

Oklahoma Health Care Authority/HMS Oklahoma Hospital Association Third Party Liability Processes

April 27, 2011

HMS Oklahoma Team

Nancy Gress
Program Director, Government Services
816.503.8367
ngress@hms.com

David Dawson
Vice President, Government Services
214.453.3112
ddawson@hmc.com

Brandi Turner
Program Manager, Government Services
785.271.9300, ext. 2015
brandi.turner@hms.com

Michelle Johnson
Program Coordinator, Government Services
573.634.2119
michellejohnson@hms.com

Oklahoma Health Care Authority Team

Lisa Gifford
Director, Financial Resources
405.522.7427
lisa.gifford@okhca.org

Joyce Sneed
TPL Manager
405.522.7257
Joyce,sneed@okhca.org

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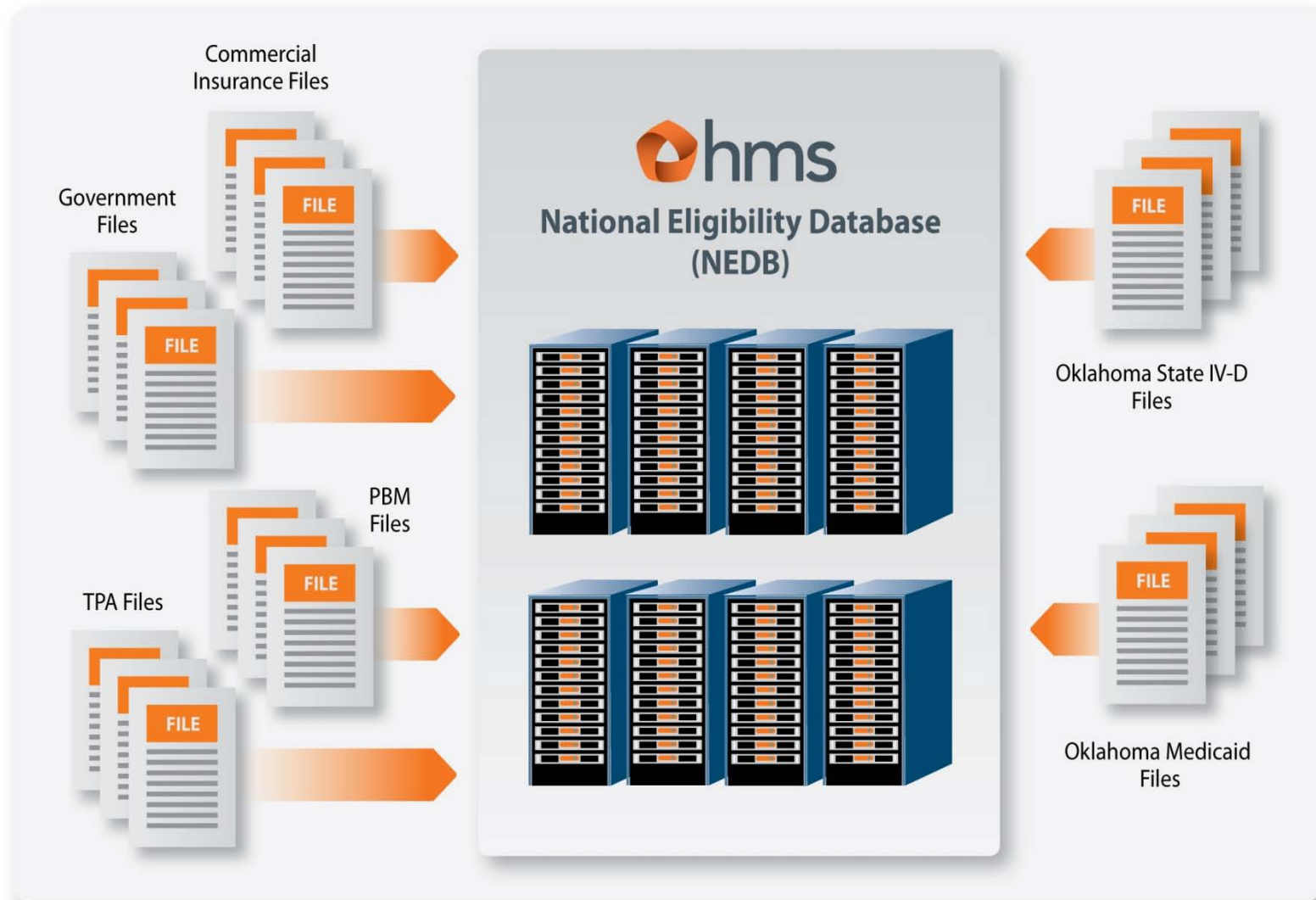
Agenda

- Third Party Liability (TPL) Recovery Projects for OHCA
- TPL Processes
 - Commercial Insurance Direct Billing & Follow-up
 - Commercial Insurance Disallowance
 - Medicare Part A & B Disallowance
- Issues
- Q & A

HMS/OHCA Third Party Liability

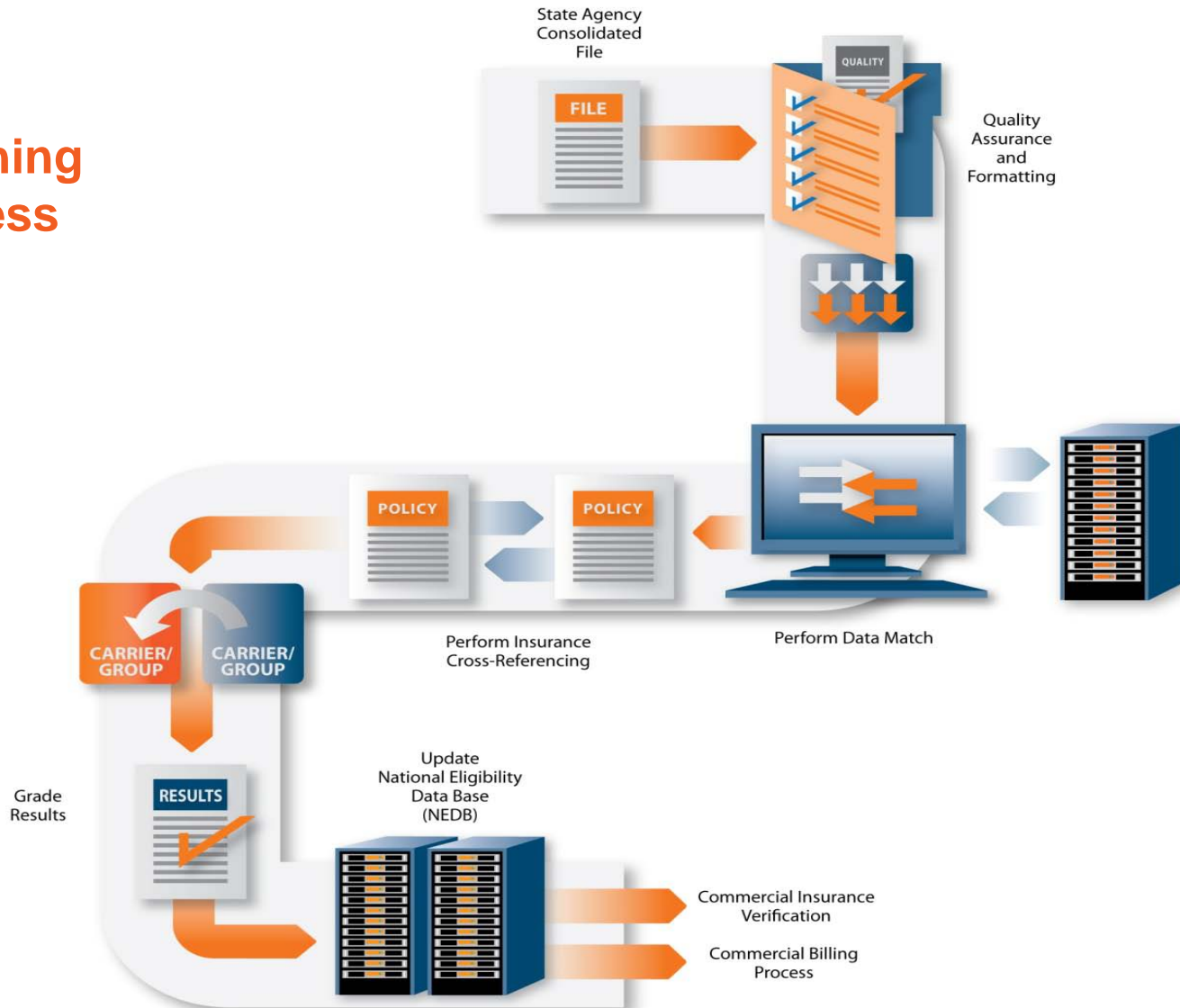
- Commercial Insurance Billing “Pay and Chase”
(HMS Bills Third Party)
- Commercial Insurance Disallowance
(Provider Bills Third Party)
- Medicare Part A Disallowance
- Medicare Part B Disallowance
(Provider Bills Medicare)

TPL Data Matching



Commercial Insurance Billing

Data Matching Process



Commercial Insurance Billing

Step 1 – Prepare Input Files – Monthly Cycles

- Oklahoma Eligibility Data
- Oklahoma Paid Claims File
- Carrier Eligibility Data (Received daily, weekly, monthly and quarterly)
- QA Data

Step 2 – Perform Data Matches

- Match OHCA Eligibility Data to Carrier Eligibility Data
- Matching Algorithms

Commercial Insurance Billing

Step 3: Perform Insurance Cross-Reference

- Minor Policies such as pharmacy, mental health, optical, dental, MediGap
- Identify Matching Records Using Employer Group Number

Step 4: Grade Results

- Assign Grade To Each Match
- Manual Review
- Validate Data

Commercial Insurance Billing

Step 5: Claim Selection Process

Step 6: Remove Previously Billed Claims

Step 7: Prepare Claims

Step 8: Claim Edits

Step 9: QA

Commercial Insurance Billing

Step 10: Submit Claims to Payor

- Paper
- Electronic (90%)

Billing & Recovery Follow-up

Monitor Claim Adjudication

- Payments – to OHCA
- Denials - Analysis
- Unadjudicated – Rebill Until Resolved
 - HMS Will Continue To Bill
 - If Carrier Pays Provider, HMS Has No Way of Knowing

Billing & Recovery Follow-up

1

Review claim status reports



2

Perform yield management follow-up



3

Correct and resubmit claims as appropriate



4

Follow-up as needed



Billing & Recovery Follow-up

Carrier Denial Analysis

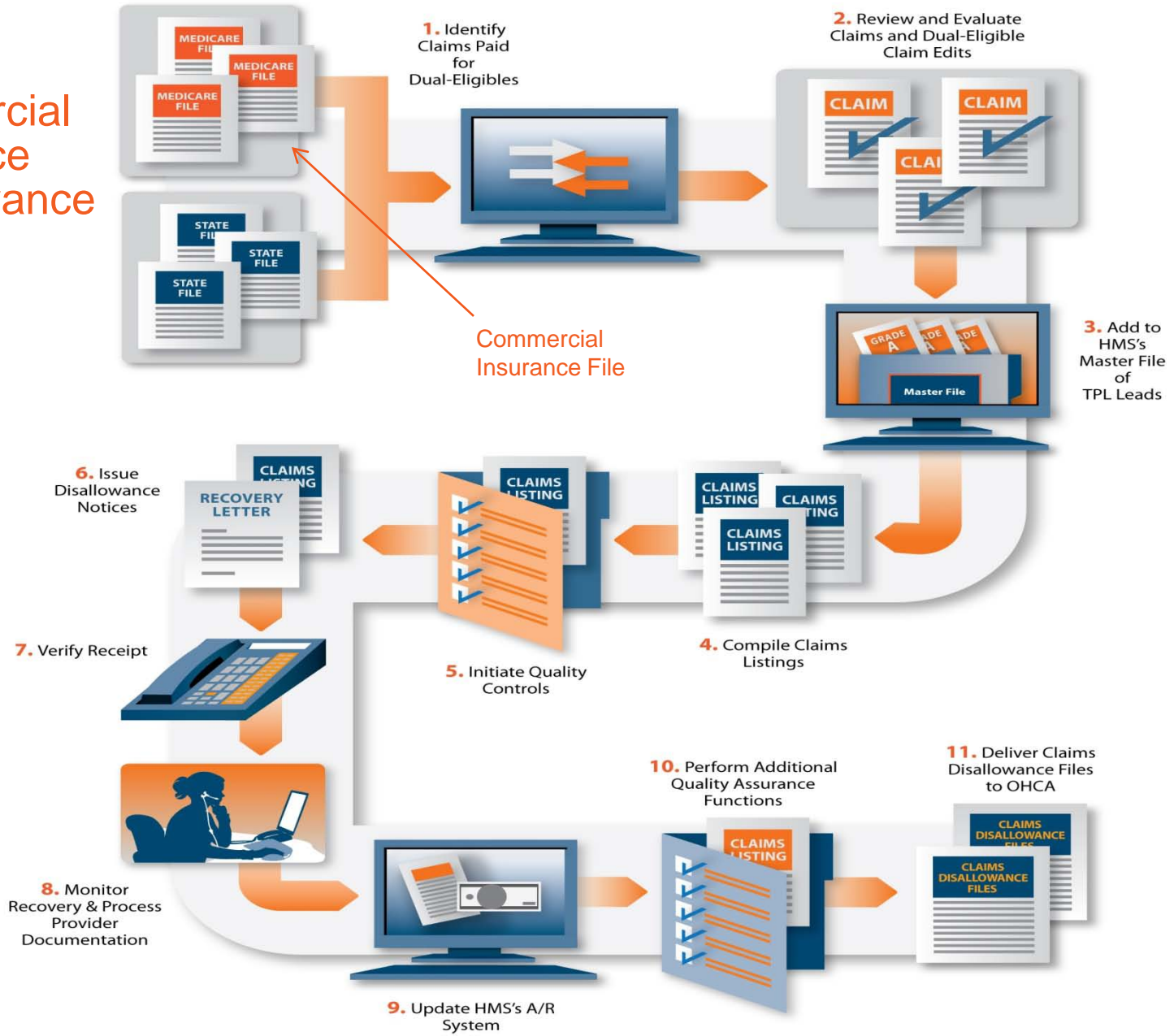
- Appropriate – Claims Closed
 - Not Eligible at Time of Service
 - Benefit Maximum Reached
 - Benefit Not Covered
- Inappropriate – Claim Follow-up
 - Paid to Patient – Notify OHCA
 - Paid to Provider – Contact Provider to Verify – Check Claim for Adjustment
 - Duplicate – Research Validity of Duplicate
 - **Additional Information Needed**
 - Timely Filing – SoonerCare Appeal Letter (DRA Language)
 - No Pre Authorization - SoonerCare Appeal Letter
 - Bill to Another Carrier/Address – Find Address & Rebill

Billing & Recovery Follow-up

Additional Information Needed

- Coordinate With Carrier To Verify the Information Requested
- Medical Records Request
 - Must Be Greater Than \$6,000
 - Must Be Approved By Program Director Or Program Manager
 - HMS Will Contact Provider To Request Information Needed – OHCA Authorization Letter Will Always Be Included With Request
 - HMS Will Resubmit Claim To The Carrier With Records

Commercial Insurance Disallowance Process



Commercial Insurance Disallowance

- Quarterly Cycles
- Follow Commercial Insurance Billing Process Steps 1-6
- Step 1: Claims Selection & Dual Eligible Claim Edits
 - SoonerCare & Commercial Insurance
 - Verification of Commercial Coverage
- Step 2: Create Claim Listing and Provider Letter With **Instructions**
- Step 3: QA
- Step 4: Issue Recovery Notices to Providers
 - Provider Portal Participants Can Obtain Their Letter/Listing Electronically

Commercial Insurance Disallowance

Step 5: HMS Provider Relations Contacts Provider

- Verify Receipt of Letter and Listing
- Answer Questions
- Enroll in Provider Portal if not Already

Step 6: Work With Providers for 60-day Cycles

Step 7: Close Claims That Are Denied

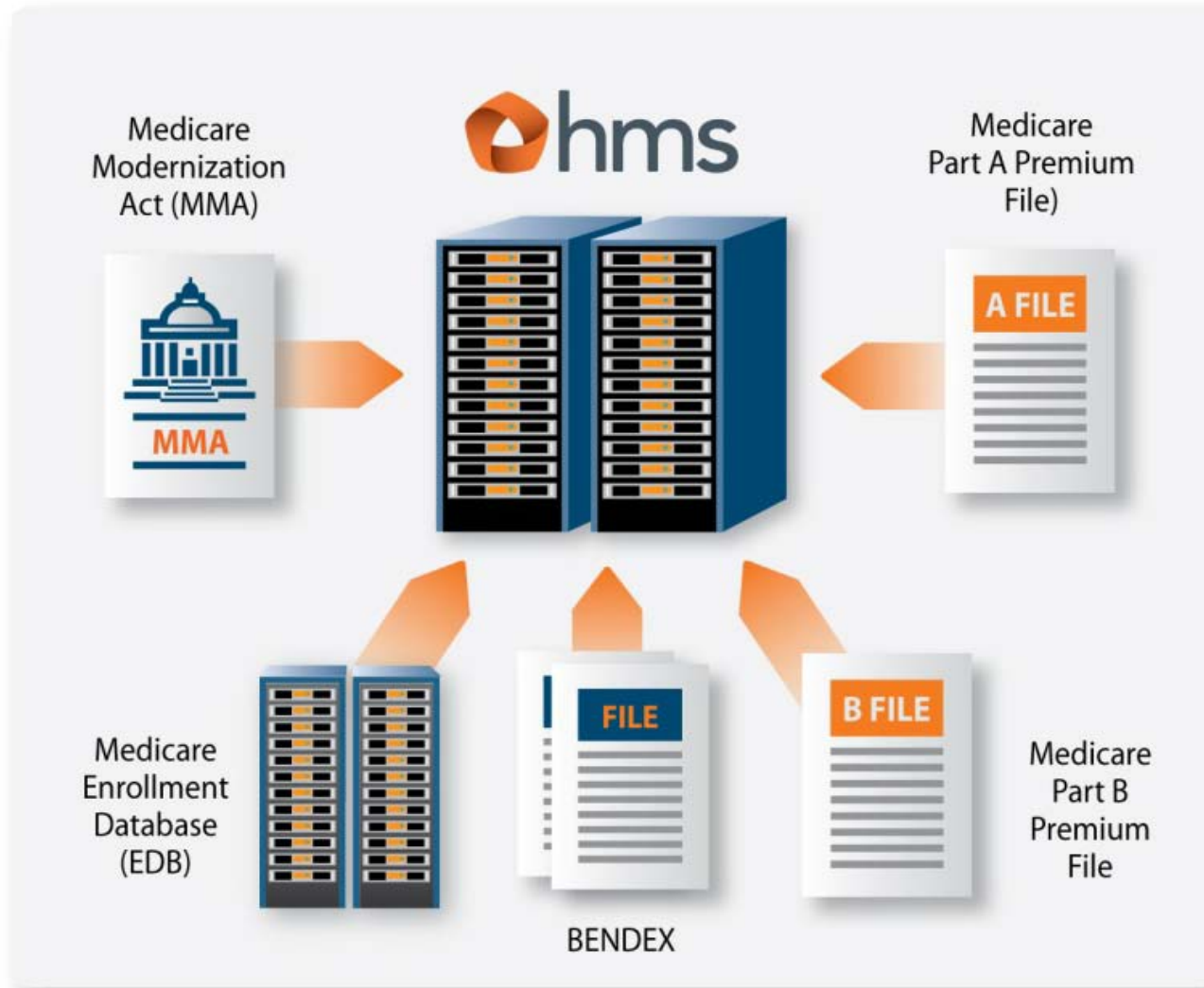
Step 8: Provide OHCA With a Recoupment Listing

Step 9: OHCA Recoups Claims

TPL Issues

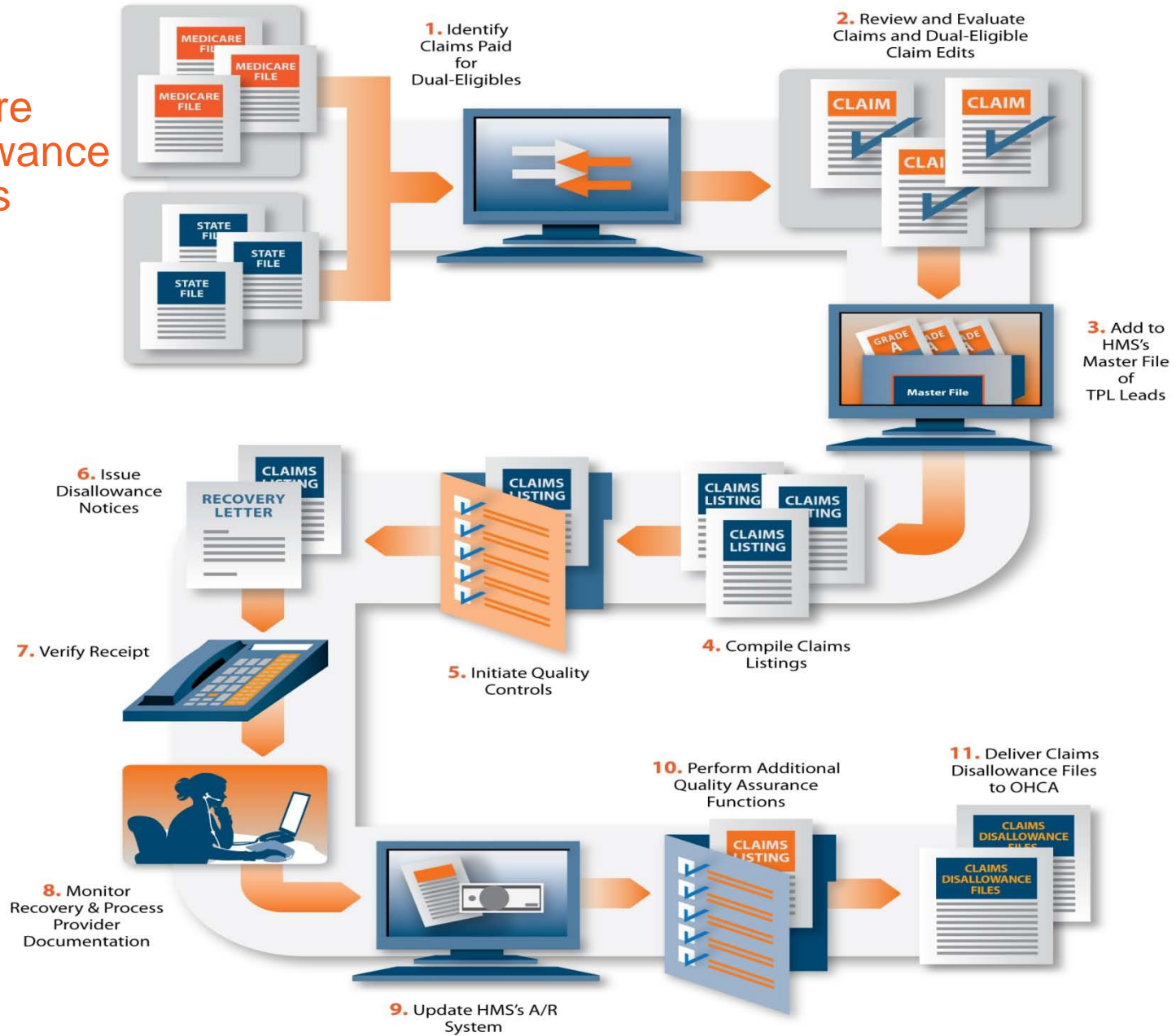
- Providers Should Never Adjust SoonerCare Claims Until Payment Has Been Received From Carrier.
- If payment is not received or carrier denies claim, OHCA will not recoup from provider.
- If TPL is Found **After SoonerCare Has Paid**, Do Not Bill. HMS Will Always Bill TPL Post Payment.

Medicare TPL Data Matching



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Medicare Disallowance Process



Medicare Part A & B Disallowance

Step 1 – Prepare Input Files – Quarterly Cycles

- Oklahoma Eligibility Data
- Oklahoma Paid Claims File
- Medicare Eligibility Data (received monthly)
- QA Data

Step 2 – Perform Data Matches

- Match OHCA Eligibility Data to Medicare Eligibility Data
- Matching Algorithms

Medicare Part A & B Disallowance

- Step 3: Claim Selection Process
 - Dual Eligibles
 - Medicare Claim Edits
- Step 4: Remove Previously Billed Claims
- Step 5: QA
- Step 6: Create Claim Listing & Provider Letter & **Instructions**
- Step 7: Issue Recovery Notices to Providers
 - Provider Portal Participants Can Obtain Their Letter/Listing Electronically

Medicare Part A & B Disallowance

Step 8: HMS Provider Relations Contacts Provider

- Verify Receipt of Letter and Listing
- Answer Questions
- Reviews Instructions
- Enroll in Provider Portal if not Already

Step 9: Work With Providers for 60-day Cycles

Step 10: Close Claims That Are Denied

Step 11: Provide OHCA With a Recoupment Listing

Step 12: OHCA Recoups Claims

Q & A

Use “chat”



or

Email to: mia@okoha.com