



<b>ISSUE DATE</b> May 17, 2013	<b>EFFECTIVE DATE</b> May 31, 2013	<b>NUMBER</b> 99-13-09
<b>SUBJECT</b>  Application of InvestiClaim™ Analytics to Select Claims		<b>BY</b>   Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

**PURPOSE:**

The purpose of this Medical Assistance (MA) Bulletin (bulletin) is to inform providers that the Department of Public Welfare (Department) will implement InvestiClaim™, a claims analytics tool, effective May 31, 2013.

**SCOPE:**

This bulletin applies to providers enrolled in the MA Program who submit professional and outpatient claims as indicated in Attachment A, for services rendered to MA recipients in the Fee-for-Service (FFS) delivery system. Claims received by MA from its HealthChoices managed care organizations will also be included, as specified in Attachment A.

**BACKGROUND:**

InvestiClaim™ is an analytics tool supported by the McKesson Corporation which identifies instances of aberrantly billed claims relative to those of like groups. Analytics-based business solutions have been proven across an array of different arenas including finance, marketing, retail, and predictive scientific modeling. The implementation of this new tool represents the latest effort in the Department's continued commitment to strive toward ever greater efficiencies in the accurate and appropriate payment of services to its MA providers. InvestiClaim™ will operate in addition to existing claims editing and auditing, performed as part of current claims processing procedures.

**DISCUSSION:**

InvestiClaim™ has been integrated into, and will operate in conjunction with, the existing PROMISE™ claims processing system to detect aberrant claims billing patterns. Billing patterns are evaluated based solely on Pennsylvania's own historical claims data from the past year, as well as its own current claims data.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at  
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

InvestiClaim™ has been customized for Pennsylvania to assure that the application is in compliance with Department regulations and policy as well as consistent with current MA payment policy. Please refer to Attachment A for a list of the categories of claims included and excluded from the InvestiClaim™ editing and review process.

As part of InvestiClaim™ implementation, some new edits have been introduced. For each of the edits, PROMISE™ will return an Error Status Code (ESC) message. The ESC and description will be displayed to the provider on a Remittance Advice (RA). The range of ESCs associated with InvestiClaim™ is ESCs 3653-3689.

Note: A list of all PROMISE™ ESCs and their descriptions, as well as those related to InvestiClaim™ is available on the Department's website at:

[http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/document/s\\_001987.pdf](http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/document/s_001987.pdf)

Certain claims identified as aberrant, as a result of the analysis performed by the InvestiClaim™ tool, will be subject to additional review to determine the nature of those results. This review will occur after all existing claims processing procedures and before final payment is issued on the claim. Only applicable claims in a 'Paid' status will be subject to the review. Paid status claims requiring review beyond two days will be assigned new ESC 3653 at the claim header level to denote any such claim under review.

In some cases, claim review findings may conclusively determine that particular paid details within a claim or the entire paid claim represent inaccurate or inappropriate billing practices, based on medical review and/or existing MA regulations. In these cases, the Department will deny applicable claims or claim details, per 55 Pa. Code §1101.71(a) and §1101.72. Any such denials will be reflected on a Department-initiated claim adjustment corresponding to the original paid claim. Department-initiated claim adjustments of this nature can be identified as having an Internal Control Number (ICN) beginning with '50' and a header-level ESC of 3654. The original claim will process and pay as it would normally, once the review of the claim is complete. Any Department-initiated claim adjustment reflecting ESC 3654 will appear on the same Remittance Advice as the original paid claim to which it relates or on a later RA issuance, just as other claim adjustments are reported today.

### **PROCEDURE:**

Effective May 31, 2013, the Department will implement InvestiClaim™ for professional and outpatient claims as identified in Attachment A, for services provided in the Fee-for-Service (FFS) and HealthChoices managed care delivery systems. All affected claims received on or after May 31, 2013, will be subject to InvestiClaim™ editing and review, including claims submitted for dates of service prior to May 31, 2013.

Providers are urged to consult the MA Program Fee Schedule, as well as appropriate coding manuals and clinical guidelines, to ensure that claims are submitted with the correct procedure codes and modifiers for the service provided and to reduce unnecessary claim denials.

**Please note: Current MA payment procedures will remain the same. There will be no impact to current billing guidelines as a result of the implementation of InvestiClaim™.**

[Attachment: Attachment A, InvestiClaim™ Claims Criteria](#)