BILLING FOR TPL

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April, 2019
AGENDA

• What is Third Party Liability (TPL)?
  • Eligibility
  • TPL
• Claim Submission
  • Electronic Date Interchange (EDI)
  • Attachment Cover Sheet (HCA-13)

• Portal Submission Professional
  • Primary Paid
  • TPL Amount
  • Primary Denied
  • Adding Attachments
  • Insurance Denied
  • Fax Attachment
    • Attachment Cover Sheet
  • HMO Copay
  • Commercial Insurance (Institutional)

• Resources
• Questions
DISCLAIMER

• SoonerCare policy is subject to change.

• The information included in this presentation is current as of April 2019.

• Current information can be found on the OHCA public website: www.okhca.org.
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 (IHS).
  • Crime victims compensation.
ELIGIBILITY

NOTICE: Member’s medical benefits will end soon. Please advise them to reapply.
Effective/End dates are shown only for the period of time requested.

Verification Number  1x23sas12: Status A

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Coverage</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SoonerCare Choice</td>
<td></td>
<td>03/06/2018</td>
<td>03/06/2018</td>
</tr>
<tr>
<td>Non Emergency Transportation</td>
<td></td>
<td>03/06/2018</td>
<td>03/06/2018</td>
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<tr>
<td>Mental Health and Substance Abuse</td>
<td></td>
<td>03/06/2018</td>
<td>03/06/2018</td>
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<tr>
<td>Title 19</td>
<td></td>
<td>03/06/2018</td>
<td>03/06/2018</td>
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</tbody>
</table>

Managed Care Information

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider Phone</th>
<th>Health Plan Name</th>
<th>Health Plan Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCMH CLINIC</td>
<td>1-405-555-2000</td>
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EPSDT

TPL
## TPL

Click `+` to add a row.

<table>
<thead>
<tr>
<th>Carrier Name (Carrier ID)</th>
<th>Policy Number</th>
<th>Group ID (Employer ID)</th>
<th>Policy Holder (Relationship)</th>
<th>Policy Type</th>
<th>Coverage Type</th>
<th>Effective</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLUE ADVANTAGE ADMINISTRATORS OF AR</td>
<td>YABADABA2</td>
<td>-</td>
<td>Fee Lingbetter</td>
<td>MAJOR MEDICAL</td>
<td>11/25/2017</td>
<td>12/31/2018</td>
<td></td>
</tr>
</tbody>
</table>
CLAIM SUBMISSION
EDI
ELECTRONIC DATA INTERCHANGE (EDI) SUBMISSION

If the primary payer paid:

• Under Other Subscriber Information, in loop 2320, send the SBR segment, AMT segment and IO segment with the amount paid.
  • All CAS segments at the line level.
    • No attachment is required.
EDI SUBMISSION

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

• The same procedure is followed, with 0.00 entered in the AMT segment.
  
  • You will then add an attachment to the claim.
  
  • Add PWK segment with Attachment Control Number (ACN).
EDI SUBMISSION

• 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 submitted, provider prints and completes the HCA-13 (attachment cover sheet).

• Provider faxes or mails attachments.
Attachment Cover Sheet (HCA-13)
TPL ON THE PROVIDER PORTAL

• The Other Insurance box on step 1 must have either Include if you received a payment, or Denied if you did not receive a payment.

• Any amount received from the primary insurance will be added on the TPL amount area on step 2 of the portal claim.
PRIMARY PAID
TPL AMOUNT
TPL ON THE PORTAL

• If you were denied payment then the EOB from the primary must be submitted with your claim.
PRIMARY DENIED
NOTE: Attachments work the same for all claim types.
ADDING ATTACHMENTS

• File Transfer is the default setting and is the preferred method by OHCA.

• You can change the type to Fax or Mail and then the system will generate a cover sheet specific for that claim.
INSURANCE DENIED
Your Claim was successfully submitted. The claim status is Suspended.
The Claim ID is 2300123987456

Click Attachment Coversheet(s) to view the claim attachments coversheet(s).
Click Print Preview to view the claim details as they have been saved on the payer's system.
Click Copy to copy member or claim data.
Click View to view the details of the submitted claim.
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: 731000111111
5. Date/Time: 7/15/2015 9:41 AM

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 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 ID 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 PKW 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: OKLA HCA
Phone Number: Revised 06/24/09
HOM COPAY

• On step 1 click the HMO Copay button and choose Yes.
HMO COPAY
COMMERCIAL INSURANCE (INSTITUTIONAL)

Step 1—Primary Paid
COMMERCIAL INSURANCE (INSTITUTIONAL)

Step 2—Primary Paid
Step 1—Primary Denied
INSTITUTIONAL CLAIM – HMO COPAY

Step 1—HMO Copay
RESOURCES

• OHCA Public Site: www.okhca.org
• OHCA Provider Forms: www.okhca.org/forms
  • TPL-1 form
• Billing Manual (Chapter 14)
• OHCA Provider Helpline
  • 800-522-0114 (toll free) or 405-522-6205 (OKC area)
  • Option 3,2 for Third Party Liability
RESOURCES

• Onsite visits: soonercareeducation@okhca.org