



Communication Release

11/1/2022

Update on Billing Claims with Medicare Advantage Plan OHCs

SAPC and DHCS's recent investigations into CO 177 State denials determined that a critical piece of information was missing from the DHCS ODS Companion Guide. DHCS has confirmed with SAPC that the DHCS ODS Companion Guide does not include details on billing Medicare Advantage Plans that are included in the DHCS Mental Health (MH) Companion Guide, but the requirement is the same. From the DHCS MH Companion Guide, page 13:

"Medicare Risk HMO Plans and Cal-Medi Connect Coordination of benefits (COB) information reflecting the results of billing a claim to a Medicare Advantage Plan (including a Cal Medi-Connect plan) should be coded with a Claim Filing indicator (Loop 2320, element SBR09) of '16' (Medicare Risk HMO)."

When a patient is identified as having OHC, it is vital that the OHC Code of the guarantor is assessed to determine if the plan is a Medicare Advantage Plan with an OHC Code of "F". Plans with an OHC Code of "F" must be billed with the Claim Filing Indicator of "16". Providers have different options available to assist with determining the OHC Code of the plan.

- ❖ **Option 1:** Use the [AEVS online OHC database](#) to look up the OHC code of the guarantor. This website will provide a listing of guarantors and their associated OHC Code. If this table indicates "F" in the "OHC CODE" field, it must be billed following the instructions in this communication. No login is required to access this information. (See Screenshot 1 – AEVS OHC Example)
 - Note that some large guarantors (i.e. Aetna, Kaiser, etc.) have many types of plans and varying OHC Codes. It is important to validate the guarantor address that is associated with the patient's plan to determine which OHC Code is active for that particular plan. Validate the patient's guarantor address with the address shown on the AEVS website to ensure accurate information is determined.
- ❖ **Option 2:** The Medi-Cal eligibility verification system - Automated Eligibility Verification System (AEVS). This system requires a login as it provides beneficiary specific information. This system will provide Medi-Cal eligibility details for a specific beneficiary. The system provides details in the "Eligibility Message" portion of the response of the OHC, including the OHC Code. (See Screenshot 2 – AEVS Sample Website Eligibility Response)

To ensure the information is being accurately sent to SAPC then subsequently the State, please follow the guidelines below.

- ❖ **Primary Sage Users:** In order to indicate that the plan is a Medicare Advantage Plan, on the Other Health Coverage form in ProviderConnect, select "Health Maintenance Organization (HMO) Medicare Risk" in the "Claim Filing Indicator Code (2320-SBR-09)" field. (See Screenshot 3 – OHC Form Claim Filing Code Field)
- ❖ **Secondary Sage Users:** When sending 837 files to SAPC that include OHC information for patients with a Medicare Advantage Plan, on loop 2320, data element SBR09, indicate "16".

SAPC will be updating both the SAPC 837 Companion Guides and the SAPC OHC Billing Manual in the coming weeks with this new information. In the meantime, providers can take immediate action with this new information by identifying claims denied by DHCS for OHC, mainly CO 177. For CO 177 denials, this may be one reason why a claim was denied by DHCS.

Providers should do the following to troubleshoot CO 177 denials:

- ❖ Validate the CIN was correctly entered in the patient's Financial Eligibility form
- ❖ Validate the patient's aid code is DMC eligible
- ❖ Confirm if the patient's OHC information (if applicable) was included on the claim when submitted to SAPC

- ❖ Review the OHC plan and OHC code of the patient to determine if it is a Medicare Advantage Plan. The Claim Filing Indicator information should then be reviewed and updated to ensure it indicates “16” for Secondary Sage Users or “HMO Medicare Risk” in ProviderConnect for Primary Sage Users.

Supporting Screenshots

Screenshot 1 – AEVS OHC Example

CARRIER CODE	LAST CHANGE DATE	STATUS CODE	OHC CODE	CARRIER NAME-1	CARRIER NAME-2	CARRIER ADDR-2	CARRIER CITY	CARRIER STATE	CARRIER ZIP CODE	CARRIER PHONE	PLAN TYPE
A001	20211026	A	P	ALLEGIANCE BENEFIT PLAN		PO BOX 3018	MISSOULA	MT	598063018	8008771122	PPO
A002	20200325	A	D	AVALON INSURANCE COMPANY		PO BOX 772610	HARRISBURG	PA	171770001	8772343853	PDP
A003	20150824	A	F	ANTHEM MEDICARE PREFERRED STD		PO BOX 60007	LOS ANGELES	CA	900600007	8778113107	PPO
A007	20150824	A	F	AMERIVANTAGE		PO BOX 61010	VIRGINIA BEACH	VA	234661010	8668054589	MAP

Screenshot 2 – AEVS Sample Website Eligibility Response

Name: Doe, Jane		
Subscriber ID: 1234567890		
Service Date: 01/15/2019	Subscriber Birth Date: 12-22-1976	Issue Date: 07-02-2017
Primary Aid Code: 48	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 34 - Sacramento	HIC Number:	
Primary Care Physician Phone #:	Service Type:	
Spend Down Amount Obligation: \$50.00	Remaining Spend Down Amount: \$50.00	
Trace Number (Eligibility Verification Confirmation (EVC) Number):		
Eligibility Message: SUBSCRIBER LAST NAME: DOE, CNTY CODE: 34, PRIMARY AID CODE: 48, MEDI-CAL ELIBIGLE FOR PREGNANCY/POSTPARTUM SVCS W/NO SOC. ALL OTHER MEDICAL SVCS. RECPT. HAS SOC OF \$50.00. REMAINING SOC \$50. OTHER HEALTH INSURANCE COVERAGE UNDER CODE B. SCOPE OF COVERAGE: IOMP.		

Screenshot 3 – OHC Form Claim Filing Code Field

Claim Filing Indicator Code (2320-SBR-09)
Health Maintenance Organization (HMO) Medicare Risk ▼

