**DIVISION OF MEDICAL SERVICES**
**PROVIDER BULLETIN**

# RETRIEVAL AND RESUBMITTING CLAIMS ON EMOMED

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A new feature on the Missouri Medicaid billing Web site at www.emomed.com allows the retrieval of previously submitted claims. When the claim is retrieved, the fields will automatically be populated with the information entered on the original claim. Users may modify or correct previously submitted information, then resend the claim for payment. This function is available for virtually all claims originally submitted electronically or on paper.

The provider can take one of the following three actions regarding a previously submitted claim.

1. Retrieve a previously denied claim, make corrections and resubmit it.
   (select claim frequency type code 1-original).
2. Retrieve and adjust a previously paid claim to correct or change information on it
   (select claim frequency type code 7-replacement).
3. Retrieve and void (recoup) a previously paid claim.
   (select claim frequency type code 8-void)

   Note – the provider must manually select the appropriate frequency type code.

From the Medicaid claim billing Home Page, previously submitted claims may be retrieved from either the "View Claim Status" option listed under "**Real Time Inquiries**" or through the "Claim Confirmation" option listed under "**Receive Provider Files**".

## RETRIEVING CLAIMS THROUGH THE "VIEW CLAIM STATUS" OPTION

When using the "<u>View Claim Status</u>" option to retrieve claims, the user must select the billing provider number under which the claim was originally submitted in the drop down window, and then enter the 'Recipient ID' and 'From Date of Service'. Users may further refine their search by entering the 'To Date of Service', original 'Claim ICN' and/or the 'Submitted Charge' of the original claim submission. Once the search criteria have been defined, the user submits their search and a list of all claims meeting the search criteria will appear. The user may then choose the claim they want to resubmit from the list. Once the desired claim is found, users may hit the 'View Claim' button to verify the intended claim has been retrieved, or the 'Resubmit' button to proceed.

The selected claim will appear in editable form, with the previously entered information populated on the claim form. Users then have the ability to change any or all data in fields in which they would normally enter data.

After the information has been modified on the claim, the user should select the 'Continue' button at the bottom of the page and the claim submission proceeds as normal.


## RETRIEVING CLAIMS THROUGH THE "CLAIM CONFIRMATION" OPTION

The "<u>Claim Confirmation</u>" option may also be used to retrieve claims if the claim was submitted through EMOMED within the last 45 days. The user must select the billing provider number under which the claim was originally submitted in the drop down window. The user then locates and clicks on the correct date of the claim confirmation report (the claim confirmation is dated the next business date after the claim was submitted on EMOMED). After selecting the claim confirmation report date, a list is displayed of all claims submitted on a selected report. From this point, the user simply selects the claim ICN for resubmission from the list to retrieve a claim for resubmission.

The selected claim will appear in editable form, with the previously entered information populated on the claim form. Users then have the ability to change any or all data in fields in which they would normally enter data.

After the information has been modified on the claim, the user should select the 'Continue' button at the bottom of the page and the claim submission proceeds as normal.


## ATTACHMENTS

If the originally submitted claim is linked to a claim-specific attachment, the attachment will also be retrieved and automatically populated. When a claim with attachments is selected for resubmission, a message will be returned informing the user of all attachment types associated with the original claim. Users are not required to view or modify the associated attachment, but have the option to do so if desired or necessary.

Recently, the Third Party Liability attachment has been modified to require an Other Payer ID field.  If a claim is retrieved for resubmission where there is a Third Party Liability attachment, but it does not contain information in the 'Other Payer ID' field, a message will alert the submitter that required information is missing from the Third Party Liability attachment. The submitter should click the corresponding attachment link to view and update the attachment information.

## INDIVIDUAL FIELD CHANGES

A limited number of field-specific values submitted on original claims are converted to default values within the Missouri Medicaid claims processing system, i.e. facility name field on the CMS-1500.  It is not necessary to change these values, but users may do so if desired. Additional information about these specific values and their associated claim types are available on the home page of EMOMED.

## EXCEPTIONS TO RETRIEVING/RESUBMITTING CLAIMS

There are a limited number of situations that prevent a claim from being resubmitted through this new functionality.  If the desired claim meets any of the following conditions, the resubmission feature is not allowed:
- nursing home claims
- managed care encounter claims
- voided claims
- credit claims (ICN number begins with '70' or '75')
- the original claim is split into two or more claims
- the original claim is in suspended status (claim status is 'C')

If the user should attempt to retrieve any of the claims that fall under these conditions, a reason-specific error message will be returned.  If the mainframe system is not currently available, an error message with a reason of 'INTERNAL ERROR' will be returned.

## ASSISTANCE

A quick reference document with links to field-specific value assistance is available on the home page of the Medicaid claim billing Web site at www.emomed.com.

## MEDICAID INTERNET ACCESS

To apply for access to use the Medicaid Internet billing Web site at www.emomed.com, providers must apply for a user identification (ID) and password prior to billing.  The process is quick and the application can be completed online.  Access is available immediately upon receiving the ID and password.  To apply online, go to

http://www.dss.mo.gov/dms/providers.htm.  In the left-hand column, click on 'Apply for Electronic/Internet System Access'.  Then complete all required fields and submit.

**Provider Bulletins** are available on the DMS Web site at http://dss.mo.gov/dms/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletins page.

**Missouri Medicaid News:**  Providers and other interested parties are urged to go to the DMS Web site at http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via E-mail.

**MC+ Managed Care:**  The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan.  Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline**
**573-751-2896**