

Joint Venture Hospital Laboratories

JVHL Tutorial
2020



JVHL Tutorial Agenda

- JVHL Contact List
- Summary of Contracts
- Claims Submission/Billing Report Options
- JVHL Billing Report Overview
- Web Tools
- JVHL PLM Provider Portal



JVHL Contacts

Description	Contact	E-mail	Telephone	Fax
Billing Reports & EDI Issues	Dave Moceri, IT	dmoceri@jvhl.org	800-445-4979 x 204	313-441-1668
Claim Status	Business Services	www.jvhl.org	800-445-4979	313-441-1668
Eligibility	Business Services	www.jvhl.org	800-445-4979	313-441-1668
General Inquiries	Business Services	www.jvhl.org	800-445-4979	313-441-1668
Refunds & Credits	Rachel Amin, Finance	www.jvhl.org	800-445-4979 x 229	313-441-1668
Remittance/Capitation	Rachel Amin, Finance	ramin@jvhl.org	800-445-4979 x 236	313-441-1668
Remittance/FFS	Rachel Amin, Finance	ramin@jvhl.org	800-445-4979 x 236	313-441-1668
Electronic Funds Transfer	Teresa Gerke, Finance	tgerke@jvhl.org	800-445-4979 x 224	313-441-1668
JVHL/PLM Portal Access & Tech Support	Crystal Jeske, Business Services	cjeske@jvhl.org	800-445-4979 x 238	313-441-1668

Network Participation Levels

- **Equity** –An Equity hospital plays a part in all strategic decisions for the network and participates with all standard JVHL agreements. Equity member hospitals are represented on the JVHL Executive Committee.
 - Beaumont Health, McLaren Health Care Corporation, Michigan Health Corporation (University of Michigan) Sparrow Health System, St. John Providence Health System, Trinity Health System
- **Full** – A Full member hospital participates in all standard JVHL agreements.
- **GreatLakes Laboratory Network** – GLN hospitals participate in JVHL agreements as defined by the JVHL/GLN Joint Operating Agreement.

JVHL Contracts

Capitated Agreements

Blue Care Network Commercial

Blue Cross Complete

Community Care Associates

Genesee County Health Plan

Health Alliance Plan (HAP) HMO

HAP Medicare Advantage

McLaren Health Plan (Medicaid)

Molina Health Care of MI (Medicaid)

United Healthcare Community Plan (Medicaid)

JVHL contracts cover 5 million lives in MI, Northern OH and Northern IN





JVHL Contracts

FFS Agreements

Aetna

Aetna Better Health

Aetna Better Health Premier Plan

AmeriHealth Caritas VIP Care

Blue Cross Blue Shield Medicare Plus Blue

Blue Care Network Advantage

Blue Care Network Exchange

Blue Care Network HSA HMO

Cigna

Cigna Health Partners of MI

HAP Empowered

HAP PPO

Humana

McLaren Health Plan

Meridian Health Plan of MI

Molina Health Care of MI

Priority Health

United Healthcare

United Healthcare Golden Rule

Payment Models



- **FFS:** Services are paid for separately in this negotiated model.
- **CAP:** Capitated (CAP) arrangements are negotiated agreements. The percentage of a monthly distribution to providers is calculated from the network's test mix, using Medicare Locality 99 relative value units (RVUs). The amount of the distributions are derived from monthly test counts for the entire network. CAP distributions are delivered each month. Vouchers for capitated accounts' activity, which include claim detail, are issued weekly as 835 files.

Claims approved for CAP reimbursement include ANSI CO24,OA24 or PI24.

Payer Submission Codes

Aetna – J1

Aetna Better Health of MI – J8

Aetna Better Health Premier Plan- M5

AmeriHealth Caritas VIP Care Plus- MD

BCBS Medicare Plus Blue – KC

Blue Care Network – J9

Blue Care Network Small Volume/Critical Access Labs- MJ

Blue Cross Complete- CC

Cigna – KD

Cigna/HealthPartners – KQ

Community Care Associates – JW

Genesee County Health Plan- MB

HAP Empowered- JB

Health Alliance Plan – JG

Humana – KV

McLaren Health Plan – K7

Meridian Health Plan – J2

Molina – JI

Priority Health – JZ

United Healthcare – J5

United Healthcare/Golden Rule – KR

United Healthcare Community Plan - JR



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Claims Submission Options

- EDI via www.plmweb.org or sFTP
 - ASC X12N 837I (Institutional)
 - ASC X12N 837P (Professional)

- Paper Claims (for non-Medicaid Plans)
 - CMS-1450 (UB-04)
 - CMS 1500

- Electronic COB (Secondary) Claims
 - ANSI Institutional or Professional format
 - Billing specifications are provided in the JVHL Companion Guide



JVHL Claims Flow

- All claims are submitted through JVHL are scrubbed prior to the claims being sent to the payer for adjudication or before being processed in-house.
- JVHL is the TPA for the following health plans; JVHL adjudicates these claims:
 - Aetna Better Health of MI
 - BCN HMO
 - BCN Advantage
 - Blue Cross Complete
 - CCA
 - HAP Empowered
 - McLaren Health Plan
 - Meridian Health Plan
 - Molina Healthcare
 - United Health Care Community Plan



JVHL Accepted Claim Lines Report Interpretation Notes

- ANSI 277 equivalent
- Displays all claim lines that passed JVHL edits
- Identifies claim lines submitted to payer
- Lines from the same claim can be split between Accepted and Failed Reports
- Capitation-assigned RVU is shown as 'Payer RVU'



JVHL Failed Claim Lines Report Interpretation Notes

- ANSI 277 equivalent
- Displays all claim lines that failed JVHL edits
- Failed claim lines are not submitted to the payer
- Errors can be corrected, and claims can be resubmitted



JVHL Capitation Voucher Interpretation Notes

- ANSI 835 Equivalent
- The report is produced weekly and posted to provider web accounts and sFTP accounts each Friday.
- The report includes claim line detail for both paid and denied claims for capitated agreements.
- The report is a detailed resource for managing capitated encounters.

JVHL FFS Payment Voucher Interpretation Notes

- ANSI 835 Equivalent
- The report is produced as often as JVHL receives Electronic Remittance Advice from payers, usually weekly, and can be posted to provider web accounts and sFTP accounts anytime Monday through Friday.
- The report contains claim line detail for both paid and denied claims for FFS agreements which also includes co-pay and deductible information.

Report & Remittance File Delivery Options

- EDI via www.plmweb.org or sFTP – Email dmoceri@jvhl.org for JVHL/PLMWeb User's Guide and EDI Authorization Form. Requires Internet access.
- EDI via third party vendor mailbox - e.g., NDC, Change, Netwerkes.com, Quadax, SSI, XIFIN, Soft, etc.
- JVHL recommends providers contact their clearinghouse to operationalize the JVHL ANSI 835 files. Some clearing houses, Change Healthcare (RelayHealth), Trizetto, CPSI, Gateway, Netwerkes, Quadax, Xactimed, to name a few, indicate providers will be required to submit tickets to put the files into production.

Note: ANSI 999, 277 and 835 files can only be delivered to the submitter.

Common Keys to JVHL Billing Reports

- All are text files with same basic layout
- All include provider's account number
- Message column displays remittance codes
- Key at the end of document included for coded information

JVHL Provider Web Tools

www.jvhl.org

- Contract Terms and Guidelines
- JVHL Alert Library
- Capitation Distribution Schedules
- Refund Request Form
- On-Line Claim Status and Eligibility Inquiries
- Meeting Minutes
- Educational Presentations
- Companion Guides



JVHL Provider Resource Center

How to Register:

- ▶ Visit www.jvhl.org
- ▶ Select 'Apply for Access' from the upper, right-hand corner and complete fields as prompted
- ▶ Select 'Submit' radio button upon completion
- ▶ You will receive an email with detailed instructions once access has been approved



JVHL Provider Resource Center

- Locate a claim in the processing cycle
 - Allows providers to check status of lab claims via internet
 - Quickly verify if the health plan applied co-pays, co-insurance and/or deductibles
- Check Member Eligibility
 - Allows providers to view eligibility information provided to JVHL from health plans via internet
- Easily access JVHL Activity Reports and Payment Vouchers



QUESTIONS?

Contact Information:

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Thank you & Happy Trails



Working Together to Bring You the Best in Laboratory Medicine