Oklahoma HealthCare Authority

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THIRD PARTY LIABILITY LOGISTICS

August 2017 Webinar

DISCLAIMER

- SoonerCare policy is subject to change
- The information included in this presentation is current as of August 2017

AGENDA

- What is TPL?
- Claim Submission – EDI
- Claim Submission – Provider Portal
  - Commercial Insurance
  - HMO Copay
  - Medicare Dual Eligibility (Crossovers)
- Resources
- Questions

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THIRD PARTY LIABILITY (TPL)

WHAT IS THIRD PARTY LIABILITY (TPL)?

- TPL means another party is responsible for paying health care costs before SoonerCare pays
- All other available third-party resources must meet their legal obligation to pay claims first; SoonerCare is the payer of last resort
- Exceptions to this policy include:
  - Indian Health Services
  - Crime Victims Compensation

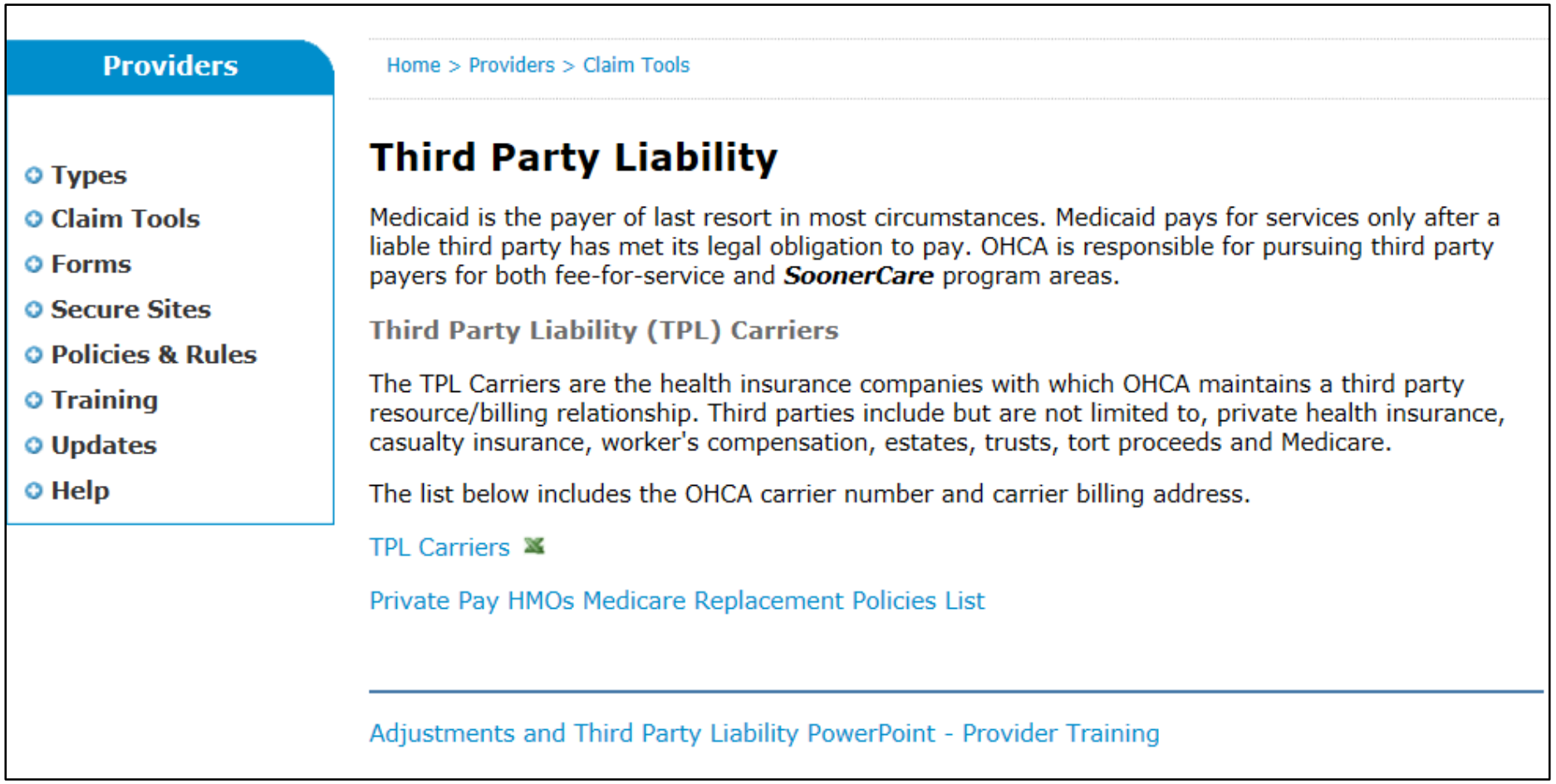
EXAMPLES OF TPL

- Medicare
- Private health insurance
- Tricare
- Casualty/tort settlements
- Worker's compensation

TPL CARRIERS

To access a list of TPL carriers and a list of private pay HMO Medicare replacement policies, go to **www.okhca.org/TPL**.

- *Listings include carrier name, code, address, telephone and contact, if available*


Providers
Types
Claim Tools
Forms
Secure Sites
Policies & Rules
Training
Updates
Help
Home > Providers > Claim Tools
Third Party Liability
Medicaid is the payer of last resort in most circumstances. Medicaid pays for services only after a liable third party has met its legal obligation to pay. OHCA is responsible for pursuing third party payers for both fee-for-service and SoonerCare program areas.
Third Party Liability (TPL) Carriers
The TPL Carriers are the health insurance companies with which OHCA maintains a third party resource/billing relationship. Third parties include but are not limited to, private health insurance, casualty insurance, worker's compensation, estates, trusts, tort proceeds and Medicare.
The list below includes the OHCA carrier number and carrier billing address.
TPL Carriers
Private Pay HMOs Medicare Replacement Policies List
Adjustments and Third Party Liability PowerPoint - Provider Training

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CLAIM SUBMISSION – EDI

ELECTRONIC DATA INTERCHANGE (EDI)

If the primary payer paid:

- Under “Other Subscriber Information”, in loop 2320, send the SBR segment, CAS segment and AMT segment with the amount paid.
  - No attachment is required.

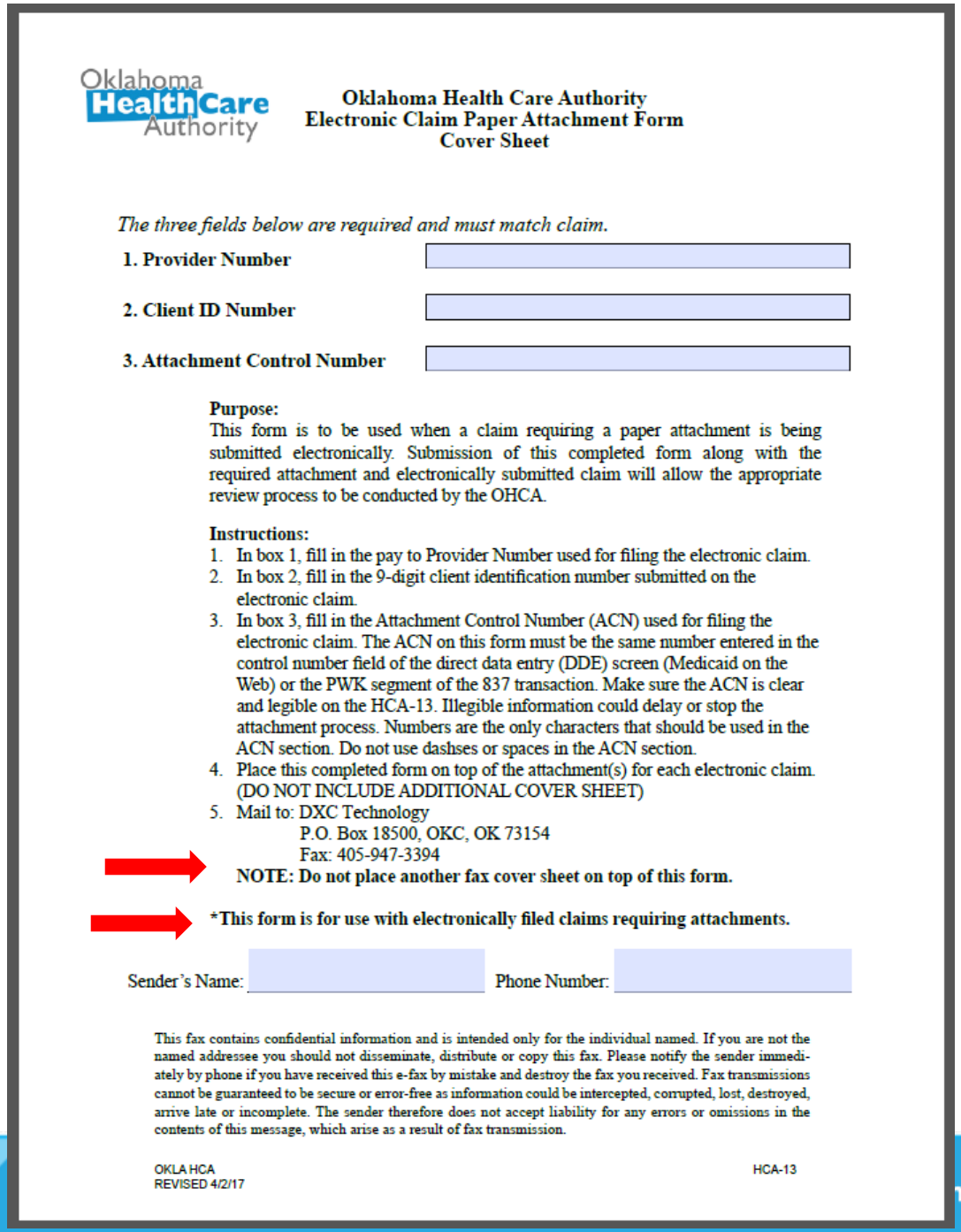
If the primary denied the claim or applied it to deductible:

- The same procedure is followed, with 0.00 entered in the SMT segment.
  - You will then add an attachment to the claim.

ELECTRONIC ATTACHMENTS (EDI)

- Provider indicates attachment required for claim and creates the attachment control number
- Clearinghouse creates a PWK segment, which includes the attachment control number created by the provider
- Once an electronic (EDI) claim is processed, provider will print and complete the HCA-13 (attachment cover sheet)
- Provider will fax/mail attachments

HCA-13 Attachment Cover Sheet



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Oklahoma Health Care Authority
Electronic Claim Paper Attachment Form
Cover Sheet

The three fields below are required and must match claim.

1. Provider Number

2. Client ID Number

3. Attachment Control Number

Purpose:
This form is to be used when a claim requiring a paper attachment is being submitted electronically. Submission of this completed form along with the required attachment and electronically submitted claim will allow the appropriate review process to be conducted by the OHCA.

Instructions:
1. In box 1, fill in the pay to Provider Number used for filing the electronic claim.
2. In box 2, fill in the 9-digit client identification number submitted on the electronic claim.
3. In box 3, fill in the Attachment Control Number (ACN) used for filing the electronic claim. The ACN on this form must be the same number entered in the control number field of the direct data entry (DDE) screen (Medicaid on the Web) or the PWK segment of the 837 transaction. Make sure the ACN is clear and legible on the HCA-13. Illegible information could delay or stop the attachment process. Numbers are the only characters that should be used in the ACN section. Do not use dashses or spaces in the ACN section.
4. Place this completed form on top of the attachment(s) for each electronic claim. (DO NOT INCLUDE ADDITIONAL COVER SHEET)
5. Mail to: DXC Technology
   P.O. Box 18500, OKC, OK 73154
   Fax: 405-947-3394

NOTE: Do not place another fax cover sheet on top of this form.

***This form is for use with electronically filed claims requiring attachments.**

Sender's Name: Phone Number:

This fax contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this fax. Please notify the sender immediately by phone if you have received this e-fax by mistake and destroy the fax you received. Fax transmissions cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of fax transmission.

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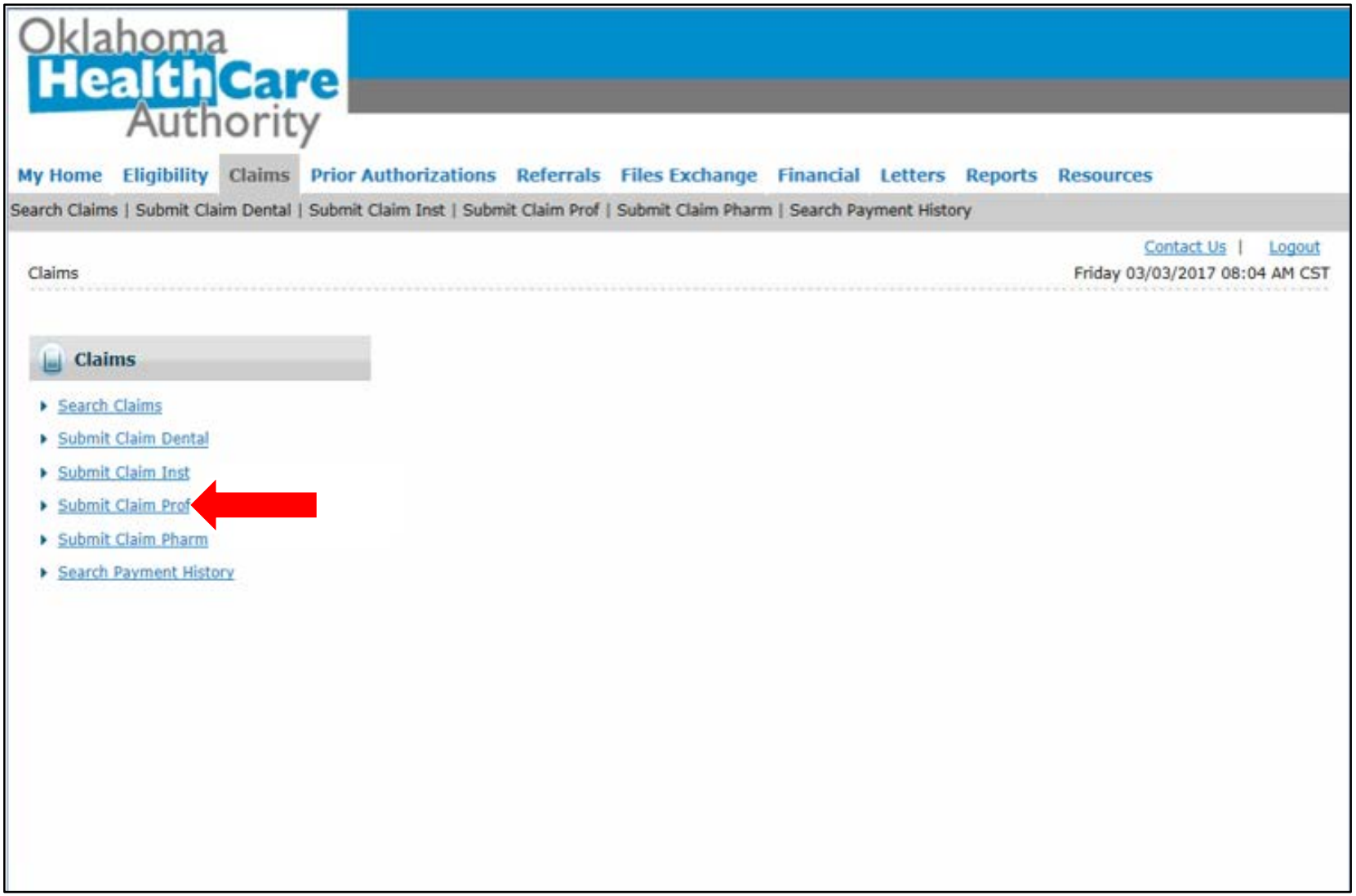
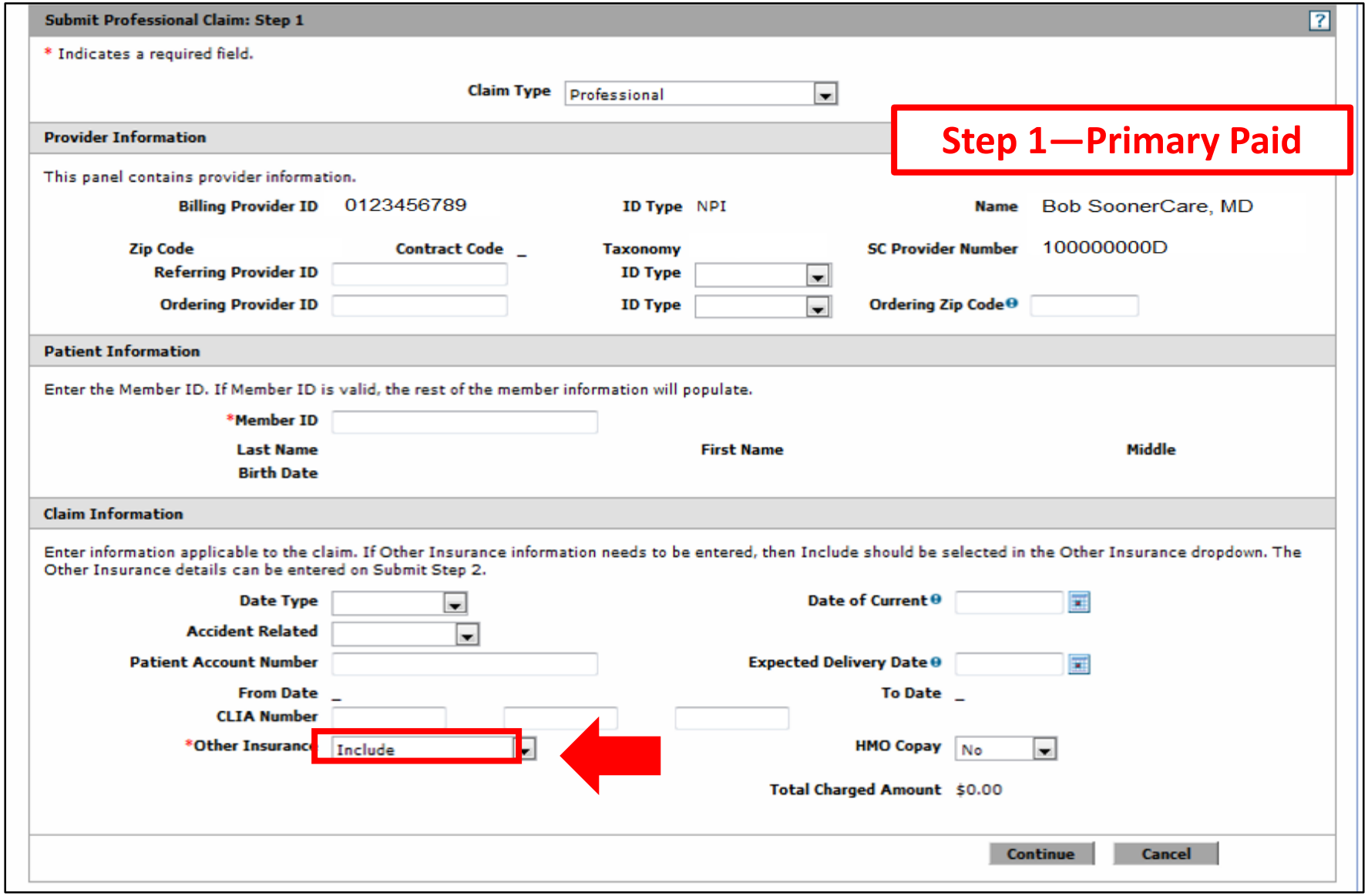
CLAIM SUBMISSION – PROVIDER PORTAL

COMMERCIAL INSURANCE—PROFESSIONAL

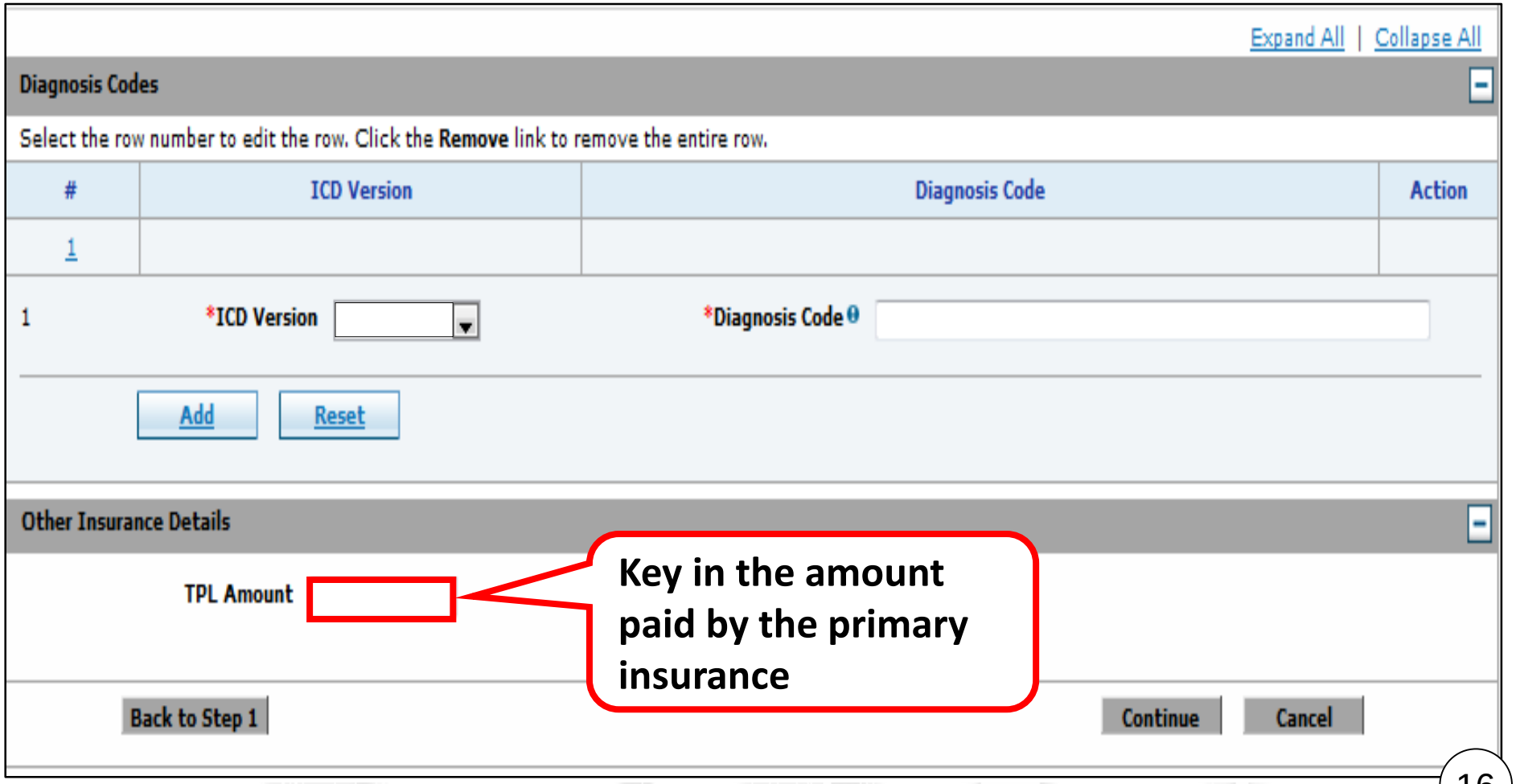


COMMERCIAL INSURANCE—PROFESSIONAL



COMMERCIAL INSURANCE—PROFESSIONAL

Step 2—Primary Paid



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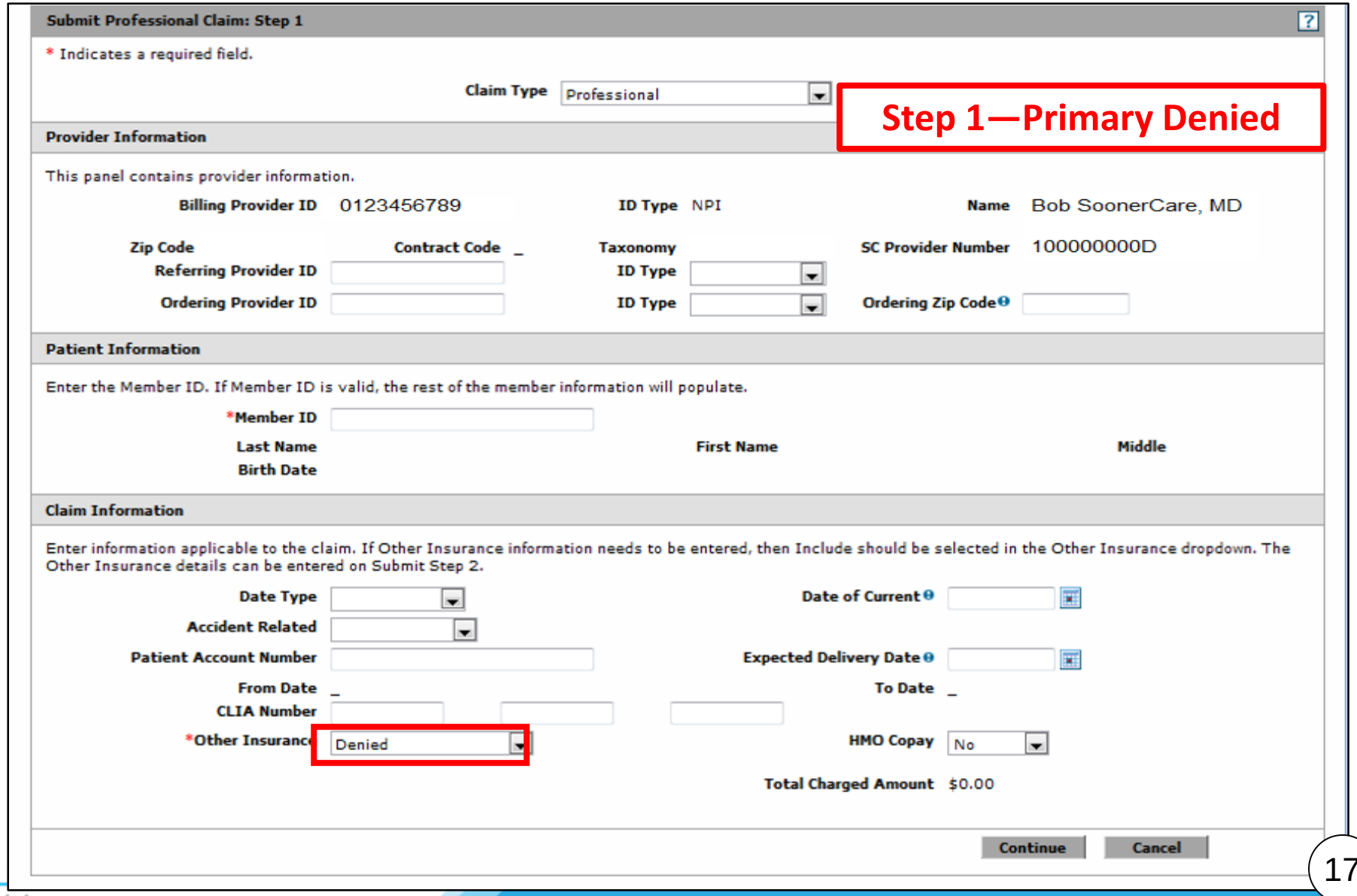
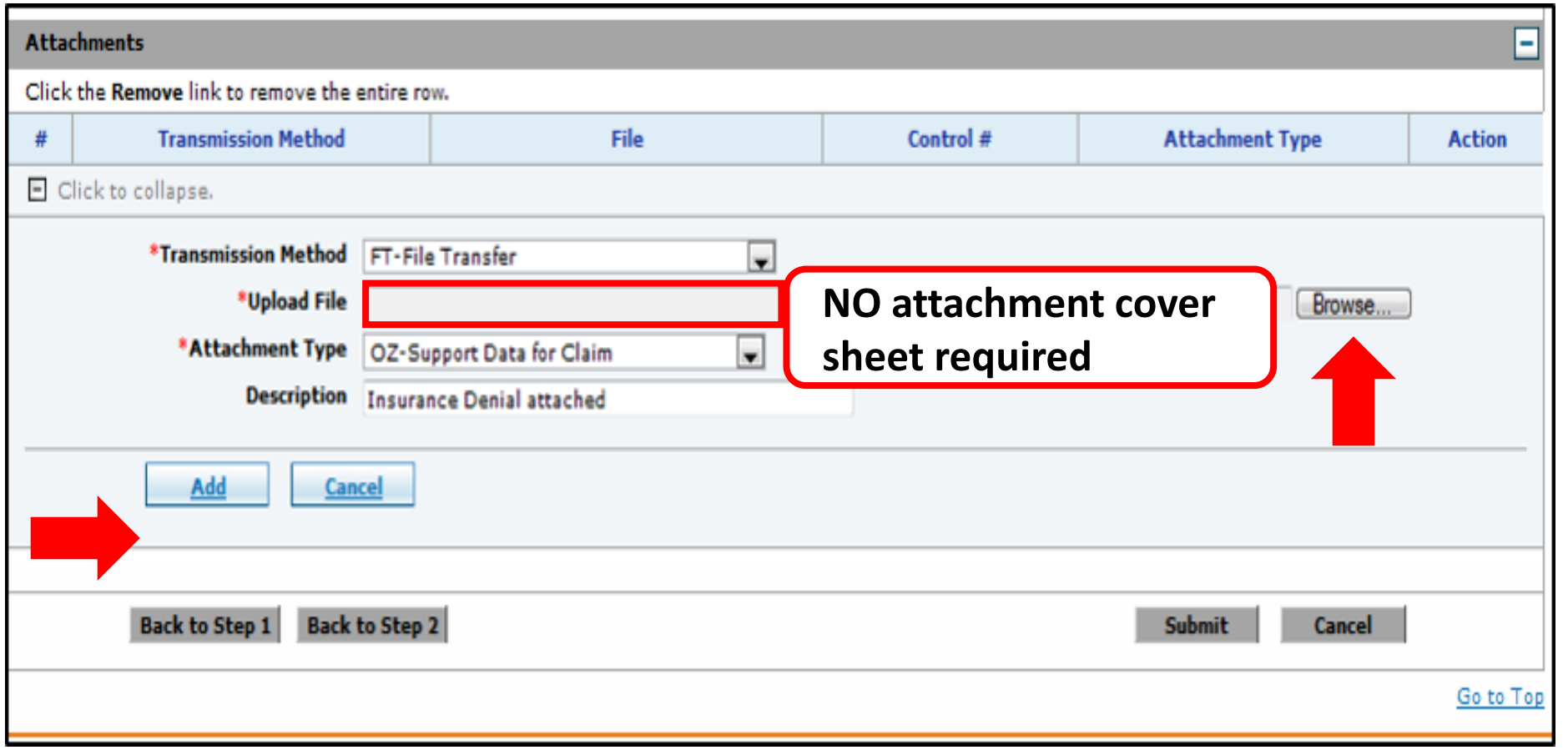


COMMERCIAL INSURANCE—PROFESSIONAL

Step 3—Primary Denied



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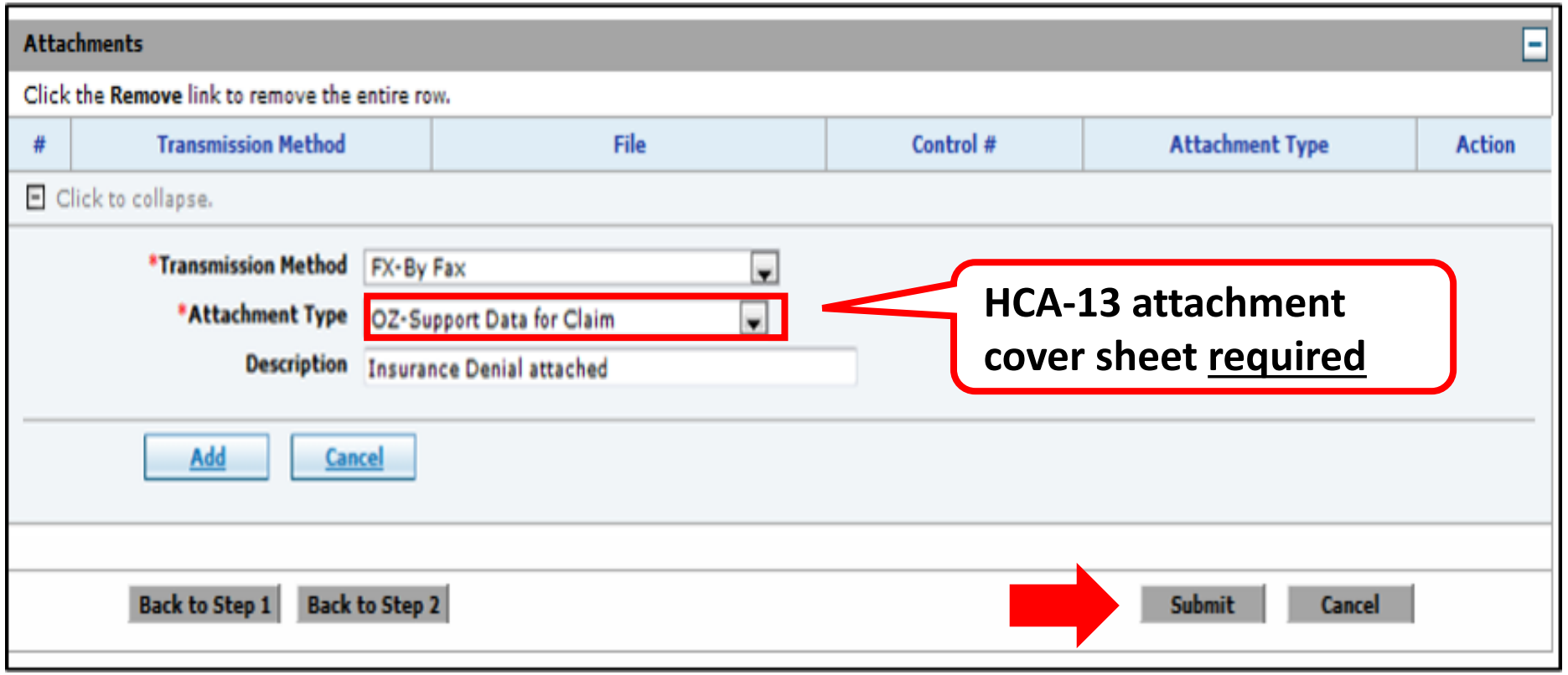
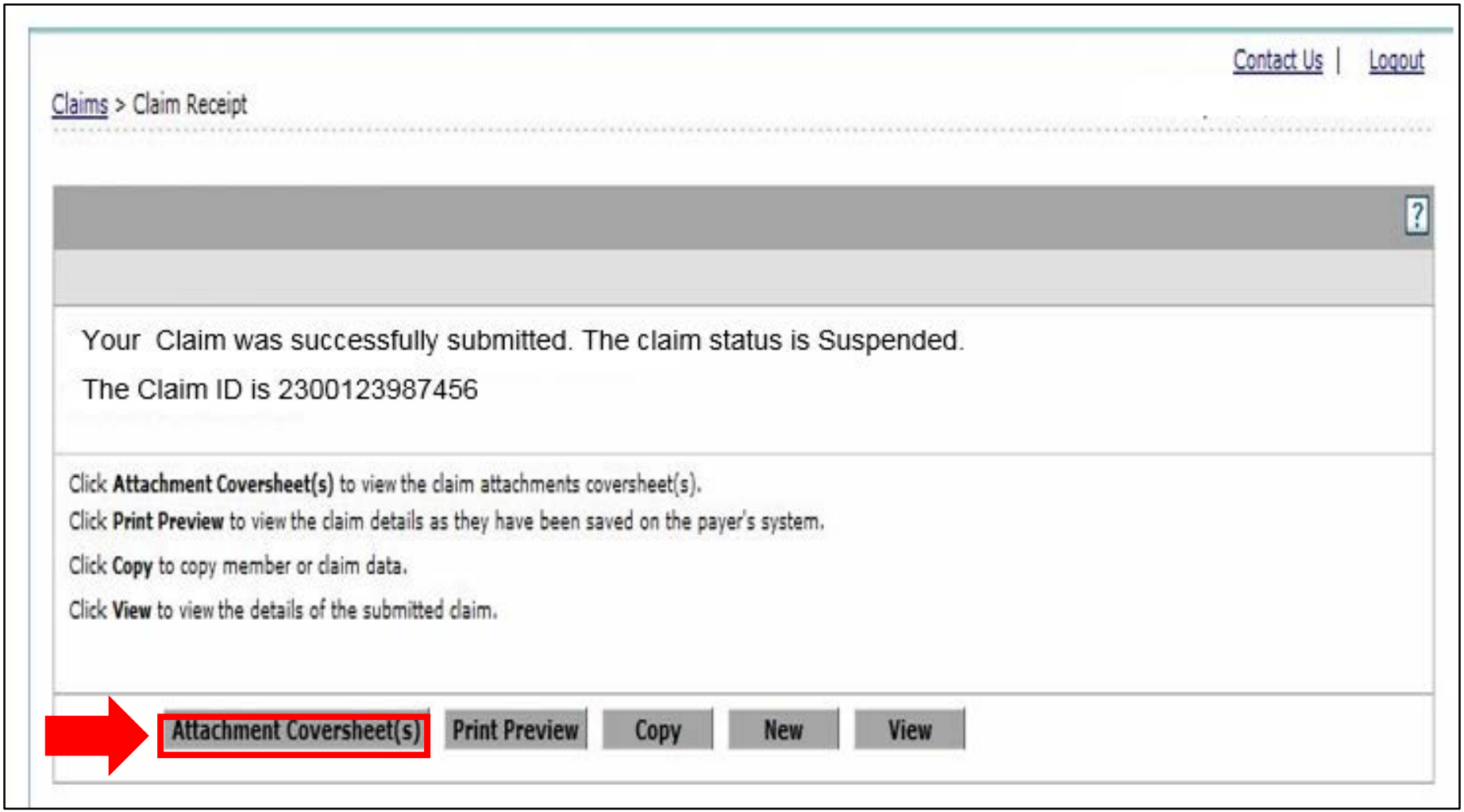
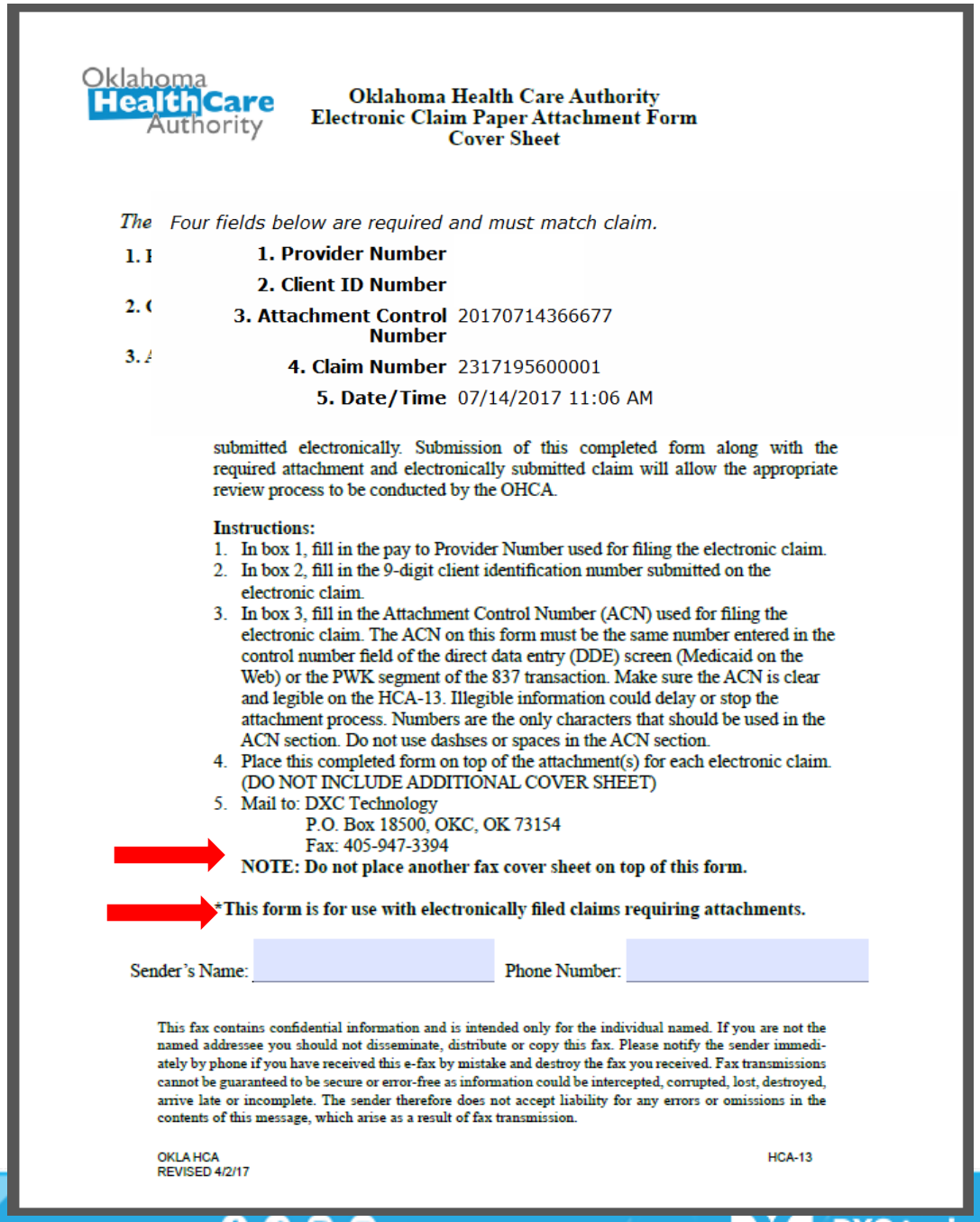


PRINT ATTACHMENT COVER SHEET



HCA-13 Attachment Cover Sheet



Oklahoma Health Care Authority

Oklahoma Health Care Authority
Electronic Claim Paper Attachment Form
Cover Sheet

The Four fields below are required and must match claim.

1. I
2. (
3. /

1. Provider Number
2. Client ID Number
3. Attachment Control Number 20170714366677
4. Claim Number 2317195600001
5. Date/Time 07/14/2017 11:06 AM

submitted electronically. Submission of this completed form along with the required attachment and electronically submitted claim will allow the appropriate review process to be conducted by the OHCA.

Instructions:

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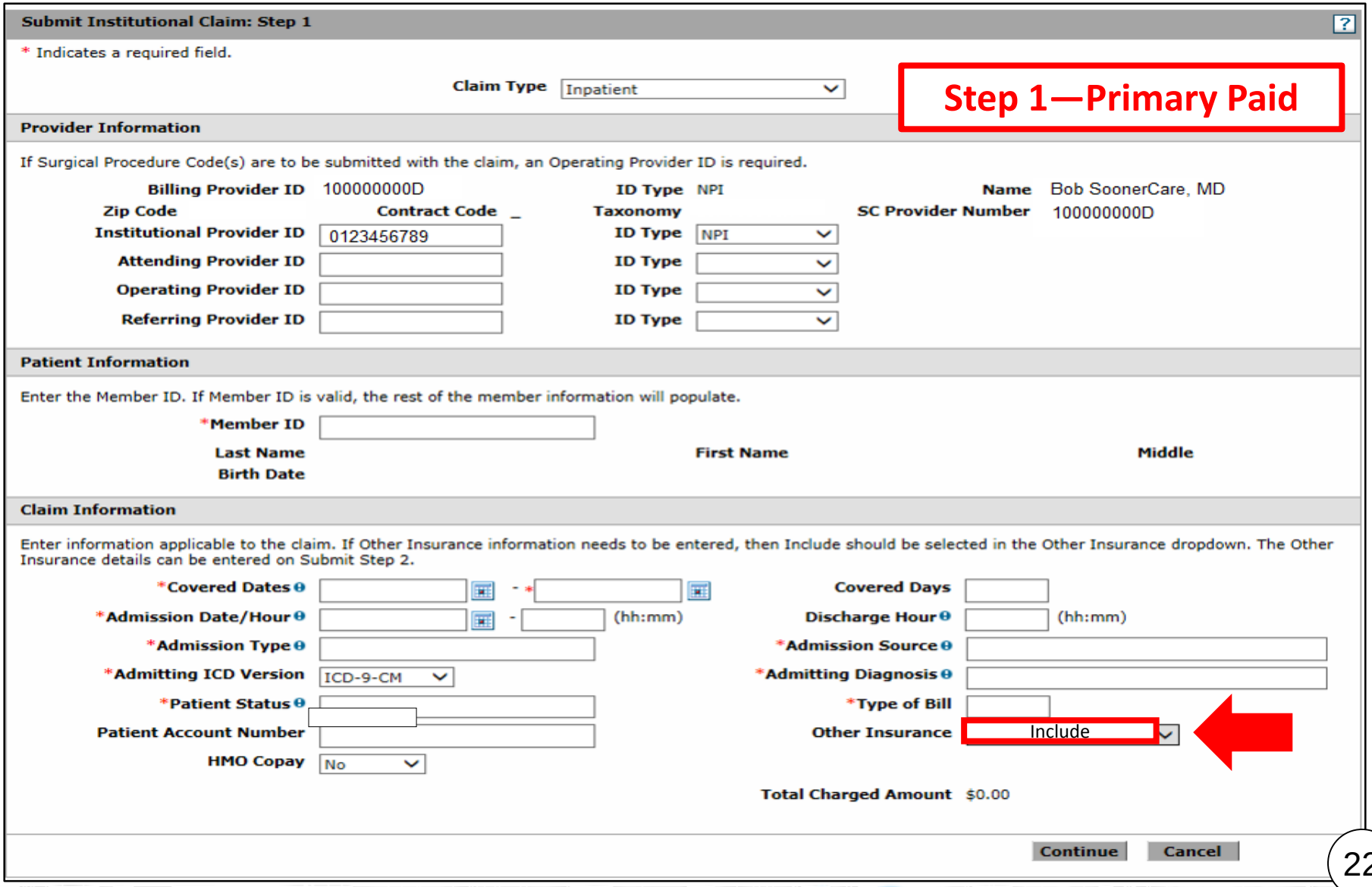
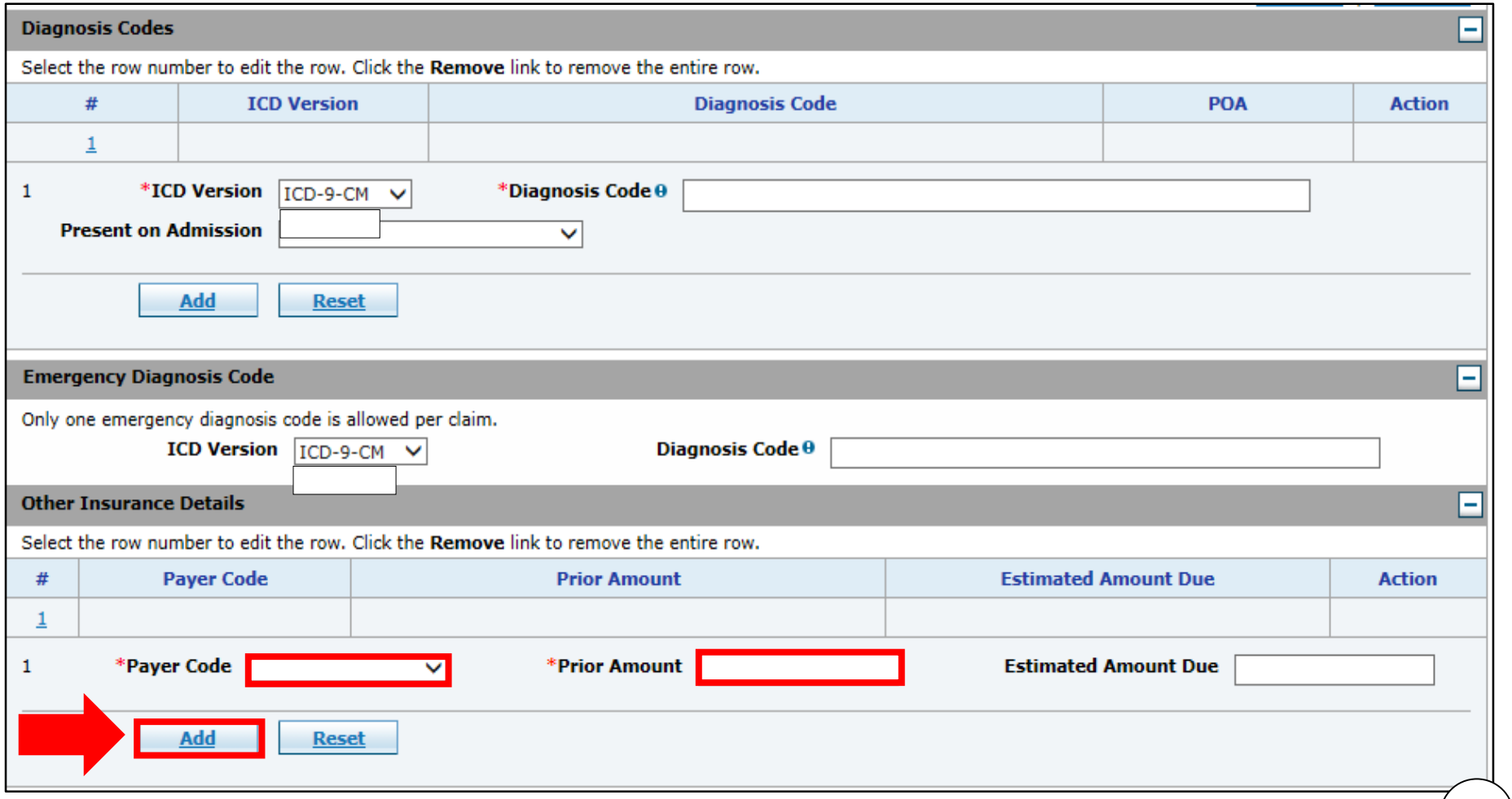
COMMERCIAL INSURANCE—INSTITUTIONAL

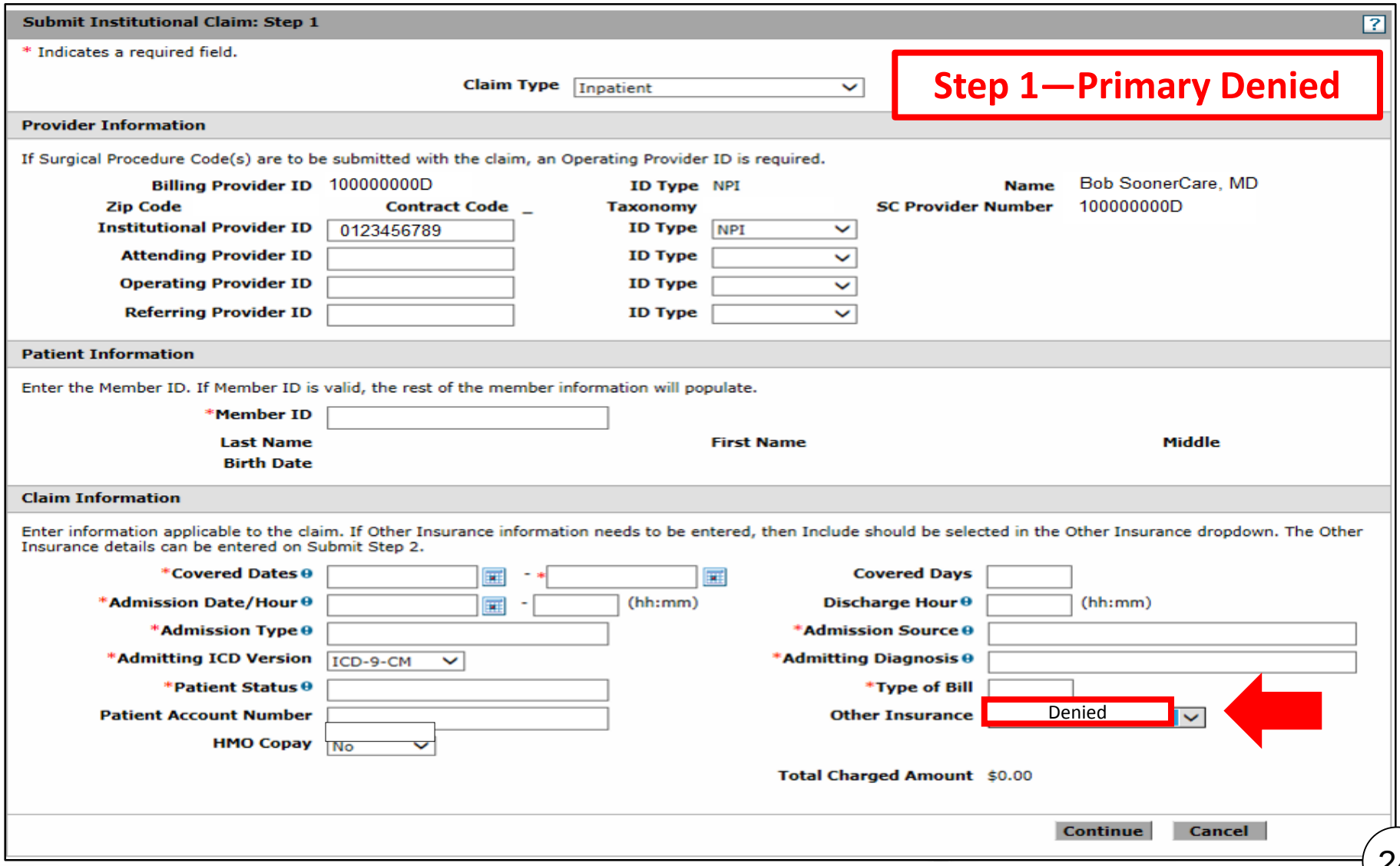


COMMERCIAL INSURANCE—INSTITUTIONAL

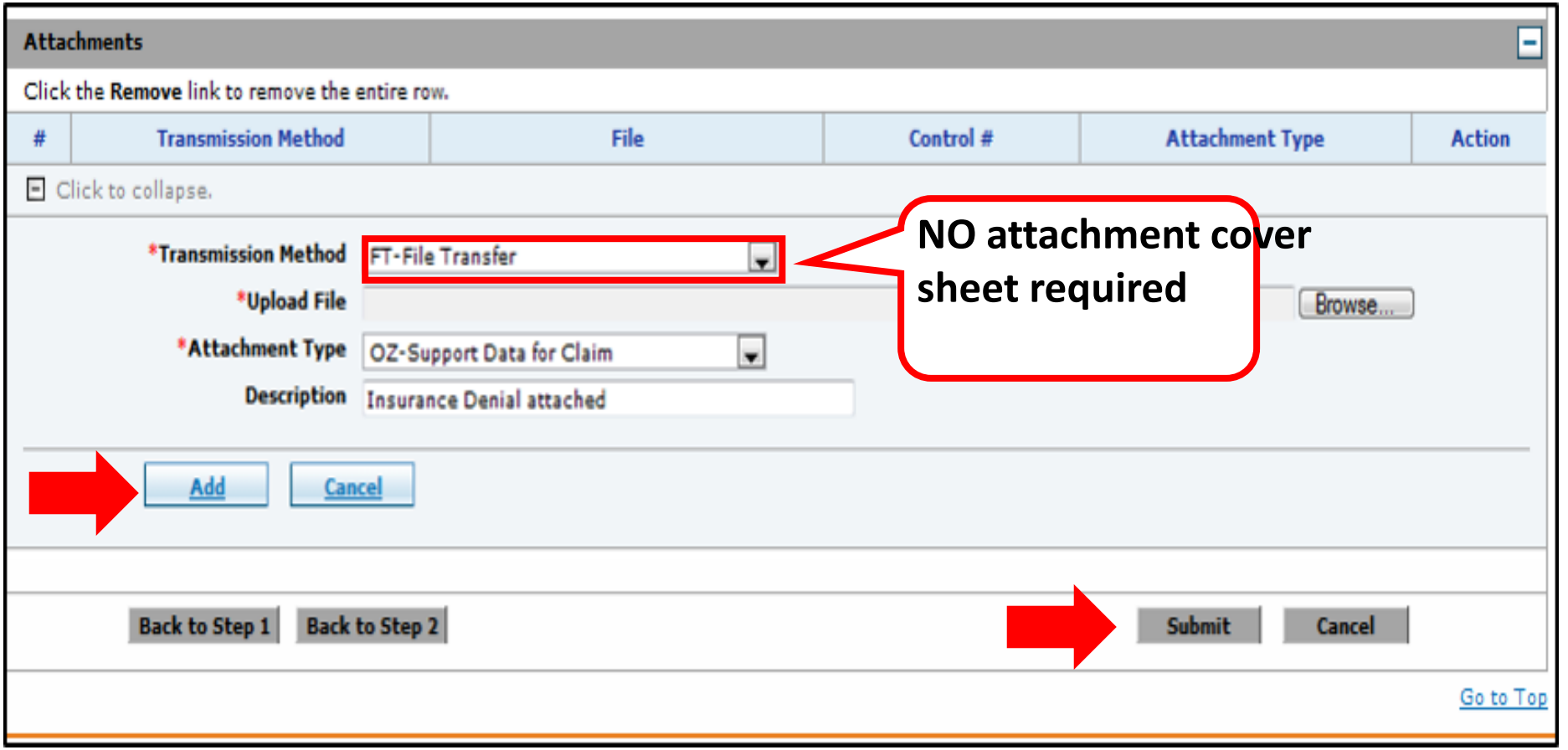
Step 2—Primary Paid



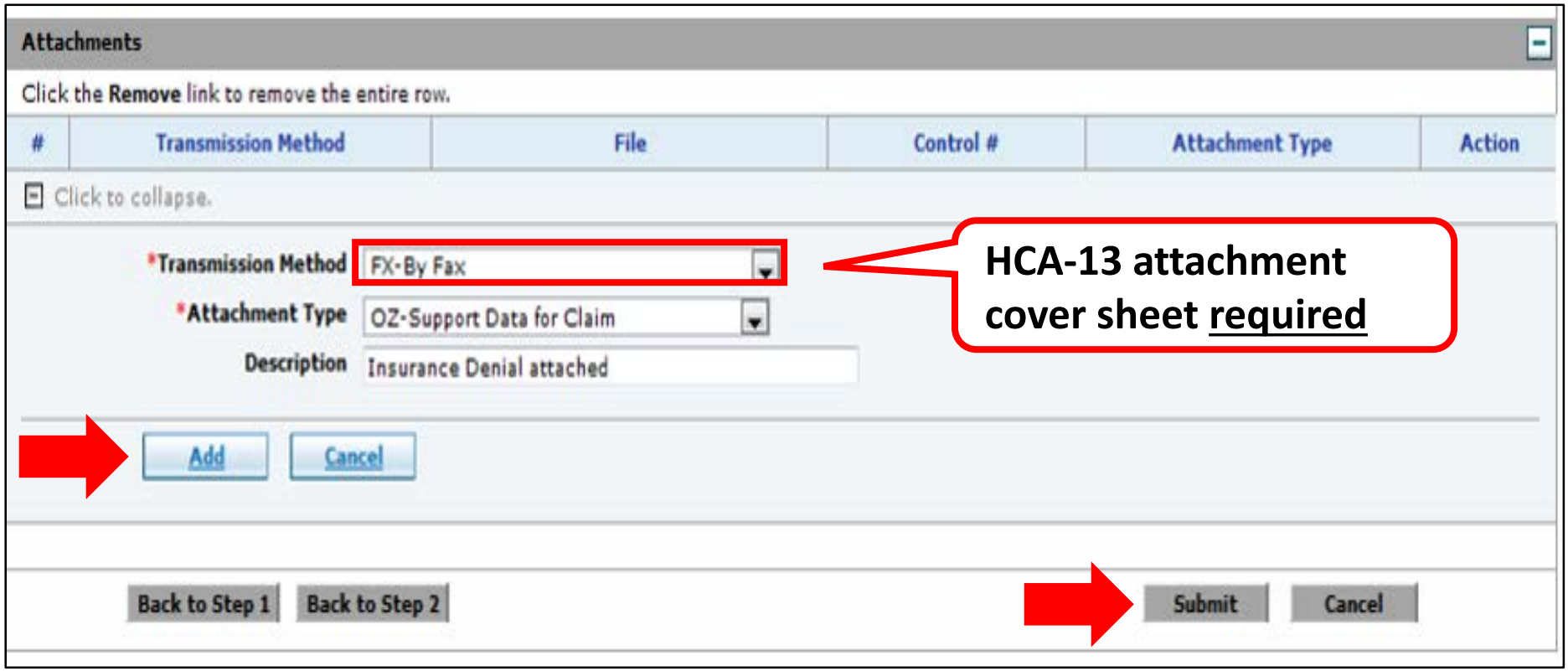
COMMERCIAL INSURANCE—INSTITUTIONAL



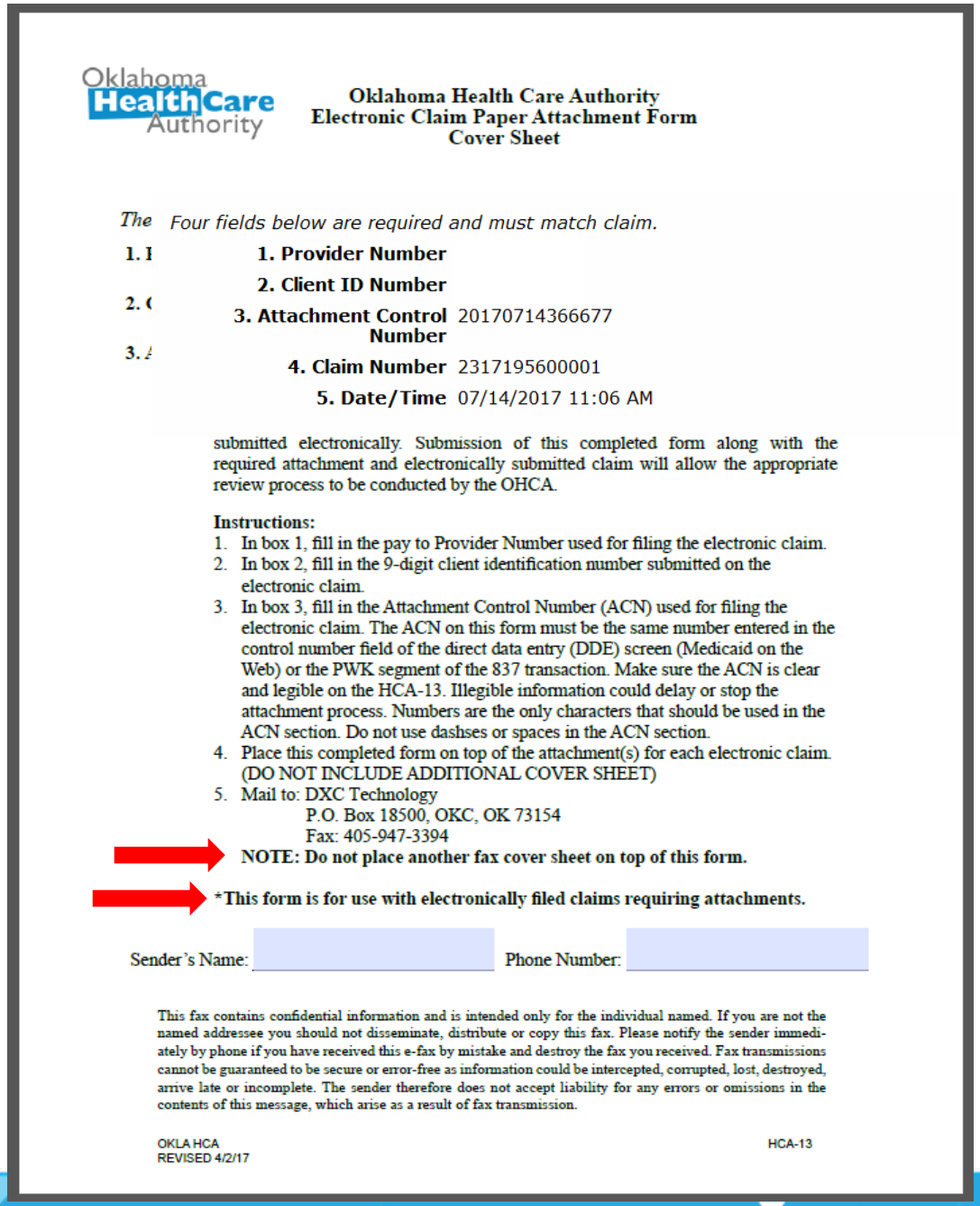
ADDING ATTACHMENT – FILE TRANSFER



ADDING ATTACHMENT – FAX



HCA-13 Attachment Cover Sheet



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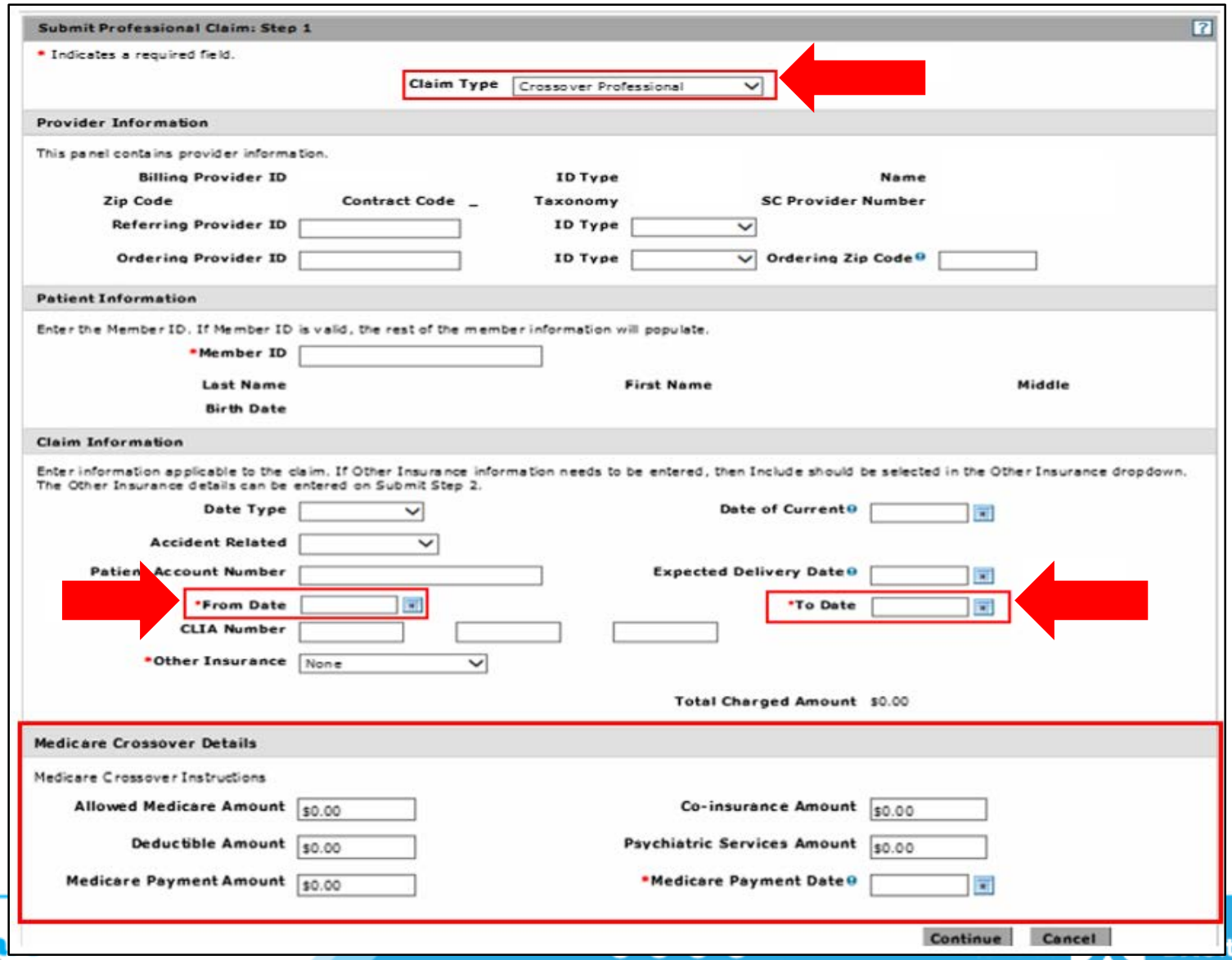
MEDICARE DUAL ELIGIBILITY

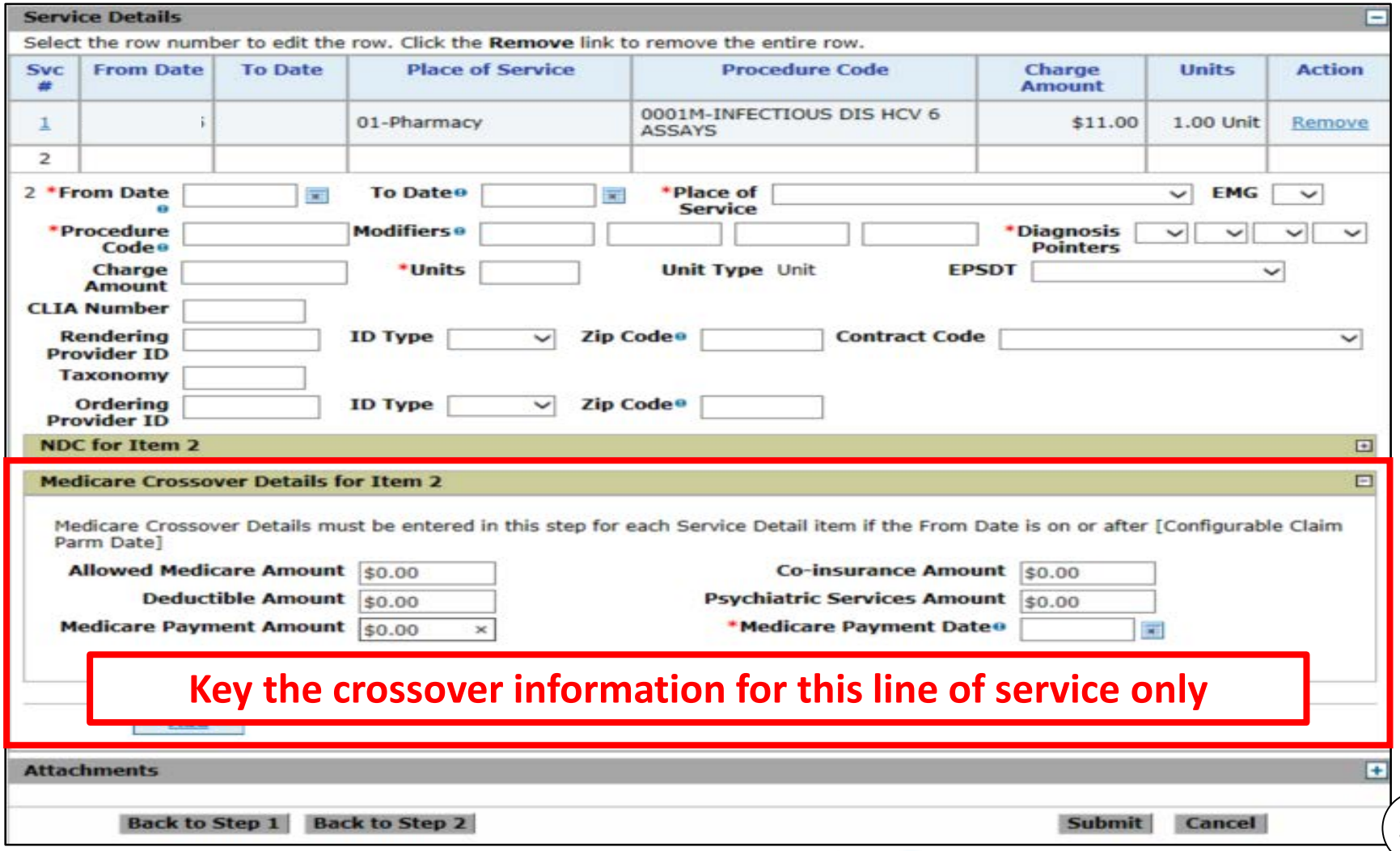
MEDICARE DUAL ELIGIBILITY

- Medicare is primary; SoonerCare is secondary
  - Also known as crossover claims
- OHCA pays a percentage of the coinsurance and deductible
- Claims should cross over automatically from Medicare
  - If the claims don't cross over, they can be submitted on the Provider Portal
- Do **NOT** put the Medicare payment information in the TPL field of the claim

CROSSOVER PROFESSIONAL – HEADER (DOS PRIOR TO 06/01/2016)

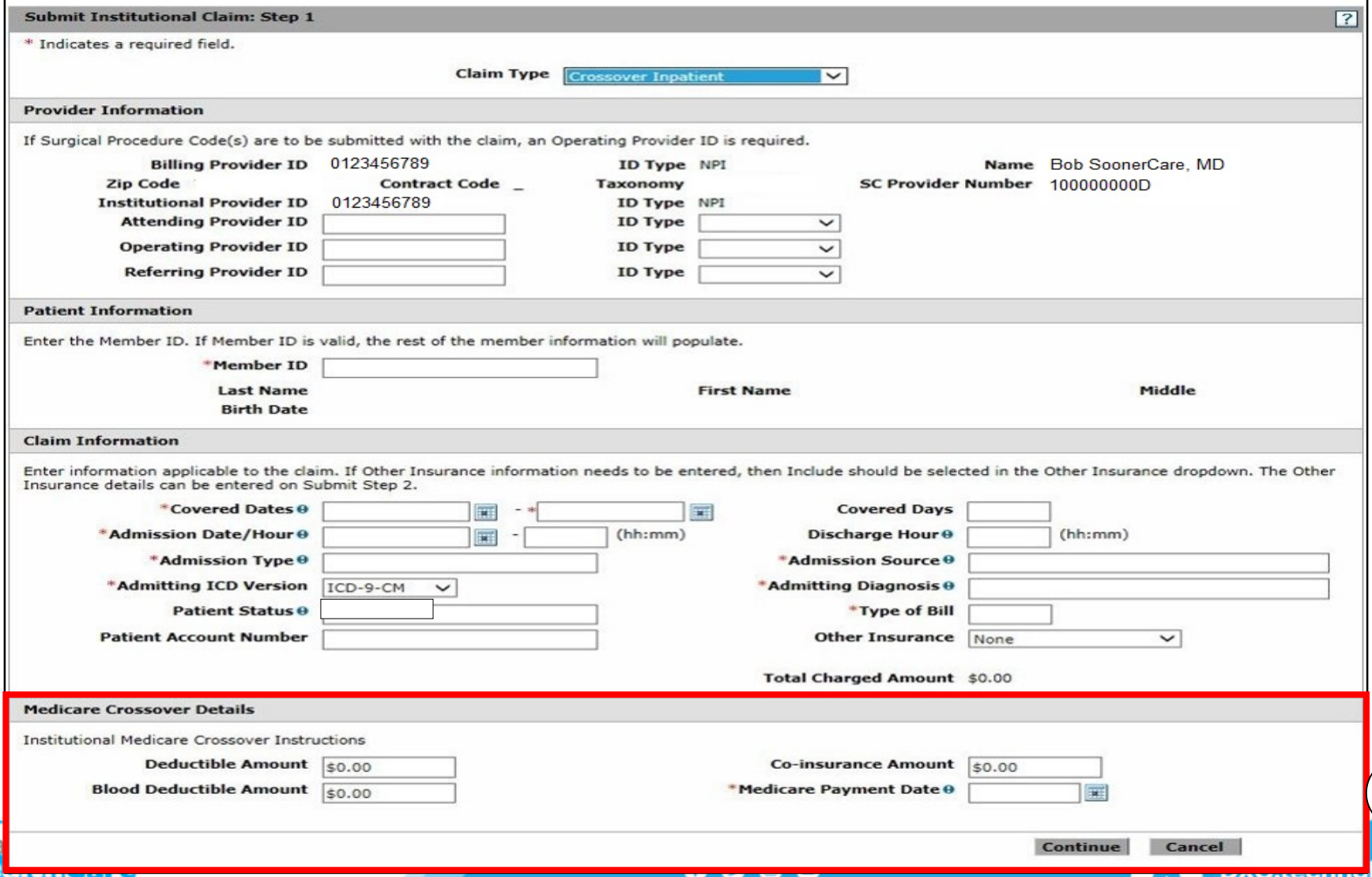


CROSSOVER PROFESSIONAL – DETAIL
(DOS 06/01/2016 AND AFTER)



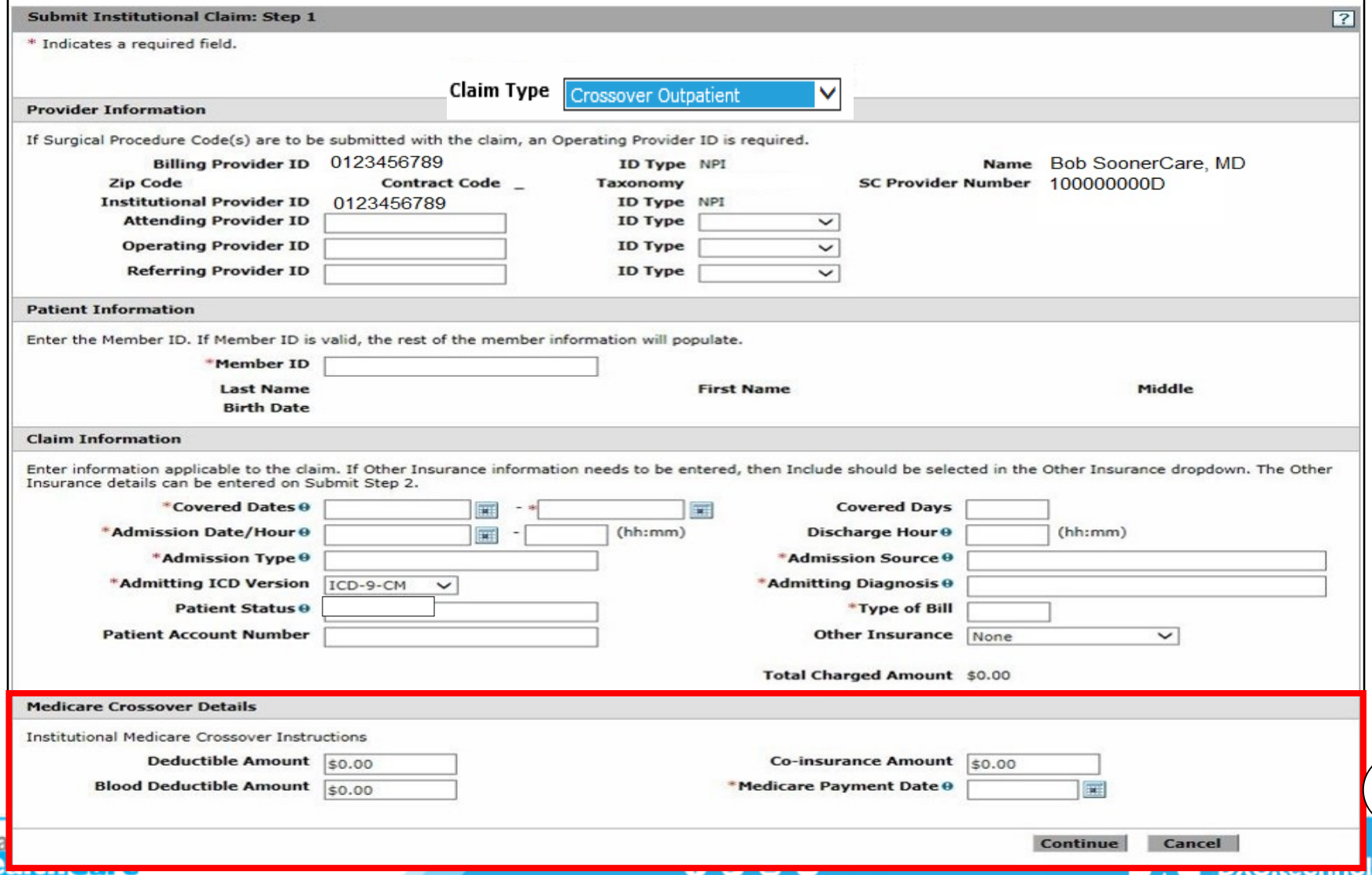
CROSSOVER INSTITUTIONAL – PART A

Medicare Part A claims will continue to process at the header level.



CROSSOVER INSTITUTIONAL – PART B

DOS prior to 06/01/2016 will process at the header level.



Submit Institutional Claim: Step 1

* Indicates a required field.

Claim Type Crossover Outpatient

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	0123456789	ID Type	NPI	Name	Bob SoonerCare, MD
Zip Code	Contract Code _	Taxonomy		SC Provider Number	100000000D
Institutional Provider ID	0123456789	ID Type	NPI		
Attending Provider ID		ID Type			
Operating Provider ID		ID Type			
Referring Provider ID		ID Type			

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID

Last Name First Name Middle

Birth Date

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

*Covered Dates	- *	Covered Days	
*Admission Date/Hour	- (hh:mm)	Discharge Hour	(hh:mm)
*Admission Type		*Admission Source	
*Admitting ICD Version	ICD-9-CM	*Admitting Diagnosis	
Patient Status		*Type of Bill	
Patient Account Number		Other Insurance	None
		Total Charged Amount	$0.00

Medicare Crossover Details

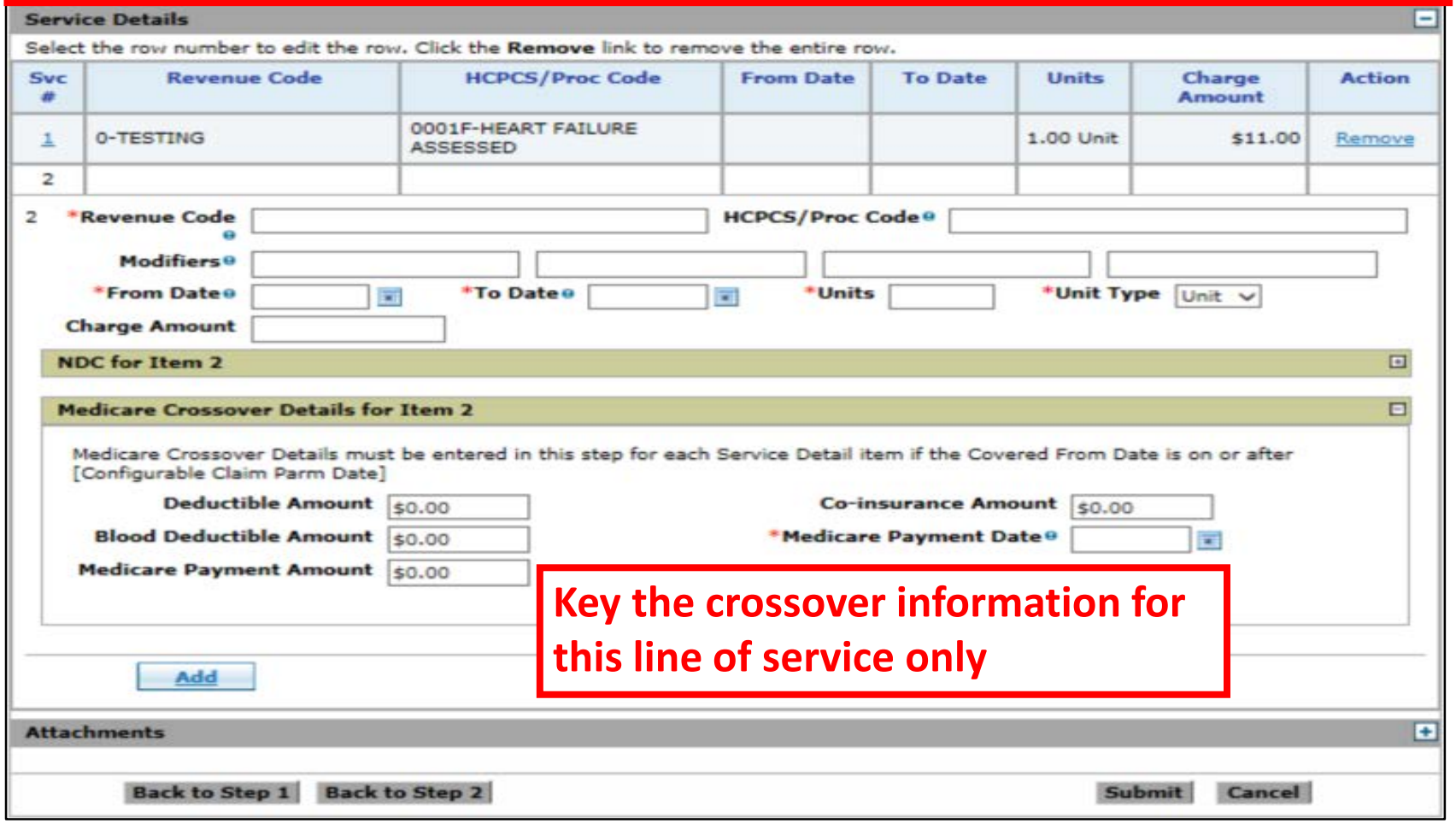
Institutional Medicare Crossover Instructions

Deductible Amount	$0.00	Co-insurance Amount	$0.00
Blood Deductible Amount	$0.00	*Medicare Payment Date	

Continue Cancel

CROSSOVER INSTITUTIONAL – PART B

Effective 06/01/2016 Part B claims will process at the detail level.



Key the crossover information for this line of service only

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HMO CLAIM SUBMISSION

HMO CLAIM SUBMISSION

- When billing the copay, submit all lines of service and the billed amount for line one is the copay; all other lines bill zero
- Must be a payable Medicaid procedure
- The process for sending your attachment is the same as for commercial insurance; you can fax or upload your documentation
  - Make sure to use the fax cover sheet generated by the Provider Portal, if you choose Fax

MEDICARE HMO

- HMO replaces Medicare as primary; SoonerCare is secondary
- OHCA pays ONLY the copay
  - Copay limit:
    - $200 per 1500 claim
    - $1,000 per UB-04 claim

MEDICARE HMO, *CONT.*

- In the following situations, Medicare HMOs revert back to traditional Medicare:
  - Durable medical equipment (DME)
  - Long-term care (LTC)
  - Hospice

MEDICARE HMO, *CONT.*

- DME, LTC and Hospice claims are processed as traditional crossover claims
- To do this, you must submit a letter explaining the "non-HMO" status of payments to:

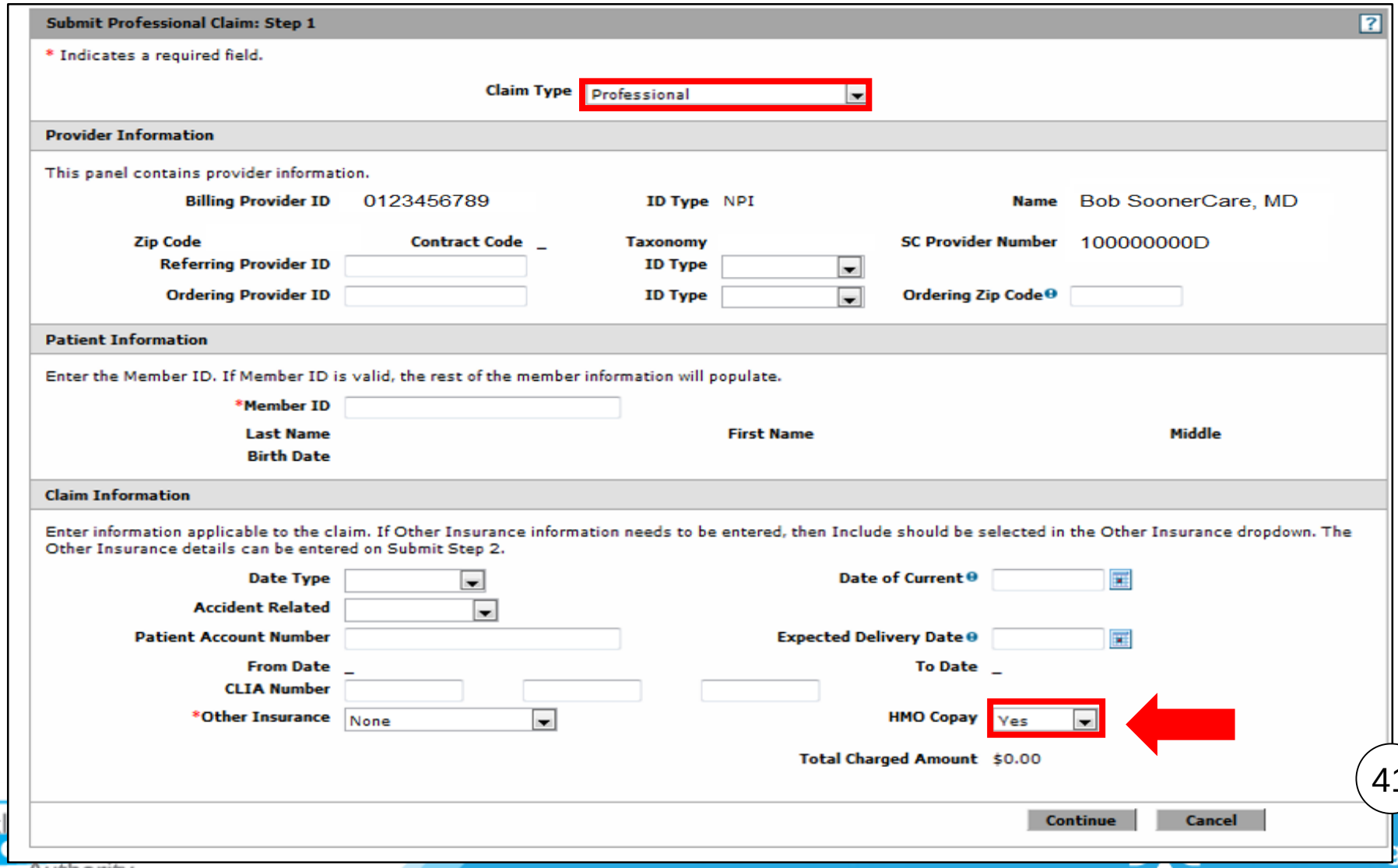
OHCA Provider Services
P.O. Box 18506
Oklahoma City, OK 73154

MEDICARE – HMO COPAY

- HMOs can be submitted on the Provider Portal
- Do NOT bill for any charges other than the copay on the claim
- Do NOT enter payment in any TPL field
- A copy of the EOB is required

MEDICARE – HMO COPAY

Step 1



MEDICARE – HMO COPAY

Step 1

Submit Institutional Claim: Step 1

* Indicates a required field.

Claim Type Inpatient

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	100000000D	**ID Type**	NPI	**Name**	Bob SoonerCare, MD
Zip Code	**Contract Code** _	**Taxonomy**		**SC Provider Number**	100000000D
Institutional Provider ID	0123456789	**ID Type**	NPI		
Attending Provider ID		**ID Type**			
Operating Provider ID		**ID Type**			
Referring Provider ID		**ID Type**			

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

***Member ID**

Last Name **First Name** **Middle**

Birth Date

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

***Covered Dates**	-	**Covered Days**	
***Admission Date/Hour**	- (hh:mm)	**Discharge Hour**	(hh:mm)
***Admission Type**		***Admission Source**	
***Admitting ICD Version**	ICD-9-CM	***Admitting Diagnosis**	
***Patient Status**		***Type of Bill**	
Patient Account Number		**Other Insurance**	None
HMO Copay	Yes		
		Total Charged Amount	$0.00

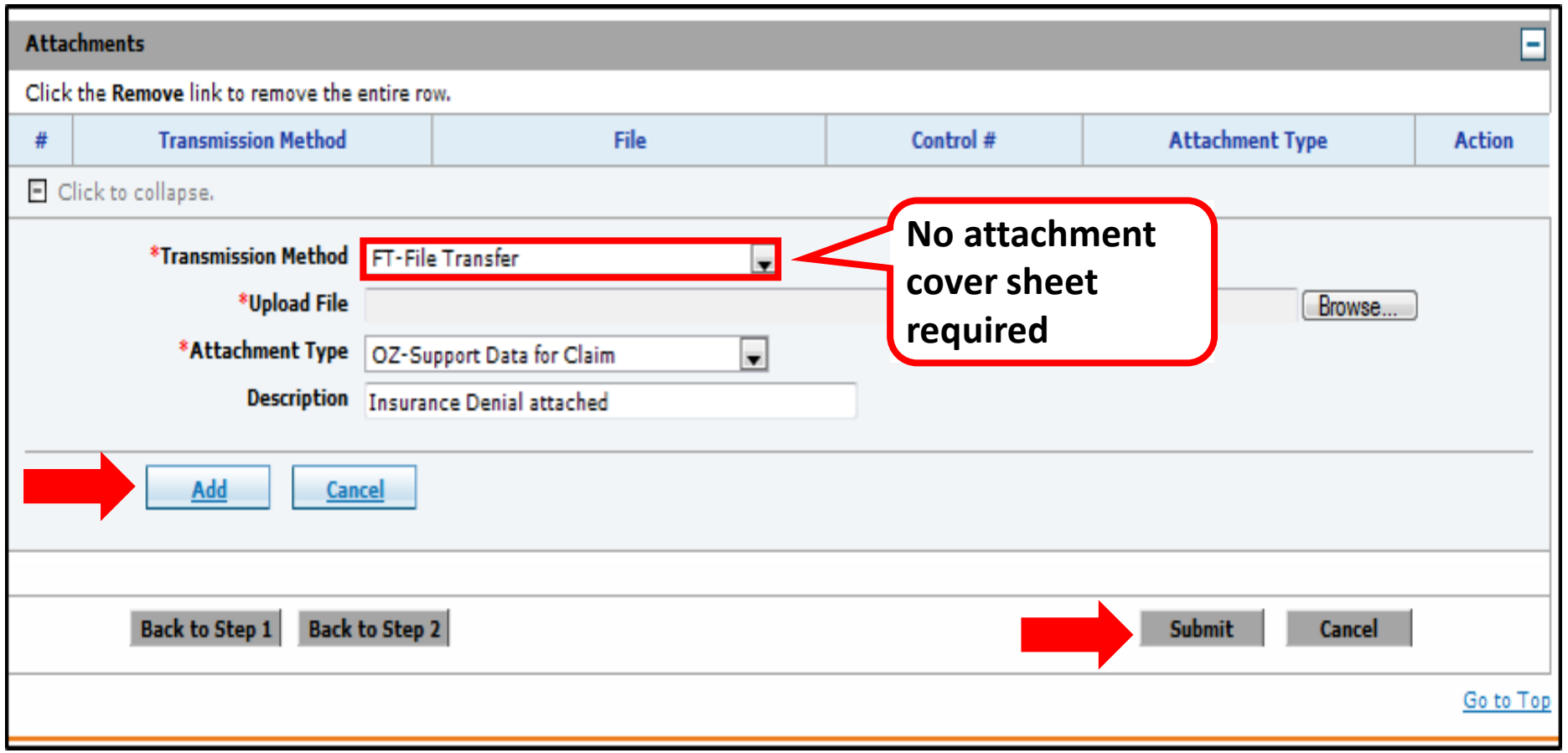
Continue Cancel

MEDICARE – HMO COPAY

- Step 3: Attachment
- The process for sending your attachment is the same as for commercial insurance; you can fax or upload your documentation
  - Make sure to use the fax cover sheet generated by the Provider Portal, if you choose Fax

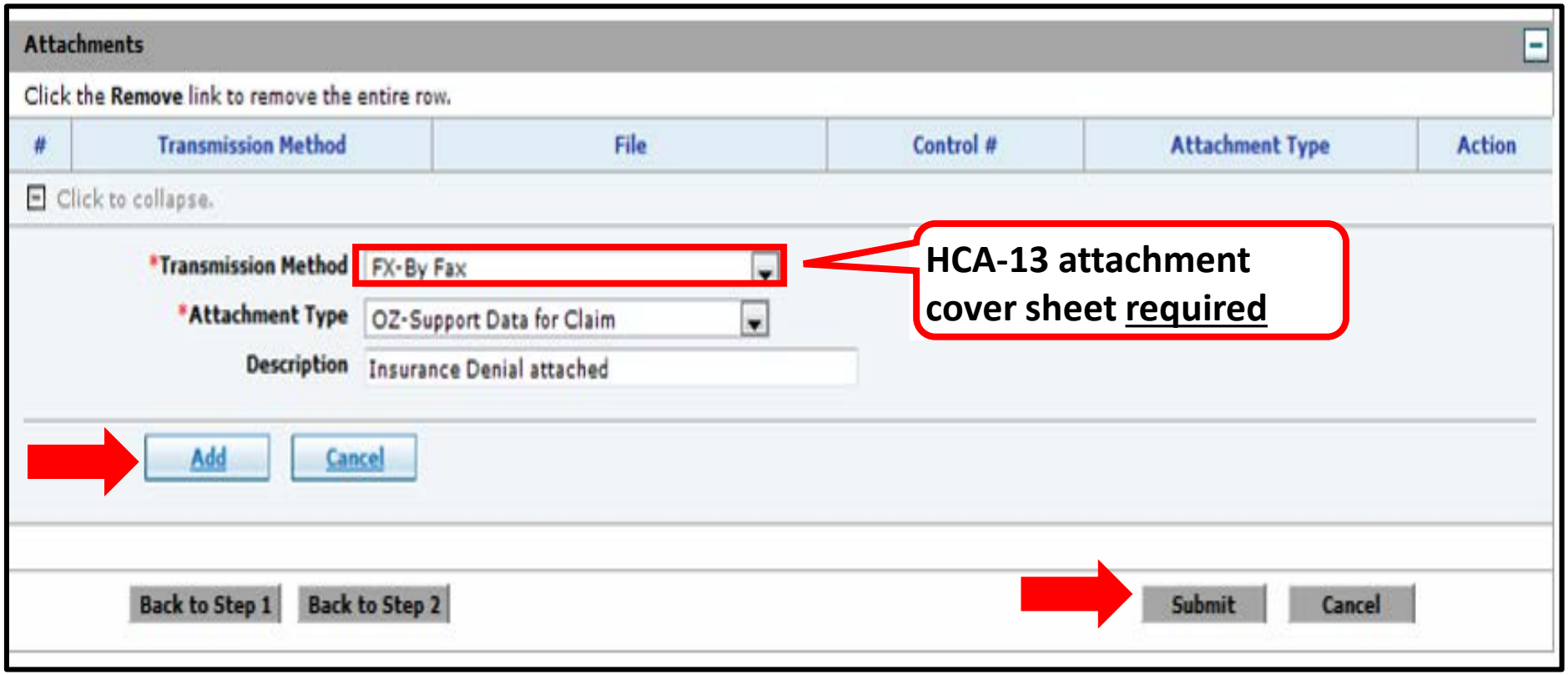
MEDICARE – HMO COPAY WITH ATTACHMENT

File Transfer

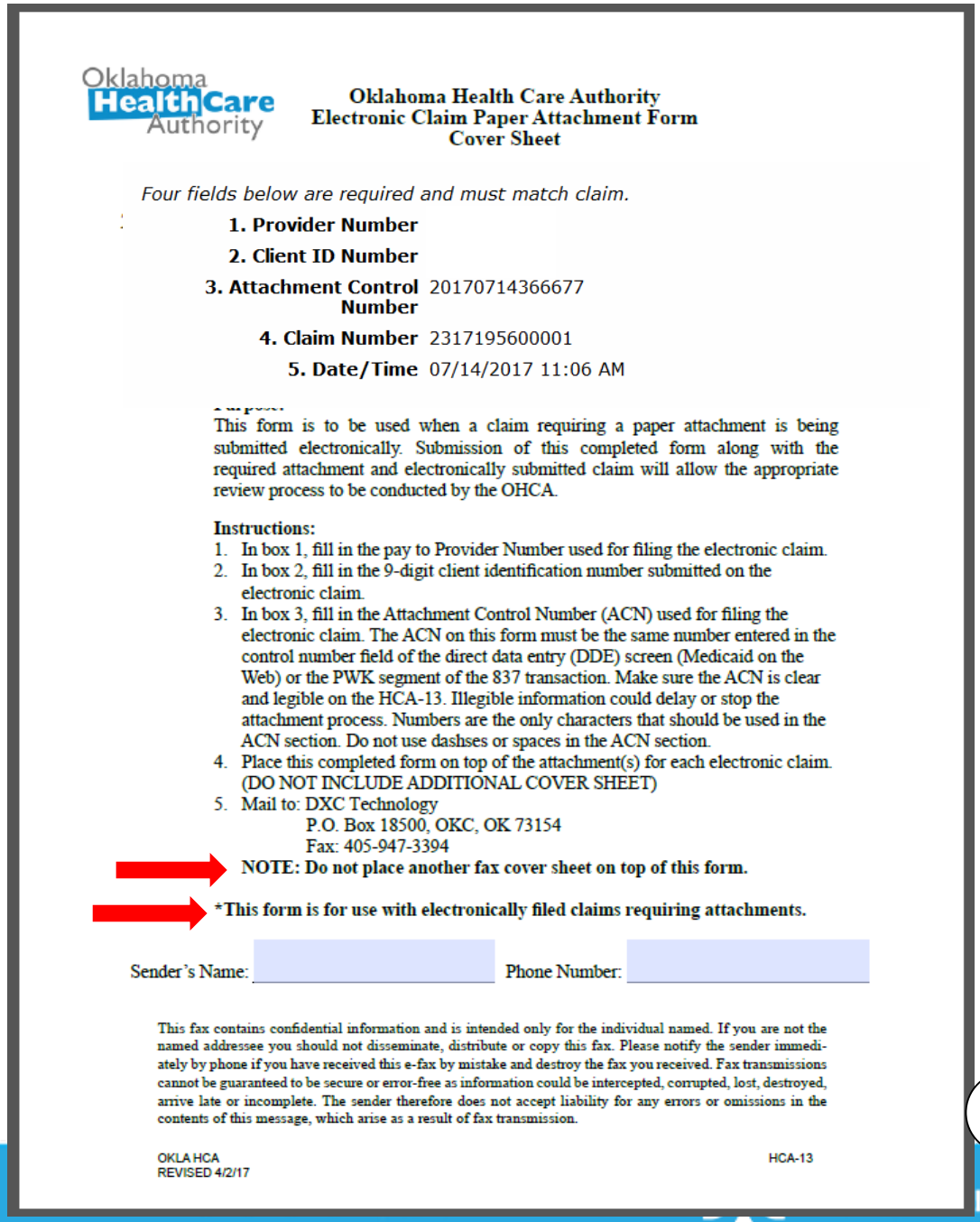


MEDICARE – HMO COPAY WITH ATTACHMENT

Fax



HCA-13 Attachment Cover Sheet



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HCA-13

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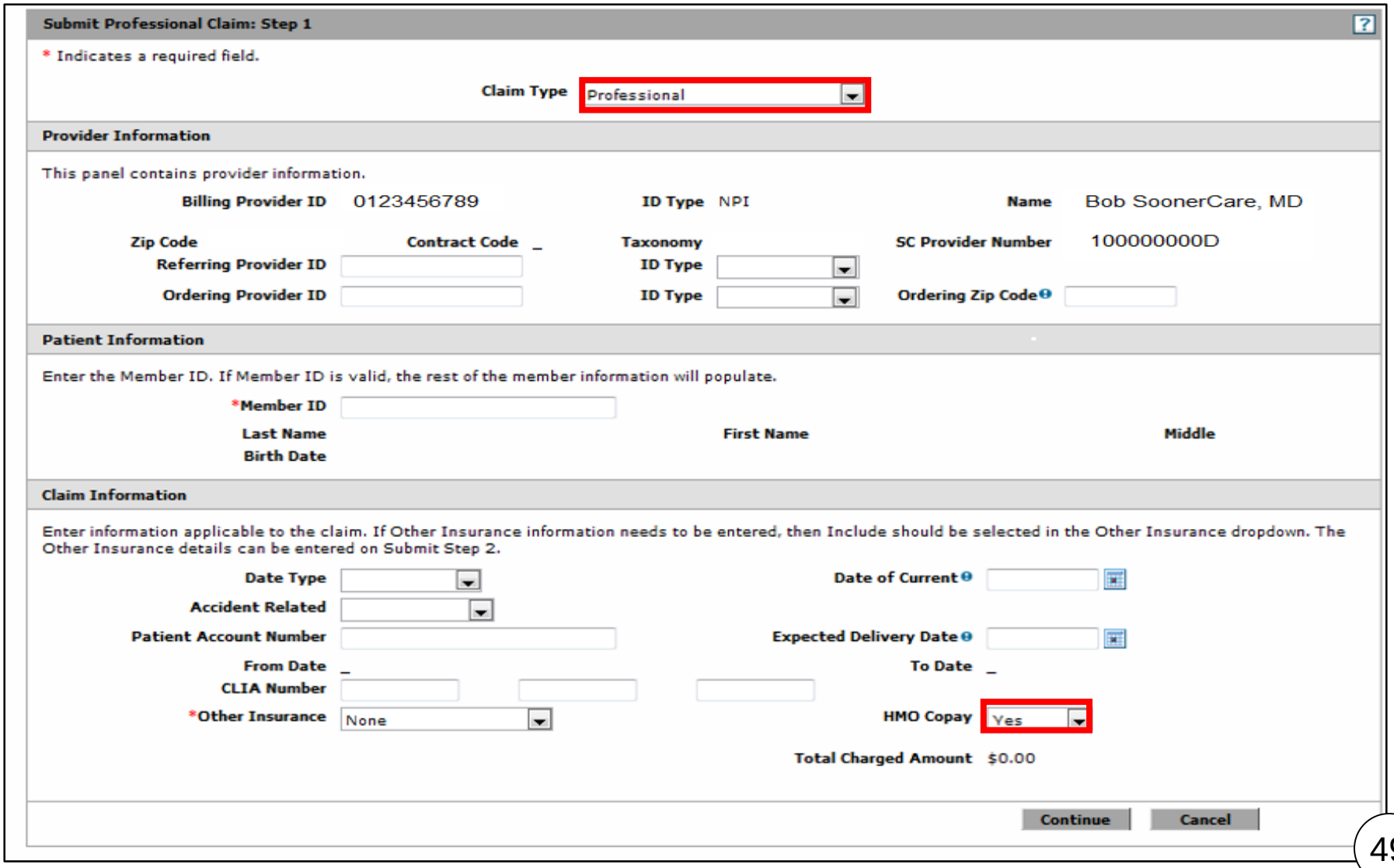
PRIVATE PAY – HMO

PRIVATE PAY – HMO COPAY

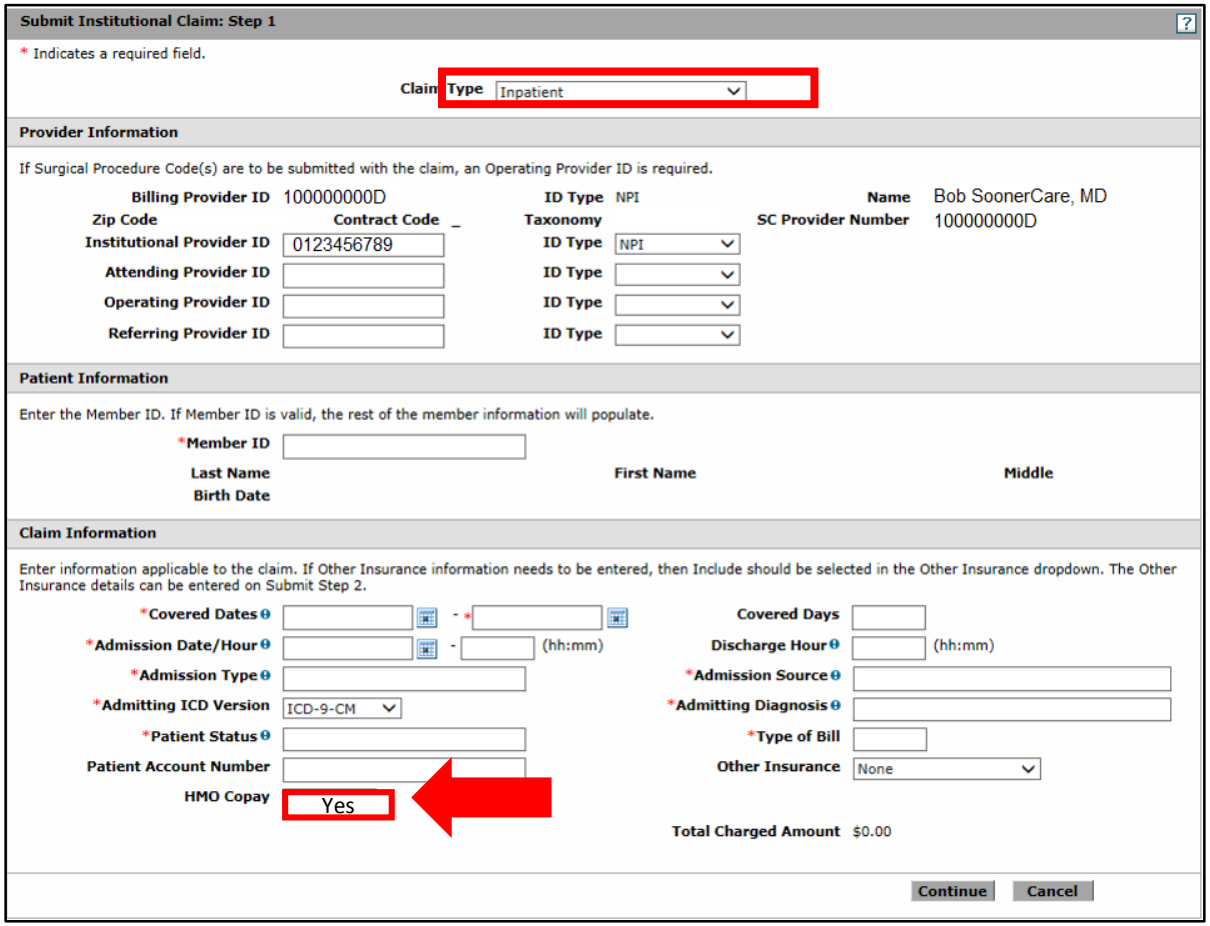
- HMO is primary; SoonerCare is secondary
- OHCA pays copay amount only
- EOB is required
- Copay limits:
  - $200 per 1500 claim
  - $1,000 per UB-04 claim

PRIVATE PAY – HMO COPAY (PROFESSIONAL)



PRIVATE PAY – HMO COPAY

Step 1



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MEDICARE PPO

MEDICARE PPO

- PPO replaces Medicare as primary; SoonerCare is secondary
- These are processed exactly like Medicare dual eligible claims (also known as crossover claims)
- OHCA pays a percentage of the coinsurance and deductible
- If the member has a PPO and there is a copay due, the provider cannot bill the member for the copay

MEDICARE PPO – CLAIM SUBMISSION

- Provider Portal:
  - Do NOT put the Medicare payment information in any of the TPL fields
  - Put the copay amount in the deductible or coinsurance field

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TPL RESOURCES

TPL RESOURCES

- www.okhca.org
- Provider Forms: www.okhca.org/forms
  - TPL-1 form
- Provider Billing Manual (chapter 14)
  - www.okhca.org/provider/billing/manual/manual.pdf
- 800-522-0114 (toll-free) or 405-522-6205
  - Option 3,2 for Third Party Liability

Questions?