Medica Prime Solution® (70XXX) Medicare Paid In Error Process Flow (Part I)

A. Prime Solutions (70XXX groups) Medicare Paid in Error Process Flow. Medicare notifies UHS processing via automatic submission of a Medicare Summary Notice.

- Participating provider submits a claim to Medicare
- Medicare processes claim
- Medicare electronically submits the MSN (Medicare Summary Notice) to Ovations
- All required claim data elements are sent by Medicare
- Claim is autoadjusted or manually processed according to the appropriate Policy & Procedures
- Claim posted to checklists
- A reminder letter is mailed to provider requesting restitution of overpaid

B. Prime Solutions (70XXX groups) Medicare Paid in Error Process Flow. Provider notifies UHS processing via submission of claim and Explanation of Medicare Benefit (EOMB).

- Provider submits claim to Medicare
- Medicare processes claim and EOMB goes to the provider
- Provider submits claim and the EOMB to Medica
- Is the claim electronically submitted?
- YES
  - Paper claim entered into COSMOS / CPW
  - Claim is autoadjusted or manually processed according to the appropriate Policy & Procedures
  - Claim posted to checklists
  - A reminder letter is mailed to provider requesting a resubmission
  - Claim is autoadjusted or manually processed according to the appropriate Policy & Procedures
- NO
  - Claim is autoadjusted or manually processed according to the appropriate Policy & Procedures

C. Medicare Paid in Error Adjustment Process (after all steps for A or B have been completed).

- If it's determined Medicare is the primary payer, claims are down adjusted using Reason Code 53 (WCRP Duplicate Payment)
- Medicare paid in error adjustment is displayed on Negative Payback report (received by provider) until enough dollars are payable to offer adjustment on claim for up to 30 days
- Medicare forwards report to CMS
- Adjustment is removed from the claim processing system and the Medicare paid in error adjustment is sent to UHS Recovery Services
- If Recovery Services is unable to correct, a Quarterly Closing Report is sent to Medica
- Adjustment is completed in processing system initiated by the check sent to UHS Recovery Services by the provider and the overpaid dollars are not deducted from the provider's remittance advice

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