in claims file must match GOSH.**

- **ISA Board Code: 18B**

- **ISA segment must show "P" for production claims, not "T" for test.**

- **Continue to use Claim Correction form. Board will create adjustment. Agency will need to rebill claim in the next billing file once adjustment has been made.**

New naming convention for files

yymmdd.tt.p.eeee.k.nnnnns.fff **← Decimal point is literal**
Example:
150708.BT.N.GOSH.P.012341.837

Allows files to be sorted by date (yymmdd) OR files can be sorted by Type (fff).
- yymmdd = File create date. Example 150605
- tt   = File Content ~ AD or MH or BT or OT
       (AD = Alcohol & Drug, MH = Mental Health, BT = Both)
- p   = Payer Type (who is responsible for payment)
       (M=Medicaid N=Non-Medicaid)
- eeee   = EDI Format (GOSH or MITS)
- k   = P (production) or T (Test)
- n   =   five character UPI (agency code)
- s   = Sequence number (or alpha character)
- fff   = File Type.   (837, 835, 270 or 271)

Training

- **Enrollment Status Report - Need GOSH UCI for billing claims**

- **Display Payer Spans**

- **Staff Builder**

- **File Portal**

- **Displaying claims created from an 837 billing file**

- **Manually entering claims**
    - **Using Incomplete and Billing Preview reports**

- **Billing Summary Log**

Enrollment Status Report

Enrollment Status:	Page Lines: 15 ∨		Print List					
Display enrollments with status of: Enrolled ∨	Display last 90 days	Submit						
Name	**UCI**	**DOB**	**Gender**	**Client Id**	**Agency**	**Status**	**Batch#**	**Individual Id**
GOSHY, GEORGE	GB99B0100008	06/07/1991	M		A12345	Enrolled	3	100019
SHOWGOSH, SARA	GB18B0104288	06/07/1991	F	123SHOW	A12345	Enrolled	12	104283

Display Payer Spans

Staff Builder

gosh™   Search   User Id: A12345Test   Name: A12345 TEST

No Messages   Home   Applications   Maintain   Reports   Logout   Help   GOSH B99 Demo v2.4 © 2010 Geisler I.T. Services

Maintain Menu:

Staff

gosh™   Search   User Id: A12345Test   Name: A12345 TEST

No Messages   Home   Applications   Maintain   Reports   Logout   Help   GOSH B99 Demo v2.4 ©

Select Agency: A12345 ⌄ Staff Report

Staff Person Details: Status: Saved   Close

Staff:	Page Lines: 15 ⌄	Sea

Name

Assistant, Ann A

Demo, John A

Doctor, Donald A

Jones, Mary A

McGosh, Leonard J

McGoshler, Joe A

Nurse, Nancy A

Smith, Mary A

Trainer, John A

First Name: Leonard
Middle Initial: J
Last Name: McGosh
Display Name: McGosh, Leonard J   ×
NPI: 1234567899
Inactive: ☐

Created By: mikeg 9/4/2016 2:06:16 PM
Delete   Modified By: mikeg 2/13/2017 10:27:35 PM
Close   Staff Id: 30   Agency Id: 1
Submit

Credentials: Add New

Cred	Description	
MD/DO	Medical Doctor/Doctor of Osteopathy	Remove

File Portal

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Search

No Messages   Home   Applications   Maintain   Reports   Logout   Help

User Id: MIKEG
Name: MICHAEL GEISLER

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File Portal

Agency: A12345

Directory Files: Days Back: 90

Directory: Outbox   File to upload: Browse...   Upload

A12345
- Backup
- Inbox
- Outbox

	File Name	Modified Date	File Size	Uploaded Date	Uploaded By
☐	190611.MH.N.GOSH.P.123451.837	6/11/2019 11:03:26 AM	11326		

Remove

Manually Entering Claim in GOSH

Serv. Date	**Service**	**M1**	**M2**	**M3**	**M4**	**Units**	**T.I.**	**Billed**	**Allowed**	**N.C.**	**Pmt**	**Adj**	**Bal**	**Bat#**	**S.T.**	**B.D.**
02/16/2019	Z5001 - MH PREVENTION					1.0	15M	$20.05	$20.05	$0.00	$20.05	$0.00	$0.00	101	7	7
02/14/2019	H0028 - PROBLEM IDENTIFICAT...					2.0	15M	$53.74	$53.74	$0.00	$53.74	$0.00	$0.00	101	6	6
02/13/2019	H0029 - ALTERNATIVES					3.0	15M	$69.15	$69.15	$0.00	$69.15	$0.00	$0.00	101	5	5
02/10/2019	H0027 - ENVIRONMENTAL					1.0	15M	$28.13	$28.13	$0.00	$28.13	$0.00	$0.00	101	4	4
02/07/2019	H0026 - COMMUNITY-BASED PRO...					2.0	15M	$56.40	$56.40	$0.00	$56.40	$0.00	$0.00	101	3	3
02/04/2019	H0025 - EDUCATION					2.0	15M	$48.80	$48.80	$0.00	$48.80	$0.00	$0.00	101	2	2
02/02/2019	H0024 - INFORMATION DISSEMI...					1.0	15M	$22.28	$22.28	$0.00	$22.28	$0.00	$0.00	101	1	1

Manually Entering Claim in GOSH

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Search | User Id: A12345TEST
Name: AGENCY TEST

No Messages   Home   Applications   Maintain   Reports   Logout   Help   GOSH B18 Prod v2.3 © 2010 Geisler I.T. Services

Individual: **CLIENT DEMO PSEUDO**   Gender: **M**   Birth Date: **01/01/1970**   Individual Id: **122356**   Code: A12345 ▾   Close

Enrollment   **Documents**   **Payer Spans**   **Claims**

Claims:	
Serv. Date	**Service**
02/16/2019	Z5001 - MH
02/14/2019	H0028 - PRO
02/13/2019	H0029 - ALT
02/10/2019	H0027 - ENV
02/07/2019	H0026 - COI
02/04/2019	H0025 - EDL
02/02/2019	H0024 - INF
Clear Selection	
‹ ▮ ›	

⊟ **Claim Details:**   Pat. Control No: Claim ID: SL: Close

Amount: Patient Paid: ☐   Created:

Referring NPI: ☐ [...] ☐   Diagnosis: New Diagnosis: ☐ [...] Add

Ordering NPI: ☐ [...] ☐   NDX - NO DIAGNOSIS   ↑

Rendering NPI: ☐ [...] ☐   ↓

Supervising NPI: ☐ [...] ☐   ✖

Claim Subscribers:

⊟ **Service Transaction Line Detail:**   Service Line: Add New   Previous   Next   Status: New

Service Date: Service Code: M1: M2: M3: M4: POS: Units: T.I. Charge Amt: Typ: NDC:

☐ ☐ ☐ [...] ☐   ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Subscriber ID / Other Payer: Deduct Co-Pay Oth. Adj N.C.   COB Amt Paid Date

☐ ▾   ☐ ☐ ☐ ☐ ☐ ☐   Add

Providers: ☑ Same as Claim   Diagnosis: ☑ Same as Claim

Referring NPI: ☐ [...] ☐   NDX - NO DIAGNOSIS   ↑

Ordering NPI: ☐ [...] ☐   ↓

Rendering NPI: ☐ [...] ☐   ✖

Supervising NPI: ☐ [...] ☐

Line Item Control No: RollUp Code / ID: Payer Span ID: S.T. ID: Created By:

☐   ☐ ☐ ☐   Modified By:

☐ Do Not Bill   Submit

⊟ **Billing Details:**

Incomplete and Billing Preview Reports

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Search

User Id: A12345TEST
Name: AGENCY TEST

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Reports Menu:

Billing Preview Report

Enrollment Change Log

Enrollment Status

Incomplete Report

New Enrollment Requests

Billing Preview Report:

Agency UPI: 12345 ⌄   Payer: Board ⌄   Service Type: Both ⌄   Services on or before: 04/15/2019   [Process]

Number of Claims: 2   Total Amount: $123.10

Name	UCI	Indiv. Id	Payer	S.T.ID	Staff	Cr. Id	Diag	Svc. Date	Service	M1	M2	M3	M4	POS	Mins	Units	Amount
PSEUDO, CLIENT DEMO	GB18B0122357	122356	Board	8			NDX	01/30/2019	H0024					11		3.0	66.84
PSEUDO, CLIENT DEMO	GB18B0122357	122356	Board	9			NDX	01/25/2019	H0027					11		2.0	56.26

Incomplete Data Report: Print

Agency UPI: 12345 ⌄   Payer: Board ⌄   [Process]   **Successfully processed 0 rows.**

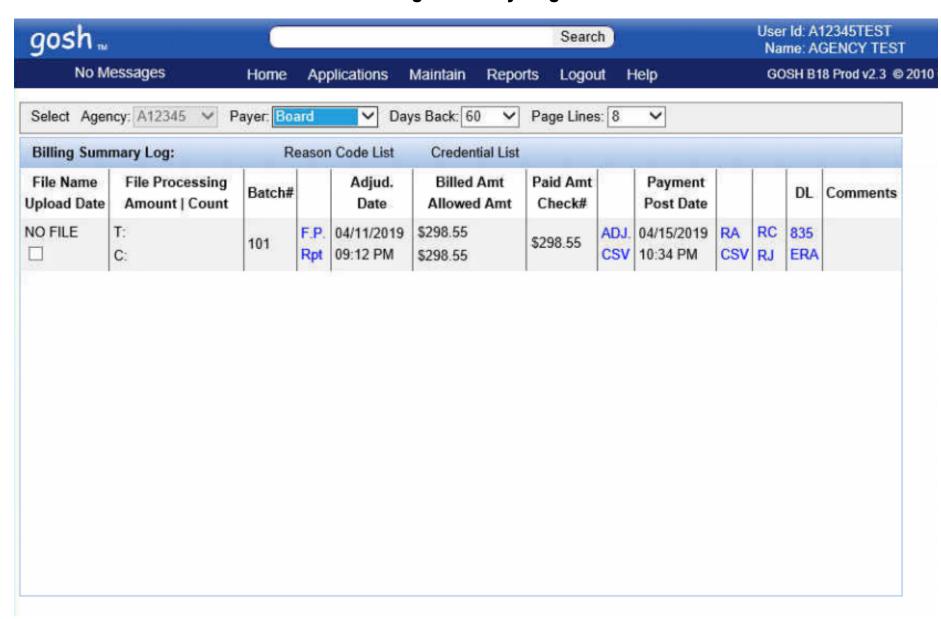Total Amount: $0.00   Record count: 0

Common Problem

- **Cannot select a service code**
  - **No Payer Span setup**
- **No billed amount on Billing Preview report**
  - **No rate setup for service**
- **No Rate in Incomplete Report**
  - **Check modifier#1 code. Required for first six months.**

Billing Summary Log

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No Messages		Home	Applications	Maintain	Reports	Logout	Help	

Search

User Id: A12345TEST
Name: AGENCY TEST

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Select Agency: A12345 ▽ Payer: Board ▽ Days Back: 60 ▽ Page Lines: 8 ▽

Billing Summary Log: Reason Code List   Credential List

File Name Upload Date	File Processing Amount | Count	Batch#		Adjud. Date	Billed Amt Allowed Amt	Paid Amt Check#		Payment Post Date			DL	Comments
NO FILE ☐	T: C:	101	F.P. Rpt	04/11/2019 09:12 PM	$298.55 $298.55	$298.55	ADJ. CSV	04/15/2019 10:34 PM	RA CSV	RC RJ	835 ERA	

Billing Summary Log

- **Billing Summary Log to access:**
  - **File Processing Report**   **F/P Rpt** **link**
  - **Adjudication Report**   **ADJ** **link**
  - **Remittance Advice Report**   **RA**   **link**
  - **835 file download**   **835** **link**
  - **CSV Remittance Advice**   **CSV** **link**

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Questions and Answers