



Provider communication
General information and system updates

May 22, 2024

Exact Duplicate Denials May 2024

Applicable to: Mercy Care Complete Care, Mercy Care ACC-RBHA, Mercy Care Long Term Care, Mercy Care DD, Mercy Care DCS CHP, and Mercy Care Advantage

As part of our overall claims analysis review, we routinely review our claims for top denial reasons to better assist providers with their accounts receivable. One of our highest top denial reasons, is Denial Reason 18 - Exact Duplicate Denial.

This happens at the time the claims are adjudicated for payment as an edit is received that indicate an exact duplicate of this claims was previously paid.

Mercy Care, as well as our provider network, as stewards to the government programs we administer, are fiscally responsible to assure we use our combined resources as efficiently and effectively as possible. Rebilling claims that you billed for previously but have not been paid as of the date you rebill the claims to Mercy Care is not a proper use of your resources as well as ours. You need to investigate status of these claims before you rebill them. Rebilling without checking status of claims is considered Waste when it comes to Fraud, Waste and Abuse for the following reasons:

- It wastes Mercy Care resources to have to work the claim a second time.
- It will cause additional work for your office since you have to re-apply this to your A/R.

While numbers can fluctuate slightly from month to month, Mercy Care generally processes most claims quickly. The below results from April 2024 statistics are as follows:

Claims Paid Within 30 Days by Line of Business*

- Mercy Care Complete Care - 99.5%
- Mercy Care Long Term Care - 99.77%
- Mercy Care DCS CHP - 98.85%
- Mercy Care DD - 99.8%
- Mercy Care Advantage - 99.50%

Claims Paid Within 45 Days by Line of Business*

- Mercy Care Complete Care - 99.97%
- Mercy Care Long Term Care - 99.99%
- Mercy Care DCS CHP - 99.96%
- Mercy Care DD - 99.99%
- Mercy Care Advantage - 99.96%

Yearly Average Claims Paid Percentage by Line of Business*

- Mercy Care Complete Care - 99.51%
- Mercy Care Long Term Care - 98.14%
- Mercy Care DCS CHP - 99.72%
- Mercy Care DD - 99.63%
- Mercy Care Advantage - 98.08%

In addition, over the past year, our auto-adjudication rates* (claims processed automatically without intervention by a Claims Analyst in less than 30 days) were as follows:

- Mercy Care Complete Care - 92.1%
- Mercy Care Long Term Care - 88.6%
- Mercy Care DCS CHP - 97.1%
- Mercy Care DD - 91.0%
- Mercy Care Advantage - 91.0%

***Keep in mind that once an MCA member's claim processes through Mercy Care Advantage, it will roll over to their Medicaid Plan for claims processing (with a few exceptions).**

The most expeditious way to get your claims processed is to submit them through EDI. Information regarding enrollment in EDI is contained in our [Claims Processing Manual](#), under **Section 1.3 - Electronic Tools and Availability**.

One of the largest delays that affect our auto adjudication rates continues to be COB claims submitted on paper, rather than through EDI submission with the primary and/or secondary information loaded into the appropriate EDI loops. Because providers are submitting with free form paper remits, those have to be worked manually upon receipt (which may cause delays).

Mercy Care accepts secondary claims payment information via EDI submission. There are specific reporting fields that need to be completed for that information to be passed into our claims processing system for claim adjudication. You should work with your internal clearinghouse to determine how to send the information to them. Mercy Care's clearinghouse currently passes the information to us using HIPAA compliant 837 transmissions.

If providers submit Coordination of Benefits information electronically, it will help speed up overall processing and reduce the potential for payment errors.

Provider have two ways of checking status of their claims:

- Review Availability for status of previously submitted claims (**recommended method**).
- Contact our Claims Inquiry Claims Resolution Department at:
Mercy Care Complete Care: 1-800-624-3879
Mercy Care ACC-RBHA: 1-800-564-5465

Information regarding Availity can be found in our [Provider Manual](#) under **Chapter 100 - General Terms, Section 4.48 - Availity**.

Availity allows you to register with several payers. You simply need to select Mercy Care from your list of payers to start using the available tools and features listed.

If you are not registered with Availity, we recommend that you do so immediately. Click on the link for [Availity Registration](#) to register with Availity. For registration assistance, please call Availity Client Services at 800-282-4548 between the hours of 8:00 a.m. and 8:00 p.m. Eastern time, Monday-Friday (excluding holidays).

As always, don't hesitate to contact your Mercy Care [Network Management Representative](#) with any questions or comments. You can find this [Notice](#) and all other provider notices on our Mercy Care website.

Thanks for your attention to this important matter.

[Sign up for our email list](#)

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