Billing Claims with Third Party Liability (TPL) and TPL Avoidance for Claims

Optum Alaska

Billing Claims with TPL

Third Party Liability (TPL)

Third party liability is other health plan coverage, including commercial insurance and Medicare.

- Medicaid is the payer of last resort after all other TPL payments are applied

Insurance Explanation of Benefits

If the Alaska Medical Assistance participant has other health insurance coverage, enter the explanation of benefits (EOB) information from the insurance company in the claim, showing the payment or denial.

- Provider Express Claim Entry and the standard 837P transaction are designed to allow for secondary claim
- You may enter Coordination of Benefits (COB) information directly into the 837P EDI transaction COB segments or Provider Express.

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Claim Entry-Long Form Step 1 of 4

There are several required fields:

- Federal tax ID
- Provider name (group login)
- Selecting the type of claim
- "Will the claim include"
  - "*No*" will be the default launching the Express Form
  - Selecting "*Yes*" will launch the Long Form

Complete the search identifying one of the following:

- *Authorization Number or*
- *Member Search* option

Claim Entry - Step 1 of 4

Federal tax ID * — 999999999

Please select the type of claim * — (●) Mental Health/Substance Abuse ( ) EAP

Will the claim include any of the below? * — (●) Yes ( ) No

- More than 5 dates of service
- COB details
- Claim notes
- Paperwork attachments

Please enter an Authorization Number **OR** use the Member Search below

Please enter an Authorization Number

— OR —

My Patients | Member ID Search | Name/DOB Search

Please complete the form below and click "Proceed To Step 2"

* - indicates a required field

Member ID *

Group #

First Name * — John

Date of Birth — / / MM/DD/YYYY

Date to Check Eligibility — 1 / 11 / 2016 MM/DD/YYYY

Proceed to Step 2

Provider Express recommends using the **minimum** search criteria of **Member ID** and **First Name only. Do not** enter a group number or a date of birth unless the systems prompts you via a specific message.

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Claim Entry-Long Form Step 2 of 4

The Long Form displays a claim similar to the Express Form, pre-populating the Patient/Insured Info

Claim Entry - Step 2 of 4

Back to Step 1

Asterisk(*) or colon(:) is not allowed in any field.

Patient Info		Insured Info	
Name	Doe, John	ID number	xxxxxx9999
DOB	01/02/1234	Name	Doe, Jane
Address	123 Any Street	Address	123 Any Street
Relationship to insured	Self - 01	City	Anywhere
City	Anywhere	State	XX
State	XX	ZIP	55555
ZIP	55555	Telephone	
Telephone		Group number	55555
Is there another health benefit plan?	Yes No	Employer group name	ACME Corp.
		Insurance plan name	United Behavioral Health

Notes Claim Level		Supervising Provider	
Reference code	Please Select	First name	
Reference text		Last name	
		NPI	

Paperwork Attachment Claim Level		Provider	
Report Type Code	Please Select	Federal tax ID	999999999
Report Transmission Code	Please Select	Accept assignment?	Yes No
Report control number		Service address *	2904 Rodeo Park Dr E Ste 300A Add

Patient

Patient control number

Signature of rendering provider: Doe, John A

Pay to provider name, address, zip code and phone number: Doe, John A. 2904 Rodeo Park Dr E DR E STE 200 Santa Fe, NM 87505-6305 Doe, John A. 2904 Rodeo Park Dr E DR E STE 200 Santa Fe, NM 87505-6305

Billing NPI: 1234567899

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. *

Signature: On File

Insured or Authorized Person's signature to authorize payment of benefits to the undersigned provider of services on this claim. *

Signature: On File

Referring Provider	
First name	
Middle initial	
Last name	
NPI	

Service info

Related hospitalization dates: From: To:

Diagnosis or nature of illness or injury *: 1. 2. 3. 4. 5. 6. more than 6?

ICD - 9 ICD - 10 Lookup

Claim frequency: Original

Outside lab? Yes No Charges 0.00

Authorization number

Date of Service mm/dd/yyyy *	Place of Service *	CPT Code *	Modifier1	Modifier2	Modifier3	Modifier4	Diagnosis Code * 1	2	3	4	5	6	Charges *	Unit *	NPI ID	PWK	NTE	COB
	Please Select						✔						0.00	1	1234567899			
	Please Select						✔						0.00	1	1234567899			

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Claim Entry-Long Form Step 2 of 4 cont'd

The Long Form displays a claim similar to the Express Form, pre-populating the Patient/Insured Info

If the user selects "*Yes*" there is another health plan, additional fields will display to support entry of data needed for COB claim filing including:

- ✓ Other Insured
- ✓ Coordination of Benefits
- ✓ Medicare Outpatient adjudication
- ✓ COB Claim Adjustments

Claim Entry - Step 2 of 4

Asterisk(*) or colon(:) is not allowed in any field.

Patient Info		Insured Info	
Name	Doe, John	ID number	xxxxxx9999
DOB	01/02/1234	Name	Doe, Jane
Address	123 Any Street	Address	123 Any Street
Relationship to insured	Self - 01	City	Anywhere
City	Anywhere	State	XX
State	XX	ZIP	55555
ZIP	55555	Telephone	
Telephone		Group number	55555
Is there another health benefit plan?	Yes ● No ○	Employer group name	ACME Corp.
		Insurance plan name	United Behavioral Health

Other Insured: First name; Middle initial; Last name*; Member ID number*; Group number; Date of birth; Gender (Male / Female); Relationship to other Insured* (Please Select); Payer ID*; Payer Name*; Insurance Type* (Please Select); Reason Medicare is Secondary (Please Select)

Coordination of Benefits: Claim adjudication date; COB payer paid amount; Remaining patient liability

Medicare Outpatient adjudication: Payable percent; Payable amount; Non-payable amount; Remark code (Lookup); Remark code; Remark code; Remark code; Remark code

COB Claim Adjustments

If you have more than one Claim Adjustment click the 'Add' button to the right. Add

Group code (Please Select); Reason code; Adjustment amount; Quantity; Lookup

Related hospitalization dates From: To:

Diagnosis or nature of illness or injury* 1. 2. 3. 4. 5. 6. more than 6?

ICD - 9 ICD - 10 Lookup

Claim frequency Original

Yes No Charges 0.00

Procedure; Diagnosis Code*; Service*; CPT Code*; Modifier1; Modifier2; Modifier3; Modifier4; 1 2 3 4 5 6; Charges*; Unit*; NPI ID; PWK NTE COB

0.00 1 1234567899

Please Select 0.00 1 1234567899

Please review the "Overview of Filing COB and Corrected Claims" Guided Tour for more information.

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Claim Level and Line Level Claims

Users have the option to add information on Coordination of Benefits (COB), Paperwork (PWK) or Notes (NTE) at a full claim level or at a line item level

This presentation reviews each section beginning with these options at a claim level and then at a line item level

- In the majority of cases, these options are filed at a claim level (mainly, if the information is the same, regardless on how many dates of service are entered)
- However, the form supports line level entry when that specificity is required (mainly, if the information varies based on date of service)

Claim Entry-Long Form Step 2 of 4 cont'd

Other options on the Long Form include:

- Notes Claim Level
- Paperwork Attachment Claim Level
- More than 5 dates of service

The line level entries for notes and paperwork available under *Service Info* will be explained in details later in this presentation

Patient Info

Field	Value
Name	Doe, John
DOB	10/16/1947
Address	123 Main Street
Relationship to insured	Self - 01
City	TUCSON
State	AZ
ZIP	55555
Telephone	
Is there another health benefit plan?	Yes ⦿ No ○

Insured Info

Field	Value
ID number	xxxxx9876
Name	Doe, John
Address	123 Main Street
City	TUCSON
State	AZ
ZIP	55555
Telephone	
Group number	12345-6789
Employer group name	ACME Industries
Insurance plan name	United Behavioral Health

Notes Claim Level

Reference code: Please Select
Reference text:

Supervising Provider

First name:
Last name:
NPI:

Paperwork Attachment Claim Level

Report Type Code: Please Select
Report Transmission Code: Please Select
Report control number:

Patient

Patient control number:

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. *

Signature: On File

Provider

Federal tax ID *: 9876543210
Accept assignment? ⦿ Yes ○ No
Service address *: 321 Any Street — Add
Signature of rendering provider: Provider, Mary K
Pay to provider name, address, zip code and phone number: Provider, Mary K. 321 Any Street Sometown, CA 54321-0000 (800) 555-5555
Billing NPI *:

Referring Provider

First name:

Service Info

Related hospitalization dates From: To:
Diagnosis or nature of illness or injury * 1. 2. 3. 4. 5. 6. more than 6?
Lookup
Claim frequency: Original
Outside lab? ○ Yes ⦿ No Charges 0.00
Authorization number:

Date of Service mm/dd/yyyy *	Place of Service *	Procedure * CPT Code	Modifier	Diagnosis Code * 1	2	3	4	5	6	Charges *	Unit *	NPI ID *	PWK	NTE	COB
	Please Select			☑	☐	☐	☐	☐	☐	0.00	1		☐	☐	☐
	Please Select			☑	☐	☐	☐	☐	☐	0.00	1		☐	☐	☐

Preview

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Claim Entry-Long Form Step 2 of 4 (Service Information) cont'd

Line Level options

To the right of each line of service are three options:

- PWK = paperwork work above
- NTE = notes
- COB = coordination of benefits (adjustment info only)

For example, choosing the PWK option drops down additional field for you to complete

You can choose an indicator for each line of service that requires it.

Claim Entry - Step 2 of 4

Patient Info		Insured Info	
Name	Doe, John	ID number	xxxxx9876
DOB	10/16/1947	Name	Doe, John
Address	123 Main Street	Address	123 Main Street
Relationship to insured	Self - 01	City	TUCSON
City	TUCSON	State	AZ
State	AZ	ZIP	55555
ZIP	55555	Telephone	
Telephone		Group number	12345-6789
Is there another health benefit plan?	Yes ⦿ No ○	Employer group name	ACME Industries
		Insurance plan name	United Behavioral Health

Notes Claim Level		Supervising Provider	
Reference code	Please Select	First name	
Reference text		Last name	
		NPI	

Paperwork Attachment Claim Level		Provider	
Report Type Code	Please Select	Federal tax ID *	9876543210
Report Transmission Code	Please Select	Accept assignment?	⦿ Yes ○ No
Report control number		Service address *	321 Any Street Add
		Signature of rendering provider	Provider, Mary K

Patient			
Patient control number		Pay to provider name, address, zip code and phone number	Provider, Mary K. 321 Any Street Sometown, CA 54321-0000 (800) 555-5555
I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. *		Billing NPI *	
		Referring Provider	
Signature	On File	First name	

Service info

Related hospitalization dates	From: To:
Diagnosis or nature of illness or injury * (Lookup)	1. 2. 3. 4. 5. 6. more than 6?
Claim frequency	Original
Outside lab?	○ Yes ⦿ No Charges 0.00
Authorization number	

Date of Service mm/dd/yyyy *	Place of Service *	Procedure * CPT Code	Modifier	Diagnosis Code * 1	2	3	4	5	6	Charges *	Unit *	NPI ID *	PWK	NTE	COB
	Please Select			☑	☐	☐	☐	☐	☐	0.00	1		☐	☐	☐
	Please Select			☑	☐	☐	☐	☐	☐	0.00	1		☐	☐	☐

Preview

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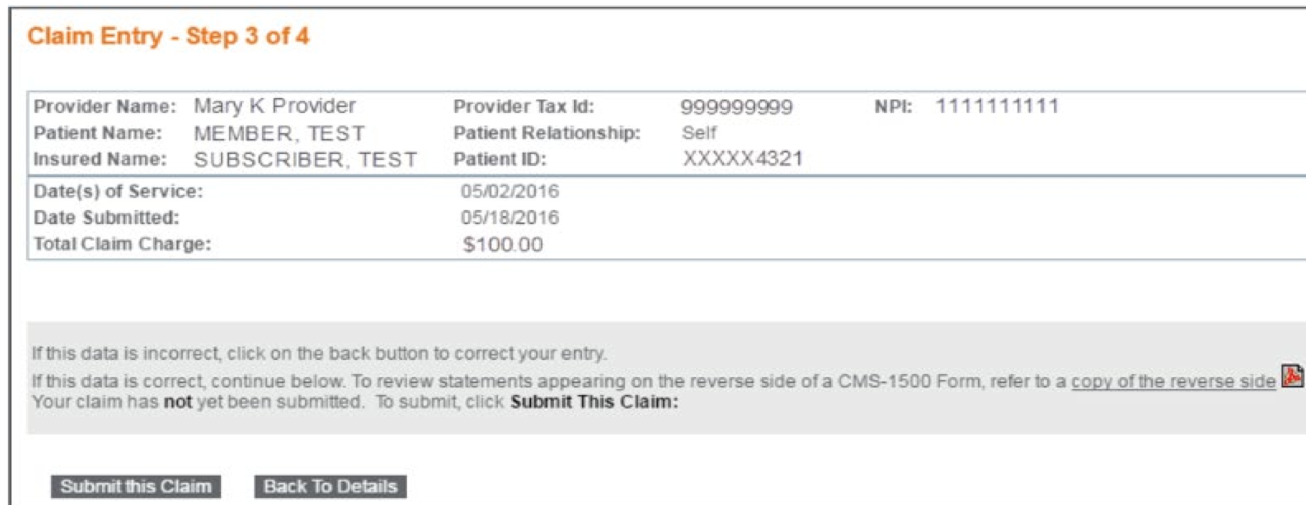
Claim Entry-Long Form Step 3 of 4

Step 3 allows users to preview basic information on the claim before sending for submission

If all the information is accurate, click the [Submit This Claim] button to continue to the final step, or click the [Back To Details] button to return to Step 2



Claim Entry - Step 3 of 4

Provider Name:	Mary K Provider	Provider Tax Id:	999999999	NPI:	1111111111
Patient Name:	MEMBER, TEST	Patient Relationship:	Self		
Insured Name:	SUBSCRIBER, TEST	Patient ID:	XXXXX4321		

Date(s) of Service:	05/02/2016
Date Submitted:	05/18/2016
Total Claim Charge:	$100.00

If this data is incorrect, click on the back button to correct your entry.

If this data is correct, continue below. To review statements appearing on the reverse side of a CMS-1500 Form, refer to a copy of the reverse side

Your claim has **not** yet been submitted. To submit, click **Submit This Claim:**

Submit this Claim   Back To Details

Claim Entry-Express Form Step 4 of 4

Step 4 yields the same information as in Step 3, with the addition of a Confirmation Number, verifying the claim has been successfully submitted

The user has the option to submit another claim by clicking the [Enter Another Claim] button returning to Step 1

Claim Entry - Step 4 of 4

The claim was successfully submitted with Confirmation Number 50001234000

Provider Name:	Mary K Provider	**Provider Tax Id:**	999999999	**NPI:**	1111111111
Patient Name:	MEMBER, TEST	**Patient Relationship:**	Self		
Insured Name:	SUBSCRIBER, TEST	**Patient ID:**	XXXXX4321		

Date(s) of Service:	05/02/2016
Date Submitted:	05/18/2016
Total Claim Charge:	$100.00

Enter Another Claim

Note: Provider Express recommends printing out this page, or documenting the confirmation number. You can use that number with the Provider Express Tech Support staff if any questions arise about the submission of that claim.

Claim Attachments

Q) Where do I send claim attachments?

A) Provider Express Claim Entry and the standard 837P transaction are designed to allow for secondary claim billing. If the Coordination of Benefits (COB) information in the claim is complete and valid, then you ***do not need*** to send a hardcopy Explanation of Benefits (EOB) to Optum.

If you would like to send an EOB or another type of claim attachment to Optum through the mail, find the Claim ID in Provider Express (this is the Claim ID that Optum assigned) and include the following information on an attachment:

1) Participant name
2) Participant date of birth
3) Participant ID
4) Date of Service
5) Claim ID

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Claim Attachments (Continued)

To submit a claim attachment, send a copy of the claim with the attachment. The mailing address for claims with attachments is:

Optum Alaska
PO Box 30760
Salt Lake City, UT 84130-0760

Q) Can I send claim attachments by fax?

A) No, they must be sent by mail. The mailing address for claims with attachments is:

Optum Alaska

PO Box 30760

Salt Lake City, UT 84130-0760

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Claim Attachments (Continued)

Q) Does a claim stay in pend status until an attachment is reviewed?

A) When a claim is submitted to Optum BH through EDI or Provider Express and the Provider already has the primary carrier payment information, they should/need to put that information on the claim. There is a spot for other insurance information and payment information from the primary carrier. If that information is on the claim, then Optum can process the claim and NOT initiate the Department of Labor (DOL) Letter Process, nor does Optum need the EOB sent by mail to Optum. Optum would only send a DOL Letter as stated below:

Claims do not stay in a pend status. If a claim requires additional information a DOL letter is generated and the claim is closed with "F53 DOL Process Initiated; Refer to separate letter requesting additional information or additional explanation messages for final claim status." The DOL Letter Process is initiated when incomplete information is received on a claim that prohibits benefit and eligibility determination (such as procedure or diagnosis code). A letter is generated to request the missing or invalid information from the provider which initiates the process.

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Claim Attachments (Continued)

Q) Does a claim stay in pend status until an attachment is reviewed? (Continued)

A) Optum allows 45 days from the date requested to receive this information. If the information is not received within that time frame, then the claim is denied with "additional information not received." OHBS will automatically send a denial letter to the participant upon the final denial. It is not a manual selection or decision that a Claims Processor must make.

For EOB requests on claims, Optum denies the claim for one of the following reasons:

- EOB does not match claim – The Explanation of Benefits does not match the claim information submitted. Please resubmit correct information for Optum to consider the claim.
- Send Medicare EOB – Optum will need a copy of the Medicare summary notice before your claim can be processed.
- EOB Lacks correct Information – the Explanation of Benefits received lacks correct information.

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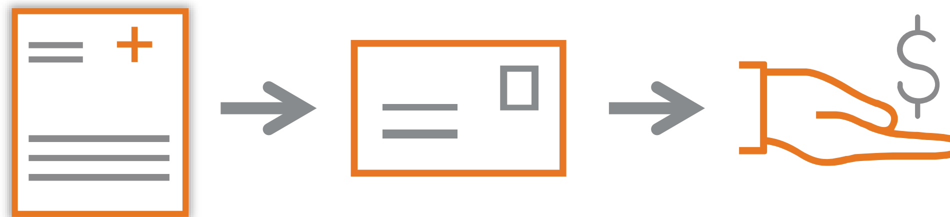
Filing paper claims

If you are unable to file electronically, follow these tips to ensure smooth processing of your paper claim:

- Use an original 02/12 CMS 1500 Claim Form (no photocopies)
- Type information to ensure legibility
- Use a DSM-5 derived ICD-10 code for primary diagnosis (Hint: the DSM-5 includes ICD codes along with the DSM diagnostic info)
- Complete all required fields (including ICD indicator and NPI number)



Paper Claims Submission

Optum Behavioral Health
PO Box 30760
Salt Lake City, UT 84130-0760

How to notify the state about TPL policy changes

1. Obtain proof of policy ending
    a. Login into provider portal for the insurance company. Screen shot something that specifically shows the policy end date OR if the insurance doesn't show a specific end date, get a screen shot of eligibility in one month (i.e., May they are eligible) and not eligible in the next month (i.e., June not eligible)
    b. Provide an EOB showing member is not eligible
2. Email proof to dmatpl@alaska.gov

It is NOT sufficient to email this address and say a policy has ended. The provider must provide documentation/proof to have it removed from the system.

The other piece to this is that it will not be automatically updated in the Optum system. Depending on when the request is submitted via email, the information is updated and when the next eligibility file goes to Optum, it could take 2-3 weeks.

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Medicare Third Party Liability Avoidance

- Medicare Remittance Advices are generally not required to process and pay Medicaid claims for Alaska Behavioral Health (BH) and Substance Use Disorder (SUD) Services.
  - Most BH and SUD rendering providers are not eligible to bill Medicare
  - Many BH and SUD procedure codes are not covered by Medicare

- **Exception**: for providers who are eligible to bill Medicare for certain Medicare covered services, such as *Independent Psychologists* and *Independent Licensed Clinical Social Workers*, billing Medicare **is required**.

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Non Covered Medicare Services

- Non covered Medicare services do not require Medicare billing
  - Such as, HCPCS codes that begin with H, T, and S
  - For example
    - H0001 – Alcohol and/or Drug Assessment
    - T1016 – Case Management, and
    - S9484 – Short-Term Crisis Intervention Services

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Medicare Covered Services with Non Covered Rendering Providers

- Medicare covered services with non covered rendering providers do not require Medicare billing
  - Such as, psychotherapy services that are provided by unlicensed master's level clinicians or Medicare non covered licensed providers
  - For example, 90832 – Individual Psychotherapy provided by a Licensed Professional Counselor is not covered by Medicare

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Private Insurance Third Party Liability Avoidance

- When Alaska Medicaid recipients have private insurance coverage, an explanation of benefits (EOB) is required to process and pay the Medicaid secondary claims:
  - Only one EOB is required per calendar year that reflects denial/non-coverage for each service provided to the Alaska Medicaid recipient.

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Private Insurance Third Party Liability Avoidance – Continued

- If there is a blanket denial of coverage, (e.g., a member handbook that reflects non-coverage for BH and/or SUD services, a statement from the insurance company that details non-coverage, etc.), this will qualify as an EOB denial and can be utilized for all of the recipient's applicable services for the remaining calendar year.

To submit a claim attachment, send a copy of the claim with the attachment. The mailing address for claims with attachments is:

Optum Alaska
PO Box 30760
Salt Lake City, UT 84130-0760

- A new EOB dated with the *current year* will be required at the beginning of each subsequent calendar year to continue to apply the TPLA for a recipient's private insurance.

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Updates and Questions

- There are currently claims adjustment projects that are underway for previously denied claims that are not covered by Medicare.
- Providers do not need to rebill or submit adjustment requests.
- Optum is reprocessing the claims for providers.
- The Alaska Provider Relations team will do outreach to let providers know if their claims are a part of the reprocessing projects.
- If there are providers who have started receiving denials or requests for private insurance EOBs, please submit the EOB with the claims if you have not done so already.
- If providers have questions, please reach out to the Alaska Provider Relations Team at Optum Alaska:

akmedicaid@optum.com

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Questions?