CBO DISPATCH

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CBO Dispatch No.: NGA 18-003   Issue Date: January 29, 2018

Medi–Cal Denials for Gender and Date of Birth Mismatches:

Overview & Update

The purpose of this Central Business Office (CBO) Dispatch is to summarize and clarify the information presented in the following previously issued CBO Dispatches:

- CBO Dispatch NGA 16-020: New Source for CO 177 Medi-Cal Denials – Gender & Date of Birth on Claims vs. Sex & Date of Birth in MEDS
- CBO Dispatch NGA 17-002: Update – Medi-Cal Date of Birth and Gender Edits
- CBO Dispatch NGA 17-015: Medi-Cal Denials for Gender and Date of Birth

Background

On April 5, 2016, the State Department of Health Care Services (DHCS) updated the Short-Doyle/Medi-Cal (SDMC) claiming system to verify that the gender and date of birth submitted on Medi-Cal claims matched the sex and date of birth in State's eligibility record for the client. Any claim adjudicated on or after that date would be denied if either the gender or date of birth on the claim does not match the State's eligibility record. Claims denied for gender and/or date of birth mismatches between April 5, 2016 and January 9, 2017 were assigned the claim adjustment group and reason code CO177 – Beneficiary not eligible.   Beginning January 10, 2017, denials for gender mismatches were assigned the Claim Adjustment Reason Code (CARC)/Remittance Advice Remark Code (RARC) combination CO16 MA39 and date of birth mismatches were assigned CO16 N327. CARC CO177 will continue to be used for other eligibility denials including share of cost and no billable aid code found. For a complete list of reasons that a denied claim would be assigned CARC CO177, please see CBO Dispatch NGA 17-016: Increases in Medi-Cal Denials.
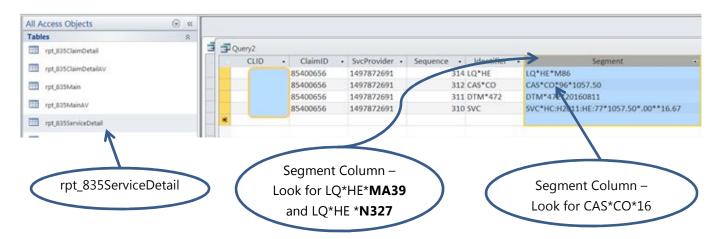
Mismatched Data

Source of sex/gender and date of birth on claims

The gender and date of birth that is submitted to Medi-Cal on claims is populated based on what is set up in the Integrated Behavioral Health Information System (IBHIS) or the Integrated System (IS) for the client. The gender and date of birth on Medi-Cal claims created through IBHIS use the sex and date of birth entered into the client's financial eligibility in IBHIS from each provider's Electronic Health Record (EHR). Your EHR should allow you to see and update the information that is stored in IBHIS. Please contact your EHR vendor if you have questions about how to see or update gender and date of birth fields in IBHIS.

In the IS, gender and date of birth that is on Medi-Cal claims are from the Gender and Date of Birth fields on the Client Information Screen: Identification Tab. IS providers should be able to see and update the client's information as appropriate directly in the IS.

When a claim is denied with a denial code of CO16 associated with MA39 or N327, it means that the claim has been denied because either the client's gender or date of birth in your EHR and in IBHIS does not match the client's gender or date of birth in the State's eligibility system. Consistency between the gender and the date of birth for the client in IBHIS and the sex and the date of birth for the client in the State's eligibility system helps avoid these denials.

Denied Medi-Cal claims are reported to you via the rpt_835ServiceDetail database in your EFT folder. The denial code and remark code for the denied claim are listed in the Segment column of the 835ServiceDetail database.

rpt_835ServiceDetail

Segment Column – Look for LQ*HE***MA39** and LQ*HE ***N327**

Segment Column – Look for CAS*CO*16

IBHIS providers will also receive an 835 with the retro claim adjudication indicating that the claim was denied by the State. The 835 will include the CARC/RARC combination CO16 MA39 when there is a gender mismatch and the CO16 N327 combination when there is a date of birth mismatch.

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Finding What the State Has for the Client's Sex and Date of Birth

Medi-Cal Benefit Identification Card

What is in the State eligibility system for sex and date of birth is on the client's Benefit Identification Card (BIC).

Date of birth

Medi-Cal Eligibility Checks: Date of Birth

What is in the State eligibility system for date of birth can be confirmed by running an eligibility check. Typically, incorrect birth dates return no recorded eligibility. Currently, however, eligibility checks on the Medi-Cal website are returning conditional and/or positive eligibility responses even when the month and year submitted are correct but the wrong day of the month is entered. This is important because the Short-Doyle/Medi-Cal adjudication system matches the exact month, day, and year on the claim to the month, day, and year in the State eligibility system. If date of birth does not match exactly, claims for that client will be denied *even when there was a positive eligibility response from the Medi-Cal website using the same date of birth*.

Medi-Cal Eligibility Checks: Sex

What is in the State eligibility system as the client's sex is not returned in the eligibility response on the Medi-Cal website. This means that gender/sex cannot be confirmed by running an eligibility check on the Medi-Cal website, on a Point of Service (POS) device, or on the Automated Eligibility Verification System. However, what the State eligibility system has for the client's sex is returned in the electronic 271 response of the 270/271 transaction. Please consult with your vendor about whether your EHR is set up to perform the 270/271 transaction and how your system shows the client's sex from the 271 response.

Note that IBHIS allows the gender and date of birth in the client's financial eligibility to be different from what is noted in demographics for clients who want the clinical record to show that their sex is different from what is documented on their ID. IBHIS providers, confirm with your vendor how your EHR supports this functionality. In addition, beginning in February 2018 providers will be able to indicate that a client is transgender in IBHIS Client Demographics. This Gender field can be used to report a client's gender status.

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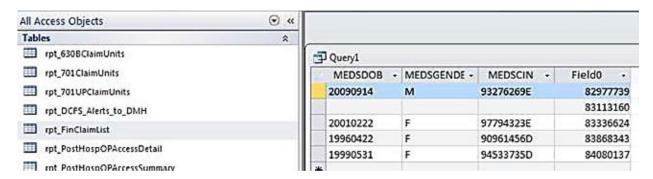
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At this time there are no codes to indicate that a client is transgender in IBHIS Financial Eligibility, the 837 claim file, or the State's eligibility system; the only codes available are F, M, and U. Providers must use one of the available codes when submitting SubscriberGender data during Admission. This is a Financial Eligibility field that is used to populate the outbound claim to Medi-Cal, and is a code that is verified by the State during claims adjudication.

For the Los Angeles County Department of Mental Health (DMH) and electronic claims, the F, M, and U codes stand for Female, Male, and Unknown, respectively. In the State's eligibility system, however, the values for SEX are Female, Male, and Unborn. DMH has confirmed with DHCS that although provider claims reporting the client's gender as U (Unknown) should not deny with CO16 MA39 even if the State's eligibility system has the value of Unborn for the client because the Short-Doyle/Medi-Cal adjudication system matches on the code U rather than on the value (unknown vs. unborn), the expectation is that U will only be on claims for unborn Medi-Cal beneficiaries. Be aware that in the event that the client's sex in the State's eligibility system is coded as U, it is likely that the sex will be updated before your claim is adjudicated and your claims for that client will deny with CO16 MA39. Because of the unlikelihood of a match with U, it is important to make sure that claims report the client's correct gender of either male or female.

Electronic File Transfer Reports

The client's date of birth and sex that are in the State's eligibility system can also be found in the rpt_FinClaimList database. The client's date of birth is in the MEDSDOB column in YYYYMMDD format, and the client's sex is in the MEDSGENDE column as either M (Male), F (Female), or U (Unknown/Unborn).

If the MEDSDOB and MEDSGENDE columns are blank, create a HEAT Ticket using the following link: DMH SSLVPN to obtain the information.

Correcting the Record

When a claim is denied with gender and/or date of birth mismatches, providers must determine which record is correct, the claim or the State, in order to know which record needs to be corrected.

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Correcting information submitted on claims

If review of the documentation on file for the client indicates that the State's eligibility record is correct, then the information in your EHR and IBHIS or in the IS is inaccurate. To avoid further denials, obtain documentation showing the correct sex and date of birth (such as an identification card) and update your EHR and IBHIS Financial Eligibility or the IS Client Information: Identification Tab to match what is in the State's eligibility system. Keep a copy of the documentation in the client's financial folder or electronic financial profile to support why the change was made.

Correcting information in the State's eligibility record: Know the Medi-Cal Aid Code to Know Where to Send the Client to Correct the Record

If review of the eligibility information provided by DMH in comparison to the documentation supporting what is on file for the client in your EHR and IBHIS indicates that what is on record with the State is not correct, then the State's eligibility record must be corrected. In general, clients must go to their eligibility worker to correct the information in the State's eligibility system. There are instances, however, when the eligibility worker will not be able to make the change with the State. Department of Public Social Services (DPSS) is not able to update the State's eligibility record when the client received Medi-Cal along with Supplemental Security Income (SSI). When the State has the incorrect sex or date of birth in its record for a client who got Medi-Cal with SSI, the client must be referred to the Social Security Administration (SSA) to have the record updated. If the client has gone to SSA to correct his/her information and the eligibility record does not reflect SSA's changes, then the change was not made and the client must go back to SSA to have the correction made. Providers are able to see whether a client was given Medi-Cal with SSI by reviewing the client's aid code. Some of the aid codes that are associated with SSI are 10, 20, and 60. Please refer to the Short-Doyle Medi-Cal Aid Code Master Chart available on the DHCS website for all the aid codes for SSI recipients.

Remember, in all cases, you <u>must</u> have documentation in the client's financial folder or electronic financial record to support the information that is going into the IS, the client's IBHIS financial profile, and on Medi-Cal claims. Consider the date of birth and gender as stated on the client's official government issued identification (ID) as the correct information. If the client reports that the government issued ID is not correct, refer the client to the agency that issued the ID to have it corrected.

We're Working for You...

IBHIS providers, if you have any questions or need additional information, please use the following link to create a HEAT Ticket using the HEAT app available on the LACDMH secure website: DMH SSLVPN.

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