SUBMITTING CLAIM ATTACHMENTS TO L.A. CARE VIA CHANGE HEALTHCARE

In an effort to reduce administrative costs related to the submission of claims, L.A. Care is now accepting unsolicited electronic claim attachments for providers that use Change Healthcare as their clearinghouse for electronic claim submission.

Though L.A. Care will generally not require an attachment to process your claim, there are few exceptions where an attachment may be necessary to properly adjudicate your claim. Such exceptions may include:

- claims where an itemized bill is needed for inpatient Stop Loss claims
- Invoices (when required) for contract exclusionary items (such as implants, CT Scans, and high cost drugs).
- Invoice for hearing aids
- Invoice for DME services

*Claims that require COB information can now be billed electronically and do not require the EOB to be submitted as an attachment. Please refer to the COB Claims Companion Guide for detailed information on field requirements or contact your billing service for additional details.

COB Companion Guide information Link:
https://www.lacare.org/sites/default/files/cob_claims_companion_guide.pdf

Please check your billing requirements to determine if your claim requires an attachment.

ENROLLMENT REQUIREMENTS

Provider Enrollment

Providers can use the Attachment Portal by completing the enrollment using the link:
https://paymentsconnector.changehealthcare.com

There are three ways providers can send the attachment to LA Care:

1. Providers can use the Attachment Portal via the Change Healthcare website
2. Providers can work with their Practice management system or vendor to send a batch 275 to Change Healthcare

3. Providers can work with their Practice management system or vendor to use the Change Healthcare Submitter APIs published at https://marketplace.changehealthcare.com/product/Medical-Network-Attachments-Submission/v1

If you require further assistance, please contact Change Healthcare as they can walk you through the enrollment process.

SUBMITTING ATTACHMENTS REQUIREMENTS

Once you have completed the enrollment process through Change Healthcare, please follow these steps to begin submitting electronic attachments along with your electronic claims.

Requirement #1 - Create The Claim In Your Practice Management System with a comments field

Before submitting your attachment, you must create a claim and include in the comments field the phrase "Claim Attachment Submitted". The comments section of your claim can be found in the following fields:

Claim Comments Field				
Format	Loop	Segment	Field Name	Requirement
837P Professional Claim	2300	NTE*ADD	Claim Note	Claim Attachment Submitted
837I Institutional Claim	2300	NTE*ADD	Claim Note	Claim Attachment Submitted

If your practice management system does not support any of the aforementioned comment fields, please contact your software vendor so that they may help you identify the appropriate comment field in your practice management system that will map to Loop 2300 PWK Segment of the 837I/P transaction.

Requirements #2 – Create and add the Attachment Control Number (ACN) to the PWK segment of your 837 EDI transaction

You must create and add an Attachment Control Number (ACN) to the PWK segment of your electronic claim transaction. This is a critical step as L.A. Care will leverage the ACN from this segment to match the attachment to your claim.   Failure to include this information will result in your attachment not being properly linked to your EDI claim.

If you do not know how to generate a PWK segment from your practice management system, please contact your software vendor for proper instructions.

Please follow these requirements when completing the PWK segment in your EDI transaction:

Loop	Segment	Codes	Requirement
2300	PWK 01	Please provide a valid 2 digit alpha-numeric Attachment Report code from the 837 Implementation Guide. Here are some examples of valid codes: DS = Discharge Summary OB = Operative Notes EB = Explanation of Benefits	Required
2300	PWK 02	EL- Electronic Only _or_ FT- File Transfer	Required – Only the qualifiers "EL" and "FT" can be used for submitting attachments
2300	PWK 03		Not Used
2300	PWK 04		Not Used
2300	PWK 05	AC	Required
2300	PWK 06	Actual "Attachment Control Number" should be entered	Required

*_Failure to follow these guidelines will result in the attachment not being linked to your claim._

The following is an example of an EDI Transaction showing both the PWK and NTE segment requirements:

```
ISA*00*    *00*    *ZZ*341884003   *ZZ*2136941250   *210727*1206*^*00501*741085116*1*P*:~
GS*HC*341884003*2136941250*20210727*12062566*598810225*X*005010X223A2~
ST*837*000000001*005010X223A2~
BHT*0019*00*000000001*20210727*12062566*CH~
NM1*41*2*CHC1*****46*341884003~
PER*IC*PRODUCT SUPPORT*TE*8005278133*FX*5635854544~
NM1*40*2*LA CARE HEALTH PLAN*****46*LACAR~
HL*1**20*1~
PRV*BI*PXC*Taxonomy Code~
NM1*85*2*Billing Provider Name*****XX*Billing NPI~
N3*Billing Provider Address Line~
N4*City*State*Zip Code~
REF*EI*Tax ID~
PER*IC*Billing Provider Contact Info*TE*Phone number~
NM1*87*2~
N3*Pay to Provider Address~
N4*City*St*Zip Code~
HL*2*1*22*0~
SBR*S*18*******CI~
NM1*IL*1*Last Name*First Name****MI*Member ID~
N3*Address Line~
N4*City*ST*Zip Code~
DMG*D8*19620425*M~
NM1*PR*2*LA CARE HEALTH PLAN*****PI*LACAR~
REF*G2*204196738~
CLM*Patient Control Number*73869.19***72:A:1**A*Y*Y~
DTP*434*RD8*20210601-20210629~
CL1*9*9*01~
PWK*OZ*EL***AC*123456789
REF*D9*DCN Number~
REF*EA*2121988~
NTE*ADD*Claim Attachment Submitted
```

Submit Your Claim Electronically Through Change Healthcare

Next, you will need to submit your claim electronically to L.A. Care via your clearinghouse Change Healthcare. At this time, upload of attachments is only supported for those providers that use Change Healthcare as a clearinghouse to submit their electronic claims. Submission of your electronic claim is sent via the Change Healthcare Attachment Portal. If you are using a third party billing service and are not sure if your claims are being submitted to Change Healthcare, please contact your billing service for additional information.

Below is a list of attachment submission options:

- Providers who already have a Practice Management system should reach out to their vendor to submit attachments (i.e via 275 file) or using the APIs
  This is the preferred option whether you are a large or small provider office.
- Submit attachments via the Attachments Portal
- If you have any questions for any of these options, please reach out to Change Healthcare for possible alternative options.

Upload Unsolicited Attachment

The Change Healthcare Medical Attachment solution system supports both solicited and unsolicited attachments. However, at this time, L.A. Care only supports receipt of Unsolicited Attachments (unsolicited attachments are those that a provider sends without having received a request from the payer).

Once your claim has been submitted to Change Healthcare, you will need to upload your attachment through the Change Healthcare Attachments Portal. The submission of your attachment should always be submitted within 1 business day following the successful transmission of your claim. Failure to upload your attachment in a timely manner may result in the adjudication of your claim without consideration of the attachment submitted.

For step by step instructions on how to upload attachments through the Change Healthcare Vision Portal, please visit the link on the Change Healthcare website at:
Unsolicited Medical Attachment Submission - Vision

If you require additional information or would like to test the attachment submission process for your office prior to going live, please email the L.A. Care EDI Team at EDI_Shared_Services@lacare.org.

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