Payment Integrity Administrative Policy:

Inpatient Claim Submission Requirements

(Commercial and Medicare Plans)

ANNUAL APPROVAL DATE	APPROVED BY
8/1/2019	MCSC (Medical Cost Steering Committee)

Overview

ConnectiCare collaborates with Equian to ensure consistency in claims adjudication and reimbursement practices with our hospital partners by conducting itemized bill reviews of all inpatient facility claims that exceed outlier thresholds and/or high dollar facility claims that price at percentage of billed charges. Reviews include dates of service beginning December 1, 2015, and analysis of prior claims based on contractual language.

ConnectiCare requires providers to submit itemized bills with all facility claims meeting an outlier payment level of reimbursement. Providers must submit an itemized detail listing each supply and service provided to the member and match the billed charge amount for the underlying claim for submission of all facility outlier claims.

Itemized Bill Requirements:

- The itemized bill must list each supply and service provided to the member, the date the supply and/or service was provided to the member, and match the dollar amount and date of service of the request.
- The request will apply to claims submitted with other insurance, changes in coverage, lapse in coverage, or if the member's coverage termed during the length of stay.
- Interim billing will not require an itemized bill; however, an itemized bill must be submitted with the final bill.

What happens if the claim does not meet the requirements?

If the itemized bill is not included with a claim that exceeds outlier thresholds, the outlier portion of the claim will be denied and an itemized bill requested. In order for the outlier portion of the claim to be considered/adjudicated, the claim must be resubmitted with the itemized bill within applicable claim submission deadlines. To avoid a duplicate denial, please resubmit as a corrected claim.

How will Equian communicate its findings?

If Equian identifies any billing issues during its review, it will send you detailed findings regarding these issues and provide you with a direct contact with whom you can discuss and resolve any issues you may have with the findings. You can also exercise your right to formally appeal Equian's finding.

Please send all formal appeal correspondence by mail or email directly to Equian at:

Equian
Attn: Appeals Department
600 12th Street
Suite 300
Golden, CO 80401
reconsiderations@equian.com

Note: There is a 6-month limit to appeal from the date of the Explanation of Payment EOP statement that reflected the denied claim(s).

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Revision History

DATE	REVISION
8/01/2019	• Policy amended to include ConnectiCare Medicare Advantage plans • Reformatted and reorganized policy, transferred content to new template