

Medicaid Claims Resolution

Revised 10/25/07

Replaces 9/25/07 version

Please take the following steps to resolve any unpaid Medicaid claims.

1. Verify the claimant's health care eligibility using one of the EDS verification systems. See the EDS provider billing manual for instructions or go to www.vtmedicaid.com. Eligibility must be verified before providing services or submitting claims. Do not submit any claims if eligibility has not yet been verified as approved.
2. For long-term care **Choices for Care** (CFC) claims – Verify that the CFC setting matches the service being provided for date of service you are billing for.

You can do this through the EDS Help Desk/Malcolm voice response system:

In-state at 1-800-925-1706

Or

Out-of-state at 1-802-878-7871

Be sure to listen to the entire Malcolm message!

Example: A nursing facility claim must have a nursing facility segment on the DCF computer's LONG panel for the date of service being billed. A Home Based Waiver claim has to have a Home Based setting on the DCF LONG panel for the date of service being billed. This is also true for ERC, PACE and Moderate.

If the type of service being billed matches the information on the system, submit the claim.

NOTE: Please listen to the entire message from Malcolm to find out what health care program the person receives. DO NOT submit claims if the person is not eligible for the program your services provides. EXAMPLE: You provided a Choice for Care service but the person is only receiving Community Medicaid. DO NOT submit the Choices for Care service claim until Long-Term Care Medicaid has been granted.

3. If the response indicates there is no eligibility, service should not be provided or you must provide written notification to the client advising them they will be responsible to pay the claim.
4. If there is eligibility but the claim is rejected for other reasons contact the EDS help desk.

EDS Help Desk in-state at 1-800-925 – 1706

Or

EDS Help Desk out-of-state at 1-802-878-7871

If EDS advises you to contact DCF representative, please call or fax your local district office.

5. Before calling or faxing you must provide the following information:
 - Name and date of birth of claimant
 - Social Security number
 - Date claim submitted
 - Description of reason for claim rejection, not just the reject number
 - Type and date of service, e.g. case management for 12/3/06
6. For **Moderate Needs** Claims ONLY:
 - Contact Janet Pare at janet.pare@ahs.statevt.us or call 241-1204.
 - Provide the name, SSN, date of service, reject reason, and date claim submitted.
 - Fax this to Janet's attention at 241-2830.

EDS Medicaid Claims Complaint Protocol

1. Start with the individual at the EDS help desk.
2. If not satisfied, ask to speak with customer service supervisor.
3. If still not satisfied, ask to speak with your provider representative or their supervisor.
4. If still not satisfied with **claims issues** contact Stephanie Beck at OVHA at 879 - 5900 or e-mail stephanie.beck@ahs.state.vt.us.

5. For any other issues or concerns with EDS contact Nancy Clermont at 879-5900 or nancy.clermont@ahs.state.vt.us.

Medicaid Eligibility Complaint Protocol

1. If you are working with the DCF/ESD district office regarding eligibility issues or applied income/patient share issues, first speak to the caseworker.
2. If not satisfied, speak to the DCF/ESD supervisor, if still not satisfied speak to the DCF district office manager.