

## **REV - Data Match Procedure**

### **Purpose:**

DATAMATCH is a process that is used to uncover third party liability (TPL) by reviewing the eligibility received from the state and comparing it against the Third Party Liability (TPL) data received from various carriers. A monthly eligibility file is received by HMS from the State Of Iowa and is matched against a repository of insurance data received from insurance carriers. If there is evidence of insurance and a potential match is found then this information is verified using the Health Management Systems (HMS) eCare system. The verified insurance is loaded to the twice weekly deliverable that is then loaded to the Medicaid Management Information Systems (MMIS) TPL subsystem.

### **Identification of Roles:**

**IME CORE** – Sends an eligibility file to HMS monthly.

**HMS** - reviews the eligibility file received from the State of Iowa matches this data against a repository of insurance records received from insurance carriers. If there is evidence of insurance and a potential match is found then this information is loaded to the HMS Ecare system.

The **IME Revenue Collections Unit** verifies the insurance through the HMS eCare system.

Valid insurance is loaded to the twice weekly deliverable that is then loaded to the IME CORE unit.

IME CORE – Loads the deliverable to the MMIS TPL subsystem

IME CORE – Creates the DATAMATCH Reports twice weekly

IME Revenue Collections – reviews reports and manually enter policy information that did not load to MMIS. Also Revenue Collections verifies that correct data transferred to MMIS.

HMS creates a load and error report called CARPT19A.CSV.

The IME Revenue Collections Unit reviews this report for data accuracy of the HMS file and manually loads any verification that did not update in the MMIS TPL subsystem

**Performance Standards:** Twice weekly

**Path of Business Procedure:**

- Step 1:** CORE unit sends a file of Medicaid members to HMS Corporate monthly.
- Step 2:** HMS Corporate systematically compares the Medicaid members file from CORE to a repository of insurance, seeking to find a potential match of the Medicaid member to a third party liability.
- Step 3:** Once a potential match has been found for the member, HMS loads the data to the HMS Ecare system for policy verification.
- Step 4:** The IME Revenue Collections Unit verifies the insurance through the HMS Ecare system.
- Step 5:** HMS creates a deliverable twice each week of valid insurance data and is delivered to the IME CORE unit.
- Step 6:** The IME CORE unit will load the new TPL Data for each member to the MMIS TPL Subsystem.
- Step 7:** When transferring the TPL data to MMIS it will either enter into the recipient eligibility screens in MMIS, or it will error out if there is an invalid data field (i.e. invalid policy holder Social Security number (SS#), Coverage Code, policy start or end date, carrier code, absent parent is involved, coverage is already on file, or the Medicaid member is not on file).
- Step 8:** CORE creates two reports systematically in the OnBase system twice weekly based on deliverables from HMS. The reports will list all files that transferred to MMIS correctly, and a separate error report is generated that shows those matches that did not transfer to the MMIS system.
- a. Report IAMT 9900-r001 from OnBase provides the information on the member that loaded correctly to MMIS.
  - b. OnBase report IAMT 9900-r002 provides the TPL information for the Medicaid members that did not load into MMIS correctly (error out).
- Step 9:** Revenue Collections goes into OnBase and requests both reports IAMT 9900-r001 (TPL that is loaded) and IAMT 9900-r002 (TPL that does not load to the TPL subsystem of the MMIS).

- Step 10:** Revenue collections will review report IAMT 9000-r001, against a sample of Medicaid Members MMIS recipient eligibility screens to verify that the matches transferred into MMIS correctly, and that all information listed on the report for the members has been updated.
- Step 11:** If the Medicaid member's data is incorrect the Revenue Collections staff will manually update the members information, and re-verify any TPL data if it is needed.
- Step 12:** Revenue Collections staff will sample a larger section of the report IAMT 9000-r001 and do any additional manual updates and verifications as needed if errors are found.
- Step 13:** Revenue Collections will then select through OnBase report IAMT 9900-r002.
- Step 14:** This report contains a list of the following error codes:
- a) 01 - INVALID POLICY HOLDER SSN
  - b) 02 - INVALID COVERAGE CODE
  - c) 03 - INVALID POLICY BEGIN DATE
  - d) 04 - INVALID POLICY END DATE
  - e) 05 - INVALID CARRIER CODE
  - f) 06 - ABSENT PARENT
  - g) 07 - RECIPIENT NOT ON FILE
  - h) 08 - COVERAGE ALREADY ON FILE
- Step 15:** Revenue Collections staff will review each Medicaid member listed as to their error code. The staff member will review all error codes 1-7, and 3% of error code 8. Error codes are listed in the training manual for Revenue Collections
- Step 16:** When reviewing the error code the staff member finds the reason for the error and manually enters the correct information in the MMIS system.

- Step 17:** An email is then sent to the Operations Manager in Revenue Collections from the Revenue Collections staff member recording the number of errors corrected.
- Step 28:** The IME Revenue Collections Unit reviews this report for data accuracy of the HMS file and manually loads any verification that did not update in the MMIS TPL subsystem.

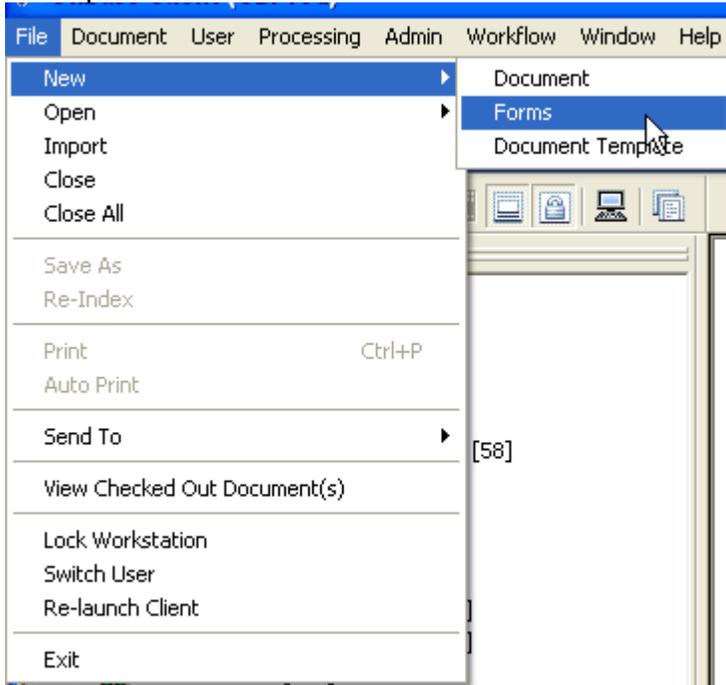
**Forms/Reports:** N/A

**RFP References:** N/A

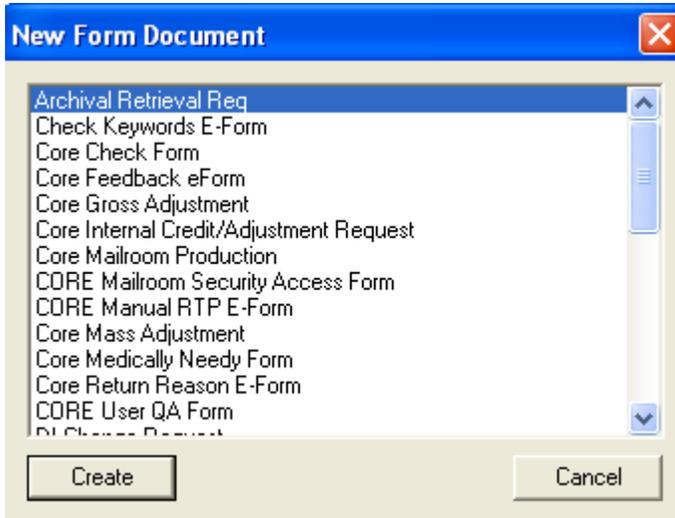
**Interfaces:** CORE

**Attachments:**

Archive Retrieval Request Procedures - Use the following steps to request a document to be pulled from the archive room. In OnBase select FILE, NEW, and FORMS.



Then select ARCHIVAL RETRIEVAL REQ.



The following document will appear for you to complete:

DOCUMENT RETRIEVAL REQUEST (ARCHIVE)							
Archive Box Number	Imprinter Number(s)		Requestor	DCN	Unit	Reason	Date
	Start	End					
			CORELITTLE		CORE		3/19/2009
					....		
					....		
					....		
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The **Archive Box Number** is found in the yellow keywords box that is on the document you want to receive. It consists of 8 numeric characters.

The **“START” imprinter number** is the imprinter number on the very first page of the document. The imprinter number is found on the document itself. The imprinter number on a claim will look different than the imprinter number on a piece of correspondence. The imprinter number on a claim consists of 11 numeric characters.

The imprinter number on a piece of correspondence consists of the 9 numeric characters following the word “batch”.

-Claim i.e. 090702 01534

-Correspondence i.e. Batch 000451238

The “**END**” **imprinter number** is the imprinter number on the very last page of the document.

9 characters (when requesting a claim) or 11 characters (when requesting correspondence) must be used in both the “start” AND “end” imprinter number fields. We (the mailroom) cannot send you just one page out of the document. All pages within the DCN must be kept together. We know it is sometimes hard to read the imprinter number. The first imprinter number on claims can be found by right clicking on the document you are wanting to have pulled and selecting “keywords”. Scroll down to the DIN. This is the imprinter number on the first page of the document. You will not be able to get the DIN on correspondence documents though. Try to read the imprinter number on the document the best you can. You can sometimes read the imprinter number easier on one of the attachments. The imprinter numbers within the document are in numerical order. Please attempt to read one of the imprinter numbers on the attachments to try and figure out what the number is on the first page.

The **Requestor** automatically populates with the persons name that is completing the archive retrieval request form. No action is needed.

The **DCN** is found in the yellow keywords box that is on the document you want to receive.

The **Unit** automatically populates. The Unit is associated with the person that is completing the archive retrieval request. This is the unit that the document will be returned back to once it is pulled.

The **Reason** field should be completed by the person making the request. Give a brief reason as to why the document is having to be pulled.

The **Date** field automatically populates with the date that the archive retrieval request is being submitted.

Click **SUBMIT** at the bottom of the form once it has been completely filled out.

**NOTE:** Archive retrieval requests are printed every morning for the previous days requests. These documents are pulled the same day the request(s) is printed. These documents are then routed to the individual units via internal route. The unit will receive

them either the same day that they are pulled or on the first internal route the next morning.

Purging of Archived Documents - Archived documents are kept for 30 – 65 days. This all depends on the amount of room available in the archive room. We keep the current months documents in addition to the previous months documents. An e-mail is sent to all IME Account Managers and IME Unit Managers 3 – 4 days prior to the day documents get purged. This is done at the beginning of every month. The e-mail identifies what documents are going to be purged and on what day.

**Acronyms:**

TPL – Third Party Liability

SSN – Social Security Number

IME – Iowa Medicaid Enterprise

DHS – Department of Human Services

MMIS – Medicaid Management Information System