

Updated: Error discovered in reporting of “encounter” payments on the remittance advice (RA) 835 for to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

As stated last month, UCare, along with other managed care organizations (MCOs) that offer Minnesota Health Care Programs (MHCP), has been working closely with the Minnesota Department of Human Services (DHS) on implementation of a new process for making “encounter” payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

Remittance Advice (RA) error description and resolution:

The recent reporting error discovered is the adjustment leads to the full charge amount for a claim line being populated as a Co-Pay Amount on the RA (Group Code – CO and CARC – 3). UCare consulted with several providers that brought this issue to our attention regarding options for resolving the issue. Based on feedback from the provider, the decision has been made that UCare will not adjust these claims again and we are asking the providers to ignore the adjustment remittance advice and the incorrect remittance advice (Group Code – CO and CARC – 3). If this resolution will not work for you, please contact Provider Assistance Center at 612-676-3300 or 1-888-531-1493 to discuss an alternative resolution.

UCare has modified the processing of FQHC/RHC carve out payment claims with co-pay amounts effective March 1, 2015 and any claims processed after that date will not result in the incorrect processing of the remittance advice.

This issue does not impact the FQHC/RHC Payment Carve-out claim submission to DHS and therefore does not impact the encounter payments DHS is making to FQHC/RHC providers. FQHC/RHC Payment Carve-out claims are being submitted per DHS requirements; creation of UCare remittance advices is a separate process. In addition, this issue will not impact UCare’s quarterly co-pay reporting to DHS.

Below are the ANSI codes that will display in UCare EOPs for various FQHC/RHC claim status scenarios; **RARC column amended:**

SCENARIO	CARC	RARC
UCare “paid” claims at \$0.	256 – Service not payable per managed care contract.	N193 – Specific federal/state/local program may cover this service through another payer.
UCare applied copayment to “paid” claim.	3 – Co-payment amount.	
UCare “paid” replacement claim at \$0.	256 – Service not payable per managed care contract.	N193 – Specific federal/state/local program may cover this service through another payer.
UCare applied copayment to replacement claim.	3 – Co-payment amount.	

DHS TCN missing.	16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	M47 – Missing/incomplete/invalid/internal or document control number.
Voided claim.	16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	N463 – Missing support data for claim.

We apologize for any inconvenience and or confusion this has caused various stakeholders.

Questions? Thank you for your patience. If you have questions about UCare’s process or claims questions, please contact our Provider Assistance Center at **612-676-3300** or **1-888-531-1493**, Monday – Friday, 7 a.m. – 5 p.m.

For questions about DHS encounter payments, call MHCP Provider Call Center at 651-431-2700 or 1-800-366-5411.