



**Department of Health and Human Services
Office of Medicaid Business and Policy
129 Pleasant Street
Concord NH 03301**

Date: July 29, 2013

To: Hospital Providers

From: Kathleen Dunn, RN, MPH
Medicaid Director, Associate Commissioner

Re: Attention Hospital Providers: Important Information On Retroactive ED Claims Submissions

A memo released on July 12, 2013 announced the removal of the 4-visit service limit on Medicaid recipients' visits to the Emergency Department, retroactive to **March 1, 2012**. This policy change impacts Emergency Department claims that were either **denied** or **were not submitted** because the visit was in excess of the 4-visit service limit.

In order for NH Medicaid to implement the change in policy retroactively, NH Medicaid asks that you assess claims for whether:

- The claim was submitted and denied,
- An override request was submitted and denied or remains outstanding (also known as a prior authorization or service authorization)
- The claim would have otherwise qualified for payment except for the imposition of the 4-visit service; and
- The date the service was provided.

Based on the above assessment, please follow the below instructions for processing claims impacted by this policy change.

- (1) **DO NOT RE-SUBMIT DENIED CLAIMS** - NH Medicaid will re-process claims that were denied for being in excess of the 4-visit service limit and make adjustments accordingly. No provider action is necessary. This does not include claims with override requests that were either denied or remain outstanding. These claims should be submitted using the process in either (2) or (3) below.
- (2) **SUBMIT CLAIMS that were not submitted and have a date of service within the last 12 months (starting August 1, 2012)** - The Health Enterprise MMIS will accept claims beginning on August 1, 2013 that were NOT SUBMITTED because they were in excess of the service limit. This includes claims with denied or outstanding override requests if the date of service occurred within the last 12 months.

(3) PLEASE HOLD CLAIMS WITH A DATE OF SERVICE OUTSIDE OF THE LAST 12 MONTHS (MARCH 1, 2012 THROUGH AUGUST 1, 2012) – Do not submit these claims yet.

Await further instructions on the process and time period to submit these claims scheduled to be released the week of August 12, 2013. This applies to:

- Claims with a date of service outside of the time period that were NOT SUBMITTED; or
- For claims with a denied or outstanding override request for the time period identified above.

PLEASE NOTE: For claims with denied or outstanding override requests, NH Medicaid will send providers the information to identify what the claims to re-submit for processing as described in (2) and (3) above.

NH Medicaid recipients were notified of the change in benefits on July 22, 2013. This notice informed Medicaid recipients that if they made a payment to a hospital for a denied ED visit because it was in excess of the 4-visit limit, they may be entitled to receive reimbursement. A copy of this notice will be made available in the Health Enterprise portal in the Message Center.

PATIENT QUESTIONS:

Please direct to Medicaid Client Services 1-800-852-3345 extension 4344 or 603-271-4344 (for out of state calls).

PROVIDER QUESTIONS:

Please contact the Health Enterprise - Provider Relations Call Center at 1-866-291-1674.