

Quick Reference Guide: Submitting Crossover Claims for FQHC and RHC Cost Sharing Payments in the Provider Network Management (PNM) System

Institutional Claim Type

- 1** From the PNM User Dashboard, click **Provider Name** or **Reg ID** of the provider that needs a crossover cost sharing claim submitted.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517946	A Forever Friend	Complete	12 - FEDERALLY QUALIFIED HEALTH CENTER	1245585009	9999876	FQHC Medical				02/09/2022	06/05/2025	02/09/2027

- 2** From the Manage Application section:

- Click the plus (+) sign to open **Self Service Selections**.
- Click the blue **Claims** link.

Manage Application

Enrollment Actions + Enrollment Action Selections:

Programs + Program Selections:

Self Service - Self Service Selections:

- [View Provider File](#)
- [Provider Correspondence](#)
- [Remittance Advice](#)
- [Recipient Eligibility](#)
- [Claims](#)**
- [Prior Authorization](#)

- 3** Click **Submit Claim** from the navigation bar or use the Jump To dropdown to select Submit Claim.

Jump To: Submit Claim

- Search-RA
- Submit PA
- Search Eligibility
- Search PA
- Submit Claim**
- Search Claim
- Hospice Enrollment
- Retrieve Reports
- Provider Financial
- Correspondence

- Under Claim Type, select **Institutional**.

Provider Medicaid ID: _____ Provider NPI: _____ Provider Name: _____

Claim Type: Dental Institutional Professional

Claim Status: Pending Submission

ICN: _____

Paid Amount: _____

Adjudication Date: _____

* Destination Payer Name: Ohio Department of Medic

* Destination Payer ID: MMISODJFS - Ohio Depa

* Destination Payer Responsibility Sequence: Secondary

- Then, select **Destination Payer Name**, **Destination Payer ID**, and **Destination Payer Responsibility Sequence**.

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For FQHC/RHC crossover claims submitted on an institutional claim, the rendering provider NPI is always listed as the billing provider NPI. Please leave this field blank.

- RENDERING PROVIDER			
* NPI	Medicaid ID	Last Name	First Name
<input type="text"/>			
Search			

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In the **Other Payer Information** section of the claim, enter any required (*) information or relevant other payer information for the claim. **Obtain Health Plan ID from the other payer.**

Other Payer Potential Insurance Combinations	Required Claim Filing Indicator(s) to Use
Medicare part B (MB)	MB
Commercial (CI) and Medicare part B (MB)	CI and MB
Medicare part C (16)	16
Commercial (CI) and Medicare part C (16)	CI and 16
Medicare part C (16) and Medicare wraparound payment (MB)	16 and MB
Commercial (CI), Medicare part C (16), and Medicare wraparound payment (MB)	CI, 16, and MB

Click the **Add** button to add each the other payer to the **Other Payer Information** section. Repeat the process to add all required claim filing indicators needed.



ADD

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In the **Header Other Payer Adjustment Information** section, enter the required (*) information and then click the **Add** button.

+ HEADER OTHER PAYER ADJUSTMENT INFORMATION				
* Health Plan ID	* Adjustment Group	* Reason Code	* Amount	Quantity
<input type="text" value="899944"/>	<input type="text"/>	<input type="text"/> Search	<input type="text"/>	<input type="text"/>
Add				

Health Plan ID:

Will be available from the drop-down if in the Other Payer Information section of the claim adjudication level is 'Header', and the other payer responsibility sequence is prior to the destination payer.

Adjustment Group:

CO	Contractual Obligations
CR	Correction and Reversals
OA	Other Adjustments
PI	Payer Initiated Reductions
PR	Patient Responsibility

Reason Code:

- If information is added to this section, enter the claim-level Adjustment Reason Code (ARC) (for which there is a corresponding dollar amount) received from the carrier on the explanation of benefits, remittance advice, or 835 transaction.
- The Claim Adjustment Reason Code (CARC) should match the information provided on the Other Payer's Explanation of Benefits (EOB). If there was no EOB because the other insurance was not billed (for a non-covered service), select a CARC that most closely reflects the reason for non-payment by the other payer (e.g., 96). A current list of CARCs can be found at: [Claim Adjustment Reason Codes | X12](#).

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If needed, enter value code information in the Value Code Information section.

- VALUE CODE INFORMATION

*Value Code	*Amount	Value Code Description	
24 <input type="text"/> Search	<input type="text"/>	MEDICAID RATE CODE	 ADD

- Enter or search for the value code.
- Enter the amount.
- Click the **Add** button.
- Repeat the process, if more than one is needed.

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In the Service Details section of the claim enter any required (*) information to each Service Line detail.

- To locate revenue and procedure codes accepted by Medicare, click the link below to view the Medicare Claims Processing Manual, Chapter 9: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf>
- **Do NOT report procedure code T1015 on an institutional claim.**

- * SERVICE DETAILS

Total Amount Billed: 0		Total Amount Paid: 0		ADD
Service Line: 01				
* Revenue code: 0521 Search	* From DOS: 10/12/2023	Status: Pending Submission		
Procedure Type: HCPCS	To DOS: <input type="text"/>	* Unit: 1.0		
 Procedure code: G0467 Search	Final EAPG: <input type="text"/>	* Unit of Measurement: UN		
Procedure Modifier: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Payment Action: <input type="text"/>	* Total Charges: 989.72		
Line Control Number: <input type="text"/>		Paid Amount:		

Click the **Add** button to add each **Service Line** detail.

 **ADD**

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After required (*) claim sections and fields are completed, click the **Submit** button at the bottom of the claim to submit the claim.



If there are no system errors after claim submission, then you will receive real time **PAY or DENY** adjudication information in the top right corner of the claim.

If a claim receives a 'Deny' status, review the Adjudication Errors section or the CARC and RARC Information section to obtain additional details.

 Claim Status **PAY**

ICN	2022256029317
Paid Amount	\$47.19
Adjudication Date	04/15/2024

 Claim Status **DENY**

ICN	230375000002
Paid Amount	\$0.00
Adjudication Date	04/15/2024

- ADJUDICATION ERRORS

Service Line Number	ErrorCode	ErrorDescp
01	150	NO CONTRACT TERM FOUND FOR SERVICE