ADJUSTMENTS AND THIRD PARTY LIABILITY

2015 Fall Provider Training

DISCLAIMER

SoonerCare policy is subject to change

The information provided in this presentation is current as of August 1, 2015

AGENDA

Adjustments

- Rules
- What is an adjustment?
- When and why
- How to request an adjustment
- Internal Control Number (ICN) logic
- Refunds
- Resources

AGENDA

Third Party Liability (TPL)

- What is TPL?
- HMOs and PPOs
- When to bill a member
- Can a TPL edit be bypassed?
- HMS and the recovery process
- Resources
- Questions

ADJUSTMENTS

RULES

OHCA 317:30-3-12

- "When an overpayment has occurred, the provider should immediately refund the Authority, by check, to the attention of the Finance Division."
- Request for recoupment is accepted in place of a refund
- Wait until payment is received by OHCA

RULES

42 CFR Part 433.312

- The state must refund the federal share of all overpaid claims to CMS within one (1) year of discovery of an overpayment
- "…whether or not the state has recovered the overpayment from the provider."

ADJUSTMENTS

What is an adjustment?

- Changes to a paid claim
- Overpayment
  - Negative adjustment — OHCA will recoup money paid in error
- Underpayment
  - Positive adjustment — OHCA will pay in addition to amount originally paid
- Correction of data not affecting payment

ADJUSTMENTS

Common adjustment reasons:

- Requested by provider
- Primary insurance coverage (TPL)
- Medicare primary
- Audits
  - State-contracted auditors are paid a flat rate, not a percentage of the recoupment
  - State-employed auditors are salaried only
- System issues

ADJUSTMENTS

There are two (2) types of adjustments:

- **Partial**
  - Claim shows to be in PAID status
  - OHCA recovers only part of the original payment or makes an additional payment
- **Full**
  - Claim shows to be in DENIED status
    - The full original payment is recouped
  - Claim can remain in PAID status if the recoupment is due to a TPL

ADJUSTMENTS

How to request an adjustment:

- Telephone requests cannot be processed
- The proper form must be completed, and the appropriate paperwork must be attached
  - HCA-14
    - UB-04, Inpatient/Outpatient crossover claims
  - HCA-15
    - 1500, Dental and Part B crossover claims
  - Pharm-3
    - Pharmacy claims

ADJUSTMENTS – REFUNDS

Reasons to refund OHCA:

- Billing error
- Medicare primary
- TPL – primary insurance carrier

Refunds vs. Recoupments:

- **Refunds** balance the account immediately
- **Recoupments** come out of future payments

ADJUSTMENTS – REFUNDS

When sending a refund to OHCA, the following must be sent with the refund:

- Adjustment request form
  - HCA-14, HCA-15 or Pharm-3
- Remittance advice (RA)
  - Specific claim circled or highlighted in yellow
- Insurance EOB or Medicare EOB
- Payment
  - Ensure the accuracy of the amount being refunded

ADJUSTMENTS – REFUNDS

SoonerCare is the payer of last resort:

- **Amount to refund – TPL**
  - If a TPL reimburses you ***more*** than the SoonerCare allowable, you are required to refund the full reimbursement to OHCA
  - When a TPL reimburses you ***less*** than the SoonerCare allowable, you should refund OHCA the amount paid to you by the TPL

ADJUSTMENTS – REFUNDS

SoonerCare is the payer of last resort:

- **Amount to refund – Medicare**
  - When Medicare is the primary payer, the full OHCA reimbursement to you should be returned to OHCA
  - The claim should be resubmitted as a Medicare crossover claim to have it paid correctly

COMPLETING THE HCA-14 FOR AN ADJUSTMENT/ REFUND

Mailing address:

OHCA – Adjustments

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

Oklahoma HealthCare Authority

UB92 AND INPATIENT/OUTPATIENT CROSSOVER ADJUSTMENT REQUEST

Mail completed requests to: OHCA - Adjustments, 4345 N. Lincoln, Oklahoma City, OK 73105

(1) PROVIDER NUMBER:

PROVIDER NAME/ADDRESS:

PHONE NUMBER:

CONTACT PERSON:

(2) REASON FOR ADJUSTMENT: (Check appropriate Box)

- Change TPL Amt. Change Patient LIABILITY (Attach all EOMB's that apply)
- Offset or Refund of entire claim amount (check block 10)
- Change information as indicated in blocks 13-16
- Medicare Adjustment (Attach all EOMB's that apply to this adjustment)

(3) CLAIM NUMBER (ICN): (4) Client ID NO.: (5) DATE OF SERVICE: From: Thru:

(6) Client NAME: (7) AMOUNT PAID: (8) REMITTANCE ADVICE DATE:

(9) TYPE OF ADJUSTMENT
- Underpayment Adjustment
- Overpayment Adjustment (Deduct from future payments)
- Refund Adjustment (Check attached)

Check number:

(10) CLAIM TYPE
- Inpatient
- Outpatient
- Long Term Care
- Home Health
- Crossover

(11) MEDICAID PROGRAM
- Fee for Service
- SoonerCare Choice
- SoonerCare Plus

(12) GIVE COMPLETE EXPLANATION OF ADJUSTMENT OR REFUND REQUEST:

LIST THE INFORMATION TO BE CORRECTED IN THE BLOCKS BELOW. IF NO LINE NO. IS ASSOCIATED WITH THE CORRECTION, ENTER A ZERO (0) IN THE LINE NUMBER FIELD. (i.e. TPL APPLIED WOULD ALWAYS BE LINE # 0.)

(13) REV/PROC CODE.	(14) DESCRIPTION OF INFORMATION TO BE CORRECTED	(15) CURRENT INFORMATION	(16) CORRECTED INFORMATION

17) SIGNATURE: _____ (18) DATE: _____

Mail Refunds to: OHCA - Finance, P.O. Box 18299, Oklahoma City, OK 73154-0299

OHCA Revised 03/14/2014 HCA-14 (p1)

COMPLETING THE HCA-15 FOR AN ADJUSTMENT/ REFUND

Mailing address:

OHCA – Adjustments

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

Oklahoma HealthCare Authority

CMS-1500, DENTAL, CROSSOVER PART B PAID CLAIM ADJUSTMENT REQUEST

Mail completed requests to: OHCA - Adjustments, 4345 N. Lincoln Blvd., Oklahoma City, OK 73105
Mail Refunds to: OHCA- Finance, P.O. Box 18299, Oklahoma City, OK 73154-0299

1) PROVIDER NUMBER:

PROVIDER NAME/ADDRESS:

PHONE NUMBER:

CONTACT PERSON:

(2) REASON FOR ADJUSTMENT: (Check appropriate Box)
- Change TPL Amt. (Attach all EOMB's that apply)
- Offset or Refund of entire claim amount (check block 10)
- Change information as indicated in blocks 13-16
- Medicare Adjustment (Attach all EOMBs that apply to this adjustment)

(3) CLAIM NUMBER (ICN) (4)CLIENT ID NO. (5) DATE OF SERVICE From: Thru:

(6) CLIENT NAME (7) AMOUNT PAID (8) REMITTANCE ADVICE DATE

(9) GIVE COMPLETE EXPLANATION OF ADJUSTMENT OR REFUND REQUEST:

(10) TYPE OF ADJUSTMENT
- Underpayment Adjustment
- Overpayment Adjustment (Deduct from future payments)
- Refund Adjustment (Check attached)

Check number:

(11) CLAIM TYPE
- Dental
- Crossover
- CMS-1500

(12) MEDICAID PROGRAM
- Fee for Service
- SoonerCare

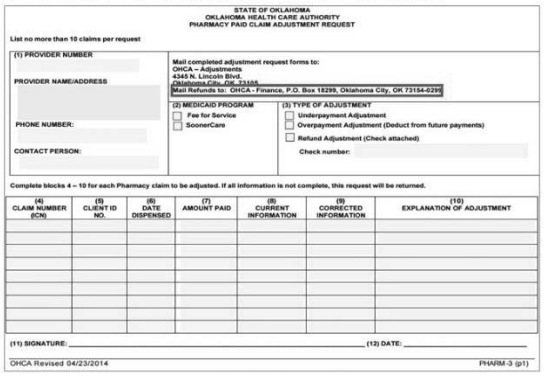
LIST THE INFORMATION TO BE CORRECTED IN THE BLOCKS BELOW. IF NO LINE NO. IS ASSOCIATED WITH THE CORRECTION, ENTER A ZERO (0) IN THE LINE NUMBER FIELD. (i.e. TPL APPLIED WOULD ALWAYS BE LINE # 0.)

(13) LINE NO.	(14) DESCRIPTION OF INFORMATION TO BE CORRECTED	(15) CURRENT INFORMATION	(16) CORRECTED INFORMATION

17) SIGNATURE: _____ (18) DATE: _____

OHCA Revised 09/03/2014 HCA-15 (p1)

COMPLETING THE PHARM-3 FOR AN ADJUSTMENT/ REFUND FOR A PRESCRIPTION CLAIM



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY
PHARMACY PAID CLAIM ADJUSTMENT REQUEST

List no more than 10 claims per request

(1) PROVIDER NUMBER

PROVIDER NAME/ADDRESS

PHONE NUMBER:

CONTACT PERSON:

Mail completed adjustment request forms to:
OHCA - Adjustments
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105
Mail Refunds to: OHCA - Finance, P.O. Box 18299, Oklahoma City, OK 73154-0299

(2) MEDICAID PROGRAM
- Fee for Service
- SoonerCare

(3) TYPE OF ADJUSTMENT
- Underpayment Adjustment
- Overpayment Adjustment (Deduct from future payments)
- Refund Adjustment (Check attached)

Check number:

Complete blocks 4 – 10 for each Pharmacy claim to be adjusted. If all information is not complete, this request will be returned.

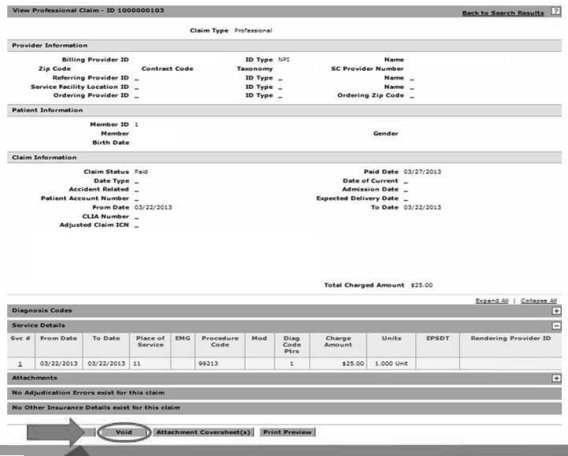
(4) CLAIM NUMBER (ICN)	(5) CLIENT ID NO.	(6) DATE DISPENSED	(7) AMOUNT PAID	(8) CURRENT INFORMATION	(9) CORRECTED INFORMATION	(10) EXPLANATION OF ADJUSTMENT

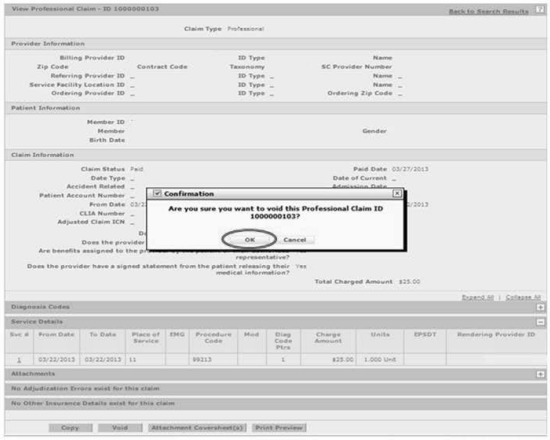
(11) SIGNATURE: _____ (12) DATE: _____

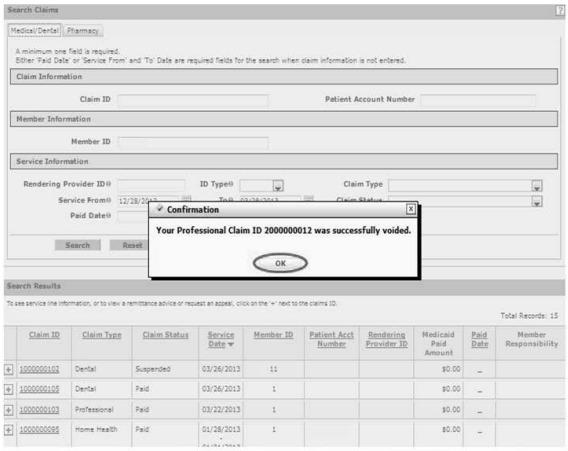
OHCA Revised 04/23/2014 PHARM-3 (p1)

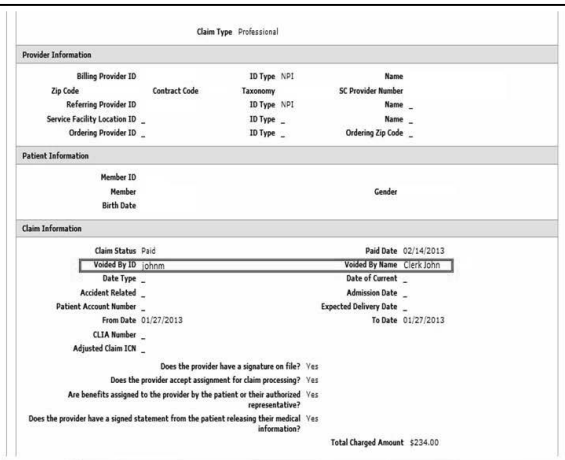
Mailing address: OHCA – Adjustments
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

PROVIDER PORTAL – VOIDING A CLAIM









INTERNAL CONTROL NUMBER (ICN) LOGIC

What is an ICN and what information does it provide?

ICN – INTERNAL CONTROL NUMBER

Logical format:

- Region code
- Year of submission
- Julian date
- Claims processing sequence

Example: 2214001123456

- 22 – Region code
- 14 – Year submitted
- 001 – Julian date
- 123456 – 6-digit claims processing sequence #

ICN LOGIC – REGION CODES

- 10 — Paper claim
- 11 — Paper claim with attachment
- 20 — Electronic claim (Electronic Data Interchange)
- 21 — Electronic claim with attachment
- 22 — Web submission (Direct Data Entry)
- 23 — Web submission with attachment
- 49 — Recipient linked adjustment
- **50s — Adjustments**
- **59 — Provider voided claim on the portal**
- **60s — HMO copay adjustments**
- 90s — Special processed claims
- 92 — HMO copay claims submitted on paper
- 94 — HMO copay claims submitted on the Provider Portal

ICN LOGIC – REGION CODES

Region codes 50-65 – Adjustments

- 50 — Partial adjustment – recoupment or pay out
- 51 — Partial adjustment – refund
- 52 — Mass adjustment
- 55 — Mass rate adjustment
- 56 — Full void – recoupment
- 57 — Full void – refund
- **59 — Provider voided claim**
- **64 — HMO copay adjustment with refund**
- **65 — HMO copay adjustment without refund**

RESOURCES – WHERE TO LOOK FOR HELP

OHCA Adjustment Unit

800-522-0114 or 405-522-6205

- Option 3, 1
- Adjustments – Amy Whiteley
- Refunds – Tonya Martin

OHCA Call Center

800-522-0114 (toll-free) or 405-522-6205

- Option 1

THIRD PARTY LIABILITY (TPL)

WHAT IS TPL?

TPL – Third Party Liability

- Another party is responsible for paying health care costs prior to (and sometimes after) SoonerCare
- SoonerCare is the payer of last resort, with exceptions
  - All other available third party resources must meet their legal obligation to pay claims before the Medicaid program pays for the care of an individual eligible for SoonerCare

TPL – THIRD PARTY LIABILITY

How does OHCA determine a member's TPL?

- Providers, members and HMS notify OHCA if a member has TPL or if the policy has termed
- HMS does data matches with the insurance carriers to verify the coverage start and end dates

TPL – THIRD PARTY LIABILITY

TPL and the Medical Home (SoonerCare Choice)

Effective 7/1/2014:

- Policy was amended to make individuals with other forms of creditable health insurance coverage ineligible for SoonerCare Choice
- Additionally, members currently enrolled in SoonerCare Choice who have or gain other forms of creditable insurance will be unenrolled from SoonerCare Choice

TPL EXAMPLES

- Medicare
- Private health insurance
- TRICARE
- Casualty/Tort settlements
- Worker's compensation

TPL EXAMPLES

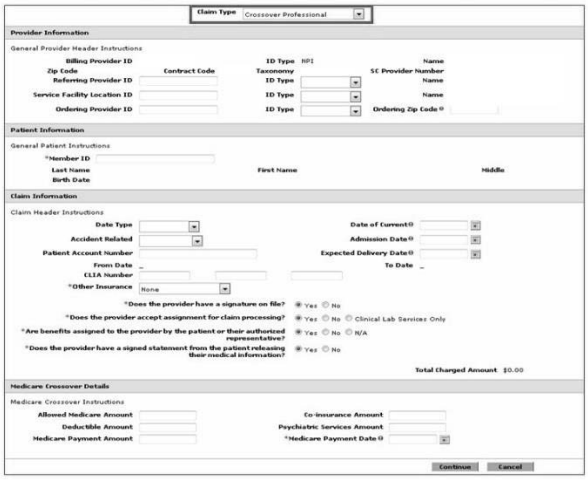
- To access a list of TPL carriers (including carrier name, code, address, telephone and contact, if available) and a list of private pay HMO Medicare replacement policies, go to:
  - www.okhca.org
    - Providers>Claim Tools>Third Party Liability
    - www.okhca.org/TPL

TPL – MEDICARE DUAL ELIGIBILITY

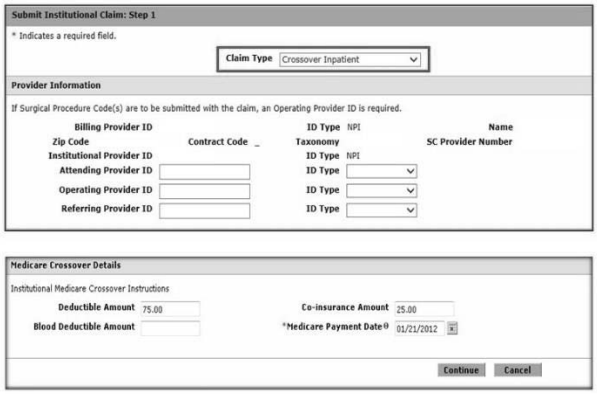
MEDICARE DUAL ELIGIBILITY

- 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

1500 CROSSOVER INFORMATION



UB-04 CROSSOVER INFORMATION



TPL – MEDICARE HMO

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
- In the following situations, Medicare HMOs revert back to traditional Medicare:
  - Durable Medical Equipment (DME)
  - Long-Term Care (LTC)
  - Hospice

MEDICARE HMO

- Blue Cross Medicare Advantage
- AARP Medicare Complete – Secure Horizons
- Generations Healthcare Classic
- Coventry Advantage
- Humana Gold Plus
- Aetna Medicare Value Plan
- Arcadian Health Plans
- Community Care Senior
- Select Care of Oklahoma/Tribute

MEDICARE HMO – MENTAL HEALTH PLANS

- APS
- EverCare
- United Behavioral Health

MEDICARE HMO

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:

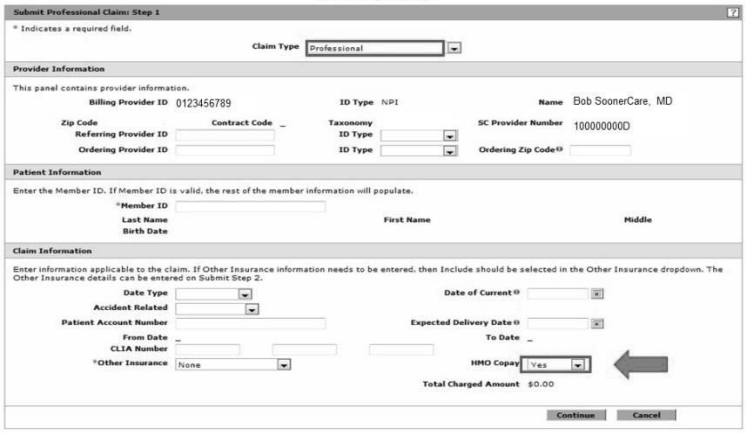
OHCA Provider Services
P.O. Box 18506
Oklahoma City, OK 73154

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

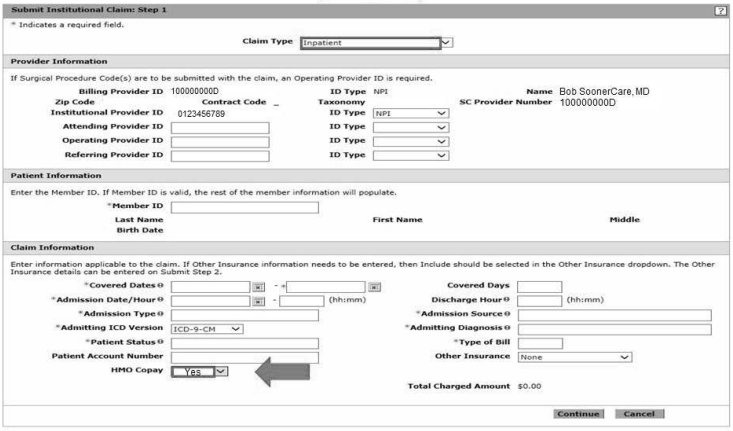
MEDICARE – HMO COPAY

Step 1



MEDICARE – HMO COPAY

Step 1



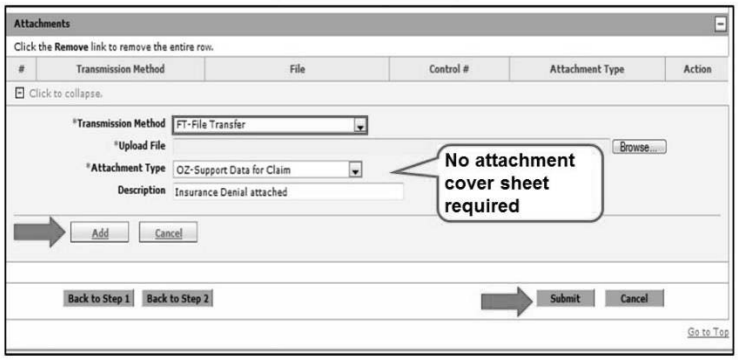
MEDICARE – HMO COPAY

Step 3: Attachment

- When billing for the copay, only submit one (1) line of service with the amount of the copay
- 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

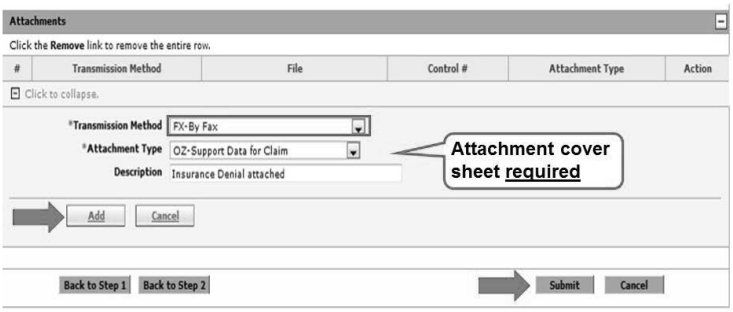
MEDICARE – HMO COPAY WITH ATTACHMENT

File Transfer



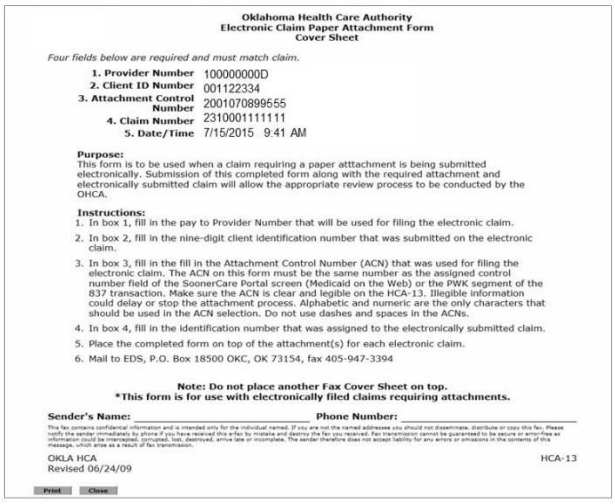
MEDICARE – HMO COPAY WITH ATTACHMENT

Fax



Attachment cover sheet required

ATTACHMENT COVER SHEET



Oklahoma Health Care Authority
Electronic Claim Paper Attachment Form
Cover Sheet

Four fields below are required and must match claim.

1. Provider Number 100000000D
2. Client ID Number 001122334
3. Attachment Control Number 2001070899555
4. Claim Number 2310001111111
5. Date/Time 7/15/2015 9:41 AM

Purpose:
This form is to be used when a claim requiring a paper atttachment 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 that will be used for filing the electronic claim.
2. In box 2, fill in the nine-digit client identification number that was submitted on the electronic claim.
3. In box 3, fill in the fill in the Attachment Control Number (ACN) that was used for filing the electronic claim. The ACN on this form must be the same number as the assigned control number field of the SoonerCare Portal 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. Alphabetic and numeric are the only characters that should be used in the ACN selection. Do not use dashes and spaces in the ACNs.
4. In box 4, fill in the identification number that was assigned to the electronically submitted claim.
5. Place the completed form on top of the attachment(s) for each electronic claim.
6. Mail to EDS, P.O. Box 18500 OKC, OK 73154, fax 405-947-3394

Note: Do not place another Fax Cover Sheet on top.
***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 erfax by mistake and destroy the fax you received. Fax transmission 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.

OKLA HCA
Revised 06/24/09

HCA-13

Print Close

MEDICARE – HMO COPAY

Paper Submission

- HMO claims can be sent to:
  HP Administrative Services
  P.O. Box 18500
  Oklahoma City, OK 73154
- HMO claims submitted on paper that have been processed correctly have an ICN number that begins with **92**
- Do **NOT** bill for any charges other than the copay on the claim
- Do **NOT** enter payment in any TPL field
- HMOs are also available on the Provider Portal

TPL – 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

MEDICARE PPO

- Blue Cross Medicare Advantage Choice
- Coventry Freedom
- Humana Choice
- Today's Options Premier
- Lovelace Medicare Plan of Oklahoma

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

MEDICARE PPO – CLAIM SUBMISSION

Paper claim submission

- Write “crossover claim” at the top of the claim
- Must include HCA-28 form
- Do NOT put the Medicare payment on the claim form
- EOB not required

TPL – PRIVATE PAY HMO

PRIVATE PAY HMO

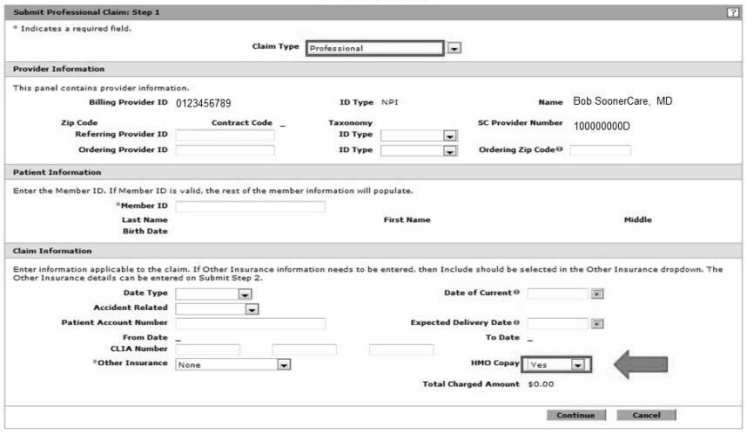
- HMO is primary; SoonerCare is secondary
- OHCA pays copay amount only
- Copay limits:
  - $200 per 1500 claim
  - $1,000 per UB-04 claim

PRIVATE PAY HMO

- Aetna U.S. Healthcare
- BlueLincs HMO
- Community Care HMO
- Global Health
- PacifiCare of Oklahoma

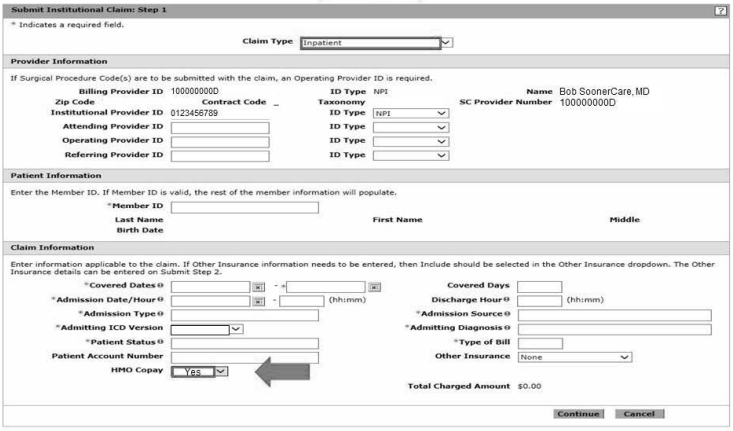
PRIVATE PAY – HMO COPAY

Step 1



PRIVATE PAY – HMO COPAY

Step 1



PRIVATE PAY – HMO COPAY

Step 3: Attachment

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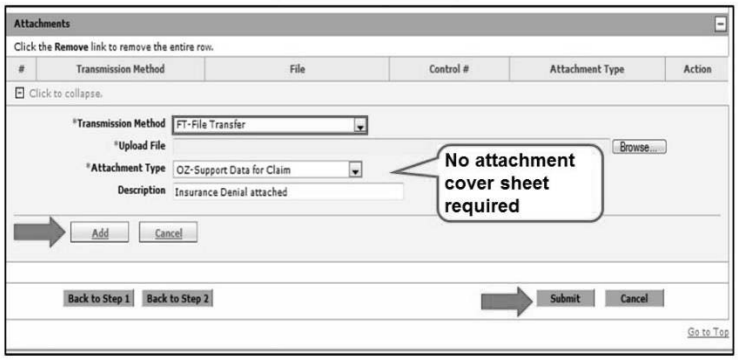
  - Make sure to use the fax cover sheet generated by the Provider Portal, if you choose Fax

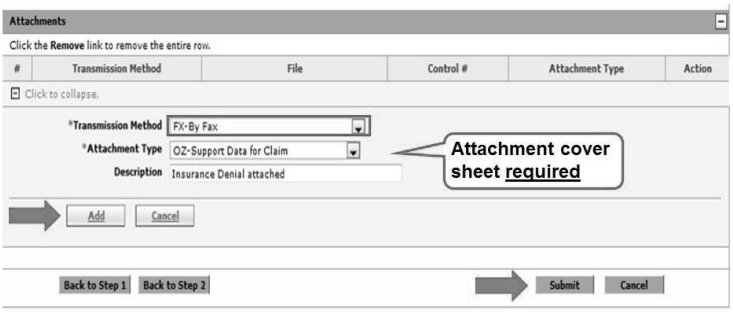
PRIVATE PAY – HMO COPAY WITH ATTACHMENT

File Transfer



PRIVATE PAY – HMO COPAY WITH ATTACHMENT

Fax



Attachment cover sheet required

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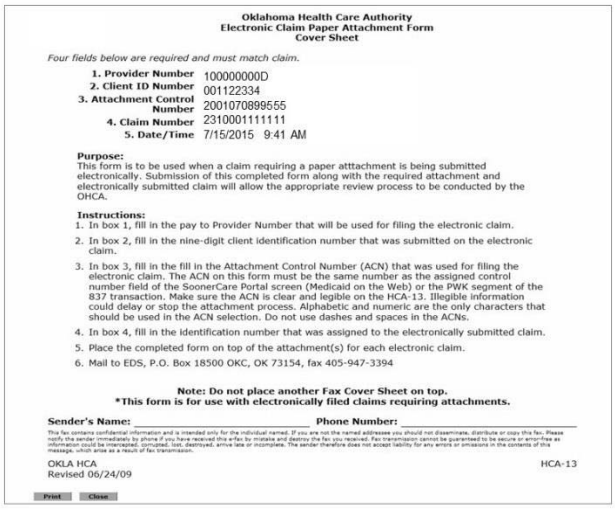

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HCA-13

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PRIVATE PAY – HMO COPAY

Paper Submission

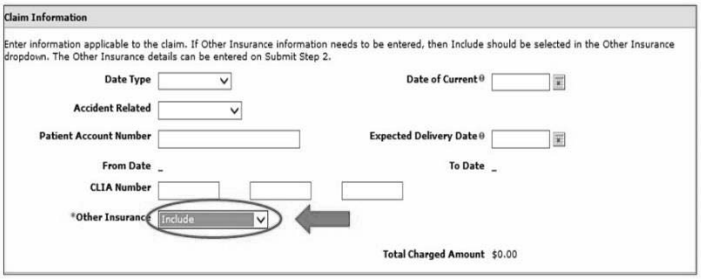
- HMO claims can be sent to:
  HP Administrative Services
  P.O. Box 18500
  Oklahoma City, OK 73154
- HMO claims submitted on paper that have been processed correctly will have an ICN number that begins with **92**
- Do **NOT** bill for any charges other than the copay on the claim
- Do **NOT** enter payment in any TPL field
- HMOs are also available on the Provider Portal

TPL – PRIVATE PAY PPO

PRIVATE PAY PPO – 1500

Claims can be submitted on the Provider Portal

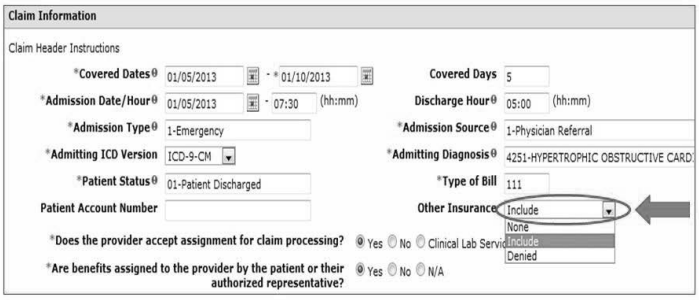
- If the primary pays, choose **Include** from Other Insurance drop-down menu



PRIVATE PAY PPO – UB-04

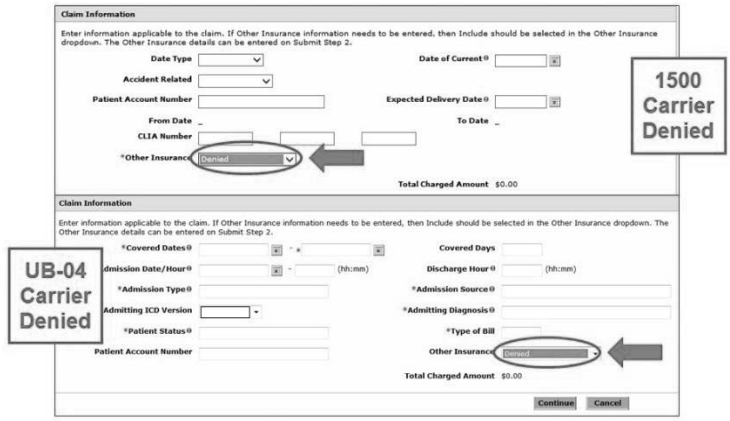
Claims can be submitted on the Provider Portal

- If the primary pays, choose **Include** from Other Insurance drop-down menu



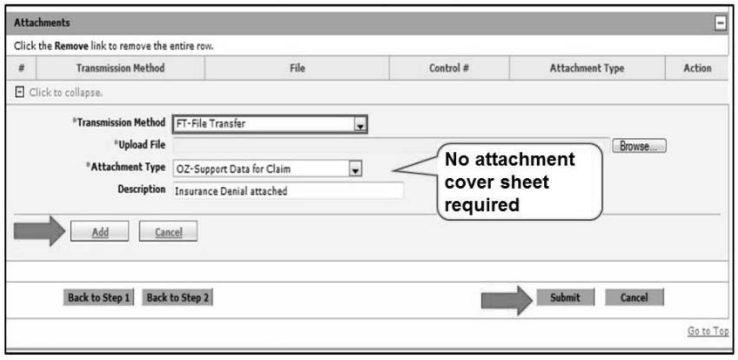
PRIVATE PAY – PPO

If the primary insurance denies or applies the claim to deductible, choose **Denied** from Other Insurance drop-down menu



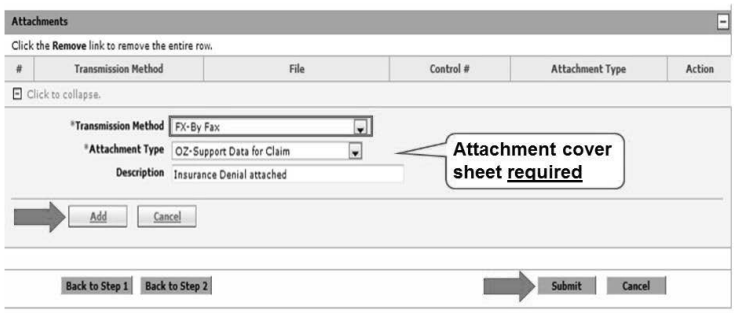
PRIVATE PAY – PPO COPAY WITH ATTACHMENT

File Transfer



PRIVATE PAY – PPO COPAY WITH ATTACHMENT

Fax



ATTACHMENT COVER SHEET

Oklahoma Health Care Authority
Electronic Claim Paper Attachment Form
Cover Sheet

Four fields below are required and must match claim.

1. Provider Number 100000000D
2. Client ID Number 001122334
3. Attachment Control Number 2001070899555
4. Claim Number 2310001111111
5. Date/Time 7/15/2015 9:41 AM

Purpose:
This form is to be used when a claim requiring a paper atttachment 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 that will be used for filing the electronic claim.
2. In box 2, fill in the nine-digit client identification number that was submitted on the electronic claim.
3. In box 3, fill in the fill in the Attachment Control Number (ACN) that was used for filing the electronic claim. The ACN on this form must be the same number as the assigned control number field of the SoonerCare Portal 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. Alphabetic and numeric are the only characters that should be used in the ACN selection. Do not use dashes and spaces in the ACNs.
4. In box 4, fill in the identification number that was assigned to the electronically submitted claim.
5. Place the completed form on top of the attachment(s) for each electronic claim.
6. Mail to EDS, P.O. Box 18500 OKC, OK 73154, fax 405-947-3394

Note: Do not place another Fax Cover Sheet on top.
***This form is for use with electronically filed claims requiring attachments.**

Sender's Name: _____ **Phone Number:** _____

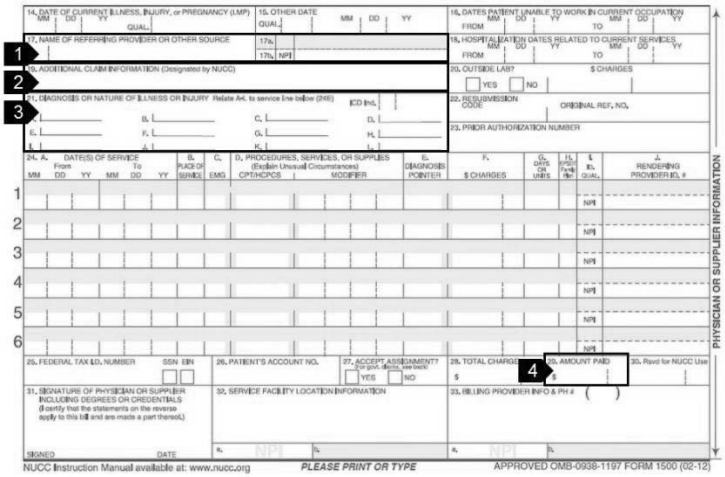
This fax contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this fax. Please notify the sender immediately by phone if you have received this e-fax by mistake and destroy the fax you received. Fax transmission cannot be guaranteed to be secure or errorfree 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.

OKLA HCA
Revised 06/24/09

HCA-13

Print Close

CHANGES TO 1500 CLAIM FORM



CHANGES TO 1500 CLAIM FORM *(cont.)*

#	Field	Change
1	17	Field will now require the following qualifiers: • "DN" for Referring Provider • "DK" for Ordering Provider • If you have an electronic referral, the referring NPI number is not required on the claim
2	19	Field will now be used to report "Carrier Denied" on a claim
3	21	Field has expanded to allow a maximum of 12 diagnosis codes with 7 characters per code
4	29	Field will now be used to report TPL payments

Note: fields 10d and 30 will no longer be used; leave these fields blank

CHANGES TO 1500 CLAIM FORM *(cont.)*

Additional information can be accessed on the public website:

- ►www.okhca.org/provider/billing/manual/manual.pdf
  - ►New 1500/Professional Claim Form Instructions

CASUALTY CASES

Billed to SoonerCare

- You can bill SoonerCare for casualty cases and OHCA will pay the SoonerCare allowable
- When third parties are identified, OHCA presents all claims associated with the accident to the responsible third party for reimbursement

CASUALTY CASES

Billed to insurance

- If payments are received from a casualty insurance, OHCA can still be billed and will pay up to the allowable minus what the casualty insurance paid

BILLING THE MEMBER

Providers **CAN** bill the member for the following:

- SoonerCare copay
- Service rendered is a non-covered service
- Member went to a non-participating provider with either their private insurance or SoonerCare
- Member does not adhere to all rules of the primary and SoonerCare
  - Example: prior authorization (PA) requirements or network requirements

BILLING THE MEMBER

Providers **CANNOT** bill the member for the following:

- If the patient has a potential casualty case
  - Example: auto accidents or worker's compensation cases
- Covered services
  - Member is not responsible for the primary insurance copay, only the SoonerCare copay

HMS: RECOVER AND RECOUPMENT PROCESS

- If you receive a letter from HMS about a recoupment, contact the number on the letter; failure to do so will result in recoupment
- Do NOT self-void your claim or go through the Adjustments Unit; this only makes the process more difficult in the long run

HMS: RECOVER AND RECOUPMENT PROCESS

If it is discovered that a member has another insurance after OHCA has paid the provider:

- Do NOT void or adjust your claim until you receive payment from the other insurance company
- The insurance company may have already paid OHCA for this claim
- If insurance shows up on the member's eligibility after the provider has been paid by OHCA, there is a good chance OHCA has already filed a claim and/or been paid by the insurance company

TPL RESOURCES

www.okhca.org

- Provider Forms: www.okhca.org/forms
  - TPL-1 Form
  - HCA-28 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