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

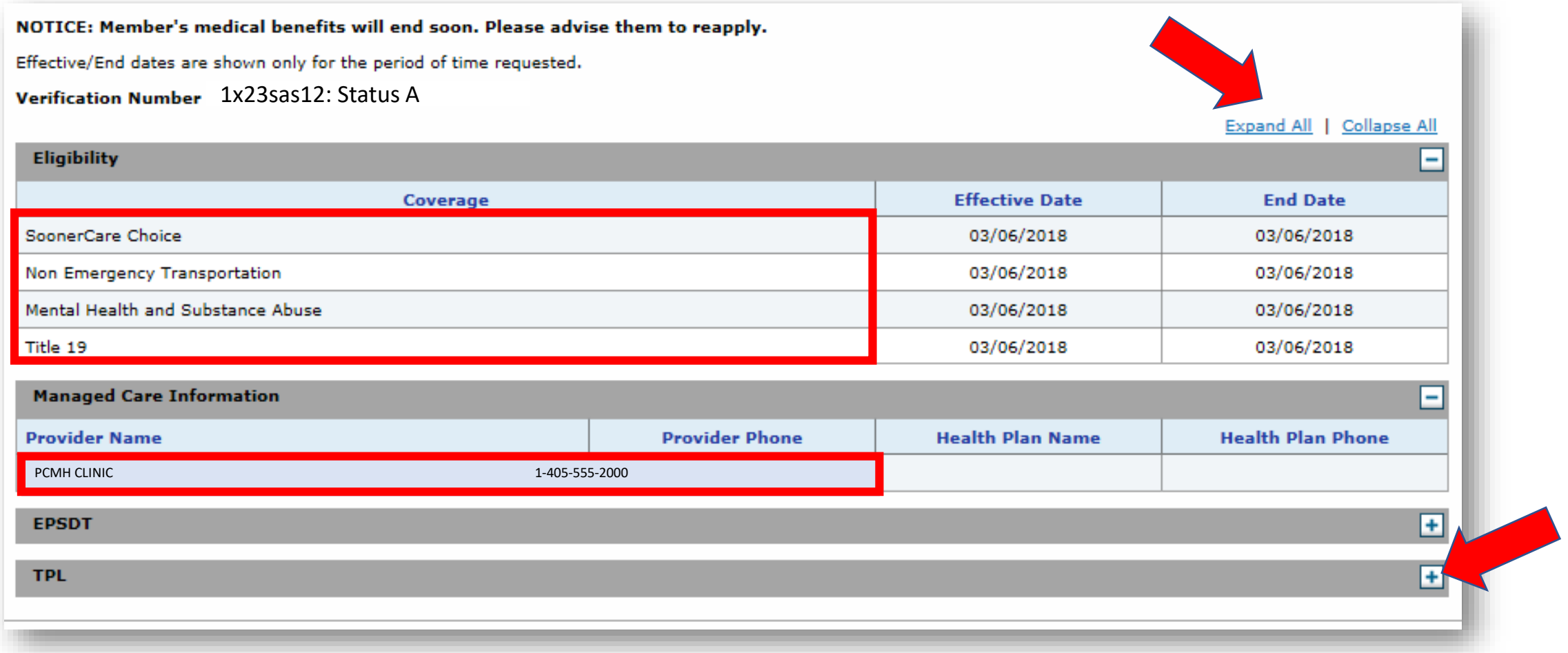
DISCLAIMER

- 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

Expand All | Collapse All

Eligibility

Coverage	Effective Date	End Date
SoonerCare Choice	03/06/2018	03/06/2018
Non Emergency Transportation	03/06/2018	03/06/2018
Mental Health and Substance Abuse	03/06/2018	03/06/2018
Title 19	03/06/2018	03/06/2018

Managed Care Information

Provider Name	Provider Phone	Health Plan Name	Health Plan Phone
PCMH CLINIC	1-405-555-2000		

EPSDT

TPL

TPL

TPL

Click '+' to add a row.

Carrier Name (Carrier ID)	Policy Number	Group ID (Employer ID)	Policy Holder (Relationship)	Policy Type	Coverage Type	Effective	End
BLUE ADVANTAGE ADMINISTRATORS OF AR	YABADABA2	- (-)	Fee Lingbetter	-	MAJOR MEDICAL	11/25/2017	12/31/2018

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

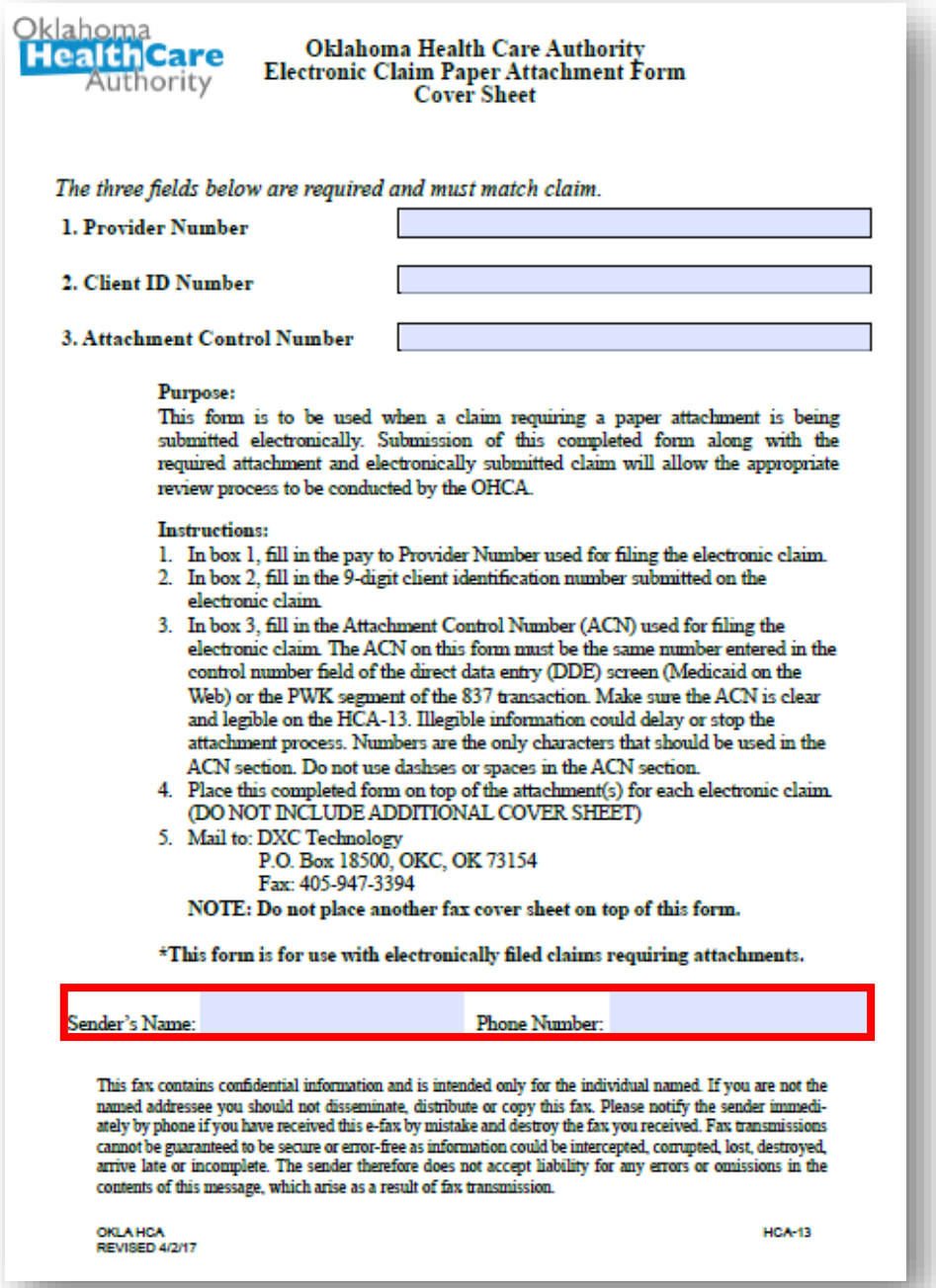
If the primary denied the claim or applied it to deductible:

- 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)



Oklahoma HealthCare Authority

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 dashes 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.

OKLA HCA
REVISED 4/2/17

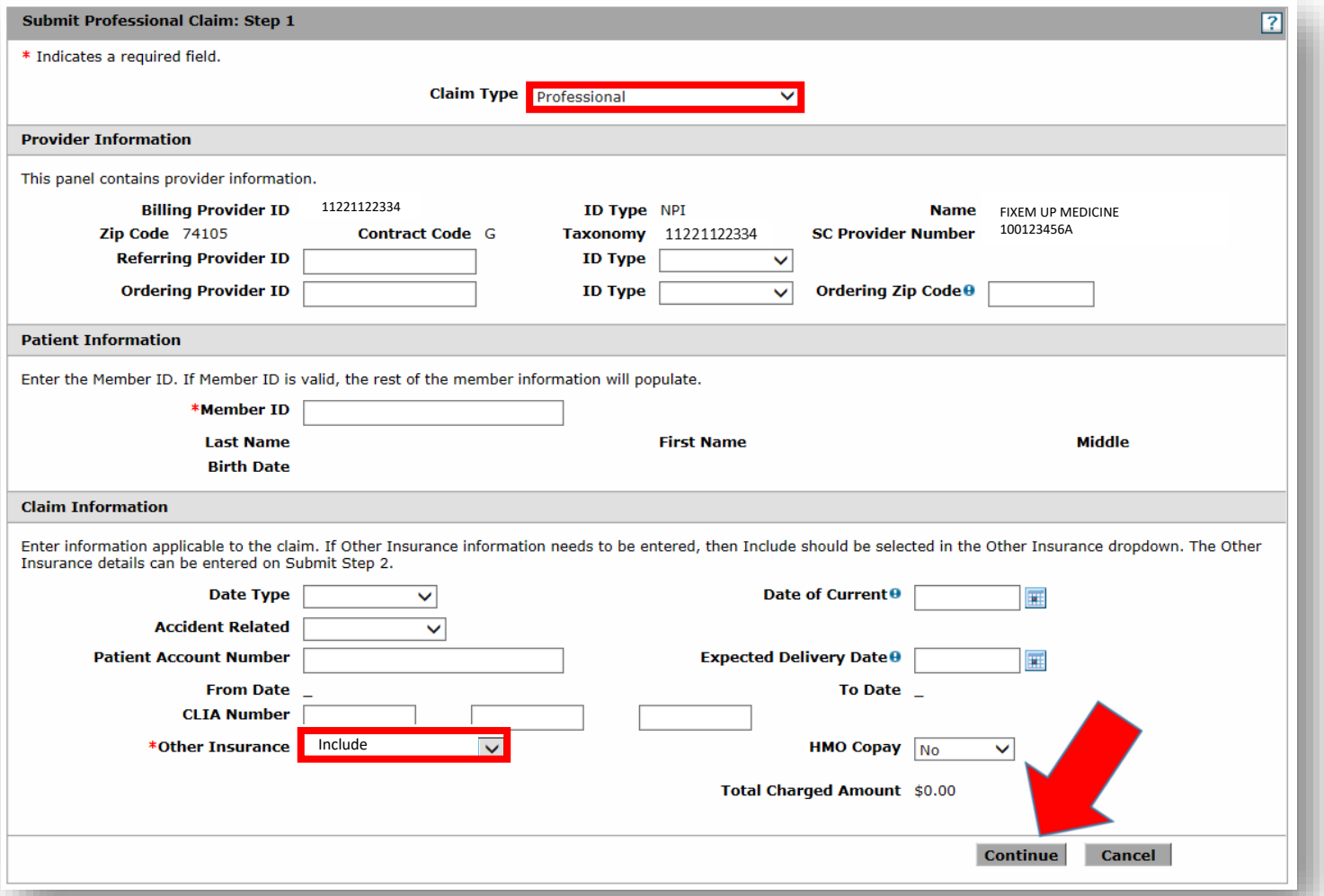
HCA-13

PORTAL SUBMISSION PROFESSIONAL

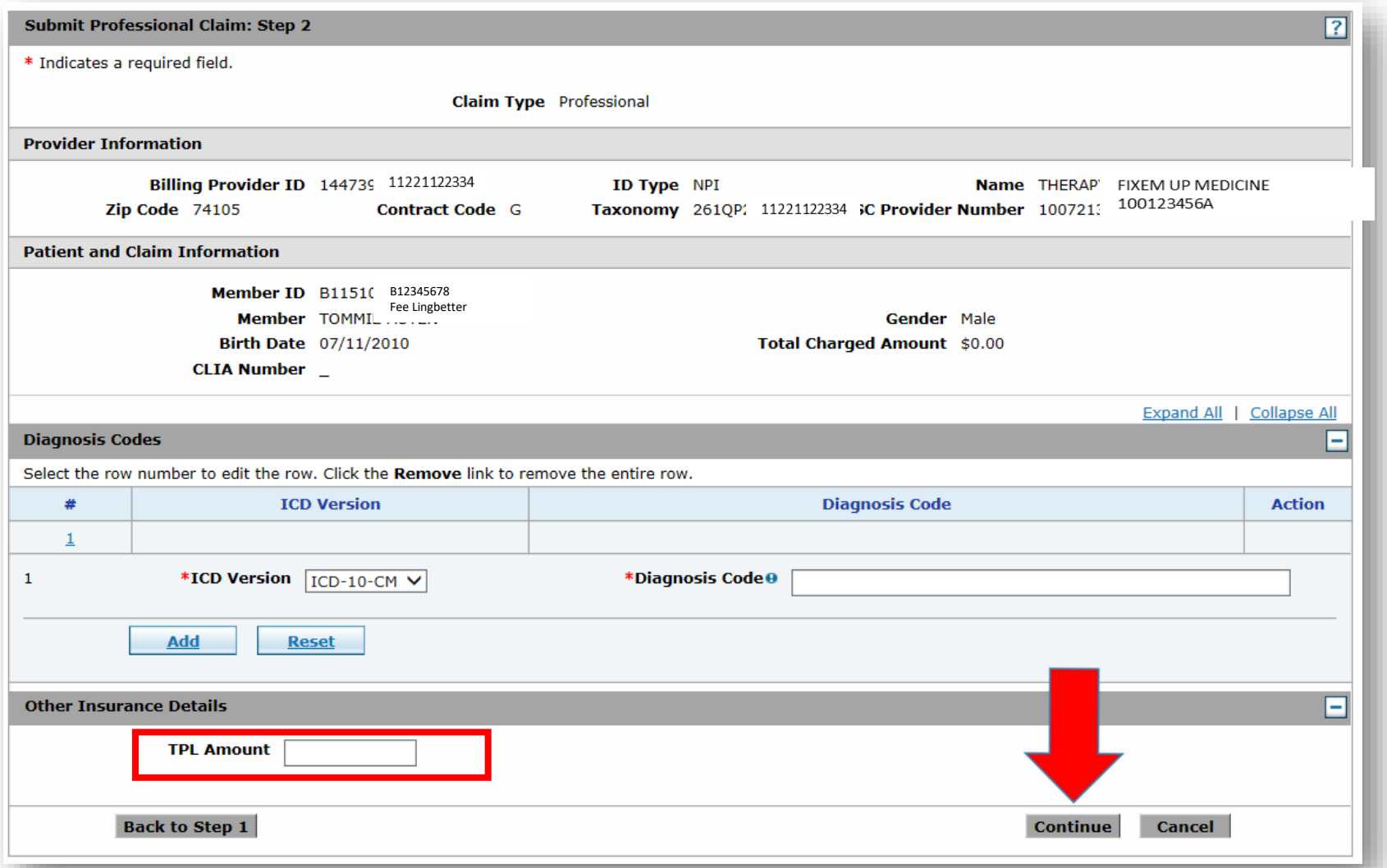
TPL ON THE PROVIDER PORTAL

- 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



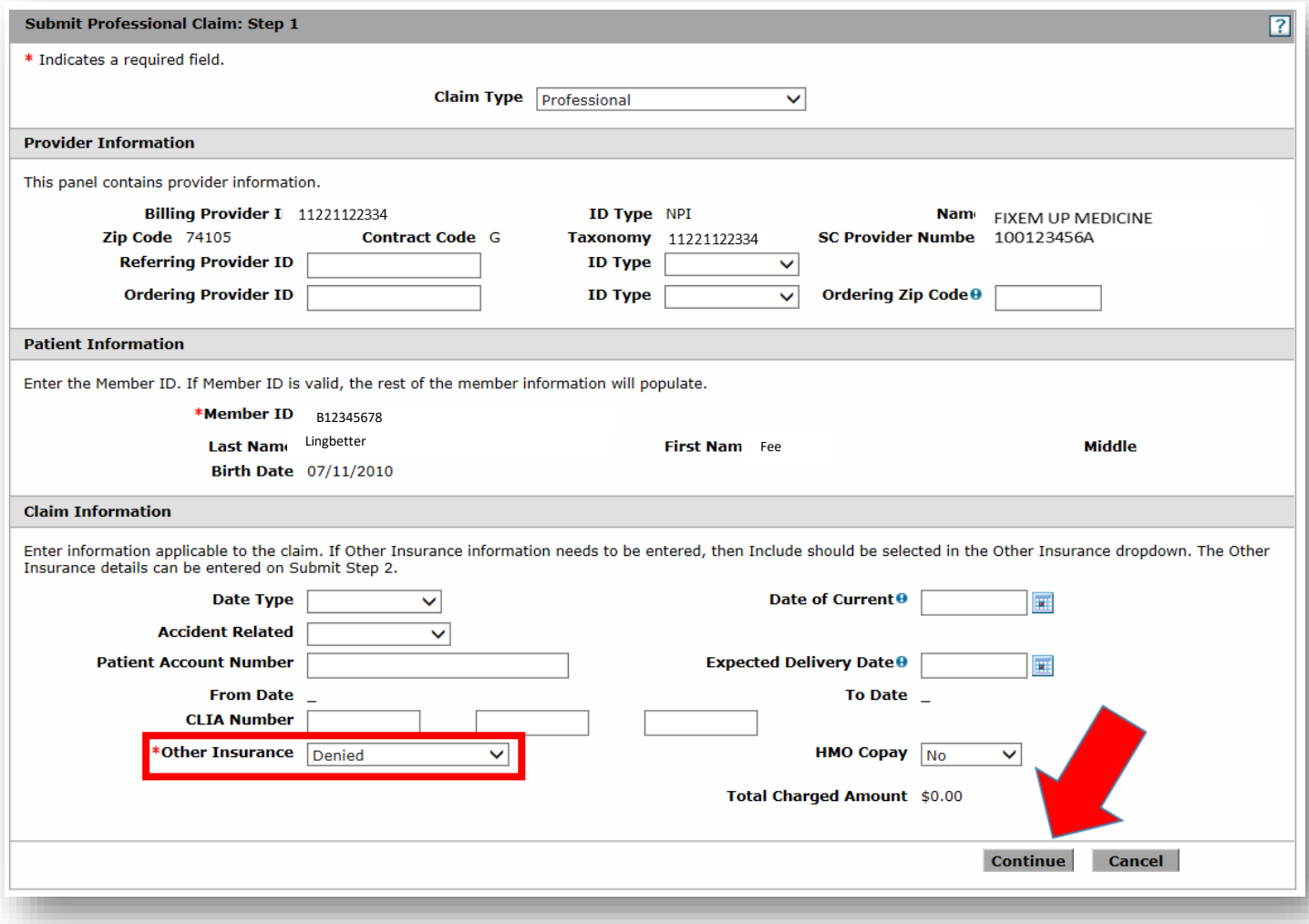
TPL AMOUNT


Submit Professional Claim: Step 2
* Indicates a required field.
Claim Type Professional
Provider Information
Billing Provider ID 144739 11221122334
ID Type NPI
Name THERAP FIXEM UP MEDICINE
Zip Code 74105
Contract Code G
Taxonomy 261QP 11221122334
C Provider Number 100721 100123456A
Patient and Claim Information
Member ID B1151(B12345678
Fee Lingbetter
Member TOMMI
Gender Male
Birth Date 07/11/2010
Total Charged Amount $0.00
CLIA Number _
Expand All | Collapse All
Diagnosis Codes
Select the row number to edit the row. Click the Remove link to remove the entire row.
ICD Version Diagnosis Code Action
1
1 *ICD Version ICD-10-CM *Diagnosis Code
Add Reset
Other Insurance Details
TPL Amount
Back to Step 1
Continue Cancel

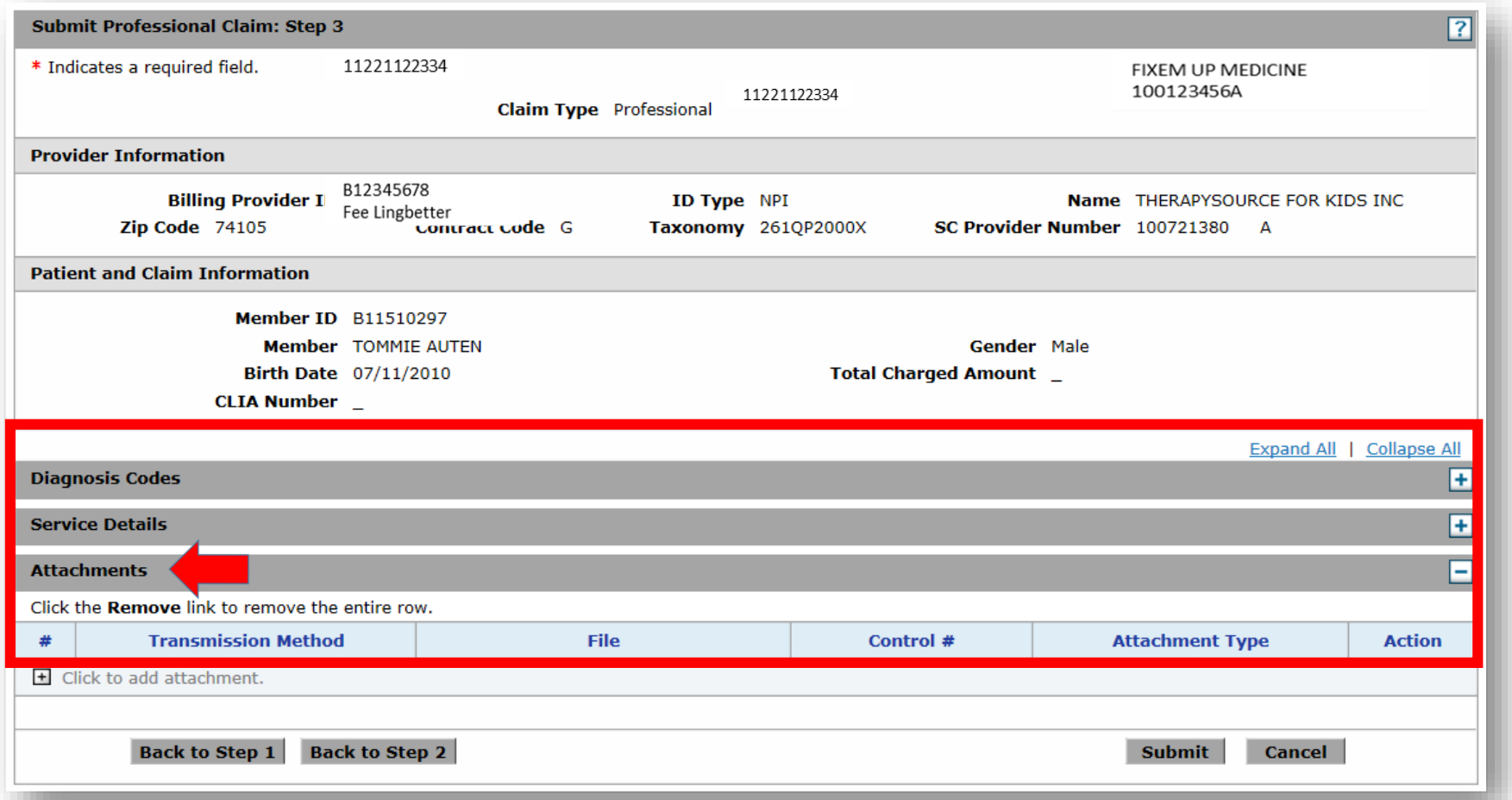
TPL ON THE PORTAL

- If you were denied payment then the EOB from the primary must be submitted with your claim.

PRIMARY DENIED



ADDING ATTACHMENTS

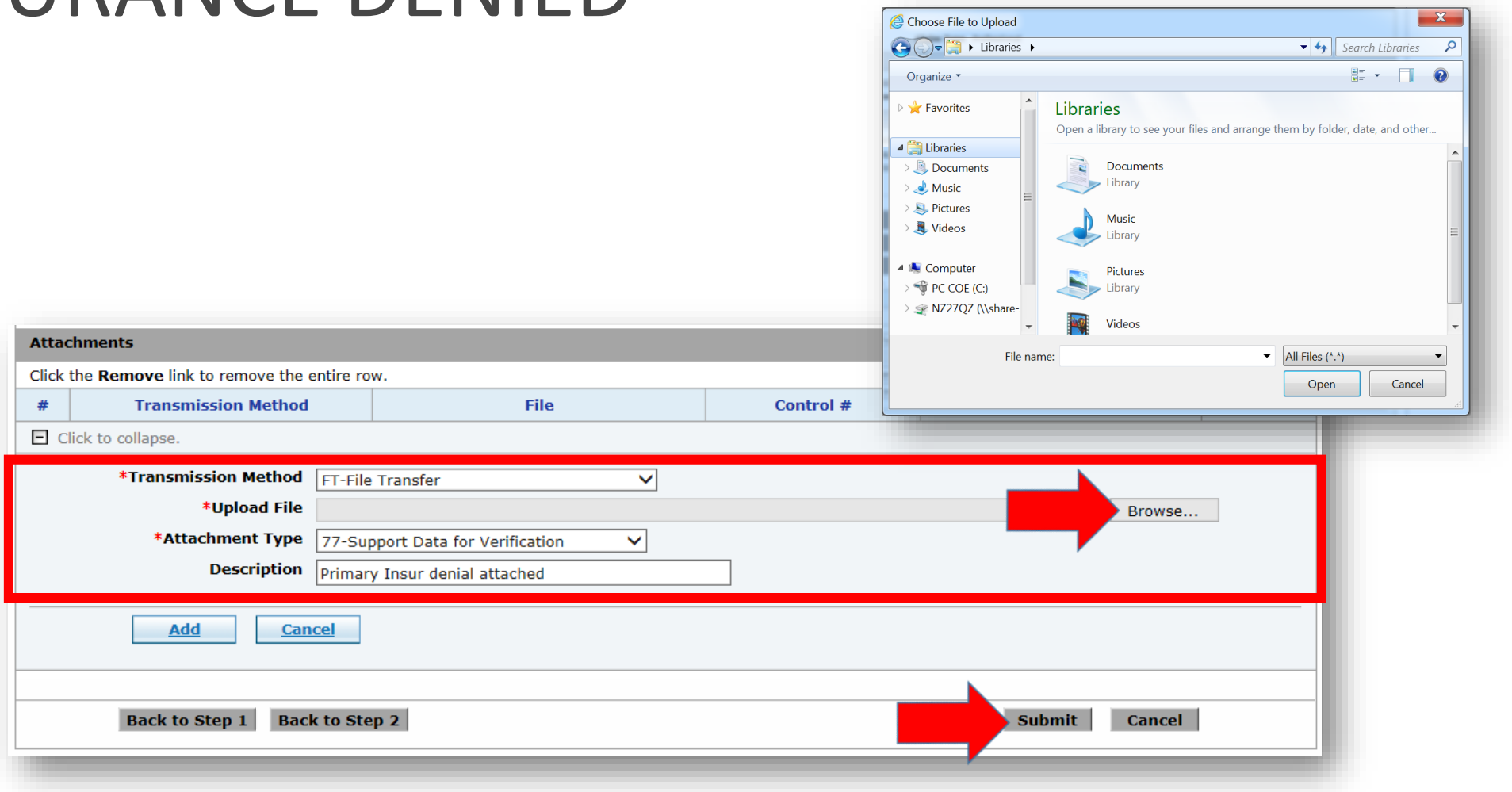


NOTE: Attachments work the same for all claim types.

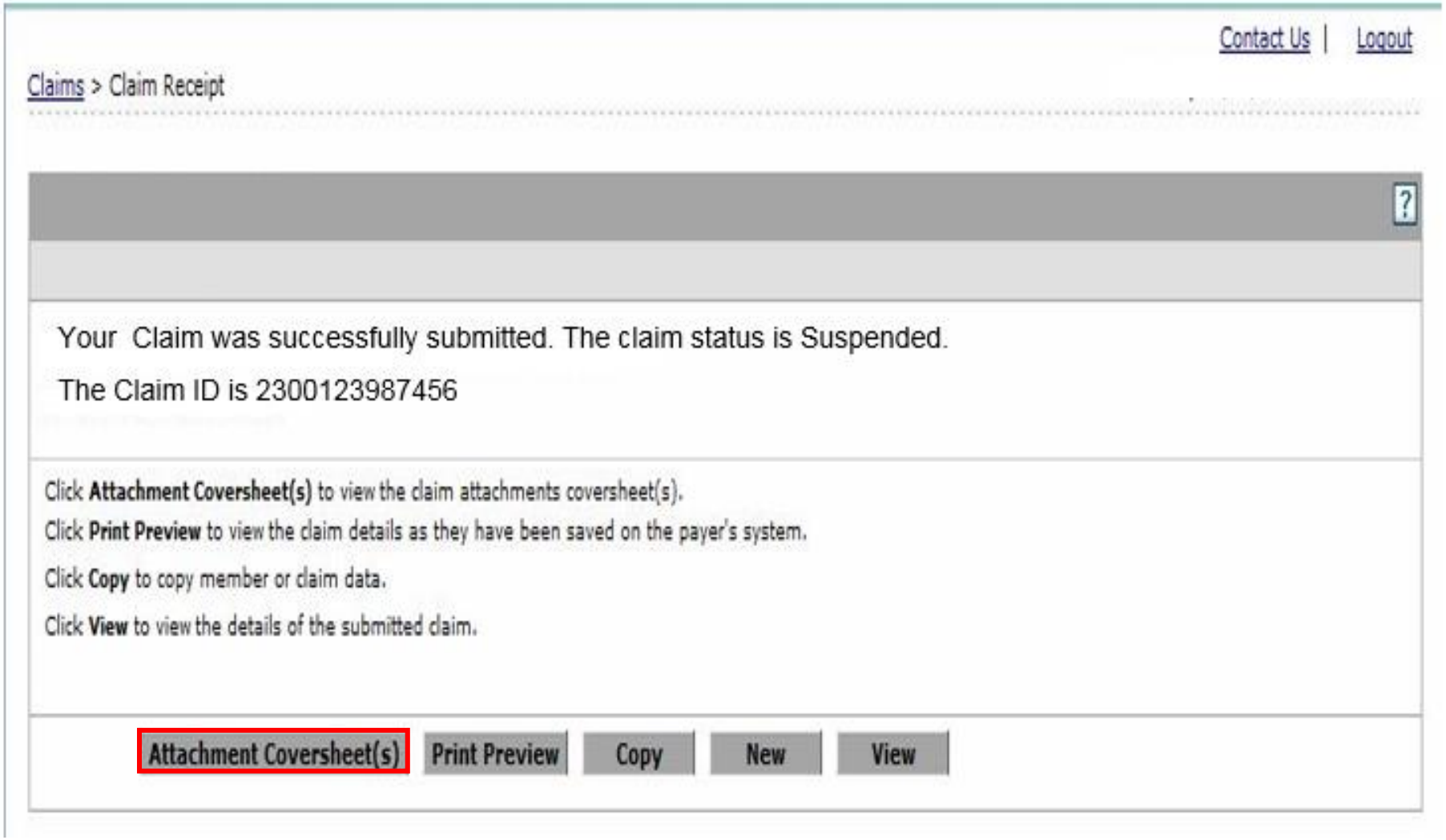
ADDING ATTACHMENTS

- 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



FAX ATTACHMENT



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 Numbe	100000000D
2. Client ID Numbe	001122334
3. Attachment Control Numbe	2001070899555
4. Claim Numbe	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:** _____

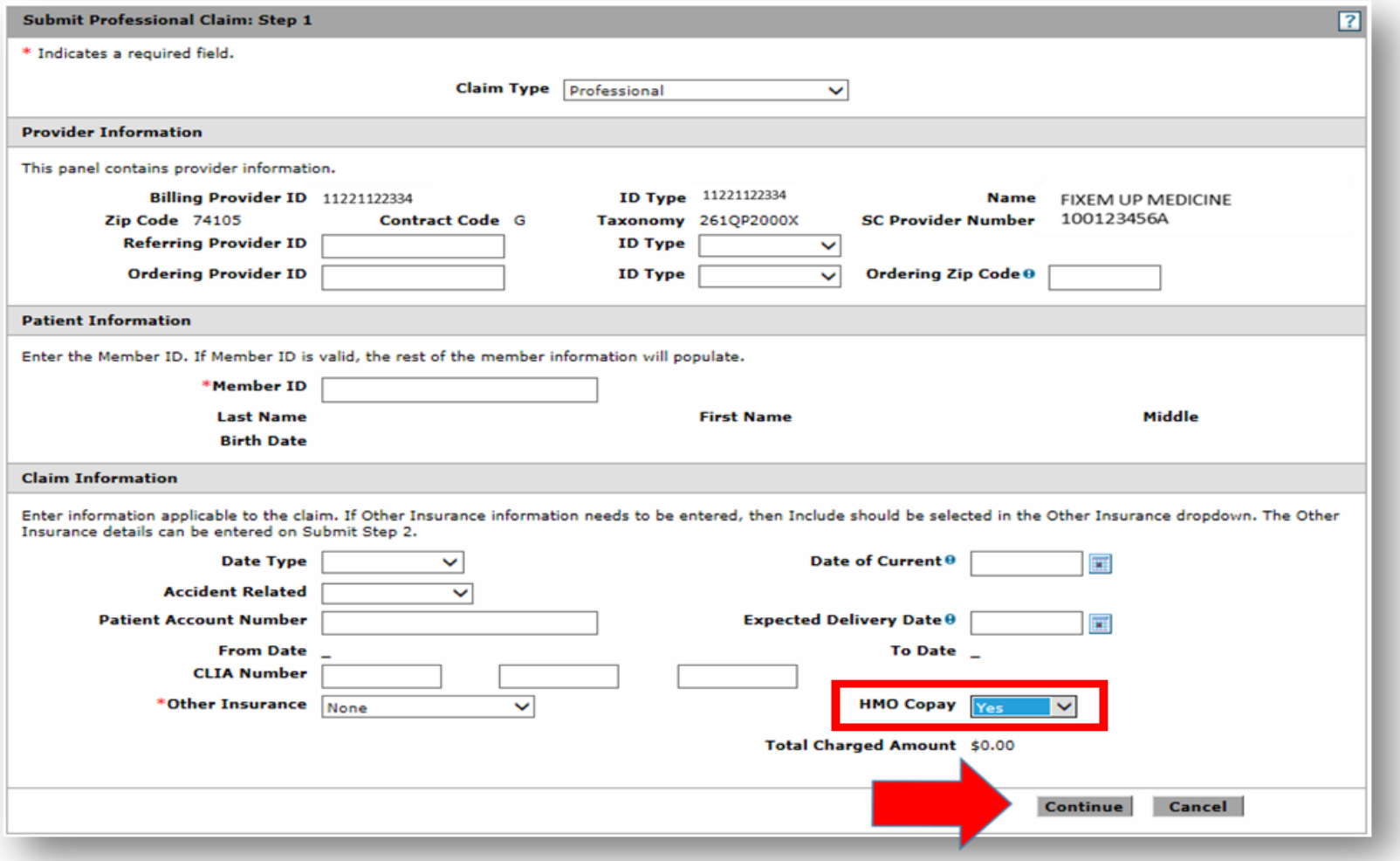
OKLA HCA HCA-13
Revised 06/24/09

Print Close

HOM COPAY

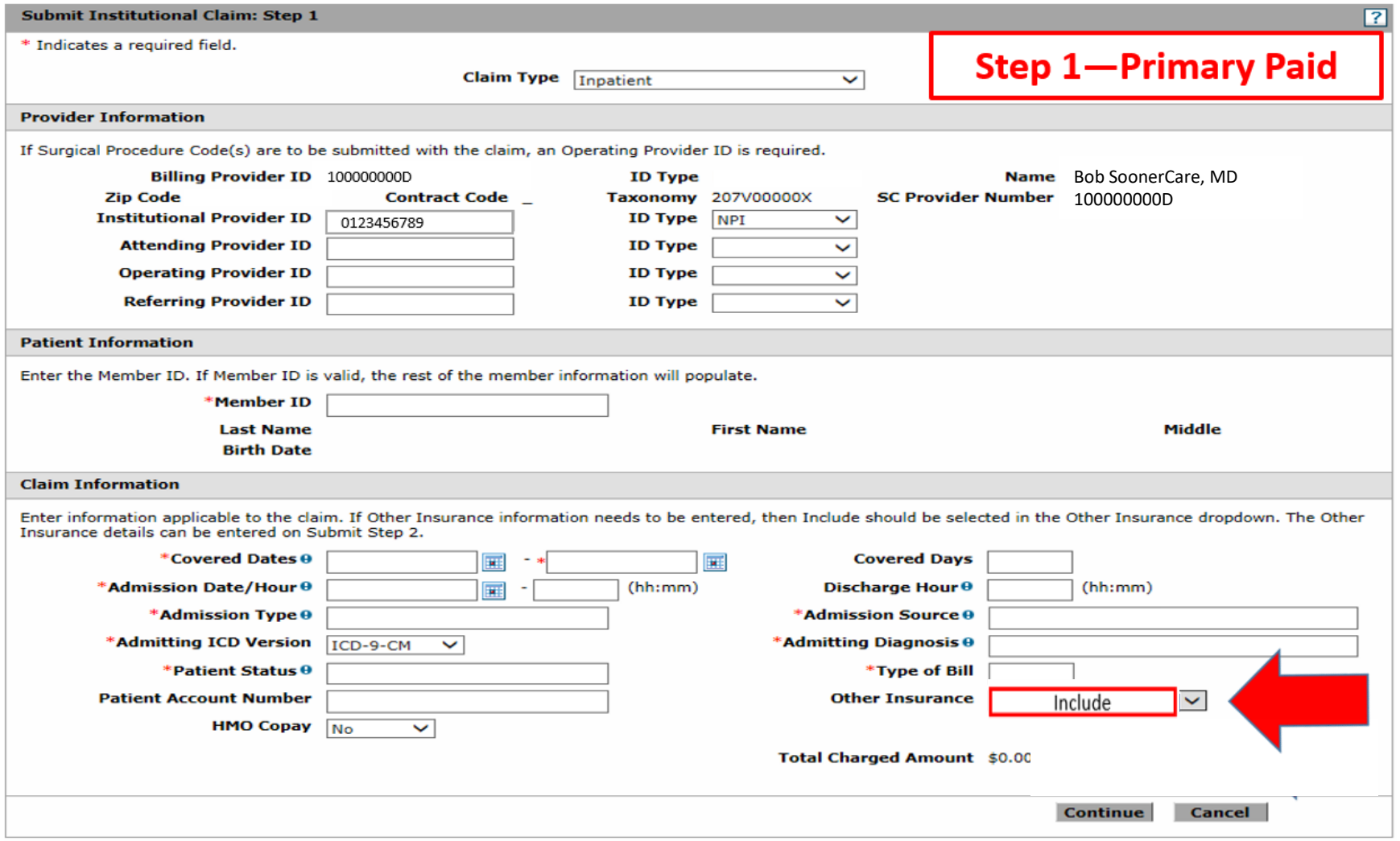
- On step 1 click the HMO Copay button and choose Yes.

HMO COPAY


Submit Professional Claim: Step 1
* Indicates a required field.
Claim Type
Professional
Provider Information
This panel contains provider information.
Billing Provider ID
11221122334
ID Type
11221122334
Name
FIXEM UP MEDICINE
Zip Code
74105
Contract Code
G
Taxonomy
261QP2000X
SC Provider Number
100123456A
Referring Provider ID
ID Type
Ordering Provider ID
ID Type
Ordering Zip Code
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.
Date Type
Date of Current
Accident Related
Patient Account Number
Expected Delivery Date
From Date
To Date
CLIA Number
*Other Insurance
None
HMO Copay
Yes
Total Charged Amount
$0.00
Continue
Cancel

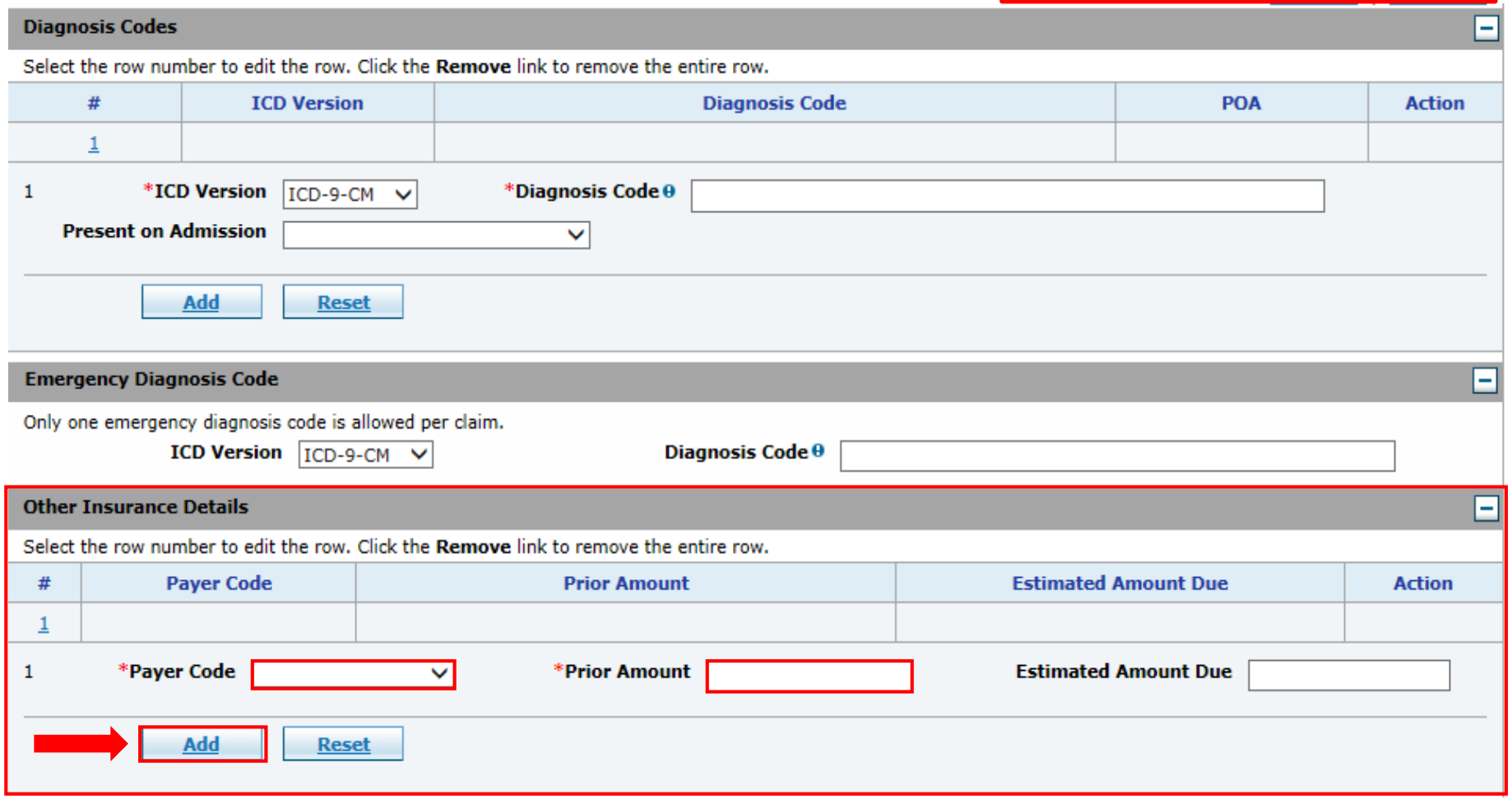
PORTAL SUBMISSION INSTITUTIONAL

COMMERCIAL INSURANCE (INSTITUTIONAL)

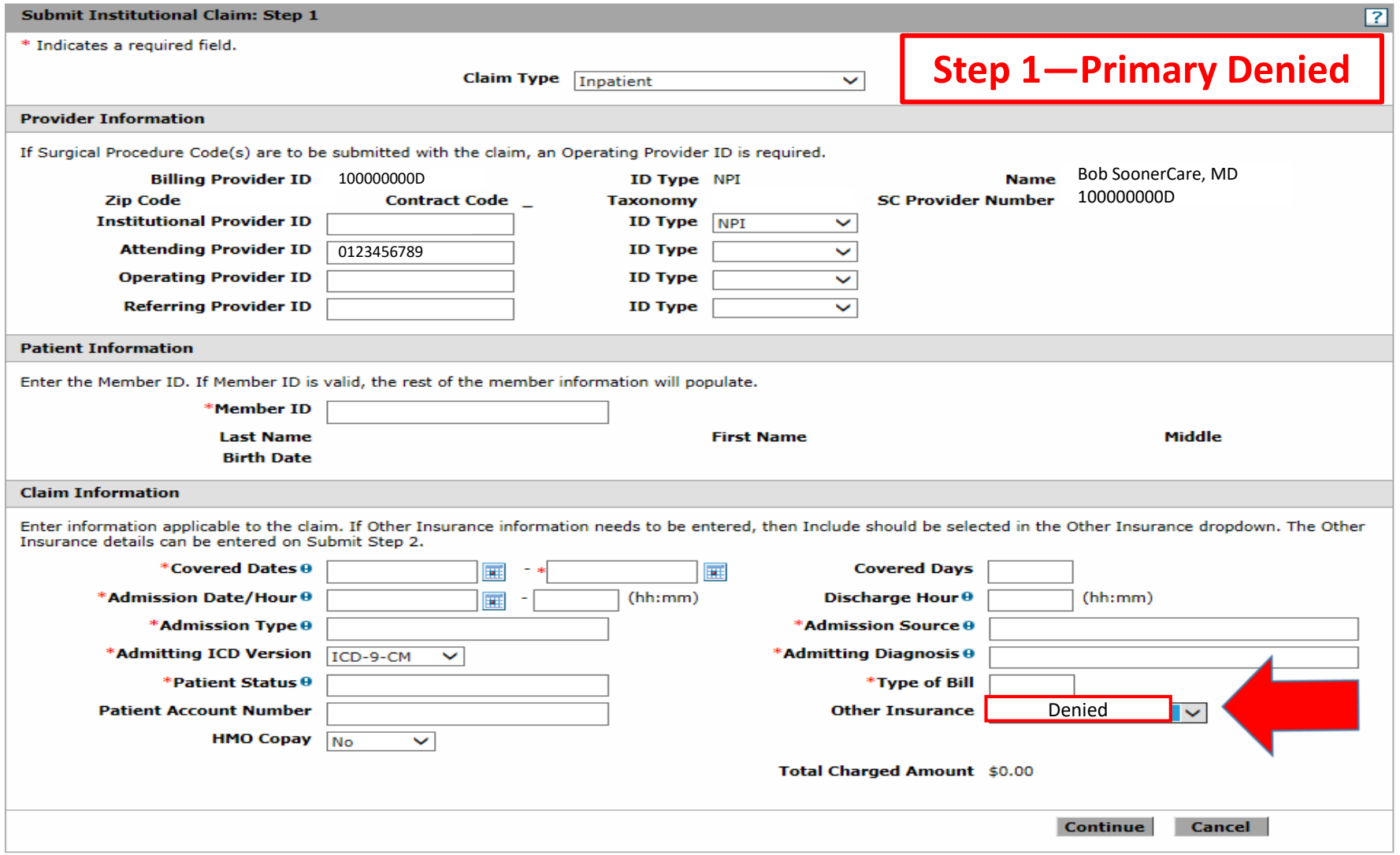


COMMERCIAL INSURANCE (INSTITUTIONAL)

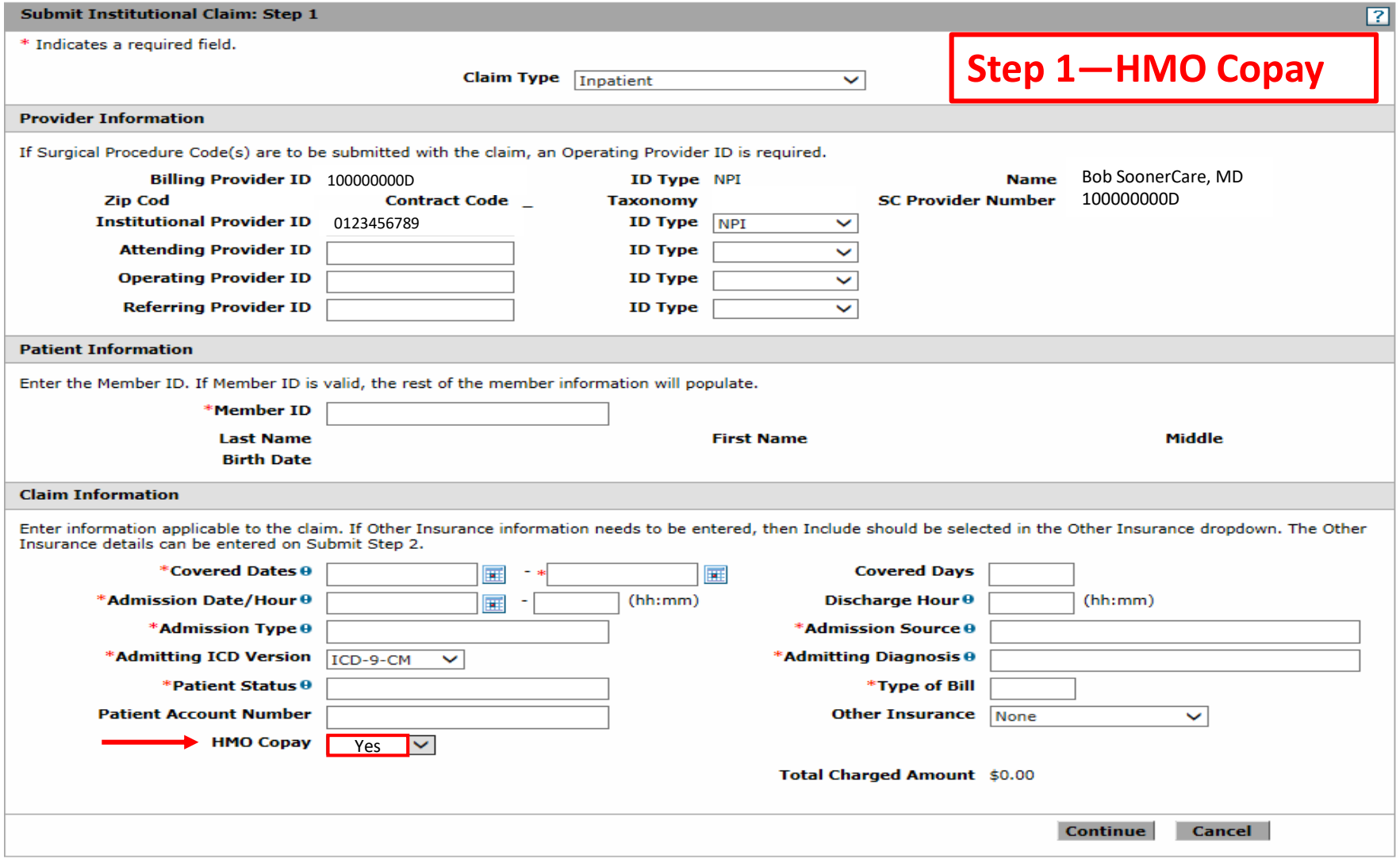
Step 2—Primary Paid



COMMERCIAL INSURANCE (INSTITUTIONAL)



INSTITUTIONAL CLAIM – HMO COPAY



RESOURCES

RESOURCES

- OHCA Public Site: **www.okhca.org**
- OHCA Provider Forms: **www.okhca.org/forms**
    - TPL-1 form
- Billing Manual (Chapter 14)
    - **www.okhca.org/provider/billings/manual/manual.pdf**
- 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