

OPERATIONS MANAGEMENT BUSINESS AREA CLAIMS RECEIPT (CR) CHECKLIST

STATE:

DATE OF REVIEW:

REVIEWER:

CLAIMS RECEIPT (CR) CHECKLIST

CLAIMS RECEIPT CHECKLIST BACKGROUND

Background for this checklist:

1. The criteria in this checklist are mainly based on the MMIS requirements in the State Medicaid Manual (SMM). The MMIS requirements in the SMM have been used for decades of MMIS certification. The language used in the criteria has been modernized to reflect 21st century terminology. Additional criteria have been added to align with Industry Best Practices (IBP). Many of these IBP have become standards in most States. If a State requests an IBP function in its RFP or System Requirements Document, it will be considered a requirement to be reviewed during MMIS certification.
2. This is a generic checklist covering all types of claims submitted by all types of providers with the exception of pharmacy Point of Service (a.k.a., Point of Sale, POS) claims. There is a separate checklist for pharmacy POS claims receipt and adjudication.
3. Unless otherwise stated, criteria apply to all claim types paid by the State Medicaid agency including atypical provider claims.
4. This checklist covers the basic functions of claims receipt and receipt of other transactions including attachments.
5. This checklist covers receipt of claims and other transactions by any media supported by the State, e.g., electronic, Web portal, paper. Receipt of claims, other transactions, and attachments are heavily affected by the Health Insurance Portability and Accountability Act (HIPAA).

Sources for this checklist are as follows:

SMM – State Medicaid Manual, MMIS Section, available from <http://www.cms.hhs.gov/Manuals/PBM/list.asp>, Document 45

IBP – Industry Best Practices. Items are selected from RFPs for MMISs developed by states and approved by CMS.

HIPAA – HIPAA act, available from

http://www.cms.hhs.gov/TransactionCodeSetsStandards/02_TransactionsandCodeSetsRegulations.asp#TopOfPage

**OPERATIONS MANAGEMENT BUSINESS AREA
CLAIMS RECEIPT (CR) CHECKLIST**

BUSINESS OBJECTIVES		
Reference #	Business Objectives	Comments
CR1	Accept claims and other transactions electronically and via hard copy.	
CR2	Accept attachments and other materials related to claims and other transactions as required for review and approval.	
CR3	Comply with HIPAA requirements.	
CRSS1	<i>Add State-specific business objectives for the Claims Receipt Checklist here.</i>	

CR1 – ACCEPT CLAIMS AND OTHER TRANSACTIONS ELECTRONICALLY AND VIA HARD COPY					
Ref #	System Review Criteria	Source	Yes	No	Comments
CR1.1	Captures accurately all input into the system at the earliest possible time.	SMM			
CR1.2	Assigns each claim a unique identifier upon its entering the system.	SMM			
CR1.3	Accepts and uses the common hospital paper billing form developed by the National Uniform Billing Committee (NUBC), for non-electronic claims.	SMM			
CR1.4	Accepts and uses the common non-institutional paper claim form developed by the National Uniform Claim Committee (NUCC), for non-electronic claims.	SMM			

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CR1 – ACCEPT CLAIMS AND OTHER TRANSACTIONS ELECTRONICALLY AND VIA HARD COPY

Ref #	System Review Criteria	Source	Yes	No	Comments
CR1.5	Accepts and uses the common dental paper billing form developed by the American Dental Association (ADA), for non-electronic claims.	IBP			
CR1.6	Controls, tracks, and reconciles captured claims to validate that all claims received are processed.	IBP			
CR1.7	Provides the ability to identify claims input for control and balancing (hardcopy and electronic media).	IBP			
CR1.8	Provides and maintains a data entry system that includes, but is not limited to, hardcopy claims and claim adjustment/voids which provides for field validity edits and pre-editing for: <ul style="list-style-type: none"> ▪ Provider number ▪ Beneficiary ID number ▪ Procedure codes ▪ Diagnosis codes 	SMM			
CR1.9	Produces an electronic image of hardcopy claims and claims-related documents, and performs quality control procedures to verify that the electronic image is legible and meets quality standards.	IBP			
CR1.10	Screens and captures electronic images, date-stamps, assigns unique control numbers and batches hardcopy claim forms and attachments, adjustment/void forms, and updated turnaround documents.	IBP			
CR1.11	Logs each batch into an automated batch control system.	IBP			

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CR1 – ACCEPT CLAIMS AND OTHER TRANSACTIONS ELECTRONICALLY AND VIA HARD COPY

Ref #	System Review Criteria	Source	Yes	No	Comments
CR1.12	Provides the ability to identify claim entry statistics to assess performance compliance.	IBP			
CR1.13	Provides a unique submitter number for each billing service or submitter that transmits electronic or paper claims to the MMIS for a single provider or multiple providers.	IBP			
CR1.14	Provides an attachment indicator field on all electronic media claims to be used by the submitter to identify claims for which attachments are being submitted separately.	IBP			
CR1.15	Provides and maintains a Web portal for providers to directly and efficiently enter claims.	IBP			
CR1.16	Supports testing of new provider claims submission systems by allowing providers to submit electronic claims test files that are processed through the adjudication cycle without impact on system data.	IBP			
CR1.17	Identifies any incomplete claim batches that fail to balance to control counts.	IBP			
CR1.18	Provides and maintains the capability to process standard financial transactions including recoupments and payouts which cover more than one claim/service.	IBP			
CR1SS.1	<i>Add State-specific criteria for this objective here.</i>				

**OPERATIONS MANAGEMENT BUSINESS AREA
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**CR2 – ACCEPT ATTACHMENTS AND OTHER ASSOCIATED MATERIALS RELATED TO CLAIMS AND OTHER
TRANSACTIONS REQUIRED FOR REVIEW AND APPROVAL**

Ref #	System Review Criteria	Source	Yes	No	Comments
CR2.1	<p>Accepts, records, stores, and retrieves documents submitted with or in reference to claim submission activity, such as:</p> <ul style="list-style-type: none"> ▪ Operative reports ▪ Occupational, physical, and speech therapy reports ▪ Durable Medical Equipment (DME) serial number, cost, and warranty data ▪ Manufacture's tracking data for implants ▪ Waivers and demonstration specific requirements <p>These documents may be freeform or in HIPAA attachment format.</p>	IBP			
CR2.2	Receives claim attachments associated with electronic media or paper claims and auto-archives or forwards to appropriate operational area for processing.	IBP			
CR2.3	Accepts Medicare crossover claims (for Medicare coinsurance and deductible) or Medicare Explanation of Benefits (EOB) claims attachments.	IBP			

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**CR2 – ACCEPT ATTACHMENTS AND OTHER ASSOCIATED MATERIALS RELATED TO CLAIMS AND OTHER
TRANSACTIONS REQUIRED FOR REVIEW AND APPROVAL**

Ref #	System Review Criteria	Source	Yes	No	Comments
CR2.4	Accepts prior authorization attachments such as: <ul style="list-style-type: none"> ▪ Surgical/anesthesia reports ▪ Medical records ▪ X-rays/images ▪ Orthodontic study models ▪ LTC prior Authorization ▪ Certain prescription drugs as required ▪ Other items required by State or Federal rules 	IBP			
CR2.5	Accepts other claim related inputs to the MMIS, including but not limited to: <ul style="list-style-type: none"> ▪ Sterilization, abortion, and hysterectomy consent forms ▪ Manual or automated medical expenditure transactions which have been processed outside of the MMIS (e.g., spend-down) ▪ Non claim-specific financial transactions such as fraud and abuse settlements, insurance recoveries, and cash receipts ▪ Electronic cost reports ▪ Disproportionate share reports ▪ Drug rebate ▪ Any other inputs required for services under the State's approved plan 	IBP			

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**CR2 – ACCEPT ATTACHMENTS AND OTHER ASSOCIATED MATERIALS RELATED TO CLAIMS AND OTHER
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Ref #	System Review Criteria	Source	Yes	No	Comments
CR2SS.1	<i>Add State-specific criteria for this objective here.</i>				

CR3 – COMPLY WITH HIPAA REQUIREMENTS

Ref #	System Review Criteria	Source	Yes	No	Comments
CR3.1	<p>Provides system support for the sending and receiving of electronic claims transactions, containing valid codes, required by 45 CFR Parts 160 and 162, as follows:</p> <ul style="list-style-type: none"> ▪ Retail pharmacy drug claims (NCPDP) ▪ Dental health care claims (X12N 837D) ▪ Professional health care claims (X12N 837P) ▪ Institutional health care claims (X12N 837I) ▪ Coordination of benefits data, when applicable ▪ Future claims attachments required under HIPAA 	HIPAA			
CR3.2	Provides secure, HIPAA compliant software and documentation for use by providers to submit electronic claims.	IBP			

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CR3 – COMPLY WITH HIPAA REQUIREMENTS

Ref #	System Review Criteria	Source	Yes	No	Comments
CR3.3	Processes batch 837 claims, rejecting only individual bad claims and accepting all others.	IBP			
CR3.4	Employs an electronic tracking mechanism to locate archived source documents or to purge source documents in accordance with HIPAA security provisions.	IBP			
CR3SS.1	<i>Add State-specific criteria for this objective here.</i>				

CRSS1 – ADD FIRST STATE-SPECIFIC OBJECTIVE HERE
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Ref #	System Review Criteria	Source	Yes	No	Comments
CRSS1.1	<i>Add criteria based on the APD, RFP, etc., that are relevant to this State-specific objective.</i>				