



Requests for Hospital Claim Reports

Policies and Procedures

Report:

Hospital claim reports will contain all relevant paid Medicaid fee-for-service (FFS) Claims, Crossover Claims, Risk-Based Managed Care (RBMC) Shadow Claims, and Healthy Indiana Plan (HIP) Claims for a particular provider, for a time period up to twelve months or less. Reports will be billed in increments of 12 months. For example, if a provider requests paid claims for service incurred dates of January 1, 2015 through June 30, 2016, the provider will be billed for two reports (1/1/2015 through 12/31/2015 and 1/1/2016 through 6/30/2016) at the charge stated below.

Reports are available for the following claim types only (without exception). If any dates older than 2009 are required, please call the HP help desk: (800) 577-1278 or (317) 655-3240.

- Inpatient FFS: Claims paid after 1/6/2009
- Outpatient FFS: Claims paid after 1/6/2009
- Inpatient and Outpatient Crossover: Claims paid after 1/6/2009
- Inpatient RBMC Shadow: Claims paid after 1/6/2009
- Outpatient RBMC Shadow: Claims paid after 1/6/2009
- Inpatient HIP: Claims paid after 1/6/2009
- Outpatient HIP: Claims paid after 1/6/2009

*The following reports may include multiple paid iterations of a claim, such as a voided claim and its replacement claim: Inpatient RBMC Shadow, Outpatient RBMC Shadow, Inpatient HIP, and Outpatient HIP.

*Crossover claims can be run either by discharge date or paid date. Please indicate your selection on the claims request form.

Claim reports will include the following data fields only (without exception):

Provider Number	Date Paid
Provider Name	Billed
Patient Account Number	MCE Paid
Medicare Number	TPR
Last Name	Coinsurance - Crossover
First Name	Amount Deducted - Crossover
Medicaid Number	Paid DRG
ICN Number	Length of Stay
Admit Date	Days Covered - Crossover and Inpatient only
Discharge Date	ARCH/MCHIP Indicator

Report Requests:

Requests should be sent by email to claimsrequest@mslc.com, by fax at (317) 571-8481, or by mail to the address below.

Myers and Stauffer LC
800 East 96th Street, Suite 200
Indianapolis, IN 46240

Request forms can be obtained from the Myers and Stauffer website, <http://www.mslc.com/Indiana/HospitalServices.aspx>. All data fields on the request form must be completed to alleviate discrepancies and to ensure that the report is mailed to the correct address and contact person. **PLEASE NOTE: All requests must be completed and sent by the hospital.**

By signing the request form, the provider acknowledges they have read and agree with the policies and procedures contained in this document. Hospital claim reports will not be processed if the request form is incomplete. A request for provider claims will only be processed if made directly by the provider. Requests from consultants will not be processed. **PLEASE NOTE: Payment is required with submission of request form(s) before any claims will be processed.**

Requests will only be processed on a calendar quarter basis. Requests must be received by Myers and Stauffer no later than the last day of each calendar quarter in order to be processed the following quarter. Requests received by the last day of each calendar quarter will be processed and mailed to providers within three weeks after the end of the calendar quarter. For example, a request submitted by March 31st will be mailed by April 21st. A request received after March 31st and before July 1st will be processed and mailed by July 21st.

Cost:

The cost shall be \$700 per report. **Each report covering periods up to 12 months shall be \$700.** The cost for reports covering periods of less than 12 months will not be pro-rated. **PLEASE NOTE: Payment is required with submission of request form(s) before any claims will be processed.**

Report Submission:

Claim reports will be sent by electronic format on a CD. Claim reports will not be sent via email. Reports will be submitted only to the provider in a confidential package sent by United Parcel Service (UPS). The UPS delivery signature detail will be considered proof of receipt by the provider. Should a provider indicate that a report has not been received, Myers and Stauffer will resend the report (without charge) only if a UPS delivery signature detail is not on file. If a UPS delivery signature detail is on file with Myers and Stauffer for the report(s) in question, the provider will be billed \$700/per report for re-sending. As such, it is important that the address and contact person given by the provider be accurate on the request form.