REV - Data Match Process Manual

Purpose:

DATAMATCH is a process that is used to uncover third party liability 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 the Health Management Systems (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 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:

Iowa Medicaid Enterprise (IME) CORE – Sends an eligibility file to HMS monthly.

HMS - reviews the eligibility file received from IME CORE and 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.

IME Revenue Collections verifies the insurance through the HMS eCare system.

Valid insurance is loaded to the twice weekly deliverable that is then provided 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.

IME Revenue Collections 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 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:   IME Revenue Collections 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:   IME CORE 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 (SSN), 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:   IME 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:   IME 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:   IME 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:   IME Revenue Collections 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 12: IME Revenue Collections will then select through OnBase report IAMT 9900-r002.

Step 13: 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 14: IME Revenue Collections 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 IME Revenue Collections

Step 15: 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 16: An email is then sent to the Operations Manager in IME Revenue Collections from the IME Revenue Collections staff member recording the number of errors corrected.

Step 17: IME Revenue Collections 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:

DATAMATCH Report

IAMT 9900-r001 Report

IAMT 9900-r002 Report

CARPT19A.CSV Report

RFP References: N/A

Interfaces:

HMS eCare System

CORE

Monthly Eligibility File

Acronyms:

TPL – Third Party Liability

SSN – Social Security Number

IME – Iowa Medicaid Enterprise

DHS – Department of Human Services

MMIS – Medicaid Management Information System