837I and 837P Subrogation - Frequently Asked Questions

10/14/2024

Do MCOs void the original encounter submission if accepted?
No.

Does subrogation apply to rejected encounters?
No, only accepted and approved encounters are subject to subrogation. These encounters must be accepted on the EDI side and approved on the LDH side.

How do MCOs determine subrogation claims/encounters?
Subrogation applies to claims paid by an MCO for a member whose eligibility was retroactively removed for the relevant coverage period. If this impacts the claim's date of service and the encounter has been approved and reported to MMIS, it may be subject to subrogation. MCOs will reconcile using the CP-0-12 report, 835, and CCN-W-010 files.

What is the file extension for subrogation requests?
The file extension should match that of the original encounter(s) being subrogated.

Will the file extension remain the same?
Yes, for example:
- Professional encounters (837P) will still use the .PHY extension.
- Institutional outpatient/inpatient (.UB9) and home health (.HOM) will maintain their respective extensions.

How do we determine subrogation claims/encounters?
Claims paid by a MCE for a member whose linkage has been retroactively removed for a period of coverage impacting the claim's date of service and then reported to MMIS as an encounter that has been approved may be subrogated. The MCOs will use the CP-0-12 report, 835 and the CCN-W-010 files to reconcile.

How will this be submitted, as transaction type 1 or 7?
CLM05-3 Frequency Type Code - 7
  o
What will be the Organization Name? Is this the Primary Payer Info?
This is the primary payer information

Where do we pull the tax Id for REF02 on the REF*EI*TAX_ID?
GW doesn't map REF 02 as this is a HIPAA Data Element requirement so it doesn't matter what goes here so long as it is numerical and of the length set. This will not influence mapping.

What will be the Primary Payer and Secondary Payer now that LA-DHH-MEDICAID is showing Tertiary Payer on the CG for subrogation encounters?
MCO is normally the primary or secondary but for subrogation it doesn't really matter because GW is looking at the GW ICNs. Report the primary and secondary payers as on the original.

What will be the file extension? Is it still going to remain the same? Example: If professional (837P) still be .PHY? If institutional outpatient/inpatient (.UB9) and home health (.HOM)?
File extensions will remain the same so if professional, it will be .PHY, institutional will be .UB(and home health will be .HOM

Members for subrogation are identified through HD04 segments in the 834 file. Should the date of service (DOS) on the claim be checked against the member's effective/termination dates for P-linkage?
Criteria for subrogation:
   1. Recipient was linked to MCE
   2. The MCE paid one or more claims based on that Recipient's coverage
   3. The MCE reported encounters to MMIS that were adjudicated and approved.
   4. The recipient's linkage was retroactively removed for the DOS of the claims previously paid.

Which populations should be subrogated (newborn, pharmacy, is there any other populations LDH is requesting to be subrogated)?
All cases where the linkage was retroactively changed from MCO to FFS after encounter was adjudicated and approved. (See item #4 above)

How should those populations be identified in eligibility data Medical Companion Systems Guide?
   o **834 Daily**
   o **834 Monthly**
   o **Manual Corrections**
This question is out of scope for LDH as LDH and Gainwell do not deal with 834s.

How should we handle backdating by LDH greater than 12mo? – in the MCO manual it references back dating eligibility 12mo but not greater than 12mo. Enrollment is regularly seeing eligibility data backdated more than 1 year (which is also confusing to providers because they can only see 12months back in MEVs).
There is no backdating for subrogations. MCOs should be sending the original encounter for subrogation. This is a question for LDH Eligibility Section.