

How Medicaid Claims will be processed in AS AIS

1. When a claim is received in the AS AIS system,
 - a. The provider will be checked for certification as a Medicaid provider, if no certification is found, the claim will not be sent to EDS and will be adjudicated for payment from other funds.
 - b. The service will be verified as Medicaid eligible, if no eligibility is found, the claim will not be sent to EDS and will be adjudicated for payment from other funds.
 - c. The client will be validated against their eligibility record in AS AIS, if an eligibility span for rehabilitation services exists for that client, the claim will be routed to EDS. If no eligibility is found, the claim will not be sent to EDS and will be adjudicated for payment from other funds.
 - i. Clients who are new to AS AIS will have their eligibility checked for the past 4 monthly spans on the next weekly check.
 - ii. All clients in AS AIS will have the current monthly span, as well as the three previous months, validated at the beginning of each month.
2. If a Medicaid ID for the client is not present on the provider's 837, the claim will be routed to EDS, but rejected for payment due to the lack of a valid Medicaid ID. The provider will then have the opportunity to resubmit the claim with a valid Medicaid ID, but the claim will not be paid from other funds as long as the three eligibility criteria continue to remain true for that date of service.
3. Providers have the ability to submit claims as often as they wish and assign filenames and batch numbers to track sets of claims as they deem appropriate. The deadlines established by EDS will continue to be in effect and only the claims that make it into the EDS prior to the deadline will be paid for that check write.