

REV – Verification of Insurance Procedure

Purpose:

The purpose of insurance verification is to obtain and authenticate third party liability coverage of a Medicaid member to cost avoid claims submitted to the Iowa Medicaid Enterprise (IME) where third party liability exists for a Medicaid member. Revenue Collections has the responsibility to keep the Medical Management Information Systems (MMIS) Third Party Liability (TPL) Resource File updated to determine the payment and denials of all Medicaid claims involving members who have another primary insurance.

Identification of Roles:

IME CORE:

- a) Receives mailed and faxed referral lead documents and scans them into the OnBase system.
- b) Routes scanned documents into Revenue Collections TPL work queues.

IME Revenue Collections:

- a) Transfers faxed referrals from REV FAX to REV TPL Life Cycle (LC) Queue
- b) Receives emailed TPL lead documents
- c) Loads emails into OnBase System
- d) Receives provider referral phone calls
- e) Verifies Insurance / Third Party Liability
- f) Updates systems with TPL information

Performance Standards: Daily

Path of Business Procedure:

- Step 1:** A Medicaid member, is sent a Supplemental Insurance Questionnaire (SIQ) Letter, which is a request to the member that asks that they provide third party insurance coverage information if applicable.
- Step 2:** The Medicaid member then completes the SIQ letter and is directed to call Member Services to update their TPL information or
- Step 3:** The Medicaid Member may contact the Member Services Department who will then complete an SIQ form electronically.
- Step 4:** The electronic SIQ is transmitted to OnBase and arrives in the Revenue Collections Member SIQ Queue.
- Step 5:** Sometimes the Medicaid members, Providers, or Workers will mail in the SIQ Letter, which is then scanned into OnBase by CORE.
- Step 6:** CORE will then scan the document and place it into the TPL Queue.
- Step 7:** Revenue Collections verification staff will then go into the OnBase Queues TPL, and Member SIQ, TPL Lead Letters to select each individual SIQ.

Step 8: The SIQ is then reviewed to see if TPL exists for the member.(Please note Hawk-I is included and coded as TPL.

NOTE: When verifying TPL coverage and the carrier is unable to verify coverage, the verifier will ask the carrier how far back their records go and then update termination date in TPL Screen with the carrier's records' end date.

NOTE: Effective immediately - when entering or changing any information in the TPL file Revenue Collections will add the relation code if it is blank. This includes Termed policies.

- a) 1: Self
- b) 2: Absent Parent
- c) 3: Step- Parent
- d) 4: Parent
- e) 5: Spouse
- f) 6: Brother/ Sister
- g) 7: Aunt/ Uncle
- h) 8: Grandparent
- i) 9: Legal- Guardian
- j)

Sometimes a policy number may have leading spaces or spaces in between, dots, dashes, etc. need removed and the correct number put in.

1. Correct:

- a. (xqh444444444) or (444444444)

2. Incorrect:

- a. (xqh 444444444) space between
- b. (xqh444444444) Space prior to policy number
- c. (.xqh444444444) dot in number
- d. (444-44-4444) dashes
- e. (013345-854) group numbers

Step 9: If there is a notice on the SIQ that stated the member has TPL coverage, or there is a change in coverage, Revenue Collections will then pull up the Medicaid member in the MMIS TPL resource file.

NOTE: Special Handling

Iowa Medicaid Enterprise (IME) is the primary payer of claims for eligible Sac & Fox Tribe members. First Administrators is the Third Party Administrators (TPA) for Sac & Fox tribe and their group number is 70070, however providers are still sending TPL leads to Iowa Medicaid for those eligible members listing First Administrators as TPL. Because, we are the

primary payer, we **DO NOT** code First Administrators in the MMIS TPL file for Sac & Fox Tribe members.

If we receive a lead with First Administrators for Sac & Fox Tribe members please follow the steps below for OnBase verifications.

- a) Check the lead for a Group number of 70070 and the policy on the lead starts with 70070 as that indicates the member belongs to the Sac & Fox Tribe, or Sac & Fox Tribe listed on the lead.
- b) Check the member's MMIS TPL file to see if First Administrator H03843 was previously coded.
- c) If First Administrators is not in their TPL file then keyword the lead, attach a note indicating Sac & Fox Tribe and complete the document in OnBase.
- d) If First Administrator is in the member's TPL file change the effective date and coverage end date to 01/01/64, in the comments in MMIS indicate the policy is for Sac & Fox Tribe.
 1. The information on the SIQ is then compared manually to the MMIS records.
 2. If the information in MMIS has been updated within the last 90 days then verification staff will then complete the document without update.
 3. If there is updated information on the SIQ the verification specialist will enter the information from the SIQ to the Health Management Systems (HMS) Referral Database.
 4. The SIQ letter is then "completed" out of OnBase Queues.
 5. If the following apply to the SIQ it is redirected to an alternate queue.
 - A. No TPL additions or changes- sent to the Reject Queue
 - B. No SSN for the policy holder is sent to the SSA Queue
 - C. Wellmark information listed- sent to the Wellmark Queue
 - D. Medicaid Member listed is not eligible it is placed in the Hold Queue.
 - E. Occasionally, a provider will fax an SIQ to **515-725-1352** or TPL Lead and include a claim submission. These claims cannot be re-routed to Core since they do not accept faxed claim submissions. If faxed claims are attached to a TPL document, the claims are split from the TPL document and re-routed to Provider Services. Provider Services will then notify the provider and inform them of the correct procedure for submitting claims.
 - F. Revenue Collections receives SIQ's and referrals through Department of Human Services (DHS) Outlook email at revcol@dhs.state.ia.us, then "prints" which forwards the emails to OnBase. The emails are auto-scanned through

the print command into the REV LC Queue. In the event Revenue Collections receives a blank eForm from a case worker, the following notice will be sent from the Revenue Collections Unit to the sender:

We have received your email requesting an update to a TPL resource file. Unfortunately, we are unable to process your request because the form was blank. We have had success with forms obtained from our website which is www.ime.state.ia.us, once there go to forms, Listing on the left side of the page. Access from # 470-2826 Supplemental Insurance Questionnaire. Please complete this form and email to www.RevCol@dhs.state.ia.us or fax to 515-725-1352. This form must contain the following:

- 1) Member's last name
- 2) Member's first name
- 3) Member's date of birth
- 4) Full Insurance Company
- 5) Members state Id number and or the Social Security number of our member.

If you have questions or problems regarding the completion of this form through eForms, please contact the DHS, SPIRS Help Desk by e-mail.

Step 10: Sometimes Revenue Collections will receive Third Party Liability information in alternate formats and not as an SIQ. A provider, member, or worker will at times fax or mail in TPL information that is not on the SIQ form. It maybe a copy of a third party insurance card, a hand written notice, or a copy of medical bill with TPL information .If a document is faxed or emailed it will be scanned into OnBase and the process if to work the information just as an SIQ is worked.

Step 11: Also Revenue Collections may also receive a telephone call from a provider, member, or a worker advising of TPL information. At that time the information is manually placed in the system, and all fields are entered into MMIS as if a physical SIQ was received.

- a) Some children eligible for Hawk-I coverage may also be eligible for Title 19 and would be considered "dual eligible" in relation to TPL. When members drop below the eligibility threshold for Hawk-I and meet the criteria for Title 19, there can be a 30-60 day period where the two will overlap. We need to treat this situation as we would any TPL. The

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Recipient Eligibility Display screen should show the member with active eligibility dates and a fund code of "C" – child, Medicaid only. The time frame for dual eligibility would be between the start of the eligibility and the end of Hawk-I. During this dual coverage any co-insurances/ co-payments would be the responsibility of IME.

Step 12: Revenue Collections verification staff then work the following OnBase queues:

- a) Check SIQ - The adjustment staff in Revenue Collections will submit an electronic Form if they have TPL data that appears on a document that they are working.
- b) Member Hot – Member Services will submit an electronic form if they receive a telephone call with TPL information on a member. It is labeled "Hot" if TPL data has been submitted more than once. These are verified and loaded manually into MMIS.
- c) Social Security Administration (SSA) SIQ – If there is no policyholder social security number on the TPL.
- d) TPL Hold – Is used when there is no eligibility on file for a Medicaid Member. The SIQ is then checked daily for 30 days to verify eligibility. If not eligible after 30 days the SIQ is completed out of OnBase.
- e) TPL Reject – Used when the verification staff is unable to work the SIQ due to missing information. This queue is then worked by a unit lead to verify that the information is indeed missing. If the SIQ does not contain enough information it is then completed out of the queue. If the information is found, a note will be attached to the document and sent back to the TPL queue to be entered.
- f) Wellmark: This queue contains Wellmark TPL data for members received on a SIQ, to be worked and verified manually, then entered into MMIS. To verify Wellmark coverage Revenue Collections staff will use Wellmark's online verification website at Wellmark.com. In the case of Wellmark of II some of these will not verify through the website and a call to Wellmark automated verification telephone system is completed by Revenue Collections to confirm coverage.
- g) Health Insurance Premium Payment (HIPP) TPL – SIQ information received from the HIPP unit.

Step 13: After the SIQ or TPL Lead letter has been reviewed and updated in the MMIS system the OnBase scanned document is completed out of the queue. At that time is then transferred to the “Completed Queue”.

TPL FILES ARE ONLY DELETED FROM MMIS BY REVENUE COLLECTIONS FOR THE REASONS LISTED BELOW:

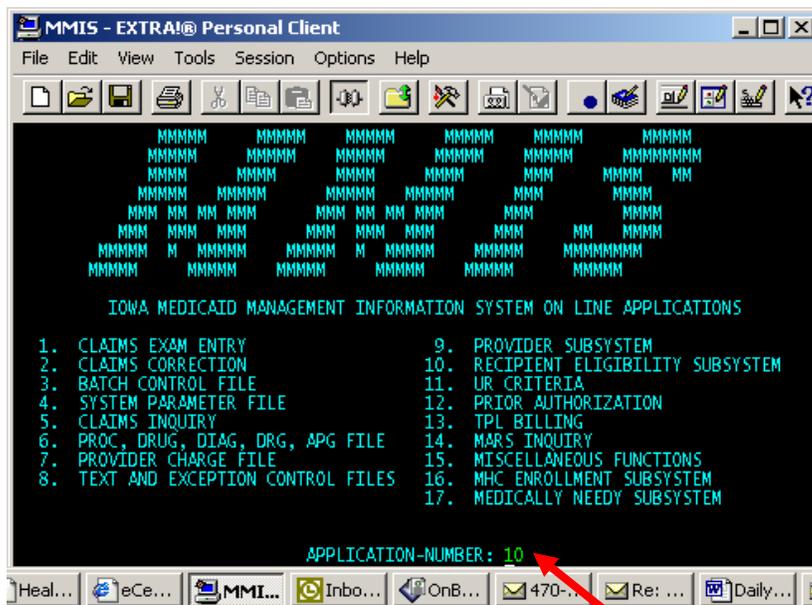
- a) Existing Duplicate Screens- If there are two screens with the same policy and the effective and end dates are the same, Revenue Collections will **delete** one of the screens. (**Reason** – Duplicate screens cause errors in TPL coverage reporting).
- b) Data Match Error Report – If there is a screen showing coverage type 19 and another screen showing existing coverage type 06, Revenue Collections will add the coverage type 19 to screen showing coverage type 06, and then **delete** screen with coverage type 19 only. (**Reason** – Pharmacy coverage and Major Medical are to be shown on same screen). (**See Section 9.3.2. Relationship Codes & Coverage types**).
- c) If member has a Medicare Replacement Policy, it was entered into the system as a Medicare Supplement Policy. Revenue Collections will **delete** the screen showing a Medicare Supplement Policy. (**Reason** – Medicare Policies are not considered TPL).
- d) TPL screen incorrectly shows coverage, and the SIQ or other reporting sources does not have effective and/or end dates on the submission. Once this is verified by Revenue Collections that carrier listed on TPL screen never covered the member, this screen is **deleted**. (**Reason** – Member never had TPL coverage with listed carrier).
- e) Existing TPL screens with “A” or “C” Carrier Codes need to be **deleted**. These codes indicate an Attorney and/or Casualty Carrier and should not be shown as TPL. (**Reason** – “A” and “C” codes are not TPL coverage and can cause errors in TPL coverage reporting).
- f) Coverage Collapse: (i.e. a carrier sub contracts out certain types of coverage such as dental, vision, and pharmacy- the coverage ends, IME is notified, and if a Medicaid members coverage is reviewed: rather than end dating the coverage the span is deleted and the master span is updated to add the coverage type).
- g) Carrier has no record of member: (i.e. carriers historical records are for a limited amount of time) Coverage has ended for the member beyond the time period in which the carrier is required to maintain the records. In these cases the time span of coverage dates cannot be determined and the coverage cannot be verified as ever being valid.

Step 14: There is a total of 3% of the documents that are completed that will automatically transfer into the Quality Analysis (QA) Queue.

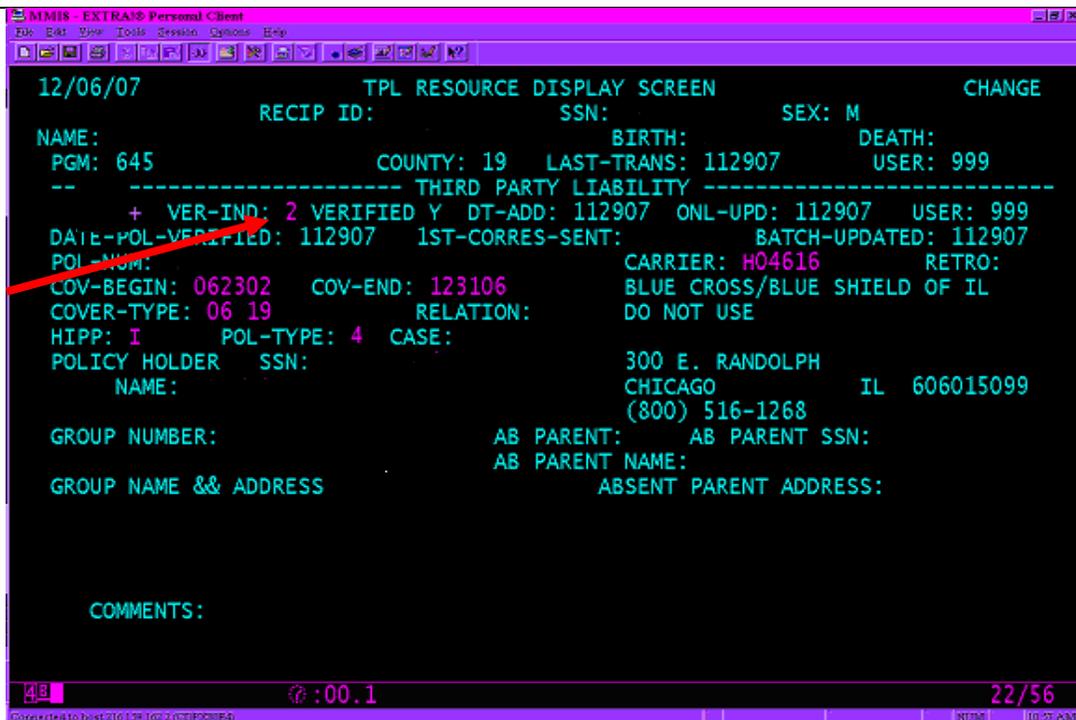
Step 15: The Revenue Collections team lead will review the QA queue and complete a total review of the documents as well as the systems to verify the accuracy of the verification staff.

Forms/Reports:

Adding TPL Coverage or Changing Termination Dates in the MMIS TPL Resource File.



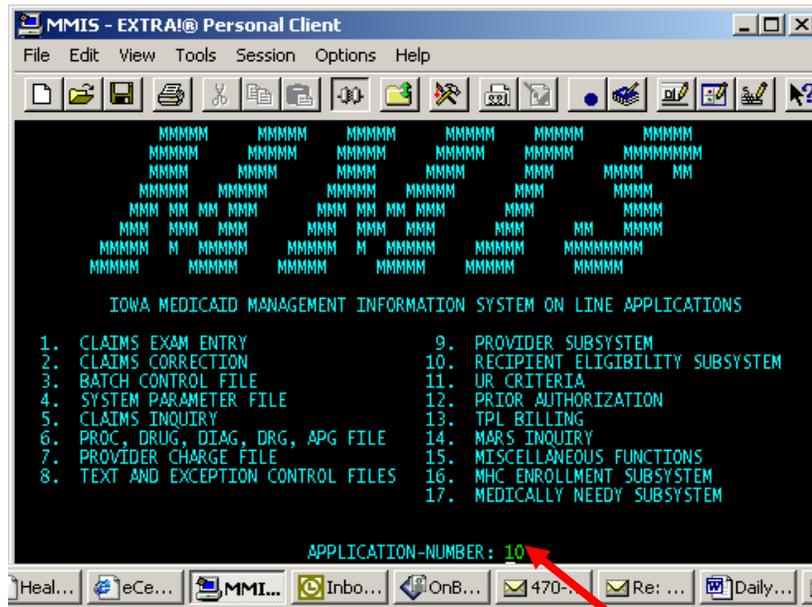
- a) From the main MMIS screen, select option #10, Member Eligibility Subsystem.
- b) Under TPL Resource File type:
 - 1) Action Code: C (Change)
 - 2) Action Code: A (Add)
 - 3) Member ID: The member State Medicaid ID.
- c) Press Enter.
- d) If policy is being added, enter "2" in the VER-IND Field and populate screen with verified policy information.



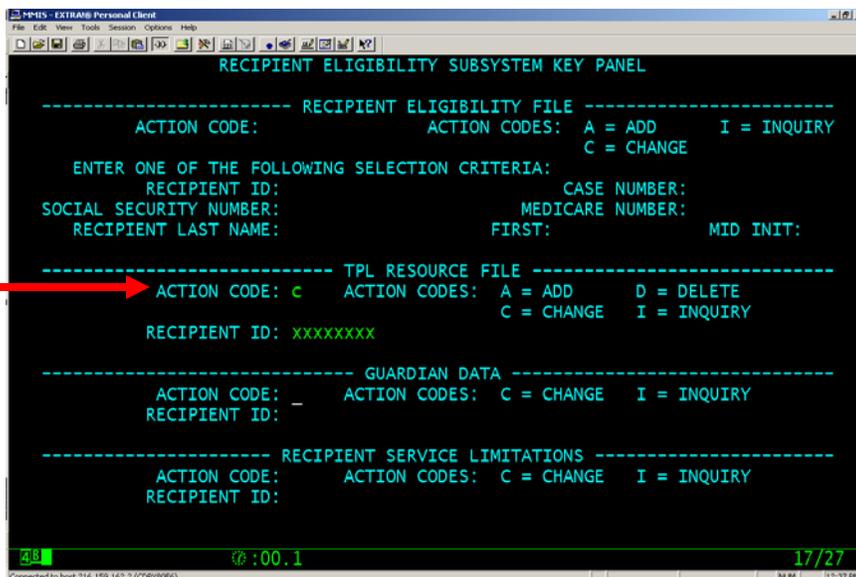
- e) If policy information is being updated, continue to press Enter to scroll through all the TPL Resource Files until you come to the policy you have verified.
- f) Move the cursor to the COV-END field and type in the correct termination date (MMDDYY).
- g) Move the cursor to the Comments section and make a note that you updated the file with a verified coverage end date. Comment example, mm/dd/yy verified active then Verification Specialist initials are entered.

Changing Termination Dates Manually Regarding HIPP Coverage in the MMIS TPL Resource File.

- a) From the main MMIS screen, select option #10, Member Eligibility Subsystem.



- b) Under TPL Resource File type:
1) Action Code: C (Change)
2) Recipient ID: The member State Medicaid ID.
- c) Press Enter.



- d) Continue to press Enter to scroll through all the TPL Resource Files until you come to the policy you have verified.
- e) Do not change any HIPP Policy effective dates even if the verified effective date is different than what shows on the screen.
- f) Move the cursor to the COV-END field and type in the termination date (MMDDYY). **If a HIPP Policy already shows a termination date, then DO NOT CHANGE THE HIPP INDICATOR or any other information on the screen. Also, do not enter an update note in the Comments Section of the screen.**
- g) If the HIPP Indicator shows as an "A", change it to an "I".
- h) Move the cursor to the Comments Section and enter comments as follows:
 - 1) Single space between HIPP and FILE;
 - 2) Double space between FILE and the Date;
 - 3) The date must be displayed as two digits for the month, day and year;
 - 4) Single space between the date and the rest of the comments;
- i) In cases where the HIPP segment end date, HIPP term date, and policy term date is incorrect and no third segment exists in the MMIS we are to make changes to reflect this within the TPL screen in MMIS. When we make a change to the HIPP segment end date we will need to make a comment in the first line of the comment area that says: **Data_Match_mm/dd/yy_ _ Corrected term date initials**. This will add the change to the report that we send to the HIPP unit weekly. Also we have added a folder in RevColl called HIPP with an Excel spreadsheet to record the change. Example of this document is below.

	A	B	C	D	E
1	State ID	HIPP term date	New term date	Date Changed	Person Updating the HIPP Screen
2					

Example: HIPP FILE (**double space**) Date Updated (**space**) manually updated (**space**) Verification Specialist's initials. This will ensure that the manual update is not reported to the HIPP Unit on Report IAMT9850-R001.

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MMIS - EXTRA Personal Client
12/06/07 TPL RESOURCE DISPLAY SCREEN CHANGE
RECIP ID: SSN: SEX: M
NAME: BIRTH: DEATH:
PGM: 645 COUNTY: 19 LAST-TRANS: 112907 USER: 999
----- THIRD PARTY LIABILITY -----
10 + VER-IND: 2 VERIFIED Y DT-ADD: 112907 ONL-UPD: 112907 USER: 999
DATE-POL-VERIFIED: 112907 1ST-CORRES-SENT: BATCH-UPDATED: 112907
POL-NUM: CARRIER: H04616 RETRO:
COV-BEGIN: 062302 COV-END: 123106 BLUE CROSS/BLUE SHIELD OF IL
COVER-TYPE: 06 19 RELATION: DO NOT USE
HIP: I POL-TYPE: 4 CASE:
POLICY HOLDER SSN: 300 E. RANDOLPH
NAME: CHICAGO IL 606015099
(800) 516-1268
GROUP NUMBER: AB PARENT: AB PARENT SSN:
GROUP NAME && ADDRESS AB PARENT NAME:
ABSENT PARENT ADDRESS:
COMMENTS: HIPP FILE 11/29/07 manually updated ABC_
:00.1 22/56
```

Existing

1. Effective date – Do not change an existing screen's effective date unless it can be easily identified as inaccurate in MMIS.
 - a. i.e. MMIS says effective 1/1/2009, when it should be 12/1/2009 per the carrier information.
 - b. If an incorrect effective date is found that is prior to 3 years ago – i.e., Wellmark says 8/1/2008 but MMIS is showing 1/1/2008. This would also need to be changed to reflect the correct information.

New

2. Effective date – When adding a policy that became effective over 3 years ago, in MMIS match the effective date to the most recent renewal date (within the past three years) on the carrier website.
 - a. i.e. Wellmark screen has renewal dates of 1/1/2009 and 7/1/2009. We would make the effective date 1/1/2009 in MMIS, and not today's date 3 years ago (2/22/2009).

Termination – Older Coverage

3. Term date – If a policy termed over 3 years ago, and the exact term date cannot be easily identified, term it to 3 years and 1 day ago.

Please keep in mind that the information above is based on website verifications. When contacting a carrier via phone the process of asking for the earliest effective date remains the same. In these instances you will need to update or add to MMIS to reflect what the representative advised you of on the call.

RFP References: N/A

Interfaces: N/A

Attachments: N/A

Iowa Department of Human Services
SUPPLEMENTAL INSURANCE QUESTIONNAIRE

For office use only
 Co# _____
 Worker # _____
 Receipt date _____

Providing information requested on this form will assist us in paying your medical bills and will not affect your Medicaid eligibility. **Today's date** _____

Is anyone in your household covered by health insurance carried by you or someone else? Yes No
 Or are there changes in your health insurance coverage since you filled out a similar form? Yes No

**IF NO, DO NOT COMPLETE THE REST OF THIS FORM. STOP HERE AND RETURN THE FORM.
 IF YES, COMPLETE THE REST OF THIS FORM.**

Has someone in the household ended health insurance? If yes, who? _____

When _____ Name of Insurance _____

Policyholder Information: Policy 1

Full Name (Last, First, M)		Telephone No. ()	
Mailing Address (Street, Apt.)	City	State	Zip Code
Social Security No.	Date of Birth	State I.D. No. (if have one)	

Insurance Company's Name		Telephone No. ()	
Claims Office Address	City	State	Zip Code
Employer's Name		Effective Date	
Policy No.	Group No.		

Choose **any** that apply or choose **one**.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> (01) Hospital Section | <input type="checkbox"/> (06) Major Medical | <input type="checkbox"/> (13) Nursing Home Supp. | <input type="checkbox"/> (18) Veteran's Admin. |
| <input type="checkbox"/> (02) Physician | <input type="checkbox"/> (07) Accident Only | <input type="checkbox"/> (15) Dental | <input type="checkbox"/> (19) Drug |
| <input type="checkbox"/> (05) Hospital Indemnity | <input type="checkbox"/> (12) Medicare Supplement | <input type="checkbox"/> (16) CHAMPUS | <input type="checkbox"/> (20) Vision |

Recipient Information: (PLEASE FILL OUT THIS INFORMATION ON EVERY HOUSEHOLD MEMBER WHO IS COVERED BY THE INSURANCE POLICY YOU HAVE LISTED. PLEASE USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY.)

State I.D.	Last Name	First Name	Relationship to Policyholder	Birthdate

Iowa Department of Human Services
 Iowa Medicaid Enterprise (IME)
 Revenue Collections

Policyholder Information: Policy 2

Full Name (Last, First, M)		Telephone No. ()	
Mailing Address (Street, Apt.)	City	State	Zip Code
Social Security No.	Date of Birth	State I.D. No. (if have one)	

Insurance Company's Name		Telephone No. ()	
Claims Office Address	City	State	Zip Code
Employer's Name		Effective Date	
Policy No.	Group No.		

Choose **any** that apply or choose **one**.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> (01) Hospital Section | <input type="checkbox"/> (06) Major Medical | <input type="checkbox"/> (13) Nursing Home Supp. | <input type="checkbox"/> (18) Veteran's Admin. |
| <input type="checkbox"/> (02) Physician | <input type="checkbox"/> (07) Accident Only | <input type="checkbox"/> (15) Dental | <input type="checkbox"/> (19) Drug |
| <input type="checkbox"/> (05) Hospital Indemnity | <input type="checkbox"/> (12) Medicare Supplement | <input type="checkbox"/> (16) CHAMPUS | <input type="checkbox"/> (20) Vision |

Recipient Information: (PLEASE FILL OUT THIS INFORMATION ON EVERY HOUSEHOLD MEMBER WHO IS COVERED BY THE INSURANCE POLICY YOU HAVE LISTED. PLEASE USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY.)

State I.D.	Last Name	First Name	Relationship to Policyholder	Birthdate

Is there an absent parent who is court ordered to supply medical support for the children in this household? Yes No

Full Name of Absent Parent (Last, First, Middle Initial)		Social Security No.	
Address	City	State	Zip Code
Employer's Name			
Employer's Address	City	State	Zip Code

Acronyms:

SIQ – Supplemental Insurance Questionnaire
TPL – Third Party Liability
SSN – Social Security Number
IME – Iowa Medicaid Enterprise
DHS – Department of Human Services
HMS – Health Management Systems
MMIS – Medicaid Management Information System
HIPP - Health Insurance Payment Program