

Provider Update

DECEMBER 2016

SPECIAL EDITION

Gateway Health's PA Medicaid and Medicare Assured claims processing functionality supports the guidelines identified in the Patient Protection and Affordable Care Act (H.R. 3590) Section 6507 (PPACA) regarding Medicaid and Medicare CCI/OCE. This support extends to the CMS Medically Unlikely Edits (MUEs) for both Medicare and Medicaid.

Gateway's PA Medicaid line of business is set up to point to Medicaid CCI/OCE/MUE edits and Medicare Assured is set up to point to Medicare CCI/OCE/MUE edits. Gateway uses four separate editing paths (listed below) based on the **product line the member is tied to** and the type of provider **regardless** of the contracted payment methodology.

- Medicare Facility,
- Medicare Professional,
- Medicaid Facility and
- Medicaid Professional

MUEs are adjudicated based upon the Units of Service (UOS) on each claim line for the same date of service for the same HCPCS/CPT code. The units are summed and the sum is compared to the MUE value for the applicable product line. If the sum exceeds the MUE value, all claim lines are denied.

To ensure claims are submitted accurately and reduce unnecessary denials providers are encouraged to refer to the MA Program Fee Schedule when billing for services rendered to Gateway PA Medicaid members. When rendering services to a Gateway Medicare Assured member please refer to the CMS.gov website.

If you do not agree with a payment policy, the only recourse available is to utilize the payment dispute/appeal process, which is outlined in Gateway's Provider Manuals located on our website at www.GatewayHealthPlan.com.

Please fax your payment dispute/appeal requests (administrative claims reviews) to **1-844-207-0334**. All requests must be received within 180 calendar days of the initial remittance advice.