Administrative Simplification
Operational Guidelines

Simplification Area: Claims Processing

Topic: Submitting Supporting Documentation

Objective: Expedite processing of claim by getting the necessary documentation matched to the claim.

Expected Impact: *Hospitals & Medical Practices:* Sometimes providers send supporting documentation that never gets to the right place in the health plan. In these cases, billing staff spends about 15 minutes per claim to determine that the health plan didn't receive the supporting documentation and to resend it.

By using the Standard Cover Sheet to submit all supporting documentation, the timeframe to get supporting documentation to the right place within a health plan, and the resulting payment turnaround time, is likely to be reduced by at least 2 days. Lost documentation should also be reduced, thereby improving payment turnaround time for those related claims by at least 10 days.

Health Plans: Staff spends at least 3 minutes per call to research whether supporting documentation was received.

Synopsis:

A standard cover sheet has been developed for submitting paper documentation in support of claims. Using this cover sheet will help to ensure that the documentation is routed to the right place within participating health plans and is matched up with the associated claim.

For the fastest processing,
- Submit your claims electronically
- Use the Standard Cover Sheet to submit paper documentation and be sure the claim number/information is on the form.

Background:

For some claims, providers are required to submit medical records, clinical notes and other forms of paper documentation in order for the claim to be processed. This

documentation does not always take the shortest path to get where it needs to go. Sometimes it eventually finds its way. Other times the documentation needs to be re-sent. Assembling, sending, tracking and re-sending paper documentation is a time consuming process and causes delay in the processing of claims. Provider time is spent and provider cash flow is impacted.

Some of the supporting documentation that is currently submitted to health plans is necessary. A good portion of it is not. Plans expend time and effort managing the flow of the paper, matching supporting paper to the claim, sorting out what is necessary and what it not, and filing all of it. Counterintuitive as it may seem, receiving more paper than is necessary actually slows down the overall process of adjudicating claims - not just the one claim the paper relates to, but all claims. Health plan time is spent and provider cash flow is impacted.

A process needs to be established to get only the necessary supporting documentation to the right place at the health plan and matched to the appropriate claim the first time around.

Problems Needing to be Addressed:

In the ideal world, all claims and all necessary supporting documentation would be submitted and processed electronically. This would result in the fastest possible processing. However, until complete electronic submission becomes practical, steps need to be taken to address the following problems.

Problem 1 – Extra work and time is consumed assembling, submitting and processing unnecessary documentation.

Currently providers assemble and submit supporting documentation that is not required by health plans. The process of submitting this documentation creates extra work for providers. The processing of the documentation creates extra work for health plans. Very importantly, all of this extra work increases the length of time it takes for the claim to be processed.

Problem 2 – Necessary documentation isn't always quickly matched to the appropriate electronic claim.

Electronic claims arrive at the health plan quickly. Paper documentation arrives later. All paper documentation that is submitted must be matched up with the appropriate electronic claim. When an identifying claim number is not on the supporting paperwork, the matching process is very time consuming and labor-intensive. The matching process not only delays the processing of the specific claim, but indirectly impacts the processing of all claims. Health plans are challenged with keeping up with the volume of paper documentation submitted to them, especially documentation that isn't required to process a claim.

Problem 3 – Necessary documentation may be separated from paper claims

There are many situations where providers submit paper claims and attach the supporting documentation. Processing delays may occur if the paper claim and the supporting documentation are separated by the health plan and later have to be matched up.

Steps Towards Resolution:

Health plans and providers need to continue to work together to address these problems/concerns. Each have opportunities to make positive impact. Health plans are taking the steps indicated in the table below. Providers are encouraged to implement complementary changes.

Problems/Concerns	Health Plan Steps	Provider Steps
1. Extra work and time is consumed assembling, submitting and processing unnecessary documentation.	Participating health plans continue to work together to minimize, and standardized wherever possible, the supporting documentation that is required.	Only send documentation that is required by the health plan.
2. Necessary documentation isn't always quickly matched to the appropriate electronic claim.	Health plans need to get the identifying claim number to the provider as quickly as possible. Currently, participating health plans use the payment voucher to get their identifying claim number to the provider. As of October 16, 2003, health plans will make their claim number available to providers through the HIPAA 276/277 transaction. In the future, health plans may be able to use a new transaction to automatically send the claim number back to the provider.	Before sending documentation in support of an electronic claim, wait until a claim number is provided by the health plan and include that identifying claim number when submitting paper documentation.
3. Necessary documentation may be separated from paper claims	Eliminate delays caused by separating paper claims from supporting documentation. (Participating health plans keep the supporting documentation matched to the paper claim.)	Submit claims electronically wherever feasible

Operational Guidelines:

The above table suggests three critical rules to expedite claims that require supporting documentation:

- **Providers should only submit supporting documentation that is required by the health plan to process the claim**
- Health plans should make it easy for providers to submit supporting documentation and should process it quickly upon receipt. Health plans should identify their claim number on any requests to providers for supporting documentation
- Providers should include the health plan's identifying claim number on paper documentation

Health plans process all claims as quickly as possible but turnaround time is often critically impacted by how a claim and any supporting documentation is submitted. Here are the best options for efficient processing of the claim . . .

Opt	Option	Action	Use Standard Cover Sheet?
1	When you **ABSOLUTELY** know documentation is required, e.g., mod 22	Send paper claim with supporting documentation.	No
2	When you are not sure if/what documentation is required. **[MOST CASES]**	Submit claim electronically, (preferably), or on paper if you don't have electronic submission capabilities. Wait for voucher/ request or make an on-line inquiry to get claim number. Then send documentation.	Yes – write in claim number
3	When you want to provide documentation for an electronic claim before the claim number is received	Submit claim electronically followed ASAP by supporting documentation. (Note: Documentation may arrive after the claim is processed & the voucher sent. Confusion may result about whether or not to resend the supporting documentation)	Yes – write in claim information

To achieve the fastest turnaround . . . **Only send documentation required by the health plan.**

1. Submit claims electronically, or submit on paper if you don't have electronic capability.

2. Wait to see if supporting documentation is required. If so, get the health plan's identifying claim number. The claim number should be on the voucher, on any request letter from the health plan, or as part of any claim status information contained in a 276/277 transaction or on the health plan's web site (when available).

3. Use the Standard Cover Sheet to submit supporting documentation, and include the health plan's identifying claim number. *(This Cover sheet will provide a visual routing document that will expedite processing. Use this cover sheet rather than the voucher itself.)*

   The 'Supporting Documentation – Standard Cover Sheet' can be found on the Washington Healthcare Forum's website, www.wahealthcareforum.org. From the home page, select Admin Simp Policies & Guidelines and then Claims Processing. When using this form,

   - Be sure that the Supporting Documentation form is filled out completely.
     - Include the health plan name and, as appropriate, the product line information. This will help to insure that the material gets to the right department and person in the health plan.
     - **The health plan's assigned claim number shown on your voucher must be included** in order for the health plan to successfully match any documentation to the appropriate claim.

     Not having a claim number will cause delays and will increase the risk that the supporting documentation may not get matched to the appropriate claim. The documentation may need to be resent.

   - Do not attach the original claim. **Only** send the supporting documentation that is needed by the health plan.

   - Send the Cover Sheet and Supporting Documentation to the appropriate location at the health plan. These locations are posted in the Forum's Contact Directory at http://www.wahealthcareforum.org/healthplaninfo/contact/index.htm.