

AB 1455 and CERECONS

How CERECONS helps you meet the AB 1455 regulations for claims receipt and acknowledgement requirements

“...Acknowledgement of Claims. The plan and the plan’s capitated provider shall identify and acknowledge the receipt of each claim, whether or not complete, and disclose the recorded date of receipt as defined by section 1300.71(a)(6) **in the same manner as the claim was submitted or provide an electronic means**, by phone, **website, or another mutually agreeable accessible method of notification**, by which the provider may readily confirm the plan’s or the plan’s capitated provider’s receipt of the claim and the recorded date of receipt as defined by 1300.71(a)(6) as follows:

- (1) In the case of an **electronic claim**, identification and acknowledgement shall be provided within **two (2) working days of the date of receipt** of the claim by the office designated to receive the claim, or
- (2) In the case of a paper claim, identification and acknowledgement shall be provided within fifteen (15) working days of the date of receipt of the claim by the office designated to receive the claim.”¹

For acknowledging claims, CERECONS offers easy to access claims status information to all providers via a secure website branded especially for your medical group or IPA. Regardless of how providers submit claims (third-party clearinghouse, paper, electronically) or what type of claim (encounter or billable claim), CERECONS displays updated claim status from your legacy system. AB 1455 allows all of your claims regardless of source to be available via website for providers. CERECONS provides logins for all providers in your database and offers dashboard alert solutions to notify providers when new claims are available for status. All of this provided without any additional resources occupied on your legacy server or other hardware. A transmission report is made available upon submission of the file for review by the providers to see errors and other issues related to claim files.

“...“**Complete claim**” means a claim or portion thereof, if separable, including attachments and supplemental information or documentation, which provides: “reasonably relevant information” as defined by section (a)(10), “**information necessary to determine payer liability**” as defined in section (a)(11 and:

- (D) **For physicians and other professional providers:**
- (i) the Centers for Medicare and Medicaid Services (CMS) **Form 1500** or its successor adopted by the National Uniform Claim Committee (NUCC) submitted on the designated paper or electronic format;
 - (ii) Current Procedural Terminology (**CPT**) codes and modifiers and International Classification of Diseases (**ICD-9CM**) codes;
 - (iii) entries stated as mandatory by NUCC and required by federal statute and regulations; and
 - (iv) any state-designated data requirements included in statutes or regulations.”¹

Your providers must submit claims in a proper format to be considered for proper payment. Often these forms come on paper or other manual methods requiring expensive third-party clearinghouse services or scanning solution. Even many web-enabled claims receivers only accept batch files. Yet, CERECONS offers a uniquely developed online CMS (HCFA) 1500 form that is designed to match the look and feel of the real “red paper” form used for many claims and encounters today.

Physicians without the ability to submit web claims directly can use this online form to enter a complete claim or encounter in about 30 seconds using only the CPT or ICD codes that are allowed by your back-end system. CERECONS also accepts online files for 837 and some NSF formats for those who can output a batch file from a practice management system. Best of all, the IPA or medical group can offer this service free to its providers at a very low cost for unlimited use and have the confidence to ensure that claims received will go into your legacy system easily.

Reference:

¹From the Department of Managed Health Care (DMHC) Title 28, Section 1300.71 and 1300.71.38
Claims Settlement Practices and Dispute Resolution Mechanism Final Text dated July 25, 2003
(<http://www.dmhc.ca.gov/library/regulations/existing/030725.doc>)