

## 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
- g) Receives ELIAS documents from OnBase

### Performance Standards:

- a. Complete the verification or validation of any TPL leads received at the IME including any leads related to the MCO population; update the MMIS TPL Subsystem with the data within (45) business days of receiving the lead.
- b. Ensure accuracy of TPL data in MMIS TPL Subsystem based on the monthly quality assurance audit of the sample data. The quality assurance audit should consist of a one (1) percent sample of all new policies added or termed policies deleted for the prior month.
- c. Report to the Department all third-party health insurance coverage information for Medicaid members within ten (10) business days of the end of each month.
- d. Respond to MCO carrier code data requests within two (2) business days.

### Path of Business Procedure:

- Step 1:** A Medicaid member, is sent an Insurance Questionnaire (IQ) 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 IQ 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 IQ form electronically.
- Step 4:** The electronic IQ is transmitted to OnBase and arrives in the Revenue Collections Member IQ Queue.
- Step 5:** ELIAS, Medicaid members, Providers, or Workers will send IQ's, which are scanned into OnBase.
- Step 6:** OnBase 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 IQ, TPL Lead Letters to select each individual IQ.
- Step 8:** The IQ 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

**Step 9:** If there is a notice on the IQ 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.

- The information on the IQ is then compared manually to the MMIS records.
- If the information in MMIS has been updated within the last 90 days then verification staff will then complete the document without update.
- The IQ letter is then "completed" out of OnBase Queues.
- If the following apply to the IQ it is redirected to an alternate queue.

- A. Medicaid Member listed is not eligible it is placed in the Hold Queue. (This is for Newborns only)
- B. Occasionally, a provider will fax an IQ 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.
- C. Revenue Collections receives IQ's and referrals through Department of Human Services (DHS) Outlook email at [revcol@dhs.state.ia.us](mailto: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](http://www.ime.state.ia.us), once there go to forms, listing on the left side of the page. Access from 470-2826, Insurance Questionnaire. Please complete this form and email to*

*[www.RevCol@dhs.state.ia.us](mailto: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 IQ. A provider, member, or worker will at times fax or mail in TPL information that is not on the IQ form. It may be 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 IQ 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 IQ 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 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 IQ - 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) TPL Hold – Is used when there is no eligibility on file for a Medicaid Member. The IQ is then checked daily for 30 days to verify eligibility. If not eligible after 30 days the SIQ is completed out of OnBase. (Newborns Only).
- d) Health Insurance Premium Payment (HIPP) TPL – IQ information received from the HIPP unit.

**Step 13:** After the IQ 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”.

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

- a) 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).

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

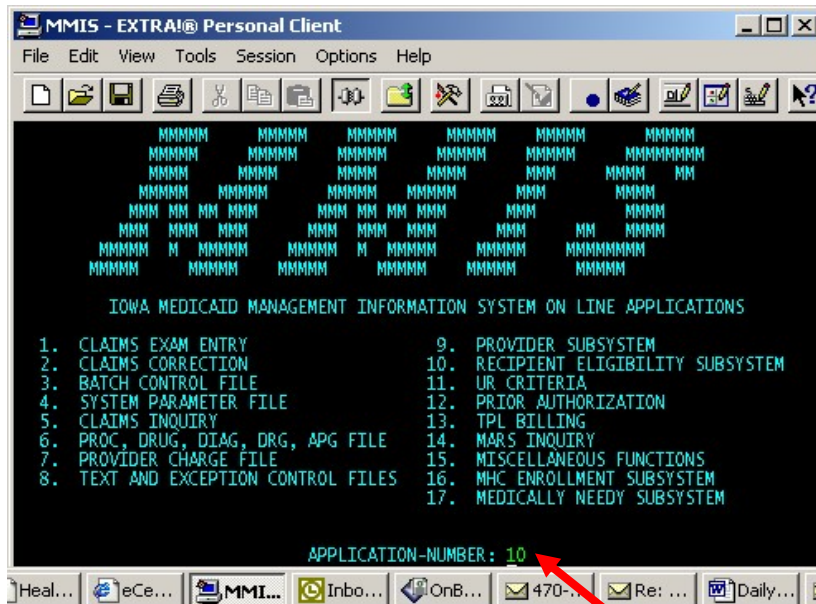
**Step 15:** The Revenue Collections team lead will review the QA queue and complete a total review of the documents as well as the systems to verify the accuracy of the verification staff.

**NOTE: Special Handling**

Iowa Medicaid Enterprise (IME) is the primary payer of claims for eligible Indian Tribal coverage such as: Sac & Fox Tribe members.

**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.

```
MMIS-EXTRA Personal Client
12/06/07          TPL RESOURCE DISPLAY SCREEN          CHANGE
RECIP ID:          SSN:          SEX: M
NAME:
PGM: 645          COUNTY: 19  LAST-TRANS: 112907      DEATH:
--          ----- THIRD PARTY LIABILITY -----
+ VER-IND: 2 VERIFIED Y DT-ADD: 112907  ONL-UPD: 112907  USER: 999
DATE-POL-VERIFIED: 112907  IST-CORRES-SENT:          BATCH-UPDATED: 112907
POL-NOB:
COV-BEGIN: 062302  COV-END: 123106          CARRIER: H04616          RETRO:
COVER-TYPE: 06 19          RELATION:          BLUE CROSS/BLUE SHIELD OF IL
HIPP: I          POL-TYPE: 4  CASE:          DO NOT USE
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:

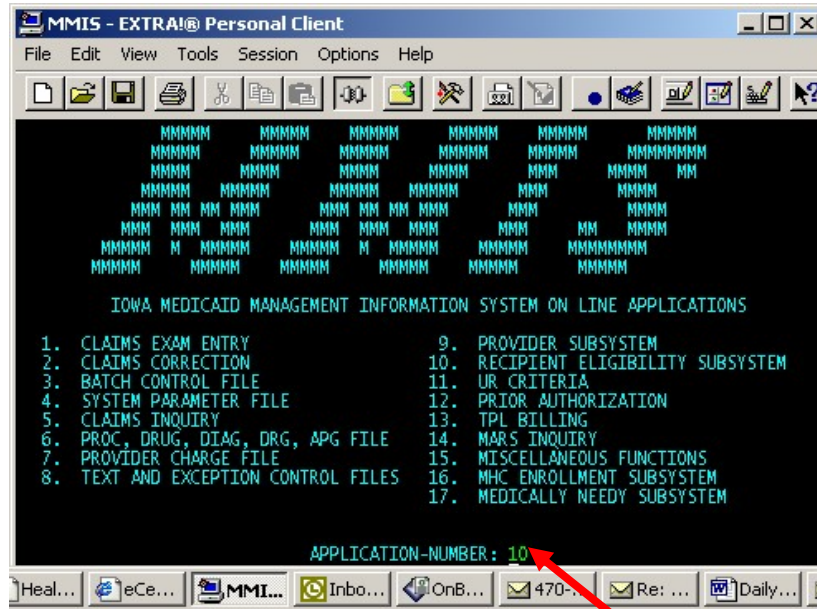
COMMENTS:

00.1          22/56
```

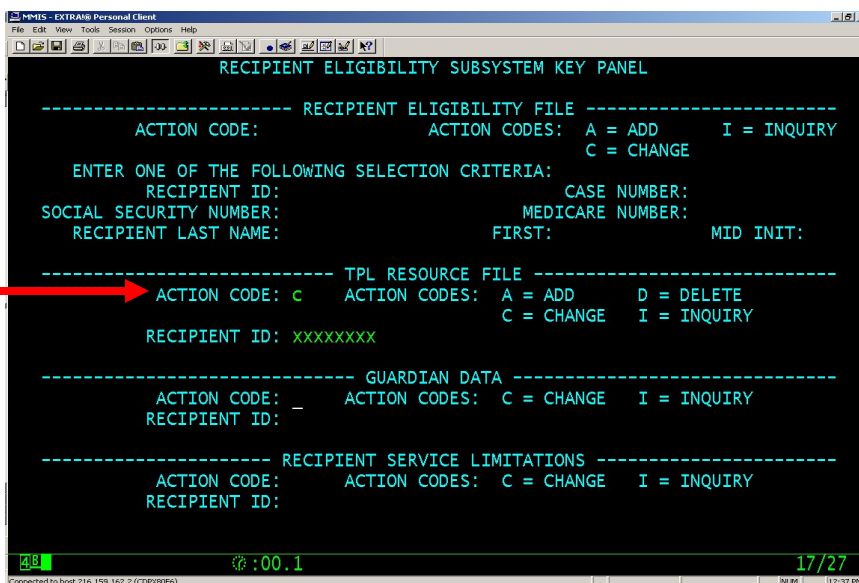
- a) If policy information is being updated, continue to press Enter to scroll through all the TPL Resource Files until you come to the policy you have verified.
- b) Move the cursor to the COV-END field and type in the correct termination date (MMDDYY).
- c) Move the cursor to the Comments section and 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.



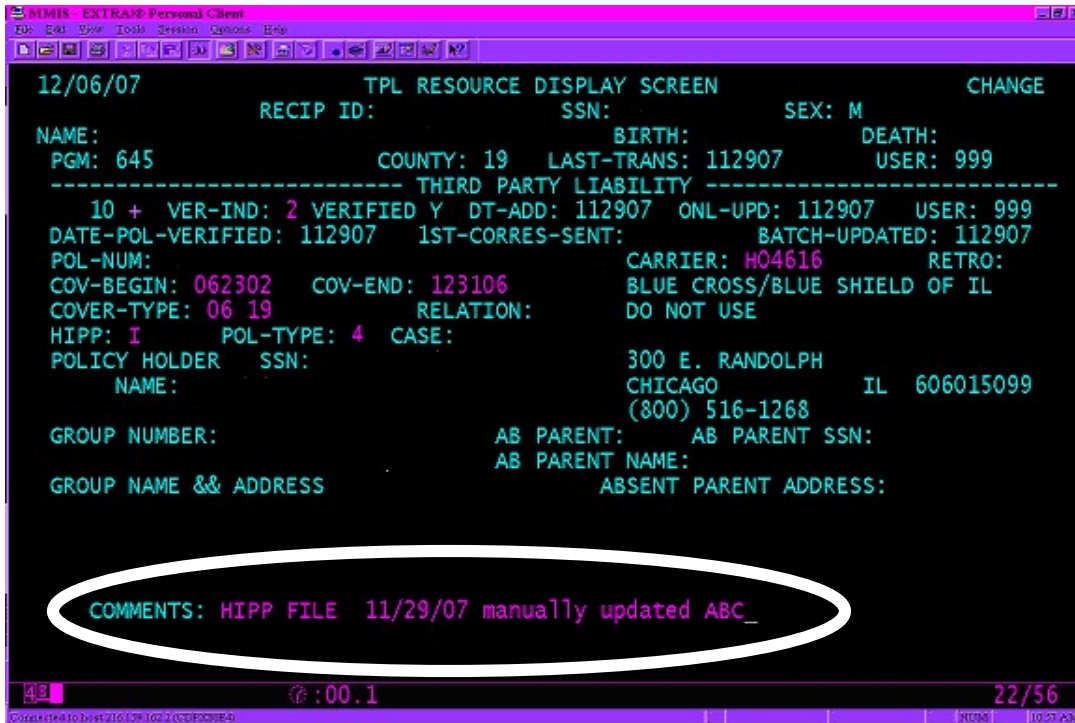


- d) Continue to press Enter to scroll through all the TPL Resource Files until you come to the policy you have verified.
- e) Do not change any HIPP Policy effective dates even if the verified effective date is different than what shows on the screen.
- f) Move the cursor to the COV-END field and type 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.



**RFP References:** N/A

**Interfaces:** N/A

**Attachments:** See Next Page

**Example of Insurance Questionnaire:**

Iowa Department of Human Services

**Insurance Questionnaire**

To ensure that your bills are paid as quickly as possible, please fill out this form and return to your local Department of Human Services (DHS) office.

Your Name: \_\_\_\_\_ Your State ID number, if any: \_\_\_\_\_

Do you, your children or others in your home have health insurance coverage?  Yes  No, then stop here.

If yes, who carries this health insurance?

- You  A parent who does not live with you  
 Someone else in your home  Someone else not in your home

Please fill out the information below. The boxes with this mark \* must be filled in. Use the next page if you have another policy to tell us about.

**Information About First Policy**

Choose **all** that apply to this policy:

- Major Medical Supplement  Drug  Medicare  
 Dental  Vision

*Policyholder (Last Name, First Name, Middle Initial)		Phone number ( )
Mailing address (House #, Street, Apt, OR PO Box, City, State, Zip)		
*Social Security number	*Date of birth	*State ID #
*Insurance company name		Phone number ( )
Insurance claims office mailing address (#, Street, OR PO Box, City, State, Zip)		
If the insurance is through an employer, employer's name		
*Policy number	Group number	Date policy is effective

**People covered by the policy above:**

Fill out the information below and tell us if each person is currently covered or if they are being added or dropped from the insurance.

Currently Covered	Choose One: Add Drop		Effective Date	Last Name, First Name, Middle Initial	Date of Birth	State ID	Relationship to Policyholder
	<input type="checkbox"/>	<input type="checkbox"/>					

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

	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

<b>Information About Second Policy</b>
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Choose **all** that apply to this policy:

- |   |                                 |                                   |
|---|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Major Medical Supplement | <input type="checkbox"/> Drug   | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Dental                   | <input type="checkbox"/> Vision |                                   |

*Policyholder (Last Name, First Name, Middle Initial)		Phone number (    )
Mailing address (House #, Street, Apt, OR PO Box, City, State, Zip)		
*Social Security number	*Date of birth	*State ID #
*Insurance company name		Phone number (    )
Insurance claims office mailing address (#, Street, OR PO Box, City, State, Zip)		
If the insurance is through an employer, employer's name		
*Policy number	Group number	Date policy is effective

**People covered by the policy above:**

Fill out the information below and tell us if each person is currently covered or if they are being added or dropped from the insurance.

Currently Covered	Choose One:		Effective Date	Last Name, First Name, Middle Initial	Date of Birth	State ID	Relationship to Policyholder
	Add	Drop					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Is there anything else about the insurance information you gave that you want to tell about? If yes, please use this space.

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For office use only:

County # \_\_\_\_\_

Worker # \_\_\_\_\_

Date Rec'd \_\_\_\_\_

**Acronyms:**

IQ – 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