

# Alabama Medicaid TPL Month-End Process Requirements

## Post Payment Billing

Post payment recovery augments cost avoidance, allowing for recovery of payment for recipients where additional coverage is identified later or when the medical service is provided without cost avoidance based on exceptions for specific medical conditions. The AMMIS performs post payment recovery by comparing paid claim and third party client information to determine recovery activities.

### SYNOPSIS OF BILLING JOBS

#### Pre-Production:

1. Extract the claims
2. Sort the claims (if necessary)
3. Run the claims through one of the billing programs to determine which claims meet the criteria for billing
4. Insert all claims into the TPL Prebill Claims table
5. Create all pre-production billing reports

#### Production:

1. Extract the claims from the TPL Prebill Claims table where the include/exclude indicator = N
2. Insert or update the TPL A/R Health and TPL A/R Disp records or insert Void Request transactions
3. Create the claim facsimiles, 837, or NCPDP records based on the carrier's media type
4. Create all production billing reports

The TPL billing programs are separated into three categories: Rebilling, Pay and Chase/Commercial, and Medicare. The following provides a summary of each billing job:

### **Rebilling**

- No response has been received within 60 or 90 days from original bill date. The AR is inserted into the Prebill Claims table with an AR reason code = space but are not displayed on the Prebill panel.
- No response has been received within 12 months. The AR is closed with AR reason code = S. These are inserted into the Prebill Claims table with an AR reason code = S but are not displayed on the Prebill panel.
- The claim on the AR has been adjusted in the Claims Database with a Medicaid Paid Amount greater than zero, the full amount has not been recovered on the AR, and the adjusted claim is covered by the Matrix. If the AR is closed, the AR and adjusted claim is inserted into the Prebill Claims table with an AR reason code = X30. During the

production run, a new AR is created with the adjusted claim. If the AR is open, the AR and adjusted claim is inserted into the Prebill Claims table with an AR reason code = X. During the production run, the existing AR is closed with reason code = X and a new AR is created with the adjusted claim.

- The coverage codes have been updated and based on the Matrix the service is no longer covered. If the existing AR is active, the AR is inserted into the Prebill Claims table with an AR reason code = 46 but not displayed on the Prebill panel.
- The coverage dates have been updated and no longer cover the AR claim dates of service. If the existing AR is active, the AR is inserted into the Prebill Claims table with an AR reason code = 28 but not displayed on the Prebill panel.
- The policy number has been updated and the recovered amount on the AR is less than the billed amount. If the AR is already closed, the claim is inserted into the Prebill Claims table with an AR reason code = R61. If the AR is active, the AR is inserted into the Prebill Claims table with an AR reason code = R62 for rebilling.
- The suspect code on the policy has been changed to an invalid status or the policy record was deleted. If the AR is active, the AR is inserted into the Prebill Claims table with an AR reason code = 31 but not displayed on the Prebill panel.
- The rebill indicator has been manually set to Rebill. The AR is inserted into the Prebill Claims table with an AR reason code = 'R' but not displayed on the Prebill panel.
- The carrier code has changed and the recovered amount on the AR is less than the billed amount. If the AR is already closed, the claim is inserted into the Prebill Claims table with an AR reason code = R91. If the AR is active, the AR and claim are inserted into the Prebill Claims table with an AR reason code = C. During the production run, if the AR is active close with reason code = C and create a new AR.
- If an AR is active but the claim has been adjusted and paid zero or adjusted and denied or paid > zero but not covered by the Matrix, the AR is inserted into the Prebill Claims table with an AR reason code = 'W' but not displayed on the Prebill panel.

### **Pay and Chase:**

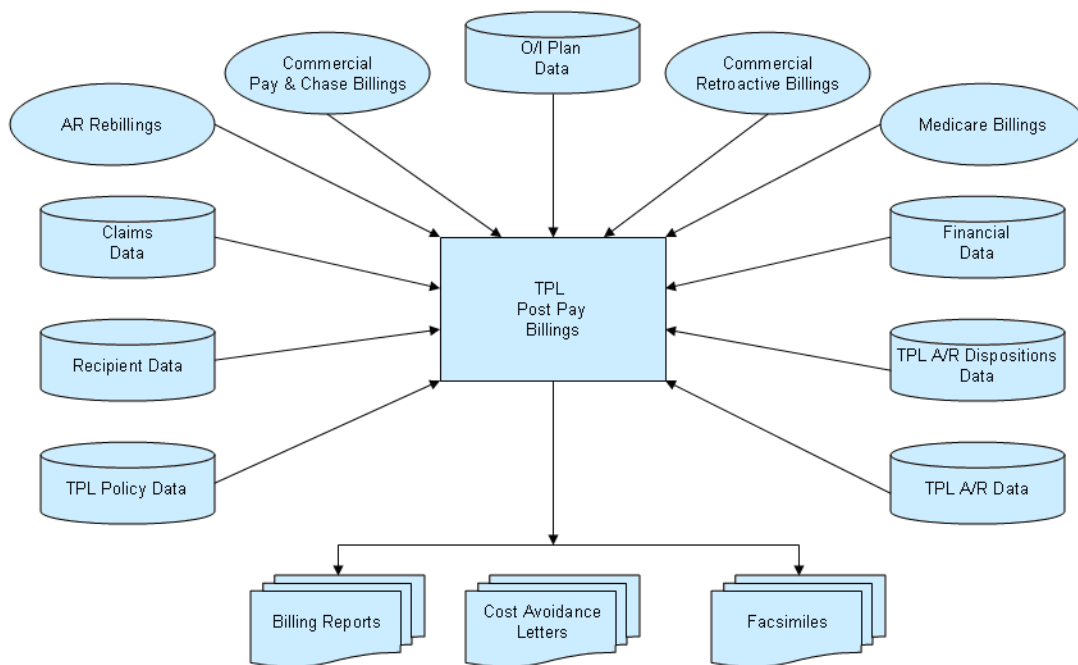
- Extracts all paid claims where the cde\_tpl\_action = '4' (pay and chase) on the Claims TPL Resource table and all claims for a recipient meets the threshold. If the claims do not meet the threshold they are inserted into the TPL Threshold Summary table and are used as input into the Pay and Chase process for a 12 month period. Once the claims meet the threshold, they are deleted from the table and are processed for billing.
- Cancer Registry – If a paid pharmacy claim has a cde\_tpl\_action = '4' and the pharmacy claim was billed with a non-cancer related NDC and the recipient has coverage 13 (cancer), the recipient must be on the TPL Cancer Registry table to be processed.

### **Retroactive Commercial:**

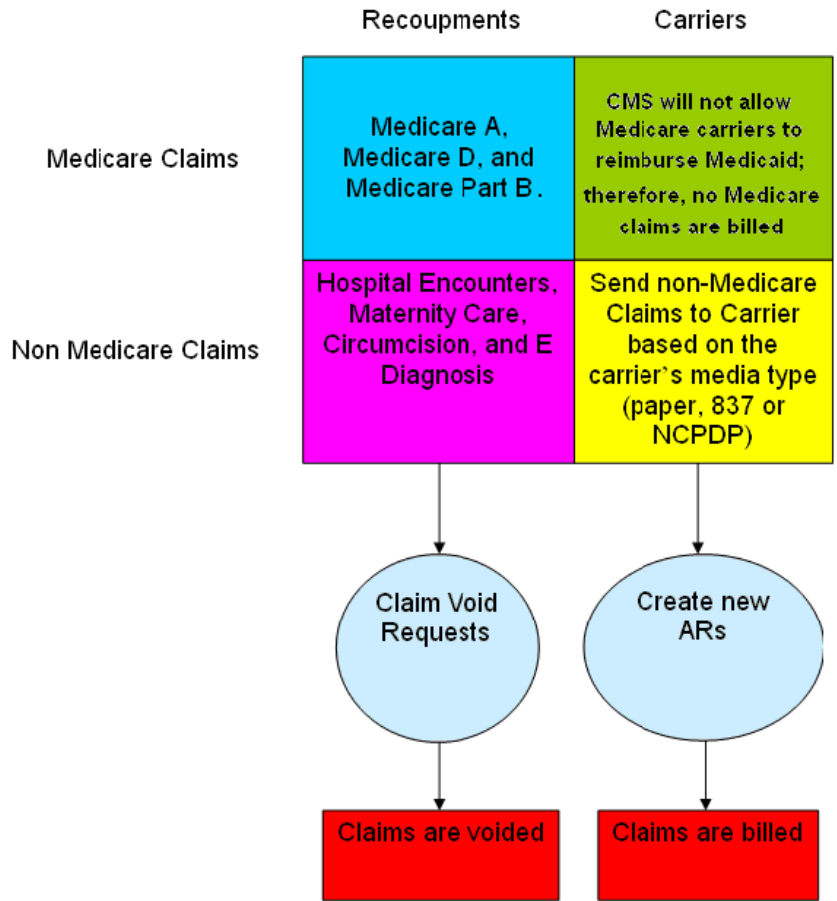
- Hospital Encounters – Paid claims with a managed care plan code = P00 through P14. These claims are recouped by inserting the claim into the Void Request table.
- Maternity Care – Paid claims where the provider type = 61. These claims are recouped by inserting the claim into the Void Request table.
- Circumcision – Paid claims where the procedure code = 54150 or 54160 and the recipient’s gender = Female or Unknown. These claims are recouped by inserting the claim into the Void Request table. If the procedure code = 54150 or 54160 and the recipient’s gender is Male, these are not recouped but billed to the carrier.
- E Diagnosis codes – Paid claims where the diagnosis code begins with the letter ‘E’. These claims are recouped by inserting the claim into the Void Request table.
- Commercial billings – Paid claims that do not meet the above 4 conditions but are considered covered under the recipient’s policy and have not been previously billed. These are billed to the carrier.

### Medicare

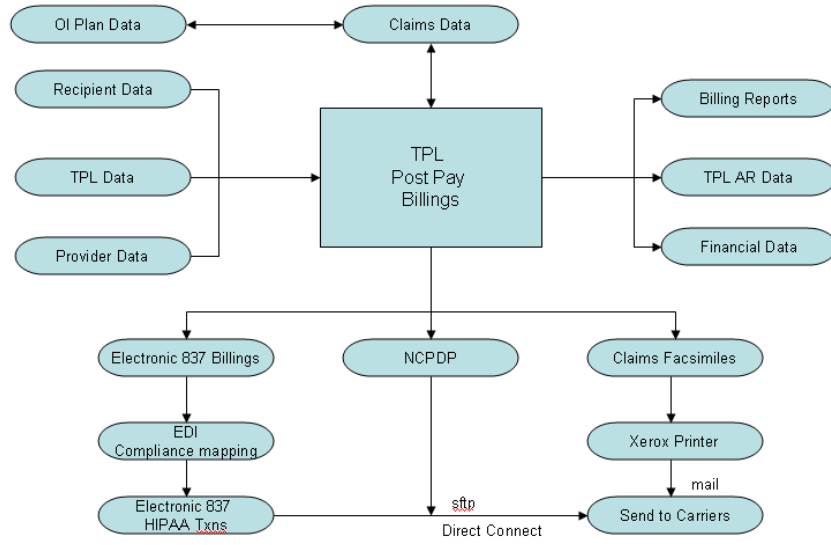
- Part A claims are recouped by inserting into the Void Request table.
- Part D claims are recouped by inserting into the Void Request table.
- Part B claims are recouped by inserting into the Void Request table.



# Billing Types



## High-Level Flow



## Case Tracking

Case Tracking & Recovery occurs when other entities are suspected as being liable for claims Medicaid has paid. The Case Tracking section of the iC has been established to allow flexible creation of Cases which can then be classified as Estate Recovery, Accident Trauma (i.e., Personal Injury), Child Support, or any additional case type as needed by individual states.

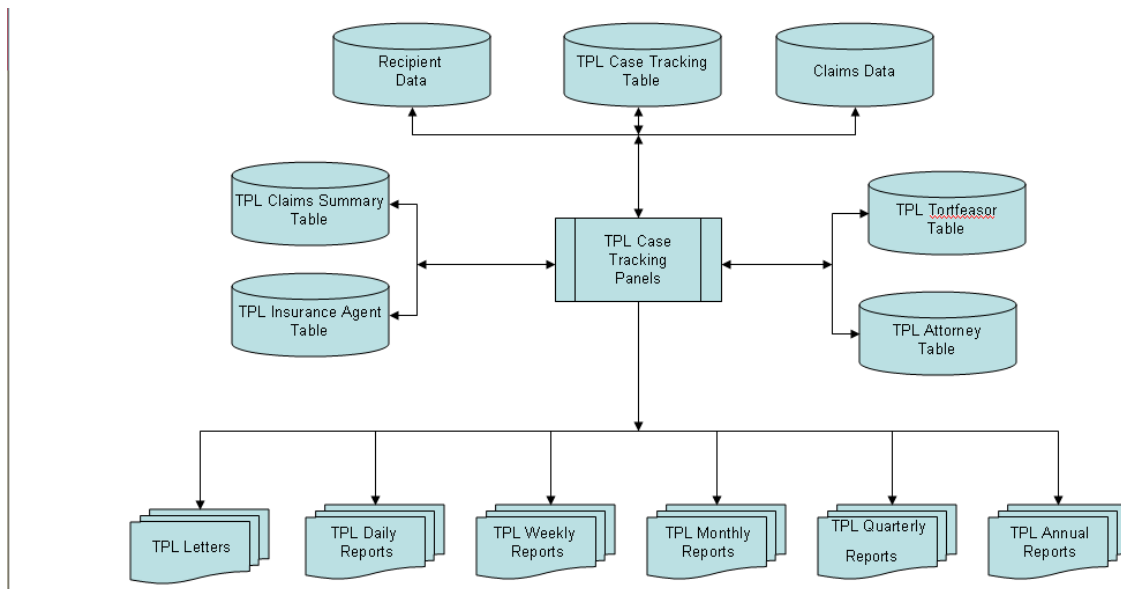
The basic information retained on a TPL Case includes case status, accident dates, case origin, case type, lien start and end dates, attorney information and fees, insurance agent information, tortfeasor settlement data, and any paid Medicaid claims being recovered against. All recoveries against the claims associated to a case are applied to the entire case, not individual claims. If there is a need to apply a recovery against an individual claim, an accounts receivable transaction (A/R) should be created. Any recovery made by Medicaid via A/Rs is included in the total recovery against a case.

The Personal Injury cases have automated batch processing to identify all accident claims paid by Medicaid throughout a specified time period. Provided the total claims for the recipient exceeds a pre-determined threshold, this processing automatically produce questionnaires to be sent to recipients to help determine if there is a necessity to create a new case.

Additional features the iC has are to allow the dynamic maintenance of thresholds and case types through online code table maintenance. Also, the iC TPL Case Tracking allows the user to enter free-form chronological notes to assist the analyst.

### Diagram Abstract

The process flow diagram below provides a visual representation of the case tracking process. Case tracking occurs when other entities are suspected as being liable for claims Medicaid has paid. Cases include: Estate Recovery, Accident/Trauma, and Liens, etc.



# TPL Reports

## Diagram Abstract

The process flow diagram below provides a visual representation of how the TPL reports are generated. All reports are stored and accessible through Feith. The TPL report data is extracted from the Recipient, Reference, Claims, Provider, and TPL Tables.

